

Online Patient Self-Scheduling for Imaging: An Academic Outpatient Practice's Initial Experience with Ticketed Scheduling through the Electronic Health Record



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Purpose

- Online self-scheduling has become the preferred scheduling method in many industries (e.g. airlines, hospitality), and is increasingly being utilized within healthcare
- Despite evidence that online scheduling is preferred by many patients, imaging practices have been slow to adopt due to the ordering workflows and complexity of scheduling
- This ePoster illustrates ticketed scheduling as a paradigm for radiology self-scheduling and presents initial data from implementation at an academic outpatient practice

Methods

Ticketed scheduling was implemented through the enterprise electronic health record (EHR) for a multi-site academic outpatient practice consisting of 7 outpatient offices for x-ray (XR), computed tomography (CT), magnetic resonance imaging (MR), ultrasound (US), bone densitometry (BD), and fluoroscopy (FL).

In our implementation, ticketed scheduling provides patients a link to self-schedule an appointment after their provider places eligible orders in the EHR. Patients were able to view the exam that was ordered, locations which would offer this service, and any relevant preparatory information. Metrics on usage and effectiveness were measured for CY2022.

Scheduled Exams by Modality

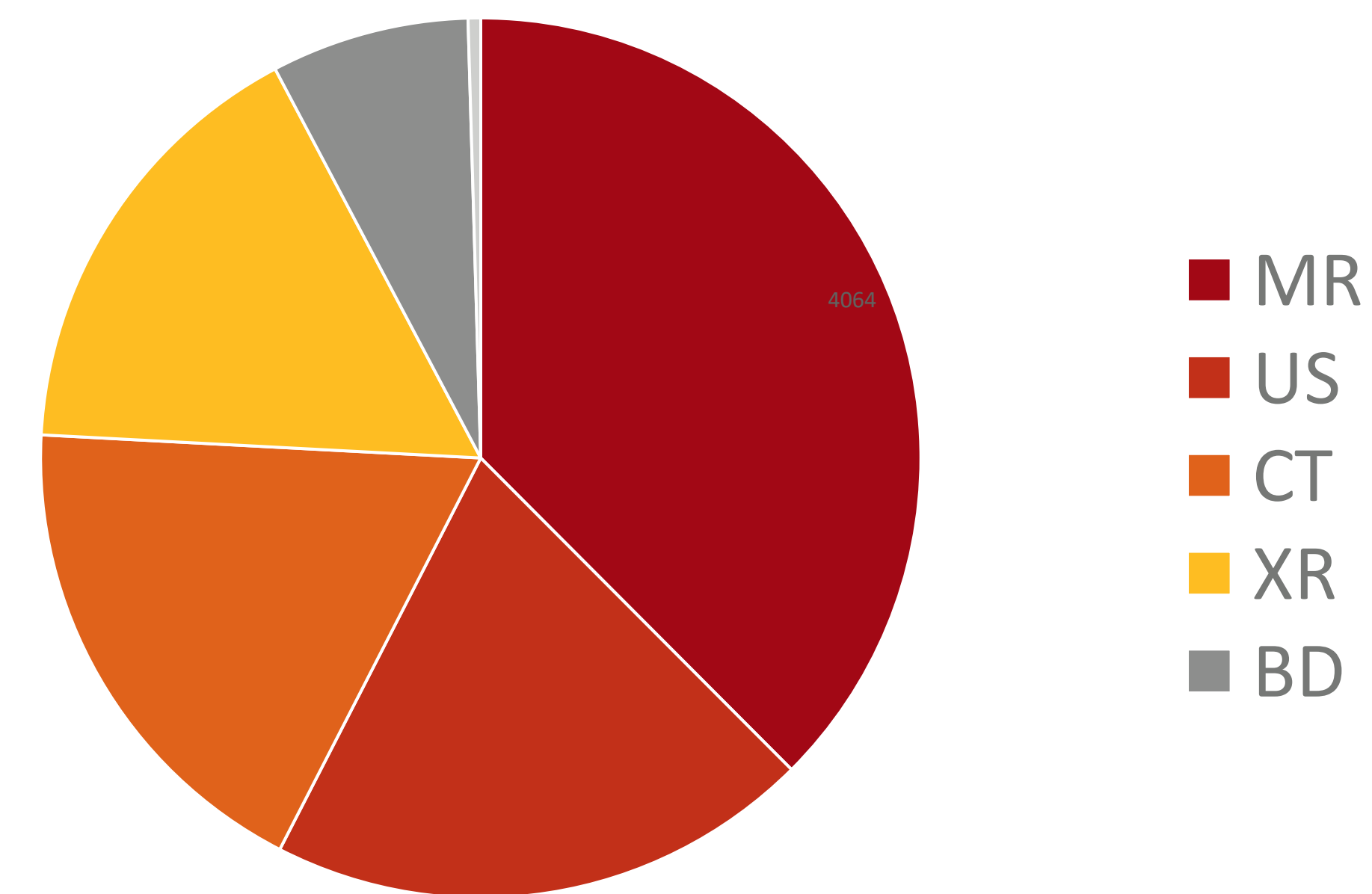


Fig 1: Scheduled Exams by Imaging Modality are as follows: XR 1779 (16.4%), CT 1981 (18.3%), US 2169 (20.0%), MRI 4064 (37.5%), BD 788 (7.3%), FL 50 (0.5%)

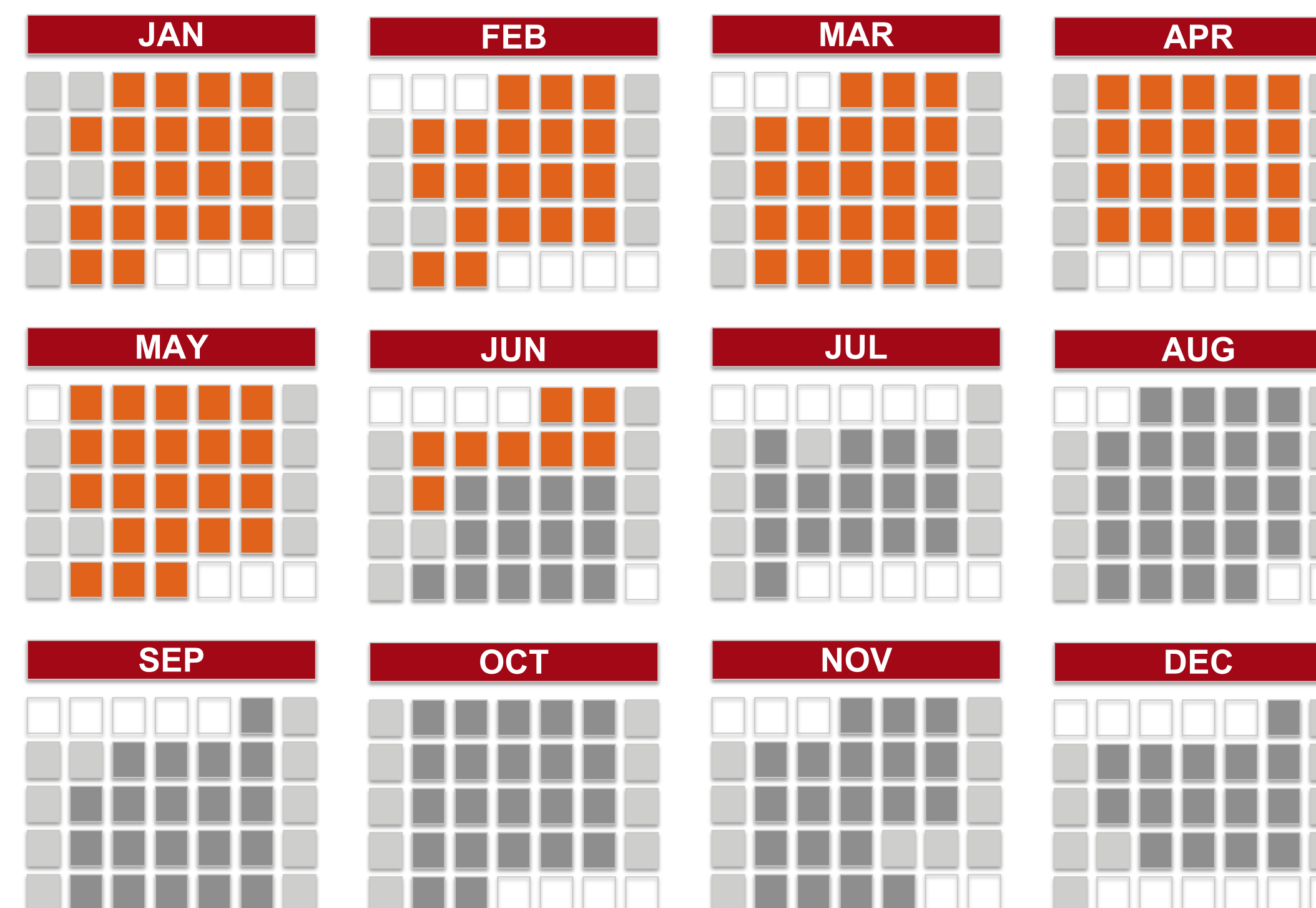


Fig 2: Self-scheduled appointments resulted in a savings of 112 workdays total of scheduler time (orange boxes)

Results

- In CY2022, 22,881 orders generated self-scheduling tickets of which 10,831 were used by patients resulting in an appointment (47%)
- Fig. 1 represents the number of scheduled examinations by modality
- 88.5% of appointments scheduled through a ticket resulted in a completed visit, which is similar to the rate of completed visits for non-ticketed appointments (86.9%)
- Self-scheduled appointments resulted in a **savings of an estimated 54,155 minutes total of scheduler time**, using conservative estimates of 6 minutes average of scheduler time for a synchronous scheduling event versus 1 minute average required to validate and, if necessary, correct a self-scheduled appointment. This equates to **112 workdays of a scheduling agent (Fig 2)**

Conclusion

Our pilot demonstrates that ticketed self-scheduling within an EHR can be an effective paradigm for imaging practices.

Future work should include more detailed analysis of access and patient experience metrics and addressing limitations that the initial experience revealed.