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# How to Increase Visit Efficiency and Feel Less Rushed With “Showtime” Scheduling



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This model separates the visit into two distinct parts with two distinct start times — one for the care team’s pre-work and another for the patient-physician interaction.

With primary care physicians increasingly facing unrealistic demands on our time,<sup>1,2</sup> many of us are looking for ways to reclaim precious minutes in our day without reducing meaningful time with patients. A scheduling model that our practice refers to as “showtime” scheduling could be part of the solution.

## WHAT IS SHOWTIME SCHEDULING?

Showtime scheduling involves creating two distinct start times for each visit:

- An “official” start time for general scheduling, indicating when the patient will arrive and clinic staff will begin the visit,

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- Another start time (15 minutes later, or another preferred interval), indicating when the physician will enter the examination room — “showtime.” In our practice, the physician portion is either scheduled for 15 minutes or 30 minutes, depending on the type of visit.

This approach gives clinic staff dedicated time to handle preparatory tasks such as verifying insurance, updating demographic information, verifying medications, identifying care gaps such as overdue screenings or vaccines, updating quality measures, and obtaining the initial history of present illness (HPI) without cutting into the dedicated patient-physician interaction time. This gives staff sufficient time for administrative tasks, lets physicians focus on medical decision making, and helps everyone feel less rushed.

## IMPLEMENTATION CONSIDERATIONS

Implementing showtime scheduling requires significant preparation in two areas — EHR configuration and staff training — but it is doable. Here are some issues to consider, based on our practice’s experience.

**Configuring your EHR to support dual schedules.** Creating two distinct start times for each visit (one for patients, front-desk staff, and clinical support staff, and another for physicians and other providers) requires having two separate but interconnected schedules in your EHR. Creating dual schedules will likely require changes to the software’s existing scheduling module. Enlist your IT department or EHR vendor to do this work. To maintain cohesion, the EHR must be able to link visits across the two schedules. Linkage ensures that any changes in one schedule (e.g., cancellations) are automatically reflected in the other schedule. This may require leveraging the EHR’s existing capabilities for handling related appointments or developing new integration logic. To lessen concerns about data duplication and integrity, you should also take steps to ensure that patient information, appointment details, and other relevant data are consistent across both schedules. Strategies include using unique identifiers for appointments and having front-desk staff perform daily schedule checks.

Again, seek out your IT department or EHR vendor for their technical assistance.

They can also ensure that any modifications to the EHR system comply with regulatory requirements and standards for meaningful use so the system continues to support the secure and efficient exchange of health information and patient privacy protections.

**Training clinicians and staff.** All users, including physicians, administrative staff, and clinical support staff, need training

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to understand how to navigate the dual scheduling system and how appointments are linked. Some common questions include the following:

- How do you explain the schedule to patients? The only schedule time visible to patients is the earlier time when they’re supposed to arrive for the visit. That is when patients can expect the staff-led portion of the visit to begin, with the physician portion following immediately. From the patient perspective, they are not arriving “early” but on time for what feels like a longer, less-rushed visit with the entire care team.

- What happens if the staff-led portion of the visit doesn’t take up the entire time? In our practice, 15 minutes is the right amount of time to complete the preparatory tasks, but you could adjust the time for your practice. If staff finish their tasks early, the clinician can start their portion of the visit

## KEY POINTS

- Showtime scheduling entails using dual schedules with two start times for each visit — one for patients and clinic staff, and one for physicians that has them arriving in the exam room 15 minutes after the patient arrives at the clinic.
- This ensures that staff have dedicated time to complete administrative tasks without impeding the physician’s time with the patient, helping everyone feel less rushed.
- After implementing showtime scheduling, the author’s practice observed an increase in productivity as well as clinician satisfaction with work-life balance.

right away if they are available.

• How do you manage schedule changes? If a patient reschedules at the last minute, front-desk staff update the system and the changes are automatically applied to both schedules. Because the physician portion of the visit is later, this allows them to have more advanced notice of the change. When patients reschedule through the portal, the two schedules automatically adjust as well, with the physician again seeing a start time 15 minutes after the one that the patient and medical assistants see.

In addition to the up-front training, offering ongoing support and feedback mechanisms will help practices address any issues that arise and refine the system based on user experience.

### POTENTIAL BENEFITS

Our practice has been using showtime scheduling since mid-2023, and it has produced positive results in several different areas. Here are some of the benefits we have observed.

**1. Better efficiency and time management.** Showtime scheduling optimizes the physician's time by separating administrative tasks from the patient-physician encounter, thereby avoiding common delays caused by these tasks. Looking at pre- and post-implementation data for a

patient needs and concerns. It also enhances the patient experience because visits feel less rushed yet offer more touch points with the care team.

Overall, our patients were satisfied with showtime scheduling. When we surveyed them about the change, we found that most had not even noticed the 15 minutes between their scheduled visit time and the physician's arrival, because they were busy with other members of the care team. The 96 patients who returned the surveys reported that they felt they had an adequate balance between the time spent at check-in, time spent with the medical assistant or other care team member, and time spent with the physician or other clinician. Our patients also benefited from improved access, due to the two additional visits per day mentioned previously.

**3. Better work-life balance.** We collect feedback from clinicians through a quarterly burnout survey utilizing the Stanford Professional Fulfillment Index. Out of 22 clinicians, 20 expressed improvements in time management and work-life balance after we implemented showtime scheduling. Many reported benefits such as getting out of the office on time and having time for lunch, rather than working through lunch, thanks to a more predictable and manageable schedule.

Another way showtime scheduling freed up our physicians is related to "no-shows." Our practice sets no-show times at 10 minutes after the patient's appointment time (meaning five minutes before the physician's scheduled time to see the patient). This allows for quick identification of no-show appointments and gives physicians the opportunity to catch up on other tasks, such as charting, during the work day rather than after the clinic session. This aspect of showtime scheduling can significantly reduce the administrative burden on physicians, leading to less burnout and increased job satisfaction.

**4. Recovery of lost revenue.** Because showtime scheduling's 15-minute lead time allows for early identification of no-shows prior to the physician's appointment time, some of our physicians decided to fill part of this time by calling patients identified by a chronic care management team or having a quick telehealth visit. This

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sample of 22 clinicians in our practice, we found that they averaged two additional patient encounters per day under this model, largely because administrative tasks did not cut into their visit time.

**2. Improved patient care and satisfaction.** Showtime scheduling gives medical assistants and other care team members more time to gather quality measurement data and patient history before the physician enters the room. This preparation can lead to more informed and focused patient encounters, allowing physicians to spend their time more effectively addressing

strategy turns time that would otherwise be uncompensated due to patient no-shows into a billable encounter. Payers expanded coverage for telehealth, including audio-only telephone services, during the COVID-19 pandemic. The future of some of these policies remains uncertain<sup>3</sup> but, for now, integrating audiovisual telehealth or telephone calls into no-show slots represents a revenue opportunity for practices.

### A CLINICIAN-FRIENDLY APPROACH THAT PATIENTS LIKE TOO

For physicians in my practice, showtime scheduling has reduced the feeling of being rushed and provided them more time to talk to patients because administrative tasks aren't monopolizing their visit time. This efficiency not only improves the quality of the interaction but also creates room in the schedule for seeing additional patients, which improves access to care, or for catching up on other tasks, which improves work-life balance. By ensuring that physicians have sufficient time for each patient, showtime scheduling can

lead to more thorough patient evaluations and potentially better health outcomes, creating a more satisfying experience for physicians and patients alike. **FPM**

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