LOUISIANA REGIONAL PHO
PHYSICIAN HOSPITAL ORGANIZATION

405 3rd Street - Suite 219
Alexandria LA 71301
[P] 318-769-7480
[F] 318-769-7589
lrpho.com

Leigh Anne Hunter
Director
318-769-7484

Julie Dinnat-Simpson
Program & Project Coordinator
318-769-7480

Erica Cosenza
Credentialing Coordinator
318-769-7483

Shaw Dean
Credentialing Coordinator
318-769-7461

LRPHO NewSource is a Quarterly Publication for our Clinical Providers, Office Management, Staff and Contracted Facility Members

NewSource

2026—2nd Quarter Edition

Scheduling Strategies that Reduce No-Shows and Boost Patient Throughput

[by Keith A. Reynolds - from PhysiciansPractice.com]

Send Layered Appointment Reminders: A single reminder 24 hours before an appointment is no longer enough. High-performing practices send an initial confirmation at booking, a second reminder three to five days out and a final reminder the evening before. Text-based reminders consistently outperform phone calls for patients younger than 50. Include a direct link or reply option to cancel so the slot can be recovered rather than held.

Build a Same-Day Reserve into Every Template: Scheduling every available slot weeks in advance leaves no room to respond to acute patient demand or absorb cancellations. Reserve 10% to 15% of each day's template for same-day appointments, and release those slots to the general schedule at a set time, typically the morning of or the evening before. This approach keeps access open for urgent needs without sacrificing revenue from planned visits.

Identify Your No-Show Patterns Before Applying Solutions: No-show rates are not uniform. They tend to cluster by appointment type, day of week, time of day and patient segment. Before investing in reminder systems or overbooking strategies, pull at least three months of no-show data and look for patterns. A practice with high no-show rates on Monday mornings for new patients faces a different problem than one with chronic late-cancels on Friday afternoons.

Overbook Strategically, Not Uniformly: Overbooking works when it is based on historical no-show rates for specific slot types, not applied as a blanket policy. If your data show that a particular appointment type has a 25% no-show rate at a specific time of day, booking 1.25 slots for that window is rational. If the data show a 5% no-show rate for established patients on Tuesday afternoons, overbooking there will consistently run your physicians late.

Redesign Your Check-in Process to Save Time Upstream: Long check-in processes are a bottleneck that cascades through the entire day. Practices that move intake paperwork to a patient portal before the visit, and that follow up with patients who have not completed it, can reduce check-in time significantly. Eliminate any step that requires staff to re-enter information the patient has already provided, and audit your intake forms annually to remove fields you are not actively using.

Use Real-Time Data to Adjust on the Fly: Static scheduling templates cannot respond to how a given day is actually unfolding. Practices that give physicians and schedulers access to real-time dashboard data, covering room status, schedule lag and patient wait times, can make better decisions about sequencing and when to communicate delays proactively.

Address Chronic No-Show Patients as a Relationship Issue, Not Just a Scheduling One: Patients with chronic no-show patterns often have practical barriers to keeping appointments, including transportation, work schedule conflicts or care avoidance driven by anxiety or cost concerns. A brief outreach call from a care coordinator that asks directly about barriers, rather than simply reminding a patient of their appointment, can surface these issues and lead to solutions that improve both access and outcomes.

LOUISIANA REGIONAL PHO
PHYSICIAN HOSPITAL ORGANIZATION

CARTOON CORNER

VERY IMPORTANT REMINDER:

PLEASE ALWAYS make sure, BEFORE RETURNING TO US, that the *REFERENCES [Professional Peer] Section* on the Credentialing Application is COMPLETED and that a CURRENT/VERIFIED EMAIL ADDRESS and FAX NUMBER for EACH listed REFERENCE is provided. This missing information will delay the completion of the application. THANK YOU!

Ways Independent Practices Can Compete with Health Systems

[by Keith A. Reynolds - from www.physicianspractice.com]

Lead with Relationships, Not Resources

Health systems can outspend independent practices on technology and marketing, but they rarely out-relate them. Patients who feel known by their physician and staff are significantly less likely to seek care elsewhere. Train your front desk and clinical team to use patient names, remember key details and follow up proactively after visits.

Move Faster on Scheduling

One of the most consistent complaints patients raise about large health systems is wait time. Independent practices that can offer same-day or next-day appointments for acute concerns, and that answer the phone reliably, hold a real competitive advantage. Evaluate your scheduling templates quarterly and protect urgent access slots.

Get Serious About Your Online Presence

Most patients check online reviews before choosing a physician. A practice with a strong Google Business profile, current hours, accurate location data and a steady stream of recent reviews will outperform a larger competitor with a neglected profile. Designate someone on staff to monitor and respond to reviews regularly.

Offer Ancillary Services Strategically

Adding in-office lab draws, imaging or physical therapy keeps revenue in your practice and reduces the steps patients must take to complete their care. Analyze your referral patterns to identify which ancillary services would generate enough volume to justify the investment, and consult a health care attorney on Stark Law compliance before adding any new service line.

Build a Direct Primary Care or Hybrid Model

Direct primary care arrangements, in which patients pay a flat monthly membership fee in exchange for enhanced access, have helped many independent practices stabilize revenue and deepen patient relationships.

Invest in Your Team's Retention

Turnover is expensive and visible to patients. A front desk employee who has been with a practice for five years provides continuity that a health system rotating staff through departments cannot replicate. Benchmark your compensation to local market rates, build clear career pathways for staff and make sure your culture rewards people who go above and beyond.

Partner With Other Independents

Independent practice associations, clinically integrated networks and group purchasing organizations give smaller practices collective leverage they cannot achieve alone. The American Independent Medical Practice Association provides resources and advocacy for independent physicians navigating contracting and network participation.

Embrace Value-Based Care on Your Terms

Transitioning to value-based contracts does not require joining a large system. Many payers now offer accountable care organization tracks and shared savings arrangements accessible to smaller practices, particularly in primary care. CMS's Quality Payment Program participation tools can help practices identify which value-based care options match their patient population and reporting capabilities.

Tell Your Story

Independent physicians often underestimate the marketing power of their own narrative. Community roots, the decision to stay independent, and the relationships built over years of practice are genuinely compelling to patients who feel lost in large health systems. A consistent social media presence, a brief video on your website or a quarterly email to your patient panel can turn that story into a competitive differentiator.

CMS Rule Phases Out Fax Machines, Snail Mail to Save Taxpayers $781.98 Million a Year

The Centers for Medicare & Medicaid Services (CMS) is slashing wasteful spending and antiquated paperwork by swapping out faxing and mailing for streamlined electronic transactions. This action lets providers spend less time on administrative hassle and more time caring for patients.

The Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures Final Rule is projected to save the healthcare industry roughly $781 million annually by establishing national standards for the electronic exchange of clinical documentation used to support health care claims. The rule also adopts standards for electronic signatures to ensure secure, authenticated transmission of this information.

"The 1980s called, and they want their fax machines back," said **CMS Administrator Dr. Mehmet Oz.** "The futuristic medical breakthroughs we've achieved, like augmented reality glasses that give surgeons X-ray vision, shouldn't have to coexist with administrative systems that often lag decades behind. This new rule will modernize American healthcare by standardizing electronic claims attachments and enabling secure electronic signatures. Because every minute providers save on paperwork is another minute they can spend caring for patients."

Historically, providers have relied on outdated manual methods to submit additional claims-related documentation requested by health plans, including medical records, X-rays, clinical notes, telemedicine visit documentation, and laboratory results - all of which cause delays and unnecessary costs. The standards finalized today establish a consistent, easy-to-use electronic framework for transmitting this documentation, improving efficiency across the entire healthcare system.

The standards adopted in this rule apply to Health Insurance Portability and Accountability Act (HIPAA)-covered entities, including health plans, healthcare clearinghouses, and healthcare providers that conduct electronic transactions.

The rule is effective on **May 19, 2026** [60 days after publication in the Federal Register]. Covered entities must comply by **May 19, 2028** [24 months of the effective date].

To view the final rule fact sheet, visit: https://www.cms.gov/newsroom/fact-sheets/administrative-simplification-adoption-standards-health-care-claims-attachments-transactions.

For more information, visit: https://www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification/hipaa/events-latest-news.