

Patient Experience Lifecycle

- A. Patient needs an appointment-what are the ways this can be done?
 1. Request by phone: can be frustrating if call goes to voicemail
 2. Request by portal: won't need to be available for a call-back, but in most cases there will be some kind of a wait, for someone to respond; however, specific times/days/providers can be requested
 3. Text: expectation may be for more immediate gratification; result would also be more direct than portal message
 4. Online-self-scheduling
 5. On-demand visits for telehealth: the "new" walk-in
 6. Walk-ins: while a favorite of parents in the past, in the new "normal" this will be challenging

- B. Once appt is made, data exchange to minimize F2F time in office:
 1. Phone: demographic info; collect payment info; then hand off to back office to gather CC and HPI (all done in advance of the visit)
 2. Portal: create forms for demographic review and verification; request copay via portal; send clinical form via portal to gather CC and HPI; photos can also be uploaded in advance
 3. Telehealth: some platforms can accomplish these same tasks on their site
 4. Previsit screenings are assigned and completed (CHADIS, sports form-parent and athlete portions)

- C. Patient arrival at office, maintaining social distancing:
 1. Family notifies office of arrival: Phone? Portal? Text? App?
 2. Staff response: same method; need to advise family of expected wait time; staff can meet family in car, check temps and escort them directly to exam room

- D. Exam room:
 1. Consider scale/stadiometer in each room to avoid time in common area of office. Use hand held screeners for hearing/vision.
 2. Since CC and HPI and screenings are already done, physician time is more focused on the patient; abnormalities and concerns are addressed; orders are placed for labs/imms/add'l procedures; any Rx sent
 3. Any needed paperwork completed while pt in exam room (scanned into chart and attached to portal) or completed digitally and added to portal
 4. Next WCC/chronic disease appt made (which decreases the amount of "A" that needs to be done)

* Since many of these functions can be done remotely, then more staff can work remotely. This keeps staff out of harm's way, and allows them more uninterrupted time to focus on other facets of their job (care management, insurance appeals, etc) And, if staff work remotely, this frees up additional office space in larger practices who may be short on space. Only those involved with direct patient care would need to physically be in the office.

