Transitioning to System-Guided Scheduling

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Transitioning to System-Guided Scheduling

System-guided scheduling allows the system to automatically find appointment solutions that get the patient to the right provider, at the right location, at the right time, and within the guardrails required by your organization. System-guided scheduling allows you to better serve patients and reduce costs by:

- Increasing patient self-scheduling, which improves patient satisfaction and reduces work for your staff.
- Optimizing lead time, so patients can get appointments when they need them.
- Keeping provider schedules full, so you make effective use of the resources you have.
- Improving staff effectiveness, because staff can use their expertise for more complex scenarios and leave the simpler ones to the system.
- Supporting continuity of care by making it easier to track referrals and follow-ups to ensure that they happen as expected.

To optimize your approach to system-guided scheduling, you need to understand how different parts of your scheduling build and strategy come together to achieve accurate and consistent scheduling outcomes. Many features need to work together from the moment a patient or provider indicates a need for care through the time that an appointment is booked. While system-guided scheduling can shift some of the burden of understanding scheduling requirements from your schedulers to your IT team, the benefits to both schedulers and patients offer clear returns on that investment over the long term.

This document explains how Epic supports system-guided scheduling and provides build and strategic recommendations. These recommendations are designed to support easier long-term maintenance by providing a flexible approach that will allow you to incorporate future development, specialty-specific scheduling requirements, and various scheduling models as your organization's needs change.

To help with your transition to system-guided scheduling, create a checklist from Sherlock checklist template 1589-Guided Scheduling Project Groundwork. If you don't have access to create a checklist, reach out to your Epic representative.

How System-Guided Scheduling Works

System-guided scheduling helps both schedulers and patients find the right solution for a patient's needs.

For schedulers, system-guided scheduling can reduce the need to memorize or reference complex scheduling rules, leading to more accurate schedules. System-guided scheduling can be used to support the following scheduling models depending on your organization's needs:

- Centralized scheduling. System-guided scheduling makes centralized scheduling easier because the system can guide schedulers to the right solution for any department or specialty, so schedulers don't need to reference department- or specialty-specific guidelines outside the system or transfer patients to other schedulers to handle complex appointments.
- Decentralized scheduling. System-guided scheduling helps schedulers who are assigned to a specific department easily find the next appropriate opening without needing to memorize specific scheduling guidelines and provider preferences. This support makes it easier for staff to get up to speed when you hire new schedulers or when schedulers temporarily or permanently switch departments.

- Cross-department scheduling. System-guided scheduling helps schedulers make appointments for patients outside of their core area. For example, if a patient who is seen in a primary care department is referred to specialty care, the primary care department's scheduler can schedule the right appointment in the specialty department, helping to ensure that the patient gets the correct care in a timely manner.

For patients, system-guided scheduling supports self-service scheduling through:

- Online scheduling. System-guided scheduling helps you guide patients to the right appointment through direct, open, or ticket scheduling using the same guidance that schedulers receive. The patient doesn't need to find time to call to schedule an appointment, which also saves your scheduling staff time.
- Fast Pass. When a patient is on the wait list, system-guided scheduling can automatically offer them an earlier appointment that meets the requirements, letting them get seen faster and reducing the need for schedulers to work the wait list.

Guiding Principles

Keep these principles in mind when designing your scheduling system. The recommendations in this document assume these principles are followed as pillars for success.

Standardize at the Specialty Level

Make scheduling build, automation, and guardrails consistent across departments within a specialty. Visit types for consults, follow-ups, and established patients are not shared across specialties, while procedure visit types are shared specialties. For example, in the Foundation System, all departments with a specialty of dermatology use the Consult - Dermatology visit type for new patients, while all allergy departments use the Consult - Allergy visit type for new patients.

This approach balances the need for specificity against the resources required for maintenance. Visit types that are too specific can be very difficult to maintain, while visit types that are overly shared can lower your organization's chances of meeting your scheduling automation goals.

With standardization at the specialty level, you can:

- Work more effectively with specialty-level operational workgroups, reduce risk of introducing unintentional changes to other specialties, and simplify change control. Tailor default values and behavior to each specialty and reduce the number of exceptions, such as lengths, modifiers, and blocks.
- Build simpler decision trees that don't need to have as many branches or subtrees as you would if you were needing to accommodate multiple specialties in the same tree.
- Create dynamic pools that search for providers in a given specialty.
- Account for copay and referral requirement differences between specialties.
- Use different MyChart workflows for different specialties such as allowing new patients to schedule online for one specialty but not another. You can also control the visit type display name for patients more specifically.
- Reduce the need for order-specific and scheduling questions by using specialty-based procedures for consults and follow-ups.
- Easily identify specialty-based workflows in reporting and population health management.

Note that procedure visit types are shared across departments or specialties who perform them. There are also exceptions for organizations with many service areas, which might want to have separate visit types between

large affiliates.

Support Auto-Solutions with Provider Templates

Set up provider templates to support accurate appointment solutions through system automation for centralized scheduling, cross-department scheduling, online scheduling, and Fast Pass. Exceptions or accommodations for certain patients can be handled by department schedulers who have the appropriate security to override warnings, but overrides should not be required to schedule most patients.

This approach helps ensure that patients are receiving the same appointment options regardless of scheduling method.

Share Build Between MyChart and Cadence

Ensure that your scheduling build works for both schedulers in Hyperspace and patients online. To ease maintenance and provide a consistent patient experience, do not build two separate systems to support online scheduling and do not reserve certain times in the schedule for appointments scheduled online by patients.

For example, in the Foundation System all new patient visits scheduled in dermatology departments use the Consult - Dermatology visit type, whether the appointment is scheduled by a scheduler in Hyperspace or by a patient in MyChart. There is no separate visit type or specified times for new patient visits scheduled through MyChart.

Implement a Balanced Access Scheduling Model

By default, build provider templates to allow scheduling any appointment at any time. Implement guardrails only as necessary to support specific clinical or business needs, not based solely on preference. This approach provides flexibility for patients, promotes greater access, and keeps provider schedules full.

For example, you might use a block to ensure that enough time is reserved to achieve new patient lead time goals. However, that same block should not be used to dictate that new patients can only be seen at 9:00 A.M. if there is no clinical or business reason to restrict patients to a certain time of day.

Provide Next Steps for All Care Online

To break down barriers to access and increase patient satisfaction, patients should have the option to go online to take the next step to receive care, whether that care was requested by a provider as a follow-up or initiated by a patient who needs care for a new or existing condition. Whenever possible, the patient should be able to complete scheduling online. For visits that require human intervention to schedule accurately, provide patients with an avenue to initiate the request or guide them to the right next step online.

Make sure that direct and open scheduling are available to patients to the greatest extent possible, and that providers use ticket scheduling to guide patients to the correct follow-up care. For visits that need further guidance, offer options that allow patients to request an appointment, go through self-triage to determine the right next steps for care, schedule a video visit, or use On My Way when care is needed immediately.

Use Appointment Requests for All Provider-Initiated Visits

Use appointment request records to capture all cases when a patient is instructed to have a certain type of appointment, such as a follow-up appointment for an issue, a consult with a specialist, or a procedure. Appointment requests allow you to track outstanding demand, ensure patients are following through with the care they need, and send tickets to let patients self-schedule online. In most cases, including follow-ups, the appointment request should be tied to a clinical order, but some scenarios might be better accommodated with a standalone appointment request.

For example, a provider places an order for a three-month follow-up visit to check how a new medication is

performing. She indicates that the visit should be scheduled with her and can be either in-person or a video visit. This order generates a scheduling ticket that the patient can use to self-schedule the appointment at their convenience, while being held within the guardrails specified by the provider.

Guided Scheduling Build

This section outlines the recommended build to support guided scheduling, including visit types, orders, decision trees, subgroups, Smart Pools, and templates.

Visit Types, Orders, and Appointment Requests

Visit types, orders, and appointment requests work together to ensure that patients are scheduled for the right visit.

- Visit types contain the logic needed to schedule specific visits. They help determine things such as the length, provider pools, and allowed locations.
- Providers should place orders for any future visits that they prescribe, which generate appointment requests. Appointment requests allow you to track outstanding demand, ensure patients are following through with the care they need, and send tickets to let patients self-schedule online. Provider ordering workflows also facilitate providers entering information that can be used to automate provider selection during scheduling. Visits that do not have a corresponding order or appointment request are considered patient-initiated and can be scheduled at the patient's request.

This topic covers visit type and ordering recommendations to support system-guided scheduling.

Visit Type and Ordering Considerations

In most cases, we recommend building and sharing visit types at a specialty- or procedure-level. This approach is flexible enough to accommodate specialty- and procedure-specific automation, provides consistency for patients and staff, and supports online scheduling, while keeping the build at a maintainable level.

To see more details about how we've configured visit types in the Foundation System, log in to the Foundation Hosted environment as your organization's Cadence analyst (ESADM) and open the visit types (search: Visit Type).

Core Visit Types and Ordering Considerations

In the Foundation System, each specialty uses the following model for visit types and associated orders.

	Visit Type Considerations	Ordering Considerations
Specialty New Patient/Consult	This specialty-specific visit type drives entry into specialty clinics and is the basis for establishing care for a new patient. This visit type can be initiated directly by the patient when appropriate or initiated through a referring physician's referral order. In the Foundation System, this visit type is Consult for specialties and called New Patient for primary care. For example, the Foundation System includes Consult	Use a schedulable referral order when a provider recommends that a patient consult with a specialist. Capture any information that the referring provider can provide to determine how to appropriately schedule the visit, such as priority, subspecialty, reason for visit, specific specialist, or other details that could drive workqueue routing, provider selection, duration, and so on.

	Visit Type Considerations	Ordering Considerations
	- Dermatology and New Patient - Family Medicine visit types.	
Specialty Follow-up	This specialty-specific visit type is used when a physician or clinic requests that the patient to return for follow-up on a problem ("come back to see me in three months"). For example, the Foundation System includes a Follow-Up - Dermatology visit type.	When a provider would like to see a patient again for follow-up, they should place an order in the system. Starting in February 2025, providers can place these orders from the Follow-Up navigator section. For more information on how to configure the Follow-Up section for placing these orders, refer to the Configure Schedulable Follow-Ups topic. Prior to February 2025, providers can place these orders using Order Entry. You can use Smart Pool logic to enter the ordering provider, an alternate designated provider, or a subgroup of providers when scheduling.
Procedures	These procedure-specific visit types are organization-initiated and rely on a clinician order, which generates an appointment request to schedule. Specialties can have many visits in this category because the visit type is linked with the associated procedure record, often in a one-to-one relationship. If multiple specialties perform the same procedures, those specialties should share these visit types. For example, the Foundation System includes a BI Mammogram Diagnostic Bilateral visit type, which can be scheduled in radiology and interventional radiology departments.	Use a schedulable order for procedures such as an MRI, pulmonary function test, or diagnostic mammogram. Use order questions to capture details that might determine the duration of the visit, resources needed to perform the procedure, or valid locations. Decision tree logic can be used to guide scheduling.
Established (Patient-Initiated)	Some specialties use this specialty-specific visit type when patients can establish care with a provider and maintain a long-term relationship. This visit is patient-initiated and requires no clinical or financial approvals. This visit type is most commonly seen in primary care, but it can be used in any specialty where a patient can continue to initiate care as needed, such as gynecology. For example, the Foundation System includes Established - Gynecology and Established - Family Medicine visit	These visits are patient-initiated, so no order is needed.

	Visit Type Considerations	Ordering Considerations
	types.	

Additional Visit Types and Ordering Considerations

Some specialties have additional care needs you should evaluate on an as-needed basis. These care needs likely fall into one of the following categories.

Category	Visit Type Considerations	Ordering Considerations
Wellness/Physical	These preventative care visits are performed by a primary care provider or a member of their team on a set schedule. Share these visit types among the specialties who perform them, similar to procedure visit types. For example, the Foundation System includes visit types for Physical, Well Child, and Medicare Annual Wellness.	Preventative care visits can be initiated by the patient or captured in an appointment request. Examples include annual physicals and flu shots.
Support Staff Visit	These specialty-specific visits are handled solely by a nurse, MA, or other support staff. Reasons for this type of visit include education, blood pressure check, weight check, suture removal, and so on. For example, the Foundation System includes a visit type for Support Staff Visit.	Staff support visits can be initiated by the patient. They can also be captured in an appointment request if you want.
Pre-Op/Pre-Admission Testing	This visit type is used in either a pre-admission testing (PAT) department or a surgical specialty's clinic to complete pre-requisites to a scheduled surgery. For example, the Foundation System includes a visit type for Pre-Admission Testing. For post-op scheduling, we recommend using the surgical clinic's follow-up order and visit type instead of creating a specific visit type for post-op.	Pre-admission testing can be ordered as part of a pre-procedure order set. A PAT scheduler could also manually create an appointment request if needed.
Lab	This visit type is used to create an encounter for a lab draw. It's often used in a walk-in workflow but can be scheduled in advance. For example, the Foundation System includes a visit type for Lab. Do not link this type of "procedure" visit to the lab procedure orders the	Lab tests should be ordered in the system. However, we don't recommend making individual lab tests into schedulable orders. This approach prevents premature release of the lab order to Beaker or the LIS before lab staff has had a chance to confirm which labs are being drawn.

Category	Visit Type Considerations	Ordering Considerations
	way other procedure visits are linked.	
Clinic-Administered Medication	A medication order can generate an appointment request that is tied to a visit type for the medication to be administered in an appointment. For example, the Foundation System includes a visit type for Botox. We recommend creating groupers for similar medications that map to unique procedure/visit type combinations. For details, refer to the Let Clinicians Administer Clinic-Administered Medications topic.	Medications that must be administered in a future clinic visit should be ordered by a provider and generate a schedulable appointment request. For more information about how to generate these appointment requests, refer to the Schedule Clinic-Administered Medications to Be Given at Specific Visits topic.

Visit Mode

There are currently two build strategies that can be employed to indicate what "mode" a visit will take place in: in-person, video, telephone, and so on.

- Use Epic's built-in visit mode functionality, in which a single visit type can be used for a given visit and the mode is chosen upon scheduling.
- Build separate mode-specific visit types for each type of visit.

We recommend using the visit mode functionality if possible and we're actively improving the flexibility of this feature through development. We do recognize that there are some scenarios that are not yet accommodated with the visit mode feature. Refer to the Use Telehealth Modes to Create Unified Visit Types for In-Person and Remote Appointments for up-to-date considerations.

We're planning to build on the visit mode functionality in future development, and visit mode functionality will eventually be the standard recommendation.

Order Mode

We recommend creating a nonclinical order mode (Nonclinical – No Cosign required) and making it available to the appropriate users so support staff can place Follow-up orders without needing a cosign or sending an In Basket message. We recommend disabling verbal confirmation for this order type. In the Foundation System, users with profile 21003-Amb RN/MA Security Class can place this kind of order.

For more information, refer to the Define Verbal Order Modes, Specify the Order Modes Clinicians Can Use, and Determine Which Verbal Order Modes Require a Verbal Signature topics.

Extended Visits

In some cases, a given type of visit might need to be scheduled for an extended duration based on the patient or reason for visit. For example, an Annual Physical visit that includes a Pap smear might need additional time added, or a patient who has more than one issue to address might need a longer Established visit. Consider the following approaches to automate scheduling in these scenarios:

- Use a decision tree to swap in "extended" visit types. Currently, you might need two visit types to support

this use case, such as Physical and Physical Extended. You can use a decision tree to determine when the "extended" copy of the visit type should be applied, perhaps based on the answer to a question or evaluation of a rule. The decision tree can then swap in the extended visit type automatically in both Hyperspace and MyChart scheduling. Both visit types should contain any necessary visit type modifiers to account for what the base length and extended length should be on a provider or department basis.

- Use a decision tree to modify the visit length if visit type modifiers won't work for this purpose. This option works only if you have standardized visit durations across providers and departments who schedule the same visit types. In this case, you can accomplish this use case with a single visit type by configuring the decision tree to add a static amount of time based on the outcome of the tree's logic. For example, the tree can apply an additional 15 minutes when a patient indicates they have multiple issues to address.

In the future, we're exploring development to support dynamic visit duration modifications in decision trees that would account for visit type modifiers, eliminating the need for multiple visit types.

Ticket Scheduling

Whenever possible, schedulable orders and appointment requests should be enabled for ticket scheduling. There are many tools available to help drive accurate scheduling and provider selection such as orders inputs, patient-facing decision trees, Smart Pools, or rules that can hold a ticket from releasing until appropriate triage or prerequisite work is complete. Keep in mind that a procedure must be associated with an advanced visit type with a pool to automatically send a ticket to the patient for self-scheduling.

Specialty Preference Lists

To make it easy for clinicians to select follow-up orders, update their preference lists to add a Follow-up section that includes Follow-up orders to schedule appointments. Refer to the Create or Maintain a Preference List in the Preference List Composer topic for more information.

Decision Trees

Decision trees help schedulers and patients schedule the right visit with your organization's scheduling guardrails. They can handle advanced logic to offer a consistent scheduling experience for both schedulers and patients.

Decision trees are an essential tool when automating scheduling workflows. However, because they are so flexible, they can easily become large and complex, so it's important to follow best practices. Before designing your automated scheduling workflows, refer to the Decision Trees Setup and Support Guide and keep the following best practices in mind.

- Decision trees should collect only information that is needed to guide scheduling. Do not use decision trees to document notes, collect registration information, or complete clinical questionnaires.
- Avoid using decision trees to replicate other standard functionality. This approach allows you to streamline your decision trees and avoid unnecessary complexity. For example:
  - Use a Smart Pool to apply providers when possible instead of using a decision tree.
  - Use visit type modifiers to make provider- or department-specific adjustments to visit duration.
  - Use rule-based patient instructions on the visit type to provide different instructions in different scenarios.
  - Use Benefits Engine and provider network build to avoid coverage-based branches whenever possible.
  - Rely on location filters during the scheduling workflow in Book It or MyChart, as opposed to location-based questions within your decision tree.

- Try to design decision trees that work in both Hyperspace and MyChart. While you do have the option to use separate decision trees, using a single decision tree for a given visit type eases maintenance and provides a more consistent patient experience. Keep in mind that you should:
  - Word question prompts in a way that makes sense to both a scheduler and a patient.
  - Use branching logic within your tree if certain nodes should be skipped or work differently between Hyperspace and MyChart. You can use a rule that looks for the MyChart background user as the scheduling user to accomplish this.
  - Avoid logic that relies on a login department context because login department does not exist in MyChart.
  - Keep in mind that decision trees used in open scheduling outside of MyChart do not have a patient record context, so not all types of nodes are supported.
- Use more small trees as opposed to fewer large trees. The more logic that lives in a single tree, the more difficult to troubleshoot, maintain, and migrate with Data Courier it becomes. Using specialty- and procedure-specific visit types can help with this approach because you can design separate trees for individual specialties or procedures as opposed to fitting all the logic into one tree. You can also use nested decision trees to break up logic into smaller pieces.
- When appropriate, use order questions to drive scheduling. You can configure question fallback logic within your decision tree to present a question to the scheduler or patient only if it was not answered already in the order.
- Starting in May 2025, you can use the Search Terms rule property to create branching logic based on a provider search term used in Provider Finder, the Order Composer, or Referral Entry. Refer to the Use Search Terms to Drive Decision Tree Logic topic for more information.

Subgroups

Subgroups are groups of providers who share a common trait or are on a team together. They can help automate provider selection with a Smart Pool, decision tree, or ad hoc selection by a scheduler in Hyperspace.

Because subgroups are static lists of providers that must be maintained over time, we recommend granting operational users access to modify the list of providers within a subgroup. Subgroup (SGR) record shells should still be created in your build environment and migrated to Production with Data Courier, but the providers within the subgroup can be maintained directly in Production to avoid the need for your IT team to intervene whenever an update is needed.

In the Foundation System, subgroups are used in several ways to help automate scheduling workflows:

- They define which providers belong to which subspecialty. The answer to an order or decision tree question can then drive the application of a specific group of subspecialists during the scheduling workflow.
- In May 2023 and earlier versions, they define which providers are accepting new patients. These subgroups can be applied by a decision tree or pool to automate scheduling of referrals and consults. Starting in August 2023, you should use the Accepts New Patients (I SER 26000) and Accepts New Patients In This Department (I SER 26001) items to indicate which providers are accepting new patients instead of using a subgroup. For more information, refer to the Indicate in Book It Whether a Provider Is Accepting New

Patients topic.

- They define provider teams to expand a scheduling search. For more information about configuring provider teams, refer to the Create Provider Teams for Scheduling topic. For more information about how patients can use provider teams with direct scheduling in MyChart, refer to the Allow Patients to Perform Direct Scheduling for a Provider Team topic.

For more information about creating subgroups, refer to the Create Subgroups of Providers for Scheduling topic.

Smart Pools

Smart Pools contain logic or a list of providers or resources that should be schedulable for a given visit type. They're an important tool in automating scheduling and implementing the appropriate guardrails to enable patients to self-schedule online. Keep the following in mind as you implement automated scheduling workflows:

- When appropriate, use a pool over a decision tree to drive provider selection.
- A pool is required to automatically generate a scheduling ticket in MyChart from an order. Without a pool, manual intervention from a staff member is required to fill in the allowed providers and "push" the ticket to the patient.
- Outside of ticket scheduling, which uses an item on the related order to track the releasing department, the "current department" logic in Smart Pools doesn't work in MyChart workflows because MyChart does not have the concept of a "current" or login department. If you need to use "current department" logic for your Hyperspace scheduling workflows, consider adding fallback logic to the same pool that works in MyChart. You can use inclusion rules (keeping in mind that inclusion rules aren't respected in pre-login open scheduling) and the Stop function to automate which rows in the pool are applied in Hyperspace or MyChart scheduling.
- To ease maintenance, try to use the "smart" criteria over a static list of providers. If you do need to pull in a static list of providers, consider having the pool apply a subgroup that is maintained by operations. For more information about recommendations for subgroups, refer to the Subgroups topic.
- A visit type must be advanced to use pools, and an advanced visit type cannot:
  - Be used in a one-click search algorithm.
  - Be set as a department-level reason for visit override in MyChart settings.
- Starting in May 2025, you can use provider search terms to pull in all providers who have the search terms used on an order or to specify which provider search term should be used to pull in providers. Refer to the Configure Smart Pools to Use Search Terms topic for more information.

Templates

Templates are a key component in successful system-guided scheduling. For information about best practices for template build, refer to the Provider Schedules Setup and Support Guide.

Online Scheduling Strategy

Our goal is that patients can schedule most visits online. For visits that can't be scheduled online, you should provide next steps and information about how to initiate a request for an appointment. This topic contains our recommendations for how the various types of visits should be made available online.

Tools for Online Scheduling

Keep the following in mind when choosing the tools to use for self-scheduling. You are not limited to these use-cases, but they can help guide your decision-making.

	Who Initiates?	New or Established Patients?	Considerations	More Info
Open Scheduling	Patient	Usually new	• Available to patients with or without a MyChart account	Open Scheduling Setup and Support Guide
Direct Scheduling	Patient	Usually established	• Requires a MyChart account	MyChart Scheduling Setup: Direct Scheduling

Ticket Scheduling	Provider	Usually established	• Available to patients with or without a MyChart account
			• Two varieties:
			  ○ Order-based ticket scheduling: The ticket is automatically created and sent based on an order placed by the clinician.
			  ○ Manual appointment request ticket scheduling: The ticket is created by a staff member who manually creates an appointment request to push the ticket to the patient so they can schedule the appointment.
			• The order or appointment request is linked to the resulting scheduled appointment.
			• Automatic tickets can use rule logic to hold the ticket until certain prerequisites are completed.
				MyChart Scheduling Setup: Ticket Scheduling

	Who Initiates?	New or Established Patients?	Considerations	More Info
			• Use ticket bundles to schedule multiple related appointment requests, such as a procedure and a follow-up with a physician.	

Request an Appointment	Patient	Usually established	• Requires a MyChart account
			• Generates an In Basket message to a staff member who must either:
			  ○ Schedule the appointment on behalf of the patient (often involving some back-and-forth messaging)
			  ○ Respond with a manually entered appointment request that is pushed to the patient as a scheduling ticket
				Use Appointment Request Messages in Addition to Direct Scheduling

Self-Triage Symptom Checker	Patient	Usually established	• Requires a MyChart account for versions before August 2023 • Driven by a decision tree or questionnaire to get the patient to the right level of care. Next steps might include scheduling an appointment, directing them to the urgent care or ED, or doing home monitoring of symptoms. Can place orders, such as for imaging or lab tests.	Help Patients Triage Themselves
On My Way	Patient	New or established	• With or without a MyChart account • Same-day visits for urgent care, walk-in clinics, or emergency departments	On My Way Setup and Support Guide

Online Scheduling Recommendations for Specific Visit

Types

This topic outlines our recommendations for online scheduling for each visit type described in the Visit Types, Orders, and Appointment Requests topic.

This table provides a quick overview of the tools that we recommend for each visit type.

	Open Scheduling	Direct Scheduling	Order-Based Ticket Scheduling	Manual Appt Request Ticket Scheduling	On My Way
Specialty New Patient/Consult	X		X		
Specialty Follow-up			X		
Procedures			X		
Established (Patient-Initiated)		X			
Wellness/Physical	X	X			
Support Staff Visit				X	
Pre-Op/Pre-Admission Testing			X	X	
Post-Op			X		
Lab		X			X
Clinic-Administered Medication			X		

Recommendations

Here are more detailed recommendations for each visit type.

	Recommendations
Specialty New Patient/Consult	We recommend using both open scheduling and order-based ticket scheduling for consults and new patient visits. **Open Scheduling** Enable open scheduling for primary care and as many specialties as possible to facilitate access to care and attract new patients to your organization. You can control which providers are accepting new patients either through a subgroup of providers applied by a pool or by a decision tree. Starting in November 2022, system matching logic can auto-link referrals and orders to scheduled visits, which helps account for patients who have been referred internally but schedule through open scheduling. For more information, refer to the Automatically Assign Referrals to Appointments As They Are Scheduled topic. Open scheduling is not a good fit for some specialties, so we don't recommend using it in these areas: • Specialties that require a physician order for entry into the specialty, such as neurosurgery. • Specialties that require patients be triaged or prioritized before accepting them into the specialty. For these specialties, we recommend using the Request an Appointment workflow or directing them to work with their primary care provider to initiate entry. **Order-Based Ticket Scheduling** Enable ambulatory referral orders for ticket scheduling. Keep in mind that your consult visit types associated with these referral orders must be advanced with a pool to automatically generate tickets at the point of ordering. Orders inputs such as subspecialty can drive which providers the patients can schedule the ticket with.

	Recommendations
Specialty Follow-up	We recommend using order-based ticket scheduling for follow-up orders. The date range, telehealth mode, and provider selection can be automated using order questions, decision trees, and Smart Pool logic.
Procedures	We recommend using order-based ticket scheduling for procedure orders when possible. Provider and resource selection can be driven by order questions, decision trees, and Smart Pool logic as needed. If the patient needs to complete prerequisites before scheduling a procedure, rule logic can prevent the system from sending the ticket to the patient until those prerequisites have been completed. Scheduling can also be delayed a certain number of days to allow time for authorization to be completed if needed.
Established (Patient-Initiated)	We recommend using direct scheduling for established patient visits for specialties that allow patient-initiated scheduling. MyChart's lookback functionality drives which providers a patient can schedule with based on having an established provider relationship.
Wellness/Physical	We recommend using both direct scheduling and open scheduling for wellness visits and physicals. If you choose to place orders for wellness visits, those orders should be schedulable and enabled for ticket scheduling. **Direct Scheduling** Enable Annual Wellness, Physical, and Well Child type visits for direct scheduling. You can use system logic to ensure that they are scheduled within the right timeframe for insurance reimbursement or age-based vaccination schedules. MyChart's lookback functionality control which providers a patient is allowed to schedule with. **Open Scheduling** If you don't require an established provider relationship in order to schedule annual wellness visits, consider enabling open scheduling in addition to direct scheduling for these visits. Keep in mind that open scheduling outside of a MyChart login can't factor a patient's age or last visit into scheduling logic, so you might need to rely more heavily on decision tree questions and patient instructions to ensure appropriate timing.
Support Staff Visit	We recommend using direct scheduling for support staff visits such as a blood pressure check, weight check, or suture removal in cases where the patient doesn't schedule these visits before they leave their previous appointment. If you prefer to use an appointment request, a staff member can manually create an appointment request with the appropriate parameters defined and push the ticket to the patient for scheduling.
Pre-Op/Pre-Admission Testing	In most cases, a dedicated PAT department coordinates and schedules pre-admission testing or pre-op appointments. If a PAT scheduler wants to allow the patient to self-select the time and date of their PAT appointment within the defined guardrails such as date range in relation to surgery date, the scheduler can manually create an appointment request and push the ticket to the patient for scheduling. If the provider places an order for these tests as part of a pre-procedure order set,

	Recommendations
	you can also use order-based ticket scheduling.
Post-Op	We recommend using order-based ticket scheduling for post-op visits. The follow-up order and visit type for the surgical specialty's clinic department drive scheduling of the post-op follow-up appointments. Provider and resource selection can be driven by order questions, decision trees, and smart pool logic as needed. If the patient needs to complete prerequisites before scheduling the post-op visit, rule logic can prevent the system from sending the ticket to the patient until those prerequisites have been completed.
Lab	Many labs use a walk-in model as opposed to pre-scheduled appointments. On My Way allows a patient to find a lab location, view wait times, and indicate they are coming in for a walk-in lab appointment. We also recommend using direct scheduling for lab visits, which is convenient for patients who prefer to have a scheduled appointment. You can use a rule to check whether the patient has any open lab orders to make sure that only patients with lab orders are scheduling appointments.
Clinic-Administered Medication	We recommend order-based ticket scheduling for clinic-administered medication. Provider and resource selection can be driven by order questions, decision trees, and Smart Pool logic as needed. If the patient needs to complete prerequisites before scheduling a procedure, rule logic can prevent the system from sending the ticket to the patient until those prerequisites have been completed. Scheduling can also be delayed a certain number of days to allow time for authorization to be completed if needed.