Efficient Scheduling

Organization:
Terry Reilly Health Services, Nampa, ID

Summary:
Although each Community Health Center (CHC) is different and has unique demands for dental services, there are several constants that must be in place for efficient scheduling. Some dental centers are overrun with walk-in emergencies that have no financial means to pay for services. Unless there are specific grants to care for these individuals, a CHC dental program can become financially insolvent. Each CHC needs to look at their patient demands, their subsidies, and the needed program income to meet budget. Armed with this information, intelligent, efficient scheduling templates can be determined. In Idaho, 80% of private dentists take Medicaid and our five dental clinics average only a 13% Medicaid patient load. Therefore, our 10 hour day templates include two scheduling columns – one for definitive treatment and the other for exams. We need three new patient exams per dentist a day. New patients are our lifeblood where we treat plan for comprehensive care. The treatment column includes 5 one hour comprehensive treatment slots, one 1½ hours major procedure slots, 2 minor treatment slots and 2 walk-in slots at ½ hour each. The second column includes 3 walk-in slots, 3 one hour comprehensive exams, and 4 recall exam slots. This adds up to 21 patient slots for a 10 hour work day. We only schedule out 3 weeks. Once all slots are full, we have a waiting list. By scheduling out only 3 weeks, we have cut our no-show rate to 13%. We hold the walk-in slots for 72 hours ahead. Typically, a patient in pain will be told that we have no openings today, but can see him/her at XX tomorrow. Not seeing a patient in pain immediately is the downside to this type of scheduling, but over time your patient population accustoms to not waiting until the last minute before calling, or just walking in demanding treatment. We also ask all walk-ins to please bring at least $35. We try to receive payment at the time of service and will set up payment plans up to $200. Further treatment is delayed if the AR is over $200. Root canals and all Phase II treatments must be paid before treatment.

Using our templates and carefully managing our AR has allowed us to maintain our budget. It has lowered our no-shows and allowed for comprehensive care. Our patients are pleased with the system and quick to grasp their responsibility in calling in to schedule when they have pain or discomfort.

Attachment (refer to NNOHA Promising Practices Directory):
Scheduling Template

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This form has been adapted from the Association of State and Territorial Dental Directors (ASTDD) Best Practices summaries form: http://www.astdd.org/state-and-community-practice-examples/. ASTDD has taken the lead in promoting the development of best practices by state, territorial and community oral health programs to enhance oral health and reduce disparities.