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Title: Ethical Considerations for Direct Scheduling of Patient Appointments

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Direct scheduling refers to patients scheduling their own appointments, often through online portals. This scheduling method has gained popularity among non-urgent care providers to enhance patient convenience, curtail empty patient appointments, and reduce administrative burdens. Despite the growing interest in and implementation of direct scheduling systems, there remains little ethical analysis of the practice. Dermatologists and other physicians in non-urgent settings should be aware of the growing use of direct scheduling and understand its benefits and limitations.

Direct scheduling offers many benefits to patients and providers. A 2013 survey found that 77% of patients wanted primary care providers to offer online appointment scheduling, suggesting a strong patient preference for this service. Direct scheduling may also improve patient continuity of care, but this finding may be unique to routine medical examinations and/or not independently attributable to direct scheduling. Patient control over scheduling is also associated with lower no-show rates. Direct scheduling therefore enhances patient autonomy, improves patient access, and reduces costs to providers associated with no-shows.

Stream scheduling, a popular form of direct scheduling, allocates fixed blocks of times for different visit types. These slots are predictable and accommodate well-defined patient concerns, such as suture removal. At these visits, patients plan to address a single clinical concern, which may mitigate unrealistic patient appointment expectations and improve appointment efficiency for straightforward clinical concerns.

Conversely, direct scheduling may compromise access for underrepresented patients, have mixed effects on physician autonomy, and obfuscate appointment expectations. A cross-sectional study of primary care practices showed patients who used direct scheduling were more often young, White, and commercially insured. Given a limited supply of appointments, direct
scheduling thus compromises access for elderly, non-White, or underinsured patients who may lack resources or prefer not to schedule through an online portal. This inequity with respect to advances in technology, dubbed the “digital divide,” may thus be exacerbated in a direct scheduling system. Direct scheduling, like other scheduling methods traditionally managed by administrative staff, may also reduce the ability to regulate appointments. For example, if a patient were to unknowingly schedule for a routine medical follow-up when a longer-duration appointment would be warranted, the dermatologist may not be able to satisfy the patient’s expectation in the given appointment duration. This dissatisfaction can be encapsulated by the term “adequate time” – which describes the patient’s subjective judgment of time needed to address a concern, as opposed to that which is actually required. This drawback is not entirely unique to direct scheduling, however, but does erode the patient-physician relationship.

Direct scheduling is a useful tool to enhance provider efficiency and patient autonomy. However, it has mixed ethical implications for physician autonomy and may compromise justice for patients with limited access to direct scheduling. We suggest that dermatologists consider direct scheduling for follow-up appointments and low-complexity clinical concerns to satisfy patient preference and practice efficiency. We also recommend providers retain traditional (phone or in-person) scheduling methods to minimize injustice to patients with preferences against or limited access to a direct scheduling system.

References


