

Testing New Ways to Schedule Appointments at Community Health Centers to Help Patients Access Care

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What was the research about?

Community health centers, or CHCs, often want to improve access to care so that patients can get health care easily. Improved access includes patients getting appointments when needed, without a long wait.

In this study, the research team looked at appointment scheduling at seven CHCs in Indiana. The team learned from community members that the biggest problems patients had in getting access to care were

- Not being able to get appointments when needed
- Long wait times between calling the CHC and getting an appointment

The team used computer simulations to create new ways of scheduling appointments. They custom-made solutions to test at three of the CHCs.

What were the results?

Two of the three CHCs that used new ways of scheduling had positive changes in patient appointments. The first CHC had shorter appointment wait times and fewer patient cancellations. The second CHC had more same-day appointments and shorter appointment wait times. However, this clinic also saw slightly fewer patients per hour.

Among the four clinics that did not test new scheduling practices, three also saw changes. The first CHC had slightly more same-day appointments and

slightly fewer patient no-shows. However, the second CHC had fewer same-day appointments and more patient cancellations. The third CHC had longer appointment wait times.

Who was in the study?

The research team worked with seven CHCs in Indiana. The CHCs served patients from different racial and ethnic backgrounds with and without health insurance.

What did the research team do?

To find out what made it hard for patients to get appointments, the research team worked with patients and CHC staff and clinicians. The team used appointment-scheduling data from electronic health records and computer simulations to suggest new strategies for each CHC. With these data, the team created new ways of scheduling appointments.

The team picked three of the seven CHCs to start scheduling appointments using the new strategies. The other four kept scheduling appointments the same way they did before. After six months, the team looked at each of the seven clinics to see if there were changes.

Patients, clinicians, and a group that represents clinics in Indiana helped design and conduct the study.

What were the limits of the study?

Each CHC used a different way to schedule appointments. As a result, it is hard to know which

scheduling methods helped people get better access to care. Future research could look at different ways to improve access to care.

To learn more about this project, visit www.pcori.org/Wu187.

How can people use the results?

CHCs could use computer simulations to identify problems and help tailor solutions when considering ways to improve access to care.