**Geographic Scheduling:**
*Impact on Home-Based Primary Care Productivity*

**Webinar Questions and Answers**

**Q:** Who on the team typically performs the scheduling and routing functionality?

**A:** Geographic scheduling and route planning are typically performed by the clerical or administrative front office staff; however, this may depend on your staffing model. If you have a Care Navigator or Medical Assistant who supports the program in a variety of ways, they may also assist with scheduling. The important consideration is to designate this task to someone other than your providers.

**Q:** Who confirms appointments and do providers ever call on their way to visits?

**A:** Calling patients with appointment confirmations ideally will be completed by administrative front office staff between one week and two days prior to visits. Some practices have their administrative staff contact the patients again the day before or the morning of with a time frame rather than the providers performing the task. However, for 25 years, Dr. Cornwell has always called patients when he is on the way to appointments to confirm that patient is ready to be seen and has the medications out. Since Dr. Cornwell travels with a medical assistant, the medical assistant will often assist with calling patients on the way as well. Your process will depend on your practice workflows and what your team feels is most effective for their schedules.

**Q:** Any recommendations for how to say no to patients too far outside of your service area?

**A:** Explaining to a patient in need that you are unable to care for them is extremely challenging since you know their options are limited; however, the reality is you cannot help everyone. It is important to stay within your practice’s geographic boundaries. You may also have to confirm they fit your eligibility criteria and have accepted insurance. One way you can still help patients outside your services area is to research what other mobile practices, senior services agencies, and centers on aging are in your area and provide them alternative phone numbers of practices which may be able to care for them.

**Q:** What is the recommended time frame to see a post-discharge patient?

**A:** Best practice would be to see a post-discharged patient within 48 hours of discharge since this is when they are at the highest risk for readmission. Realistically, your schedule may not reasonably allow for you to see all patients within 48 hours. Consider if the patient has home health, and if so, the home health nurse may be able to see the patient sooner and call you with an assessment and then you can follow up within 1-2 weeks.
Q: How do you account for traffic delays in highly populated areas?
A: Traffic delays will impact your travel time, depending on your geographic area. You may consider building in additional travel time when routing and assigning time frames to patients. Be sure to give yourself flexibility and provide patients with a range of time rather than an exact time you will arrive to see them.

Q: Is driving the best option, or should we be relying on (sometimes unreliable) public transportation?
A: Whether you drive or utilize public transportation will greatly depend on what is feasible and works best for your specific team and practice. If you live in a downtown area, research what parking options are available and evaluate the costs. Pros to having your own company vehicle may be an additional safety measure and if you are seeing patients in an apartment building or complex that requires parking passes for entry consider obtaining an extra pass so you have it for next time.

Q: How many visits are included in a “full-day” schedule?
A: Productivity standards depend on various factors such as geography, the setting of care (e.g., assisted living versus private residence), the type of visits (new or TCM compared to established), as well as any organizational standards you may need to adhere to. In HCCI’s experience from working with a variety of practices across the nation, the average visits per day for providers traveling with an assistant are 8–10, whereas the average for providers traveling alone may be closer to 5–7 visits per day. For practices providing only facility care, you may have the capacity to see up to 13–15 patients per day due to minimal travel time.

Q: Are all maps HIPPA compliant? Can you put names in with the addresses for future reference? I know Google is not HIPPA compliant.
A: Not all technology solutions are HIPPA compliant, so it is important to do your research. Carelink is HIPPA compliant, but if you were using other mapping software, you could use addresses and initials or some sort of deidentified patient identifier to recall patients and track PHI on an internal spreadsheet for future reference.