Self-Scheduling Solutions

The technology priority for improving patient access at health systems

Reports

June 2022

Center for Connected Medicine

KLAS RESEARCH

Table of Contents

Introduction

Health care has experienced a shift toward patient consumerism over the last few years, and health systems are focusing on and implementing solutions to meet patient demands for more convenient access to care. This growing trend was underscored by the Center for Connected Medicine's (CCM) Top of Mind for Top Health Systems 2022 research, which identified patient access as a primary focus for health system technology investments.

With the upheaval caused by the COVID-19 pandemic, which accelerated the push for innovative digital solutions for patient access to care, health system leaders participating in the Top of Mind research overwhelmingly responded that patient access was the health care challenge that could best be improved with technology.

Building on the Top of Mind research into patient access, this report identifies patient engagement tools in which health care organizations are investing and specifically focuses on the tool these organizations say is their top priority: self-scheduling solutions. The findings in this report demonstrate that organizations are starting to use these solutions and working to overcome challenges with fully implementing them.

While not all patients will adopt digital access points such as self-scheduling technology, consumerism and advances in technology should be expected to exert a stronger influence on how health systems engage with patients. Health care organizations and technology vendors will need to remove barriers that make it harder for patients to access care, and adoption of self-scheduling solutions is one way organizations can simplify access for consumers.

We intend for the following insights to spur conversations among leaders and innovators in health care about the state of digital patient engagement, especially self-scheduling technology, and what innovations are needed to advance its impact on better patient access to care.

Key Findings

1

Consumerism and patient demand are a common thread in high-investment areas:

A majority of organizations report that, in the next year, they will be investing resources in self-scheduling, patient portals, and surveys for patient-reported outcomes.

2

Most organizations have adopted some level of self-scheduling:

Though many organizations are still scheduling patients through more traditional methods like call centers and digital appointment requests, most organizations have adopted some sort of self-scheduling tool through a patient portal or online directory.

3

Availability of self-scheduling tools remains low:

The majority of respondents say their organizations are booking less than one-third of their appointments through self-scheduling tools.

4

Most organizations are a few years out from fully implementing their current road map for self-scheduling:

For the most part, health systems have started using self-scheduling tools but haven't yet fully implemented them. Two-thirds say they are more than a year away from realizing their current road map for these tools.

5

Organizational buy-in is the top challenge with self-scheduling:

The second most common challenge is developing the right algorithms to support self-scheduling. To do this, organizations need standardized scheduling templates across appointment type, and that requires physician and staff buy-in.

6

Addressing templates and physician adoption are common next steps:

Many health systems plan to work on standardizing/refining templates across physician groups and implementing change management tactics.

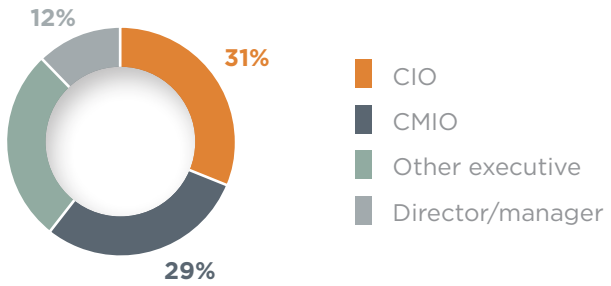
Research Overview and Respondent Profile

The Center for Connected Medicine (CCM) partnered with KLAS Research to survey professionals at U.S. hospitals and health systems. The goal of the research, conducted in December 2021, was to better understand how health providers are approaching self-scheduling technology. For the purposes of this survey, self-scheduling was defined as patients' ability to schedule health care appointments at any time through an online portal, a website, or text messaging without staff interaction.

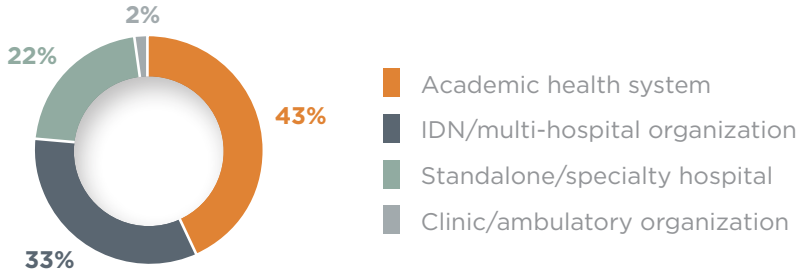
A total of 51 qualified respondents from 47 different organizations were surveyed, representing a mix of information technology, informatics, business, and clinical roles. Additional details about respondent demographics are shown in the charts to the right. Respondents were asked questions about their organization's prioritization and adoption of self-scheduling.

KLAS Research conducted the online survey, which identified the CCM as a sponsor of the research. Qualified respondents were sent an email from KLAS Research inviting them to participate. Additionally, KLAS interviewed three experts to gather insights and context about industry trends and inform the writing of this report. We thank them for their contributions.

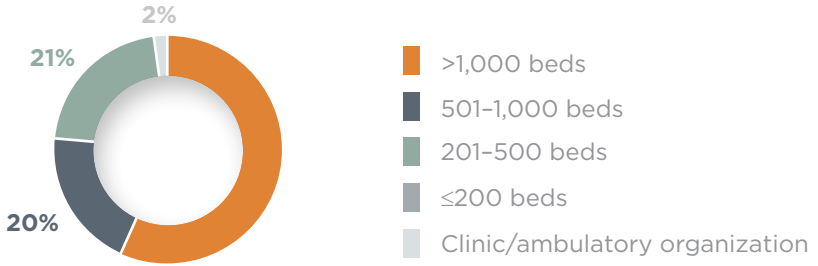
Respondent Job Level (n=51)



Respondent Organization Type (n=51)



Respondent Organization Size (n=51)

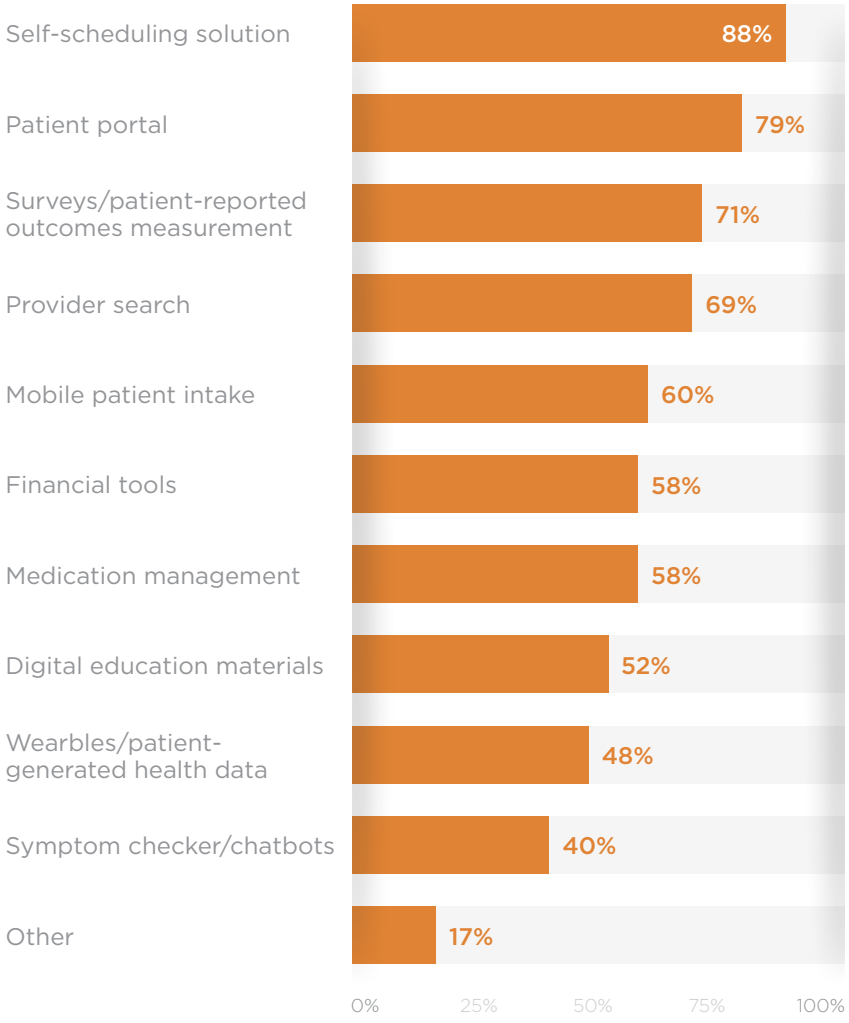


Detailed Findings

Top Areas for Investment: Self-Scheduling and Patient Portals

What Digital Patient Engagement Tools Do You Plan to Invest In within the Next Year?

(n=51) Respondents could select more than one option



The areas organizations plan to invest in have a common thread: consumerism and patient demand. Most organizations say in the next year, they will be putting resources toward self-scheduling tools, patient portals, and surveys for patient-reported outcomes.

This finding fits with separate research findings from KLAS and highlights how consumerism is driving health systems' investment in self-scheduling tools. Patients report a strong desire for self-scheduling tools and cite the availability of these tools as a factor in their decision for where to receive care. According to the separate KLAS research, 35% of responding patients want the ability to make appointments online.

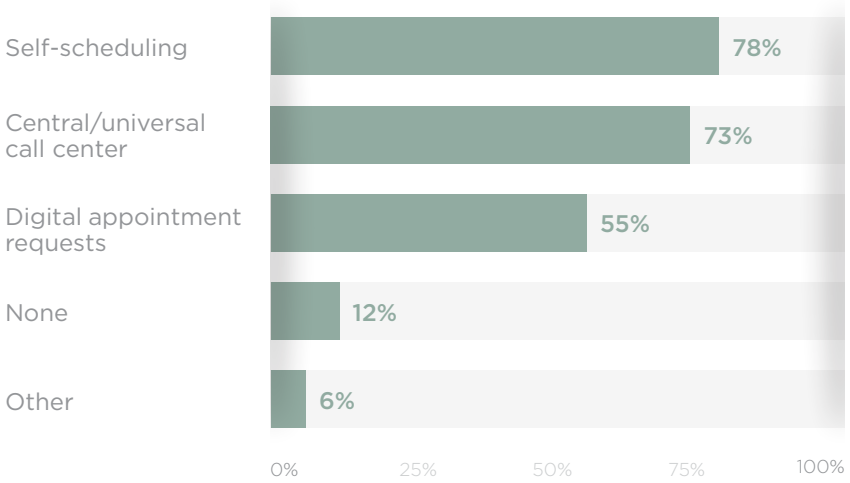
> *"Part of our strategy is improving patient engagement and experience. That will require further study to improve health outcomes."* —Director

Note: "Other" includes afterhours urgent care, care plan management, CRM, digital front door, digital navigation/triage, eConsults, EMR, microsites, patient unified communications, second opinion vendor, and text messaging tools.

Self-Scheduling at Least Partially Implemented by Most Organizations; Availability Remains Low

Which of the Following Tools Has Your Organization Adopted for Scheduling?

(n=51) Respondents could select more than one option



Self-scheduling tools are becoming more widely implemented. While many organizations still use more traditional methods like call centers and digital appointment requests, most report they have adopted some type of self-scheduling tools via a patient portal or online directory. Industry experts consulted for this report have also observed this trend.

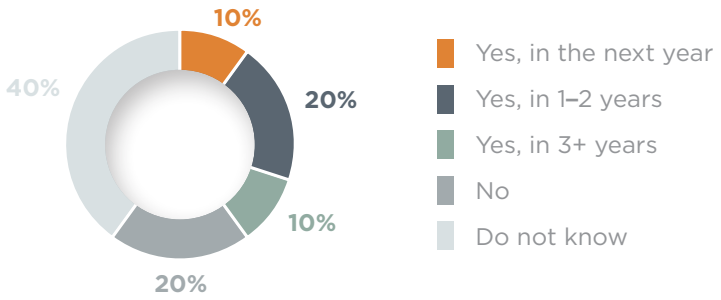
Among large organizations, most have at least attempted to implement self-scheduling tools. However, they have also encountered challenges with implementation quality, and this often results in clunky usability for patients. Separate KLAS research has found that patients expect greater capabilities and more options for self-scheduling appointments than many health systems currently offer.

Note: "Other" represents organizations with implementations that are in process

Those Not Planning to Implement Self-Scheduling

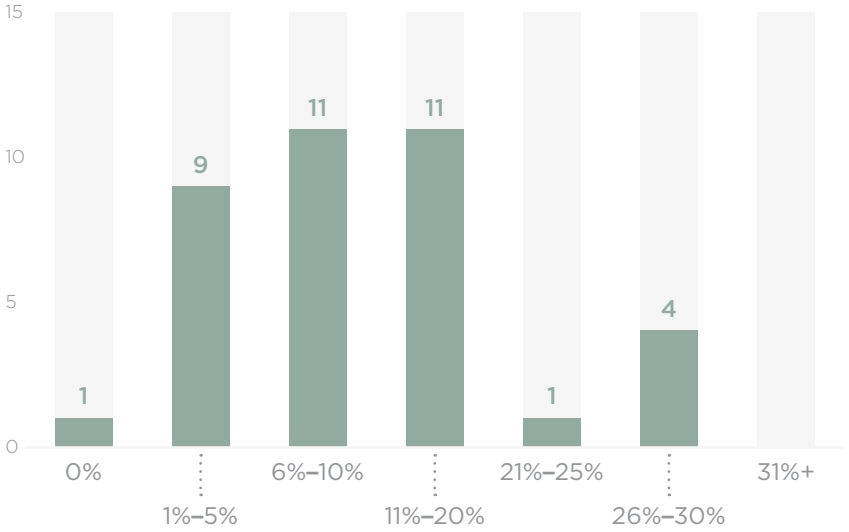
The small number of organizations that are not planning to implement self-scheduling tend to have less need to schedule patient appointments. For example, inpatient behavioral health, psychiatric, and emergency hospitals tend to treat patients with urgent, emerging needs, rather than patients whose visits can be scheduled ahead of time.

If You Have Not Yet, Do You Plan on Implementing Self-Scheduling in Your Organization? (n=10)



Self-Scheduling at Least Partially Implemented by Most Organizations; Availability Remains Low (Continued)

What Percent of Your Appointments Are Booked Digitally Using a Self-Scheduling Solution? (n=37)

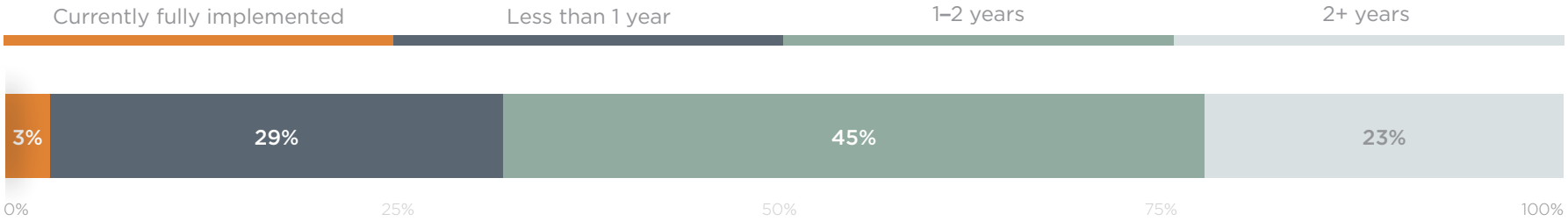


According to research for this report, the percentage of appointments made through self-scheduling remains low. While most health systems have adopted some tools, very few have these tools available for patient use across many care settings. Often, self-scheduling tools are used in pockets of the organization, especially by physicians or departments with more standardized appointment types. Most health systems say less than one-third of appointments are made through self-scheduling tools; in other research, KLAS found 37% of responding patients have used self-scheduling.

Additionally, experts consulted for this report believe the respondents who report the highest percentages of patients self-scheduling are likely overestimating. Reasons include low visibility into how many appointments are actually self-scheduled, and organizations may not have a clear understanding of the tools' use. Also, health care organizations are sometimes overly optimistic about patient use of health care–related technology. For example, one of the interviewed experts shared that use of patient portals has historically been overreported by provider organizations compared to the reality of patient adoption.

Most Organizations Plan to Fully Implement Their Self-Scheduling Road Map within Two Years

How Long Until Your Current Road Map for Self-Scheduling Is Fully Implemented? (n=38)



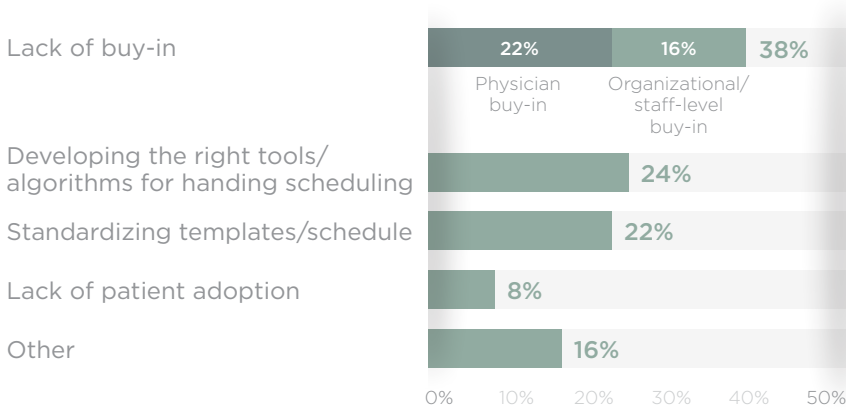
Two-thirds of organizations report they are more than a year away from fully implementing their road map for self-scheduling tools. Only a very small percentage have already done so. While many organizations are hopeful they will have their current road map implemented within the next two years, it may take longer since the technology is changing quickly, and organizations may decide to add additional areas to their road maps. Full implementation of self-scheduling will likely always be a moving target. Additionally, other types of appointment-booking methods will not go away entirely, even after full implementation, since there will always be patients who need traditional scheduling options because of limited technology access and other barriers.

> *"Patient engagement is a continual journey. Online scheduling, text tools, and other solutions will require continual improvement and refinement."* —Director

Organizational Buy-In Is the Top Challenge with Self-Scheduling

What Is the Top Challenge You Have Encountered in Your Implementation of Self-Scheduling Tools?

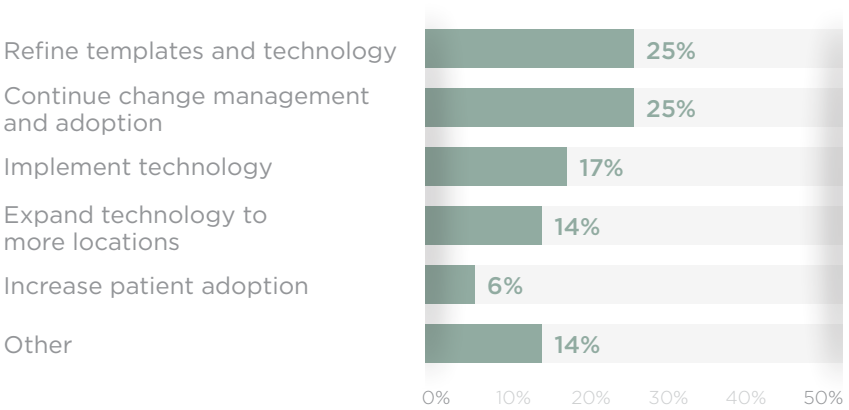
(n=37) Respondents were asked to identify their top three obstacles



Note: "Other" includes back office management of resource availability, digital literacy, getting the rules right, handling different EMRs, implementing a module, and poor access leading to complicated scheduling system (e.g., many nuanced visit types/block types that make accurate patient self-scheduling challenging).

What Are the Next Major Steps That You Need to Complete to Have Self-Scheduling Fully Adopted?

(n=36)



Note: "Other" includes complete authorizations for imaging procedures, dedicate time and resources, move to more self-service, prioritize time and energy by area, and replace provider directory.

> *"Our biggest challenge is cultural pushback from practitioners who believe they are giving up control of their schedules and that patients will be inaccurately scheduled."* —CMIO

The top challenge organizations face when implementing self-scheduling is achieving buy-in from physicians or staff. The second-most-common challenge is developing the right tools and algorithms to handle scheduling, but respondents explain this is less about technology limitations and more about ensuring alignment between patient needs, provider needs, and how the technology can help—also closely related to organizational buy-in.

For self-scheduling technology to work effectively, organizations need standardized, simplified scheduling templates. Some organizations have hundreds to thousands of appointment types—an unmanageable level of complexity even when appointments are made through a call center, let alone by patients themselves. Achieving better standardization requires significant buy-in from physicians and staff. Organizations can build trust by involving physicians and staff in template creation and ensuring the technology leverages those templates to correctly book patient appointments.

Past the initial implementation, similar challenges continue to come up for organizations trying to expand self-scheduling adoption. Change management and standardizing/refining templates across physician groups are seen as major next steps to complete the self-scheduling rollout. Health care organizations should evaluate which departments and physicians are most successful with self-scheduling and learn from them. They should also determine who in the organization is responsible for making appointment types templated, clear, and effective for self-scheduling.

Finally, to make self-scheduling tools successful, health system leaders will need to invest in digital literacy, marketing, and support for patients to help them adopt the tools and enable a positive user experience. Though low on the list of major next steps, we believe these patient adoption efforts should go hand in hand with work to increase buy-in and other technical considerations.

Contributors

Many people were involved in the production of this report, including the teams at CCM and KLAS. We also extend special thanks to the three advisors who shared their expert insights on the research findings and informed the writing of this report.

Expert Advisors

Joon S. Lee, MD
Senior Vice President, UPMC | President, UPMC Physician Services

Dan Czech
Senior Insights Director—Patient Engagement, Telehealth, Security & Privacy, KLAS Research

Adam Cherrington
Research Director—Patient Engagement and Patient Voice, KLAS Research

Center for Connected Medicine

Alex Nixon
Senior Research Analyst

Val Harrison
Director, Partner Relations

Teagan Maguire
Senior Manager, Programming

Doug Freeman
Senior Manager, Digital Marketing

KLAS Research

Bob Cash
Vice President of Provider Relations

Jennifer Hickenlooper
Insights Director

Natalie Jamison
Manager, Content & Design

Amanda Smith
Writer

Andrew Wright
Project Manager

About the Center for Connected Medicine and KLAS

Center for Connected Medicine

The Center for Connected Medicine (CCM) connects and inspires leaders and innovators who want to advance health care. Collaborating with a network of experts, we serve as a resource for information and events focused on the future of science and technology in health care. Established in 2009, the Pittsburgh-based CCM is supported by UPMC and Nokia. Join us at **connectedmed.com**.

Center for **Connected** Medicine

NOKIA

UPMC
LIFE CHANGING MEDICINE

KLAS Research

Driven by a mission to improve the world's health care, KLAS is a health care–focused research firm whose data helps provider, payer, and employer organizations make informed software and services decisions. Powered by insights and experiences discovered in the 25,000+ interviews with health care organization leaders and end users that KLAS conducts each year, KLAS' work creates transparency in the health care market and acts as a catalyst for software vendors and services firms to improve their offerings.

KLAS
RESEARCH

View more digital health resources
from the CCM at **www.connectedmed.com**

@connectedmed

Center for
Connected
Medicine

Center for Connected Medicine
U.S. Steel Tower, 60th floor
600 Grant Street
Pittsburgh, PA 15219