There is an old Zen story about a man who watched his neighbor zipping down the road on a fast running horse. “Where are you going?” he shouted to the neighbor as he whizzed by. “I don’t know,” the neighbor responded. “Ask the horse!” In many plastic surgery offices, the schedule is like this horse: out of control.

RECOGNIZE THE SYMPTOMS: Some examples: Clinic consistently runs behind. No-shows are rampant. Surgeons arrive late and allow interruptions during consultations. The EHR bogs down the clinical staff. Fee quote discussions are rushed. Staff are stressed, surgeons are frustrated, and patients are irritable, especially if you don’t offer them free wireless in the reception room! If putting up with these things day after day seems easier than addressing the problem, your practice is likely missing out on legitimate revenue opportunities. Not to mention eroding the all-important patient experience. Without a map, any road (or horse) will take you somewhere.

Here’s how to thoughtfully and strategically evaluate your schedule, develop a map, and regain control.

What’s Your Hourly Rate?

Given the high reimbursement variance among payors, physicians rarely consider that they have an hourly rate like other professionals. But every aesthetic physician has one. Knowing what it is, for each physician or other provider, demonstrates that the physician’s time has value. Divide the revenue by the hours worked.

This is not a minor point. It’s a vital shift in mindset that will allow your practice to successfully move from a frenetic to a strategic scheduling approach. One that optimizes everyone’s time, uses reality-based information, and keeps the appointment book filled and running on time.

This Ben Franklin Approach enables you to think of time in monetary terms. For instance, if you knew your hourly rate in the office was $1200, you’d be a lot less willing to accept staff complaints of “we’re too busy to confirm appointments.” Because it would be clear that every three no-shows costs the practice $3600 in potential revenue.

Recognizing that time is money allows you to think objectively and take personal relationships and hurt feelings out of the equation. If the receptionist wants to leave at 5:00 and she stops scheduling new patient consults at 3:30 so she can get out on time, this results in the practice being “shorted” at least one patient visit per clinic day. The truth is, “those who control your schedule control not only your clinic day, but your income as well.”

Like unfilled airline seats, these are missed revenue opportunities. Assuming one consultation, three days a week, you’re looking at more than 140 missed consult opportunities every year.

And don’t forget: you’ve got to hit a requisite number of appointments in order to achieve the patient acceptance rate (PAR) that fills your block time. You want the most possible slots available for scheduling.

So, always have hourly rate in mind. You might not always get it, but it’s a metric against which you can measure your scheduling goal attainment.

Surgeons frequently tell us their hourly O.R. rate ranges from $1,500 to $2,500 an hour. Some of those same surgeons indicate that their hourly rate in the office is $0. These are typically the doctors who don’t charge for consults and who seem to place very little value on their own time. Don’t let this be your practice. If you don’t place a value on your professional time, your patients surely won’t.

Calculate Your Hourly Rate

Surgical Hourly Rate

Total Hours in the O.R./Month
Surgical Revenue/Month*

*Less facility and anesthesia fees, if you collect these.

Office Hourly Rate

Total Hours in Clinic [Consults + Visits + Injectables]/Month
Clinic Revenue/Month

Calculate your hourly rate each month. As you regain control of the schedule, you should see it increase over time.
Once you’ve calculated the value of your time, it’s time to look at whether the current appointment schedule is aligned with reality.

One plastic surgeon told me his staff always scheduled the first afternoon appointment at 1:00 p.m. That was OK when he was coming to the office from the ambulatory surgery center downstairs. But two days a week he did cases at a hospital five miles away. “I’d have to be Superman to get there by 1:00 p.m.,” he said. No one took the initiative to adjust the computer template to reality.

Seemingly small annoyances such as these can knock the schedule off kilter every day if they aren’t addressed. Whether the surgeon is able to be at the starting line when office hours begin is pretty critical. If travel time is involved, you’d be wise to factor it into the day’s schedule.

Being truthful about the time it takes for each visit type is essential too. Why schedule a new facelift patient for a 60-minute slot when you know it really takes 90 minutes to complete the office tour, take photographs, do the exam and discuss fees?

As William Deming famously said, “In God we trust; all others bring data.” So don’t accept anecdotal stories about “this” patient or “that” patient. Pull and review data from the computer system to get to the bottom of the scheduling truths in your practice.

Review the actual operating room time for each physician’s blepharoplasties, breast augmentations, and his or her face, neck, and eye cases with fat injection to actually look at the time it has taken. Early in the year is a particularly good time to do this because you have just completed a full year of cases and can identify whether the time scheduled for the case was the actual time for the case.

For the office schedule, track a series of data for 90 days for all patients:

• Original appointment time.
• Time the patient arrived.
• Amount of time spent with each team member (tour, educational videos, photos, exam, fee discussion).
• Time the patient left.

This type of truth in scheduling analysis pays off. I’ve analyzed and shared data with physicians who have been shocked to learn that a patient’s consult, which required only 30 minutes of their time, required two hours of total time in the office.

Often the reason for these disconnects is that the practice is using appointment templates that were loaded into the computer system six years ago, when it was purchased. If the templates start off each day with a 9:00 a.m. new patient appointment, but 50% or more of the time the physician arrives late, who are you kidding? If they restrict staff to scheduling one hour for every consultation type, they may need an update based on current needs. Not all consults are created equal. Dr. Senior may be a smooth operator while the practice’s newly minted plastic surgeon needs more time. The RN injector might be chatty than the physician assistant. Accommodate these variances and customize the templates to reflect reality.

Be truthful about the time it takes for each visit type.

Why schedule a new body lift patient for 60 minutes when you know it really takes 90?
Here’s another common problem: Crowding the schedule with an inordinate number of follow-up visits. As we work with surgical specialists from coast to coast, we see a huge variation in the number of times patients are asked to come back. Scheduling ample follow-up visits during the 90-day global period is a new doctor strategy. Why? Because they’ve got time in their schedule. They’re still building a patient base.

But for those practicing for five years or more, excessive follow-ups can become a misguided attempt at building loyalty. An overabundance of follow-up visits chokes the schedule for new patients. So carefully consider how many follow-up visits are needed, per procedure, and determine whether you can reduce the number that staff are currently scheduling.

Double- and triple-booking are also big mistakes. This is particularly true if you’re spending thousands each month for search engine optimization (SEO) or a lead generation service. If these online marketing efforts are successful at attracting patients, but patients can’t schedule a consult for three weeks, the money you’ve spent is money down the drain.

The fact is, overbooking correlates with patient dissatisfaction. There is no dispute about this and as evidence, I would encourage you read blogs and some of the rating sites such as Yelp! Take a look at what patients have said about you, as well as your competitors. Many reviews are filled with comments about long waits. Patients have moved from negative word-of-mouth to negative word-of-mouse. An online posting can live for a long time, and be read by dozens, hundreds, or thousands of potential patients.

Sophisticated practices recognize that the patient’s time has value and schedule accordingly. Less is more. Your goal should be to see the fewest number of qualified patients, with the greatest result. Fewer patients mean that physician and staff are able to spend more time building rapport, providing stellar service, and staying on time. Fewer patients allows more time for you to build long-lasting patient relationships that lead to patients referring their friends, which is proven to be more effective at getting patients on the schedule than a referral from the Web.

To Book or Over-book?

You Can’t Manage What You Don’t Measure

You Can’t Manage What You Don’t Measure

Metrics are important as you implement new scheduling strategies and work to reduce no-shows. Measure each of the following prior to implementation, then again at 60 or 90 days, and beyond.

1. Number of days between patient’s first call and first appointment.
2. Number of no-shows per week.
3. Top three no-show patient types (new injectable, post op, long term recheck).
4. Actual time for new patient consult (from check-in to check-out; not just the exam), by procedure type.

Sophisticated practices recognize that the patient’s time has value and schedule accordingly.
No-shows are a big challenge for many aesthetic practices. They diminish your opportunity to completely schedule the day with revenue-producing visits. And they take away time from other patients too.

In our increasingly casual society, it can be difficult to address the no-show trend. If you are serious about reducing the number of no-shows, it will require diligence and a multifaceted approach. The practice cannot “just” confirm appointments, or “just” charge for consults in hope that everyone shows up for their appointment. Again, we advise practices to analyze data from the appointment scheduling system for one quarter to determine:

- What total percentage of your patients are no-shows?
- How many no-shows are typical per day, per week?
- Are they new patient consults? Post-ops? Injectable/filler patients? Long-term re-checks, such as 1-year post breast augmentation?
- For consultation no-shows, is there a trend with a particular procedure type – facelift, rhinoplasty, blepharoplasty?
- What are the top referral sources of your no-show patients?
- What’s the demographic profile of these patients? Women 25-35? Baby Boomer facelift patients? Men seeking rhinoplasty or hair transplant?

As part of this evaluation exercise, you might learn that no-shows are not being tracked in the computer or the medical record. Make no mistake: They must be tracked in both. Assign a code in the practice management system that “closes” each no-show visit so it shows up on reports as just that. And verify that staff are documenting no-shows in the medical record. This is essential. If a patient were to suffer a complication or untoward outcome, their record will reflect that they did not show up for their necessary post-operative appointments, which may have contributed to the issue.

Armed with data, your team is ready to begin “Operation No-Show!”

Today’s best practices do the following:

1. Schedule aesthetic consultations within two to three days of the patient call. If people have to wait seven days or more to get on the consultation schedule, they may take the slot but keep calling other surgeons. If they get in faster with someone else, the chance they’ll no-show with you increases.

2. Schedule post-op appointments when the case is scheduled. Stress the importance of showing up for post-op visits for safety reasons. It increases the likelihood that they will.

3. Confirm appointments. If you do this by phone, train staff to make the calls with grace and professionalism. Many staff we observe talk at lightning speed and sound like robots spewing data points. (See Figure 1, Tips for Improving Confirmation Calls). And if a confirmation call results in voice mail, use the negative option: “If we do not hear from you by Wednesday at 5:00p.m., we will release the time for another patient.”

Leading practices are quickly moving to text and email systems instead of phone confirmations. These systems are real people pleasers as they are more efficient than a phone call. The patient responds to the confirmation request by text or email, and your practice receives a written record.

4. Take a credit card guarantee. Finer salons and restaurants do. Plastic surgeons should too.

5. Charge for injectables prior to the appointment. We find that charging patients $500-$1,000 cures them of their forgetfulness, and they show up. Or, they call to cancel or change their appointment. Remember: you can’t charge the patient more than 30 days prior to the appointment.

6. Pre-register patients. I’ve recommended doing this for more than a decade because it works to reduce no-shows and
gives staff the information needed to verify eligibility. Plus, it makes check-in faster. Pre-register all aesthetic and medical patients into the computer system. The less anonymous the patient feels, the more apt he or she is to show up.

And, if you put the CareCredit application link on your website, patients can apply ahead of the first visit and arrive at their first consultation armed with information about what they can invest in their “rejuvenation.” In addition, your practice can log into the CareCredit portal and see the patient’s credit line. This is very valuable information for your Patient Care Coordinator. Patients who surf the Web are more likely to call to schedule a consult if they know special financing options exist to pay for it.

7. Verify eligibility. This is especially important for those who have a blended practice and for patients who are out of network or who have high deductibles.

8. Mail pre-consult packets or have the information on your website or patient portal. Sending an appointment confirmation letter is great for establishing rapport and a relationship with aesthetic patients. But these days, most patients appreciate receiving this information electronically. (Though I do think a snail mail letter on nice paper has a certain caché.)

If you go digital, never, ever should you send information containing personal health information (PHI) by email. Due to requirements in the Health Information Portability & Accountability (HIPAA) Omnibus Rule, which took effect in September of 2013, email is risky. Use secure messaging instead. A patient portal makes this online information sharing easy and secure. (See Figure 2. Patient Portals as Timesavers.)

And if you do offer pre-consultation materials online, be sure to tell the patient exactly where to find them. Don’t assume patients will go there without prompting. You must be their concierge.

9. Maintain an up-to-date “work-in” list. Use it to fill unconfirmed appointment slots.
There is a big debate these days about whether injection patients should schedule an appointment, or simply walk in. I believe that when you see patients on a walk-in basis it is fundamentally disrespectful to the patient who actually thought to call ahead, organize their life, and make an appointment. Pretty quickly those in your reception area will begin to say to themselves: “Why bother to call and schedule when I can just show up?”

In the case of injections, the physician is ‘seeding’ bad behavior by saying, “Well, it only takes a minute.” Actually, if you time yourself, it doesn’t take a minute. It takes 12-15 minutes for the injection before all is said and done. So, if two injection patients show up unannounced first thing in the morning, you risk being 24-30 minutes behind schedule almost immediately.

Table 1. Tame the Time Thieves in Your Office, illustrates a number of common reasons why schedules fall behind, along with suggested solutions. Nearly every practice deals with some or all of these. You know they are going to happen, so why not have a practical solution for each of them? One that everyone, including the physicians, agrees with and follows.

Appointing a Scheduler can help with this. Many people in your office have access to the appointment schedule. But who really “owns” it? Who is responsible for making sure it goes off without a hitch every day? If the answer is “no one,” you need a Scheduler. Someone who is empowered to review the schedule at least two to three days in advance (one week is ideal) and point out the fact that next Tuesday is a “train wreck,” then take action to fix it. Someone who handles the situation when the physician is in the exam room too long, or the nurse’s favorite rep arrives and risks derailing an otherwise on-time clinic.

One of our West Coast clients has the most capable Scheduler we’ve ever seen. She’s part of the front desk staff, and she capably reviews the schedule throughout the day, moving patients to another day or canceling unnecessary follow-ups, based on protocols set by the surgeon. She calls or securely texts patients on the work-in list. She handles V.I.P. patients with aplomb. And, she has the authority to ask everyone (surgeon included), “Hey! Why did you schedule this patient like this? You know we can’t do back-to-back consults on Wednesday; we’ll never stay on time.”

This woman is worth her weight in gold. Every practice needs someone like her.

### Table 1. Tame the Time Thieves in Your Office

<table>
<thead>
<tr>
<th>Time Thief</th>
<th>Solution</th>
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<tr>
<td>Physician not in the office at the start of clinic.</td>
<td>Never start the day with a new patient. Schedule uncomplicated, quick follow-ups for the first three appointment slots of each day. Schedule new patients in the next scheduling wave, after the surgeon and nurse have their groove on.</td>
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<td>Reps drop in unannounced.</td>
<td>Ask reps to schedule an appointment, and turn them away if they just “drop in.” (Even if they come bearing food.)</td>
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<td>“It only takes a minute” syndrome.</td>
<td>Work as a team to keep the physician focused. Don’t knock on the exam room door unless it’s an emergency. Take messages for non-urgent calls. Insist that neurotoxin injection appointments be scheduled, not “drop-ins.”</td>
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<tr>
<td>Patient adds issues to the visit.</td>
<td>Create a scripted response and practice it! “These are great questions, Ms. Jones. Once we address the concerns you initially mentioned, I’ll be happy to answer them. We may need to schedule another visit to cover them...”</td>
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<tr>
<td>Too many follow-up visits.</td>
<td>Review the number of follow-ups for each procedure type and carefully consider how many are truly required for each. Most likely they can be reduced.</td>
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<tr>
<td>EHR documentation is taking the physician too long and bogging down patient flow.</td>
<td>Many surgeons have employed EHR scribes to help them stay on time, and free them up for one-on-one focus with the patient. Former transcriptionists and tech-savvy medical assistants are good choices. Scribes document the visit while the physician performs a history and exam, and at the end of the visit, the note is ready for physician review and signature.</td>
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<tr>
<td>Patient calls in the morning with a problem and needs to be seen.</td>
<td>Keep open slots for work-ins and complications.</td>
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<td>Don’t know which exam room the physician is in.</td>
<td>A colored flag or lighting system outside of the exam room helps keep patient flow organized and on time. For instance, green flag or light means, “patient is ready for the physician.” Red flag or light indicates, “physician is in with the patient; do not disturb.”</td>
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The best aesthetic consultation processes we see are like a movie scene with Fred Astaire and Ginger Rogers, the classic dancing duo, who made complicated maneuvers seem effortless. The process of moving a patient back and forth and through the office should be similar.

Sit down as a team – surgeon, office manager, nurse, Patient Care Coordinator – and list all the steps that are included in the consultation process, for your primary procedure types. Then estimate how long each of these steps takes on average, and who performs them. Does the patient care coordinator meet with the patient first? Are photos taken before the exam so the physician can review them on a flat screen TV in the exam room with the patient? Is someone other than the physician doing the imaging – if so, what is the approval process before they are entered into the medical record?

The resulting “process maps” should outline steps and estimated times for each, allowing you to quantify consultation times by procedure type, schedule accurately, and set patient expectations:

“Mrs. Sanders, your first consultation is likely to take an hour and 45 minutes in total. This allows enough time to take your photographs, show you our skin care center, meet with Dr. Wonderful, and have time to talk with the Patient Care Coordinator who will review scheduling and pricing options.”

We find that the consultation process varies considerably from practice to practice, depending on style, staff, and clinical support. If a clinical assistant preps the room for injectable neurotoxins, the physician can be much more efficient than if he or she is going it alone. Are there enough exam rooms to accommodate everyone on the schedule? Enough clinical staff to chaperone exams? Are patients ushered from the reception area or the photography too frequently?

Each of these factors is an important differential to being on time or being late. A thoughtful analysis is essential for practices serious about scheduling that supports five-star patient experiences. Heed Ben Franklin’s advice: your time is money. Use it wisely.

**Patient portals enable practices to connect with patients, to save time, provide information, and offer secure communication and payment.**

The portal is a website that enables you to send patients information and messages securely. It offers patients the opportunity to pay their deposit or bill, request appointments, refill prescriptions, access visit summaries, and complete patient satisfaction surveys. Can you have a patient portal even if you don’t have an EHR? Yes. Contact your practice management system vendor to learn more.

**Sit down as a team and list all the steps that are included in the consultation process.**
Karen Zupko, President of KarenZupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For over 27 years, she has been advising and educating plastic surgeons on management and marketing issues, including personnel, billing, technology, coding, and practice expansion. Ms. Zupko and her team are featured regularly at workshops and events held by the American Society of Plastic Surgeons, American Society of Aesthetic Plastic Surgeons, American Society of Plastic Surgery Assistants, and the Plastic Surgery Administrators Association.

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