Medication Provider Scheduling Strategies

Practical options to support timely access, collaborative care, and accurate schedule management.

Use with clinical judgment. Apply these strategies in alignment with clinic workflows, leadership guidance, and client needs.

Plan Access & Capacity

- Consider a walk-in clinic for clients demonstrating a pattern of difficulty attending scheduled appointments, when approved and appropriate. This may include adding an alert to individual charts to identify clients that should be seen as a walk-in status. Work with your management to decide a time for the no-show clinic.
- Use block scheduling to cluster medication visits for clients with stable medication needs who require routine follow-ups. This protects capacity.
- Review upcoming schedules and identify appropriate openings early.
- Coordinate with nurses and support staff to offer available times to clients.

Communicate Collaboratively

- Use shared decision-making when discussing timing and next treatment recommendations. This supports client engagement in treatment.
- Complete service tags with the client and include their input whenever possible. Client choice and autonomy enhance treatment engagement.
- Managers may utilize no-show reports that identify clients that need to be called and rescheduled.
- Attempt to schedule as many clinic appointments the same day. Example: scheduling med visits the same day as therapy.
- Maintaining a waitlist or cancelation list.

Consider the framing when a client is calling about a PPC

Prefer: “We need more information, and your provider would like to meet with you to discuss your medication refill.”

Avoid: “Your provider needs to see you before you can get a refill.”

Coordinate & Document Accurately

- Select the appointment type that accurately reflects the service provided.
- Accurate coding helps ensure completed work is reflected correctly in CSG reporting.
- Treat schedule management as a team process involving providers, nurses, and support staff.

Appointment Type & CSG Quick Reference

Psychiatric Evaluation: 1.000 CSG	**BMAT Induction:** 1.000 CSG
Established Patient - Straightforward Decision-Making: 0.250 CSG	**BMAT Maintenance:** 0.570 CSG
Established Patient - Low Complexity: 0.333 CSG	**BMAT Induction Transfer:** 1.000 CSG
Established Patient - Moderate Complexity: 0.417 CSG	**BMAT Stabilization:** 0.570 CSG
Established Patient - High Complexity: 0.567 CSG	

BEFORE THE DAY	WITH THE CLIENT	AFTER THE VISIT
Review openings and protected capacity.	Explain the need and plan together.	Confirm scheduling and coding are accurate.

Discuss with your team

Which strategies fit our clinic? What workflow or approval is needed? How will nurses and support staff be involved?