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# ccpa news

FALL/WINTER 2023

## Letter from CCPA/CCPAPP's Executive Director Kena Norris, D.Sc., MJ, FACHE

We are often bombarded with messages such as "time is of the essence" and "stay on track," but the reality is that our time is not always in our control. Despite this fact, there is a wealth of research which shows effective time managers often possess vital skills, thereby resulting in better time management outcomes. In an article on time management by Dr. Erich Dierdorff in *Harvard Business Review*, there were primarily three skill sets that will separate failure from success:

**Awareness:** having realistic expectations about time by comprehending it is a finite resource

**Arrangement:** planning schedules, tasks, and goals to efficiently utilize time

**Adaptation:** examining the use of time while performing tasks, including adjusting to unexpected interruptions or changing priorities

Having the aforementioned skill sets not only improve personal time management, but can carry over to the successful planning of patient visits through deliberative office scheduling. With this in mind, Children's Community Physicians Association has teamed up with American Academy of Pediatrics to bring you scheduling options and tools, which we hope will provide valuable insight for effectual time management for your practice.

Although you cannot always control time, practices can become more aware of its use, and arrange and adapt their office schedules accordingly to provide the best outcomes for patients, families, providers and staff.

Reference:

Dierdorff, E. (2020, January 29). Time Management Is About More Than Life Hacks. *Harvard Business Review*. <https://hbr.org/2020/01/time-management-is-about-more-than-life-hacks>.

# Association Updates

## 2023 CCPA Annual Meeting: Time for a Check-Up – Video Available

For CCPA members who were unable to attend the 2023 CCPA Annual Meeting: Time for a Check-Up event on May 10, 2023, the recording is now available on the CCPA website at [www.ccpaipa.org](http://www.ccpaipa.org) in the Members' Portal section. It is free of charge for members and can be watched at your convenience.

## CCPA Member Benefit Reminders

Please be sure to check out the online American Academy of Pediatrics' (AAP) Pediatric Coding Newsletter that has been updated to include the new 2023 Evaluation and Management (E/M) code changes and guidance for their application. Other benefits include new coding webinars, access to past issues, and other pediatric coding resources that are free to CCPA members. The monthly newsletter can be accessed via the CCPA website at [www.ccpaipa.org](http://www.ccpaipa.org) in the Members' Portal section.

Also, as a reminder, cardiopulmonary resuscitation (CPR) reimbursement is available up to \$60 for all CCPA members. Please submit your paid invoice and a copy of your CPR card to [ccpa@luriechildrens.org](mailto:ccpa@luriechildrens.org) or by fax to 312.227.9526.

## Lurie Children's Physician Services Webpage

The Physician Services' department webpage, can be accessed at [luriechildrens.org/physicianservices](http://luriechildrens.org/physicianservices). This site may be a useful resource to "favorite" or bookmark for future use because it includes:

- Satellite clinic schedules
- Quick reference guides
- Referral and consultation to/from Lurie Children's
- Contact resources at Lurie Children's
- Video library of virtual round table discussions on a variety of topics
- Community Provider Symposium Video Library
- LurieMD Provider Call Line (1.855. LurieMD or 1.855.587.4363)

## CCPA News

CCPA News has expanded its content to cover pertinent healthcare law, practice management and other related issues using experts in these areas. If there is a legal, regulatory or practice management matter that you would like us to address in the newsletter, please contact LaVonna Swilley, CCPA Director of Operations at 312.227.7425 or [lswilley@luriechildrens.org](mailto:lswilley@luriechildrens.org).



# In the Spotlight

Did you know that CCPA has several members who are pediatric specialists? This section will provide a rotating spotlight on CCPA's subspecialists.

## Albert E. Knuth, MD & Todd Simmons, MD

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**Dr. Knuth** is a board-certified orthopaedic surgeon specializing in pediatric orthopaedics, limb lengthening, and reconstructive surgery. He has been practicing in the Northwest suburbs of Chicago since 1998. His special interests are pediatric fracture care, club foot, scoliosis, and limb length inequality. After completing his undergraduate education, medical school, and orthopaedic surgery residency program at Northwestern University in Chicago, Dr. Knuth went on to complete his pediatric orthopaedic and scoliosis fellowship at Texas Scottish Rite Hospital for Children in Dallas.

Dr. Knuth has been recognized for his compassion and excellence in the care of his patients. As a father of six children, and foster father to many more, he prides himself in understanding the parent-child relationship and its impact on medical care. His one and only goal is to provide the finest quality of pediatric and adolescent orthopaedic care in a comfortable and caring environment. Dr. Knuth enjoys spending time with his wife and six children. He is an avid sports fan and likes his rock 'n' roll music.



*Dr. Albert E. Knuth*

*Dr. Todd Simmons*

**Dr. Simmons** is a board-certified orthopaedic surgeon, specializing in pediatric orthopaedic care, limb lengthening, reconstruction, and fracture treatment. Dr. Simmons completed his undergraduate studies at Vanderbilt University. He subsequently completed his medical training at the Ohio State University College of Medicine. He fulfilled

his internship and residency in orthopaedic surgery at Northwestern University Medical School in Chicago. Having a natural calling for pediatric care, Dr. Simmons then performed and completed his fellowship training in pediatric orthopaedic surgery at Royal Children's Hospital, in Melbourne, Australia.

He currently has a few patents pending for surgical devices to assist in the care of children. Dr. Simmons is highly recommended by his patients for his comforting bedside manner and commitment to ensuring both patients and their families understand their care plans. Dr. Simmons and his wife have three children. He is an avid outdoorsman, and when not in the office, you can usually find him fishing.

# Setting Office Hours and Best Practices



Setting hours is a critically important aspect for any pediatric practice to be successful. Patients and families consider availability and accessibility just as important as quality of care and health insurance participation. It should be part of the practice's marketing plan, particularly when building a practice. Decisions will need to be made on what type of scheduling a practice will implement. The greatest mistake is to pick a location without understanding what will be needed to be successful in that location. The best way to gain community support is to take care of the community. One way to do this is to ensure that patients and families are able to access the care they need when they need it.

Most pediatricians go into practice with the idea of balancing work and family time. Ideally, the decision about office hours should be part of a market analysis, done as the first step in assessing and selecting the community and location in which to practice, not after commitments have been made on practice location and space. Quality of care provided and availability are major determinants in the practice's success. Several things to consider when setting office hours include:

1. The style of practice desired, and if you have a family, what your family can accept: It is critical that the family unit have appropriate expectations, a full understanding of what is being undertaken, and a realistic estimate of the effort needed to succeed.

2. Competition in the surrounding community: If there are no other pediatricians in your community, there may be more flexibility in how hours are set. On the other hand, this might not be possible in highly competitive areas. That might mean expanded hours or night, evening, and weekend hours, which would require more work time.
3. The resources that exist for coverage: What type of coverage options exist, and are there some mutually beneficial coverage arrangements that can be made?
4. What are the community resources? Are there local retail-based clinics, urgent care centers, or after-hours centers? Do they see children? Are cooperative working agreements possible?
5. Understand the community needs—socioeconomic, prior health care availability, customs, and traditions.

The most common scheduling methodologies are fixed appointments and modified wave scheduling. These formats apply to the timing of appointment scheduling. There are also open access and modified open access—these apply to the style of scheduling. See below for more details.

## Fixed Appointments and Modified Wave Scheduling

**FIXED** (i.e., the time and length are preformatted). For example, appointments are offered every 10, 15, or 20 minutes. When first starting in practice, it would be better

to allow more time in developing relationships with patients and families. Then, as routines are developed and patients become more familiar through repeated visits, the length of the time slots for visits can be modified.

**WAVE** (i.e., schedule all the patients for a given segment, usually a half hour or an hour). In this scheduling method, instead of scheduling four patients at 15 minutes apart, all four are set for on-the-hour, and the physician sees each one in sequence of arrival. The first gets seen immediately; the fourth gets seen after the first three. The advantage is that some patients arrive on time, and some are late. The wave takes this into account. The disadvantage is if they all arrive on time, and the fourth has to wait 45 minutes or more to be seen. Caveat: One must also be very careful to select the type of patients scheduled in each "wave." For example, it would be very challenging to stay on time if staff schedules four adolescent well-visits during one "wave." Also, it is important to explain wave scheduling to patients when they schedule to avoid potential frustration at arrival.

**MODIFIED WAVE** (i.e., same four patients, same hour; however, the first two are told to be there on the hour, and the second two are told to be there in a "second wave," 15, 20, or 30 minutes after the first two). This method gains (for the most part) the benefits of wave but lessens the disadvantages of long waits for later appointments.

**OPEN ACCESS** (i.e., offering same-day scheduling for all visits, preventive or illness/injury). While it does not rule out having parents schedule their next well-child appointment well into the future, the goal is to take care of today's work today and minimize future schedules that are already booked. Most practices can estimate the daily patient flow and schedule providers' work times to accommodate the need. For established practices, there might be a conversion time because they may already have appointments well in advance. For new practices, starting with a clean slate, it is much easier to implement. Logic says one would still provide the same number of preventive care and interval visits over the span of a month—whether they are pre-scheduled or open access "any available appointment today." The one disadvantage is that parents may not always be available, primarily for preventive care visits, during time slots that are open that day.

**MODIFIED OPEN ACCESS** (i.e., booking preventive care and long consultations at the convenience of the parent with the traditional "first, or later, available appointment

basis" but using typical open access style for illness/injury or interval visits). This is the style the vast majority of small practices use because it takes care of today's work today, especially for those issues parents feel are urgent (i.e., illness/injury), yet allows the parent to select a preventive care appointment that is convenient for themselves and their child. It also allows the practice to set aside additional time if it is apparent that the child has multiple or in-depth problems the parent expects to discuss.

## Best Use of Office Hours Examples

- **Early Bird Hours** (e.g., walk-in, first-come first-served, minor problems and quick fixes designed to get children into school and parents off to work). A provider could potentially see five to ten patients quickly, relieving the crowding in the morning and afternoon schedules. Parents look positively on the quick-in-and-quick-out as a benefit, and enjoy the consideration shown by not making them take a half day off from work or having the child miss school if not necessary. Early bird hours could begin at 7:30 or 8:00 am, depending on school start times. Caveat: For early bird hours beginning at 8:00 am, set the walk-in registration time from 7:45 to 8:15 am. Do not set the early bird time from 8:00 to 9:00 am. This will prevent five to ten people walking in at 8:55 am, expecting to be seen by 9:00 am.
- **Teen Time** (i.e., evening hours for adolescents). They appreciate it when they come into a true adolescent practice and not to see a "baby doctor." Office décor is also important!
- **Talk Time** (i.e., certain hours set aside in advance for parents who need extended talk time for chronic diseases, educational issues such as learning disorders or attention-deficit/hyperactivity disorder or behavioral issues). By having a specific period set aside, practices are able to meet the needs of the parents and patients and avoid having the staff schedule a standard appointment time that is inadequate, which leads to pediatricians running late and patients and families with later appointment times being frustrated.
- **Specialty Time** (i.e., focus on a specific clinical interest area). This can be done one patient at a time or in groups, depending on the topic.
- **Group Baby Care**. Some practices set aside an hour and schedule five to six similar-aged infants for the

same time. The nurses begin the visit by obtaining a history of each infant. The physician examines the infants in sequence, expanding on history issues. Next, all of the families sit down as a group with the physician for question-and-answer time and anticipatory guidance time. Many parents ask the same questions; many forget what to ask but hear another parent ask it for them. This format also allows for group support as the parents develop social relationships with other parents with similar-aged children. Consider this option as an elective solution—parents can opt in or out at any time; however, it is common for many groups to continue this format into the early school years.

In the sample schedule below, office hours would essentially be Monday through Friday from 8:00 am until 5:00 pm (last appointment at 4:30 pm). As the practice develops, the schedule can be modified. As partners, nurse practitioners or physician assistants are added, the schedule can be further modified.

Reprinted with permission from American Academy of Pediatrics [www.aap.org](http://www.aap.org), accessed August 30, 2023.

Reference:  
Setting Office Hours and Best Practices, by the American Academy of Pediatrics, 2021 (<https://www.aap.org/en/practice-management/patient-scheduling-and-office-workflow/setting-office-hours-and-best-practices/>). In the public domain.

### Sample Office Schedule

Solutions	Day of the Week	Hours
Early Bird Time	Monday–Friday	8:00 am (Parents to arrive no later than 8:15 am)
Regular Appointments	Monday, Wednesday, Friday	9:00 am – 4:30 pm
Regular Appointments	Tuesday, Thursday	1:00 pm– 4:00 pm
Talk Time	Tuesday	9:00 am – 12:00 noon
Teen Time	Tuesday	4:00 pm– 7:00 pm
Baby Groups	Thursday	9:00 am – 11:00 am
Toddler Groups	Thursday	11:00 am – 12:00 noon

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# Innovative Scheduling Models



Providing high quality care does not count for much if it cannot be readily accessed. Ensuring that patients and families can access the care they need, when they need it, is an important part of providing a medical home.

The most common scheduling methodologies are fixed appointments and modified wave scheduling. These formats apply to the timing of appointment scheduling. There are also open access and modified open access—these apply to the style of scheduling (also refer to *Setting Office Hours and Best Practices*).

## Open Access/"Same-day" Hours

Open access scheduling is also known as "same-day" scheduling. These appointments are scheduled for the same day that the patient requests an appointment. Each provider's schedule should have a reserved block of time on their daily schedule to accommodate a specific number of open access appointments. In addition, open-access appointments should not replace visits with the patient's primary care provider.

Benefits to open access scheduling can include:

- Decrease in appointment no shows and cancellations.
- Appointment reminders are not required.
- Patients and families are happier because they can be seen quickly.
- Average appointment times tend to be shorter due to the visit focusing primarily on main issue.

The Agency for Healthcare Research and Quality outlined implementation steps for open access scheduling in their Consumer Assessment of Healthcare Providers & Systems (CAHPS) Ambulatory Care Improvement Guide. These steps include:

- Measure supply and demand as precisely as possible.
- Establish a test team of providers who are willing to try the system out.
- Reduce the backlog of appointments. This may take six to eight weeks of extra work. To facilitate this difficult task, practices may want to set a target date and agree that visits will not be pre-scheduled beyond that date. Another useful recommendation is to apply the concept of "max packing." The idea is to reduce the demand for future visits by taking care of any upcoming preventive or screening needs whenever the patient comes in for a necessary visit regardless of the reason for that visit. Simplify the appointment types and make them all roughly the same length. One recommended tactic is to minimize complexity by limiting the practice to three appointment types: (1) personal, where the patient is seeing his or her physician; (2) team, where the patient is seeing someone else on the clinical team; and (3) unestablished, where the patient does not yet have a specific physician. Appointment times can also be specified as either short or long, where the long appointment is roughly equivalent to two short ones.

- Develop a contingency plan for days (or parts of the day) when demand far outstrips the availability of physicians. This plan should identify who can supplement or substitute for each physician, if and when needed. Also, the group should be proactive about planning for those times when they can predict increases in demand, such as visits for school physicals or flu shots.
- Reduce demand for one-on-one visits with patients. One helpful tactic is to identify and address sources of unnecessary visits based on outdated clinical protocols, such as routine follow-up for urinary tract infections. Another approach is to implement group visits to better manage care for patients with the same chronic condition. Finally, clinicians can use the phone and email effectively to address concerns that do not require a visit.
- Once the practice is able to offer same-day appointments, it should assess its effectiveness by measuring appointment availability on a daily basis (e.g., the third next available appointment).

## Walk-in/On-demand Hours

Walk-in or on-demand hours are just that; times during the day/evening when the practice allows for patients to walk-in and be seen by a provider without a scheduled appointment. Patients are typically seen in the order in which they arrive or based on the severity of their medical needs. Walk-in patients are typically assessed first by clinical staff (e.g., triage nurse, medical assistant) to evaluate the medical need prior to seeing a provider. It is important to note that the patient wait times will also depend on the volume of patients at any given time. As with open-access/same-day hours, walk-in visits should not replace visits with the patient's primary care provider. Some practices even reserve walk-in hours for new patients to generate more business.

## Extended Office Hours

Extending the hours of operation can help alleviate unnecessary patient visits to the local emergency department, urgent care center, or retail-based clinics for minor medical issues. In addition, offering extended hours can assist in retaining current patients as well as attracting new ones.

Consider the following six key questions when deciding if the pediatric practice should offer extended office hours:

- 1. Understanding the Patient Population** – Is there a patient need for extended office hours? Are the later afternoon appointment slots (i.e., after school hours) filled well in advance?
- 2. Understanding the Marketplace** – What are local competitor's offerings? Do they provide early bird, evening and/or weekend (Saturday/Sunday) hours?
- 3. Cost/Overhead** – If operating out of a rented office space, will the building be open for patients to gain access to the practice? If not, will the building allow and charge an additional fee for extending the hours of availability?
- 4. Breaking Even** – How many patients would need to be seen to break even?
- 5. Marketing** – How would extended hours be marketed (e.g., social media, print, office signage, on-hold messaging, etc.)? What will be the cost associated with advertising?
- 6. Adequate Staffing** – Are there enough providers and support staff to facilitate the additional hours, or would a shift in staff schedules or extra support be required? If more staff are required, how many would be needed and how much would it cost?

Staff should be given clear guidelines on scheduling during extended hours. Factors to consider include:

- What method will be used to schedule patients (e.g., clustering, wave, modified wave, etc.)?
- Will new patients be seen during extended hours or just established patients?
- Will some appointment slots be left open to ensure same-day access?

Extending the office hours not only has the potential for increasing satisfaction among patients and families, office team and physicians, but can also improve practice revenue.

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Reference:

Innovative Scheduling Models, by the American Academy of Pediatrics, 2021 (<https://www.aap.org/en/practice-management/patient-scheduling-and-office-workflow/innovative-scheduling-models/>). In the public domain.