

On demand doctor's appointments do not improve diabetes care

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Same-day medical scheduling, also known as on demand scheduling, does not improve care of chronically ill individuals, according to a study of 4,060 adult patients with diabetes.

The Indiana University School of Medicine study is the first to report that individuals with [diabetes](#) who utilized on demand (or open access) scheduling, a system growing in popularity in which [patients](#) can call and receive same or next day follow-up medical appointments, had significantly poorer outcomes than diabetic patients who followed the traditional model and were scheduled for follow-up medical visits in advance.

The study, conducted in six open access clinics and six control clinics, appears in the March 2009 issue of the *Journal of General Internal Medicine*.

Traditionally, return check-ups are scheduled at the end of the previous visit. Patients select an appointment time months ahead without knowing their availability. With on demand scheduling, the patient is told to return within a specific time frame and is asked to call on the day of or the day before they would like to have their appointment.

"In what is to our knowledge the first evaluation of the impact of the [open access scheduling](#) system on diabetes processes and outcomes, we were surprised and concerned to find that with open access scheduling, patients did less well with their blood pressure. Control of blood pressure

is probably the single most important medical intervention to improve survival and reduce health-care costs for those with diabetes," said Usha Subramanian, M.D., assistant professor of medicine and a Regenstrief Institute affiliated scientist, the first author of the new study.

"It appears that timely follow-up for chronic disease management may be compromised if patients are required to remember and schedule their appointment at a suggested interval as opposed to putting a previously scheduled appointment on the calendar and remembering to get to the doctor's office," said Dr. Subramanian, who is an internist.

The study found that there was no difference in ED visits or hospitalization rates between the open access and traditional scheduling groups

Previous small studies had found that open access scheduling improves patient satisfaction; but none of these studies looked at patients with chronic disease such as diabetes. Dr. Subramanian and colleagues are currently looking at patient satisfaction and no-show rates with open access scheduling among individuals with diabetes.

Source: Indiana University ([news](#) : [web](#))

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