

Improve Scheduling in Your Ophthalmology Clinic—Lessons Learned During the Pandemic

The live event “Lean Scheduling and Practice Management Tips for COVID-19” was one of four open mic events organized by the American Academy of Ophthalmic Executives (AAOE) at AAO 2020 Virtual. Some select pearls from that session are highlighted below, and if you registered for the meeting you can go online to watch the full event, which includes tips for avoiding burnout (see “Watch the Open Mics,” below).

During the open mic on scheduling, oculoplastic surgeon Mark J. Lucarelli, MD, and practice manager Stephanie Collins Mangham, COA, MBA, OCSR, fielded questions from moderator Aneesh Suneja, MBA.

Improve Scheduling

What have practices been doing to avert a backup of patients during the pandemic?

Avoid starting the day with a complex case. Dr. Lucarelli avoids seeing a complex case—such as a new thyroid patient—at the start of the day, as this could turn into a prolonged visit that throws the rest of the morning’s appointments off by half an hour.

Front-load the schedule with some of your “express” patients. Ms. Collins Mangham’s retina practice starts the day with a series of patients who require retinal injections. Scheduling these patients “one after another, means that

staff can be prepared with an all-hands-on-deck approach to get them in and out of the office ASAP,” she said.

Use some of your routine patient visits as “buffers.” The more complex patient visits can sometimes run long, but you can give yourself some wiggle room by intermixing them with more routine patient visits, such as the one-week post-op visit.

Don’t give physicians a reason to arrive late. “Physicians not turning up on time is a chronic problem in a lot of practices,” said Dr. Lucarelli. Many practices—though they may not realize it—are contributing to that problem by not having patients ready to be seen on time. “Templates have to be designed so there is somebody ready for the doctor as soon as he or she walks into office,” said Mr. Suneja. Otherwise, added Dr. Lucarelli, “it is the classic scenario of wishing for one thing and incentivizing another.”

Base schedules on physicians’ face time with patients. “Schedules have to be based on the pace of the physician, generally speaking,” said Mr. Suneja. If a doctor takes an average of 10 minutes per patient, then the scheduling should aim to have a patient ready for that doctor every 10 minutes. Work with staff in designing and refining such a schedule.

Be realistic about patient throughput. “Providers are notoriously opti-

mistic about how many patients they can see in a given amount of time,” but practices can’t afford to have waiting rooms overflowing during a pandemic, said Dr. Lucarelli.

Be willing to alter the schedule. Seeing patients in the order in which they are scheduled should not be a rigid rule, said Dr. Lucarelli. Sometimes it may be more efficient to see patients out of order. However, it is important, added Ms. Collins Mangham, to communicate with patients early and set expectations. “Tell them that you are trying to care for everybody on the same day, and some days their visits may be a little longer than others.”

Watch the Open Mics

The AAOE program at AAO 2020 Virtual featured 21 hours of live-streaming content (including the four open mics), plus additional on-demand recordings. If you are registered for the meeting, this content is available via the virtual meeting platform until Feb. 15, and much of it will continue to be available via the meeting archives until October 15. Learn more at aao.org/2020.

Ms. Collins Mangham is CEO at Austin Retina Associates in Austin, Texas. *Financial disclosures:* Regeneron: C,L.

Dr. Lucarelli is an oculoplastic surgeon at UW Health in Madison, Wis., and is medical director of its University Station Eye Clinic. *Financial disclosures:* None.

Mr. Suneja is the lead consultant at FlowOne Lean Consulting, based in Wisconsin. *Financial disclosures:* FlowOne Lean Consulting: C. See disclosure key, page 8.

PRACTICE PEARLS FROM ANEESH SUNEJA, MBA, MARK J. LUCARELLI, MD, AND STEPHANIE COLLINS MANGHAM, COA, MBA, OCSR. EDITED BY CHRIS MCDONAGH.