



## **A “Crazy” Idea Brings Scheduling Sanity to a Busy Doctor’s Office**

Five years ago, when Dr. David Attwell explained to his medical office assistant (MOA) Sheila Harwood that he wanted to adopt “Open Access” scheduling for his busy practice in Victoria, he was not greeted with a lot of enthusiasm. “She thought I was crazy!” laughs Dr. David Attwell.

Sheila was already juggling a complicated and stressful booking system that had her squeezing last minute visits in between other appointments, at lunch, and after the official end of the day. There wasn’t a spare minute or an extra appointment to be had. As patient Marlene Lipworth joked, “It was easier to get an appointment with the Pope than with Dr. Attwell!” Now Dr. Attwell was suggesting leaving blocks of time each day entirely unscheduled. What was he thinking?

“Drop-ins were disrupting the day”, explains Dr. Attwell. But last-minute calls for immediate visits are a fact of life in any doctor’s office, so Dr. Attwell started thinking about how to accommodate urgent appointments without throwing off the daily schedule. His solution? Instead of banning last-minute appointments, he decided to reserve blocks of time each day for drop-in visits. When patients called with an urgent issue, they would be offered an appointment the same day.

At the same time, Dr. Attwell started researching different scheduling practices and quickly realized that he was onto something. His idea to schedule open blocks of appointment time was called “Open Access” and was part of a growing movement to redesign scheduling in primary practices to focus on the doctor-patient relationship.

Open Access is a model for scheduling patient appointments in which blocks of time or even the entire day are left unscheduled so that a patient calling for appointment can be offered one on the same day. The model is based on evidence suggesting that ‘demand’ for urgent appointments is predictable, steady, and equal to the ‘supply’ of appointments available in a practice. According to research by Dr. Marvin Smoller, in a practice of 10,000 patients, demand for urgent visits will be 55 on Monday, 50 on Tuesday, and 45 each on Wednesday, Thursday and Friday. Since demand for urgent appointments matches the number of appointments available each day, there is then no need to ‘insure’ a productive day of pre-booked appointments. Open access time will inevitably fill up with urgent demands for same-day appointments. Offering immediate appointments results in a simpler booking system and reduced wait time for appointments. It also ensures that patients can see their own physicians at the most urgent times.

For doctors, open access scheduling means that they start working at capacity (rather than over capacity), see more patients in less time, ensure continuity of care, and get their lunches and evenings back. For patients, something magical happens: they get to see their own doctor when they actually need one.

Being able to see Dr. Attwell on the same day she called came as a surprise to Marlene Lipworth. “For a while I thought I was getting preferential treatment because I had breast cancer, and Sheila was always able to give me an appointment right away! Now we’re finding that my husband too can get appointments whenever he calls. I think it is just great.”

For his practice, Dr. Attwell adopted a modified version of open access scheduling, sometimes called the “Carve-Out” model, which combines scheduled appointments with carved-out blocks of open access time each day. He is seeing an improvement in the continuity of care, recapturing his patients from walk-in clinics and ultimately saving the medical system money for duplicate

visits. Dr. Attwell's time is also more productive. He is able to see more patients in less time because drop-in visits are usually quick appointments for immediate but minor concerns. Now, because his day runs on time, he even has more time to spend with patients needing longer appointments for chronic conditions and psychosocial issues.

Sheila is seeing improvements too. Her once-complicated and stressful booking system has been streamlined. With hours allocated to drop-ins each day, she no longer has to bump or double-book appointments or squeeze patients in at lunch and at the end of the day. Initially, she was hesitant – how would she fill those blocks of time each day? But inevitably, and just as the evidence predicted, the open access blocks fill up and the office operates at capacity every day. Sheila says that open access scheduling makes her day easier, and she is happier too, because she can get patients appointments when they need them.

Even during the busy flu and cold season, everyone in the office is having more fun. On Wednesday nights, staff and doctors order pizza together and then hold an 'after hours' open access clinic from 5 to 7pm.

They are not the only ones who are happy. Patients are delighted with open access schedule. "I am very satisfied. There have been one or two occasions when I had emergencies, and Sheila offered me appointments right away," says Jacqueline McGrath. Marlene Lipworth agrees. "We're very happy with the new system – and I must say that with Sheila at the helm, we're always pleased."

Once hesitant about adopting open access scheduling, Sheila is now a passionate champion of the model. "I'd die if we had to go back," she declares. Dr. Attwell agrees "I'd never go back, he says. And if he tried? "I'd tell him he was crazy!" exclaims Sheila.