Ambulatory Management

Order-Based Scheduling – FAQs for Clinicians

Background

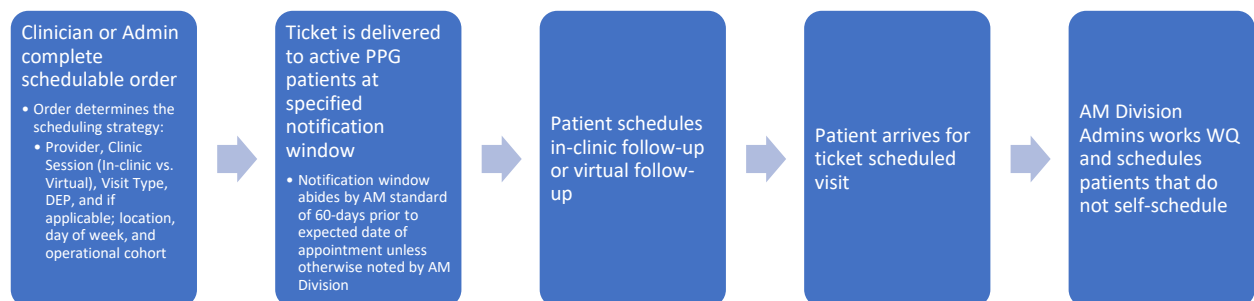1. What is Order-Based Scheduling?

   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.

Clinician or Admin complete schedulable order		Ticket is delivered to active PPG patients at specified notification window		Patient schedules in-clinic follow-up or virtual follow-up		Patient arrives for ticket scheduled visit		AM Division Admins works WQ and schedules patients that do not self-schedule
• Order determines the scheduling strategy: • Provider, Clinic Session (In-clinic vs. Virtual), Visit Type, DEP, and if applicable; location, day of week, and operational cohort	→	• Notification window abides by AM standard of 60-days prior to expected date of appointment unless otherwise noted by AM Division	→		→		→	

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. 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.

7. 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.

8. 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.

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. 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.*

4. 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.*

5. 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).*

6. 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. Do the clinician need to be the one to place the 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. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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 clinicians' schedules that far out. Following this workflow will resolve this issue.*

9. 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.*

10. 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.*

11. 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.*