

Order-Based Scheduling – FAQs for Administrative Staff

Background

1. What is Order-Based Scheduling?

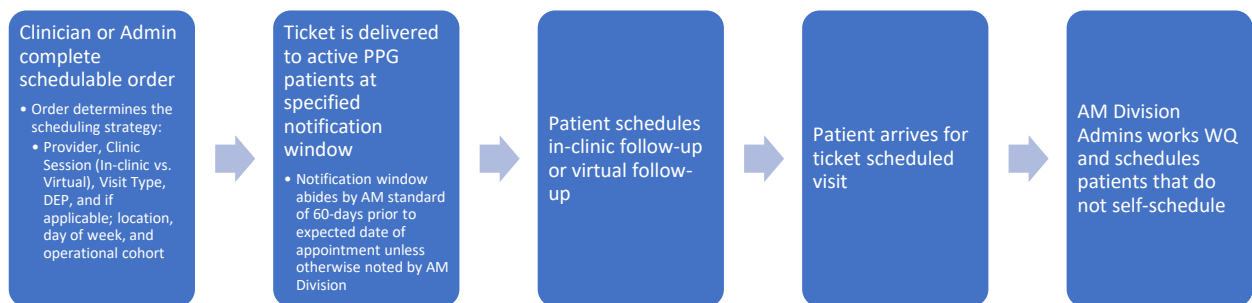
Clinicians/PSCs can create an ambulatory follow-up order in Epic that will generate a scheduling ticket under clinically appropriate designations set by the department. The order creates a trackable plan for follow-up patients as determined by the patient’s clinician. This follow-up plan, in the form of an appointment request, is a technical safety net for the department’s follow-up patients.

2. What is Patient Self-Scheduling?

Patient Self-Scheduling is the umbrella term for all online scheduling conducted by patients. At MGH, there are two main types of online scheduling, Direct Scheduling and Ticket Scheduling. Direct Scheduling is patient driven, and Ticket Scheduling is a clinician driven functionality that produces a scheduling ticket based off a schedulable order that the clinician completes outlining the appropriate follow-up plan.

3. What is Ticket Scheduling?

Ticket Scheduling is a new Epic functionality, which allows patients to schedule specific visits online as directed by a clinician. This is most applicable for planned follow-up visits for which clinicians define specific scheduling parameters. When a clinician or clinic staff complete a schedulable order, a scheduling ticket is generated, and then a notification will automatically trigger at a predefined time in advance of the appointment to inform the patient they have a visit to schedule in MyChart. From the ticket, patients will navigate to view availability within the predetermined window and schedule their visit.



4. How do we create Scheduling Tickets?

Scheduling Tickets are automatically generated by scheduling orders. The follow-up order is built to include all pieces of information required for scheduling, including the follow-up timeframe, clinician, and visit type. When the order is

placed, a scheduling ticket is generated, and the patient is notified based on the predetermined notification window.

5. What is the difference between expected date and expiration date?

Expected Date is the ideal date for the patient to return for their follow up appointment. Expiration date is when the scheduling order expires.

6. Is this workqueue different than the referral workqueue? If so, how do we find the new workqueue?

Yes, this is a new workqueue just for the follow-up orders. If you need help finding it, your Ambulatory Management liaison team can assist you.

7. I am not seeing all of the orders on the workqueue, why is that?

Orders will appear on the workqueue once the expected date is within the scheduling window.

8. The default workqueue build in Epic only shows the orders coming due. Is it possible to change the workqueue settings to show all orders?

Yes, it is possible to adjust this setting if needed, but across the system we are working to minimize the number of orders populating queues that do not require active management. Therefore, we recommend you do not change this default parameter.

9. Are there ways to filter for upcoming orders?

Yes, you can create a custom filter. [Here](#) is a tip sheet for creating custom filters. You can also use one of the OBPS filters set up by eCare:

Filter Name/ID	Description
CAD MGH TICKET EXPECTED DATE WITHIN 30 DAYS [5023688]	Filters workqueue based on tickets with an expected visit date within the next 30 days.
CAD MGH TICKET EXPECTED DATE LESS THAN 59 DAYS AND NO TICKET [5023689]	Filters workqueue based on tickets with an expected visit date less than 59 days and no ticket generated in Patient Gateway for patients to schedule from.

10. How long will the order remain on the workqueue?

The order will remain on the workqueue until it has been scheduled, either by the patient online or by administrative staff, or it expires. If the expiration date occurs before the visit has been scheduled from the order, it will drop off of the workqueue.

11. If a patient decides that they do not want to return for a follow up visit, how do we remove the scheduling order from the workqueue?

The order can be deferred, which will remove it from the workqueue temporarily. At the clinician's direction, the order can also be cancelled, removing it permanently.

12. What happens when the order expires?

The intention is to prevent any order from expiring. Using the workqueue and reporting to monitor orders that are approaching expiration, we should ask the ordering clinicians whether they would like us to discontinue the order or extend the expiration date. [Here is the tip sheet for extending, discontinuing, and editing orders.](#)

If an order does expire, confirmation that the appointment is still needed or can be canceled must be made by a clinician. Administrative staff should notify the clinical care team who can then extend or discontinue the order.

13. How do I extend/discontinue/edit an order?

Per DHeC, administrative staff and clinical support staff (RNs/MAs) cannot edit/modify follow up orders, but they can discontinue orders. They can re-enter the order using order modes, adding the clinician as authorizing – same as any other nonmed order/procedure. Only clinicians/midlevels (PAs) have access to edit/modify. [Here is the tip sheet for extending, discontinuing, and editing orders.](#)

14. Would orders that fall off due to expiring be seen in the OBPSS report?

Yes, expired orders are displayed on the report.

15. What if our patients need to complete imaging or labs prior to their office visit?

Many visits do require imaging completed in advance. Unfortunately, imaging and lab services are not currently available on Ticket Scheduling; however, we are in the process of completing a pilot to test out this functionality to ensure we can provide Ticket Scheduling for coordinated visits in the future. Currently, we do not have a target date for completion.

16. How do I link patients' scheduled appointments to an order?

[Please see this video](#) for how to link appointments to an order or [use this tip sheet.](#)

17. Are departments able to set the time frame for how far in advance appointments should be scheduled? For example, could a department choose to allow patients to schedule up to 3 months out?

The recommended timeframe is 60 days out, but this timeframe has been customized by each department. Some groups chose to use 90 days, for example.

18. Is it possible to customize each clinician within the department's available timeframe?

Unfortunately, we can only have one timeframe per order. If this is a concern for you, please reach out to your Ambulatory Management liaison team to discuss your concerns. There may be alternative ways to meet this need.

Technical

1. Is it possible that patients can book themselves inappropriately?

One of the major benefits of Order-Based Scheduling is that there are defined “guardrails” which patients are restricted to scheduling within. Although scheduling errors may occur from time to time (e.g., translation of parameters from clinician notes to order), patients will be limited to scheduling for the specific visit type, timeframe, and clinician indicated in the clinician’s follow-up plan. Patients will then be able to select an appointment only from those matching the pre-defined criteria.

2. How are clinician templates and visit types preserved? (e.g., visit type limits, in-clinic vs. virtual template blocks)

Since we are not creating additional visit types specific to this workflow and instead use existing department visit types, the mapping of visit types to in-clinic or virtual template blocks is thereby preserved. Due to this fact, patients will only be able to self-schedule to the appropriate clinic setting outlined on the scheduling order completed by the clinician.

3. Is this the same as Recall?

Not exactly, but it is similar. Recall and Scheduling Tickets/follow-up orders both delay scheduling for visits that might otherwise be scheduled at checkout and instead populate onto a workqueue. In Recall, scheduling letters/PG messages are automatically sent several months in advance of the visit, but patients must still call the clinic. However, with Scheduling Tickets, when patients choose to schedule online, the scheduled order will fall off the workqueue automatically.

4. If orders are entered under the ordering clinician’s name, would other clinicians be able to follow up? (e.g., Clinician is no longer with department)

Yes! In current state, when the ordering clinician indicates the follow up plan in Epic or to front desk staff, they can indicate who the follow up visit should occur with, and when it should occur. With Ticket Scheduling, this information will be reflected in the follow-up order, defining the clinician and timeframe that should populate in the patient’s appointment search.

5. What if the patient cannot find an appointment slot when they go online to schedule?

Patients who cannot find scheduling availability in the defined timeframe will be directed to call the practice to schedule.

6. Is there a day lag time between when a month follow up order is placed and when the patient gets a ticket?

Yes, the ticket will be generated at midnight that night. Per DHeC, if the order is placed within the scheduling timeframe set for the specialty (30, 60, 90 days prior to expected date), patients will receive the ticket in Patient Gateway as soon as it is generated. Orders fall on WQ as soon as the ticket is generated if the order is placed within the timeframe set for specialty (30, 60, 90 days prior to expected date).

7. Is there any way to add different versions/timeframes to our favorites (i.e., a clinician sees most patients with a 3-month follow-up, 1-year expiration, in clinic with no other pre-visit appointments)?

You can include the expected date in the favorite. [Here is the tip sheet for creating favorites.](#)

Clinic Process

1. How does this work for pediatric patients?

Access to Self-Schedule for minors will be the same as for their access to MyChart. The patient's legal guardian or proxy will be able to use this functionality to schedule on behalf of the patient.

2. What if my clinicians do not want to place orders for follow up visits?

The design of this process is such that clinicians should not need to make substantial, if any, changes to their current workflow. If clinicians feel comfortable and are willing to place their own follow up orders, they may do so. However, there is also a new protocol in place which allows front desk staff to create the order without cosign from the physician.

3. Will this be more work for my front desk? They are already busy.

We do not anticipate that this will increase administrative burden for the front desk. In fact, we anticipate that Order-Based Scheduling will have the opposite effect, reducing the amount of time spent on scheduling due to an increased volume of patients completing their own scheduling and rescheduling activities online, as well as an anticipated reduction in cancellations/reschedules in general.

4. What if the patient does not want to or cannot schedule online?

It is best practice to offer options so the patient may schedule in whichever way they prefer. If a patient insists on scheduling an appointment at check-out, it is recommended that the patient's wishes be followed. However, it is suggested that a follow-up order still be created for the safety net of the workqueue to ensure patients are not lost to follow-up.

Once an order and associated Patient Gateway ticket have been created, patients have the option to EITHER schedule online or call the office. There is no pressure to schedule online; it is simply an additional option for the patient.

5. Do you have materials we can use to tell patients about Online Scheduling?

At this time, the only materials available to patients are embedded within the "tickler" message that is sent via e-mail when the ticket is generated. Within the tickler notification, there are stepwise instructions on how to navigate PPG and self-schedule.

6. How will this impact the checkout process? Will patients still need to checkout at the front desk?

Order-Based Scheduling will not add any net additional work to the checkout process for your staff. At checkout, staff will either schedule the patient's next visit or complete the schedulable follow-up order if the clinician does not complete this step.

Additionally, orders can be placed after scheduling an appointment and linked to the appointment.

7. What if the follow-up visit is urgent?

Please schedule all follow up visits that need to occur within 14 days from the order at checkout.

8. Will there be a way that clinicians can enter/view miscellaneous notes? For example, if an APP works with multiple clinicians, is there a way to specify which MD's patient it is and make it clear to the scheduler?

The orders were customized for each department and each department with APPs who support multiple physicians solved for this in their own way. If your department's order does not have the "comments" box, we can explore adding it.

9. What do we do with clinicians whose clinics book up greater than 60 days out? Can those clinicians opt out?

If we stop booking any appointments further out than 60 days, eventually we will no longer be filling clinics' schedules that far out. Following this workflow will resolve this issue.

10. What if there are no appointments in the timeframe needed for patients to self-book?

There are tools in Cadence to preserve time on the templates so that the patients will be able to see slots appropriately. [We have several resources to help with that.](#)

11. How does this work for non-English-speaking Gateway users?

Non-English-speaking patients are not currently eligible for ticket scheduling. Any patient with an interpreter flag will not receive tickets.

In the rare case where a non-English-speaking patient does not have an interpreter flag and the clinician is unaware that they need an interpreter and they receive a ticket, that ticket would be displayed in English.

12. If the patient lives out of state, will they still receive a ticket to schedule a virtual follow up? How would we track if the patient will be in the state of MA or states in which the clinician is licensed to practice?

Ideally, our clinicians would not enter an order for a virtual visit with an out-of-state patient. However, if this happens, there will be logic in the patient scheduling process to prompt this question. This is a new build that will be in line with the other decision tree updates being designed for virtual visits.

13. What if a clinician sees a patient weekly? Is it possible to create orders for recurring appointments?

Recurring orders is something we are investigating for phase two of this project but is not available today.

14. What if the clinician does not place an order but tells the patient to contact scheduling staff to make an appointment?

Scheduling staff can place the order on the clinicians' behalf.

15. Does a clinician have to manually cancel the order? Often, we make three attempts and wouldn't involve the clinician if we can't reach the patient.

The clinician should be notified that the appointment has not been scheduled and they should make the decision as to whether the order can be canceled. Any protocols decided on should be guided by the clinician.