

Service Appointment Scheduling with Walk-In, Short-term, and Traditional Scheduling

1

Decision Sciences Institute Annual Meeting
New Orleans – November 16, 2009

Dr. Linda R. LaGanga
Director of Quality Systems
Mental Health Center of Denver
Denver, CO USA

Prof. Stephen R. Lawrence
Leeds School of Business
University of Colorado
Boulder, CO USA

<http://leeds.colorado.edu/ApptSched>

Agenda

2

1. Problem Setting
2. Open Access and Walk-in Models
3. Computational Results
4. Managerial Implications
5. Future Research and Conclusions

1. Problem Setting

3



Objectives of Research

4

- Using what we've learned in healthcare clinics
 - Traditionally scheduled (TS) clinic
 - ✦ Some patients do not “show” for scheduled appointments
 - TS clinic wishes to increase scheduling flexibility
 - ✦ Some capacity allocated to “open access” (OA) appointments, OR
 - ✦ Some capacity allocated to “walk-in” traffic
 - Balance needs of clinic, providers, and patients
- Study impact of open access and walk-in traffic
 - When is open access or walk-in traffic beneficial?
 - What mix of TS, OA, and WI traffic is best?
 - What are trade-offs of TS, OA, and WI on clinic performance?

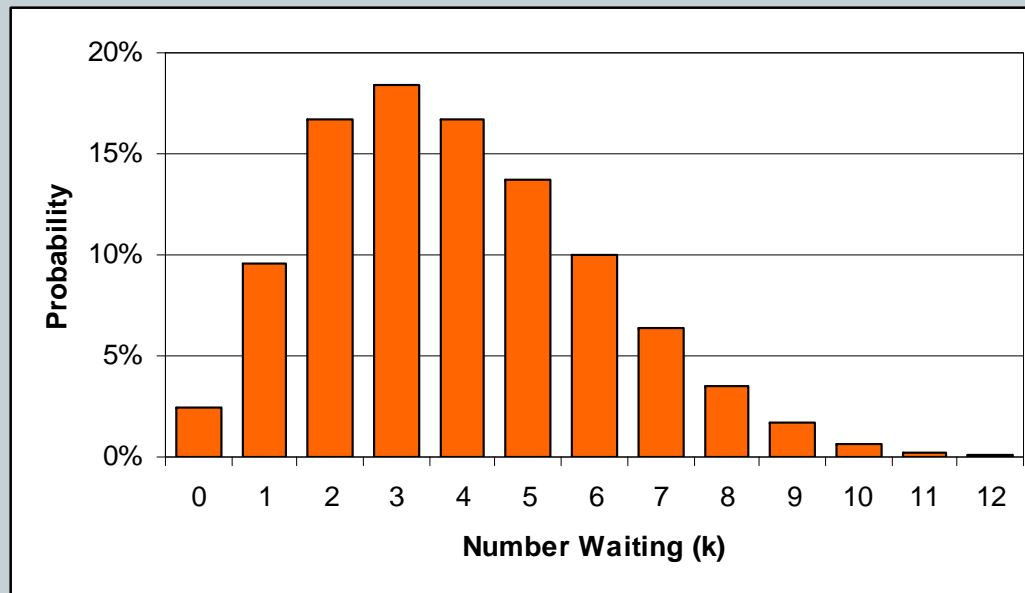
Optimize customer flow in service operations



- Restaurants
- Haircuts
- Automobile repair, maintenance, inspection
- Tax preparation
- Legal consultation
- Counseling
- Any real-time service provided directly to the customer or performed on their property, usually at the provider's location

2. Appointment Scheduling Model

6



Assumptions

7

- A service operation has N service slots
 - Each slot is d time units long (deterministic)
 - A service session then is $D=Nd$ time units in duration
- One or multiple undifferentiated providers P
 - Clients serviced by any available provider
- Customers can arrive in one of three ways
 - Binomial traditional appointments “show” with probability σ
 - Poisson open access call-ins with mean φ (per day)
 - Poisson walk-ins with mean λ (per appointment slot)
 - Arrivals have equal service priority (undifferentiated)

Characteristics of Model

8

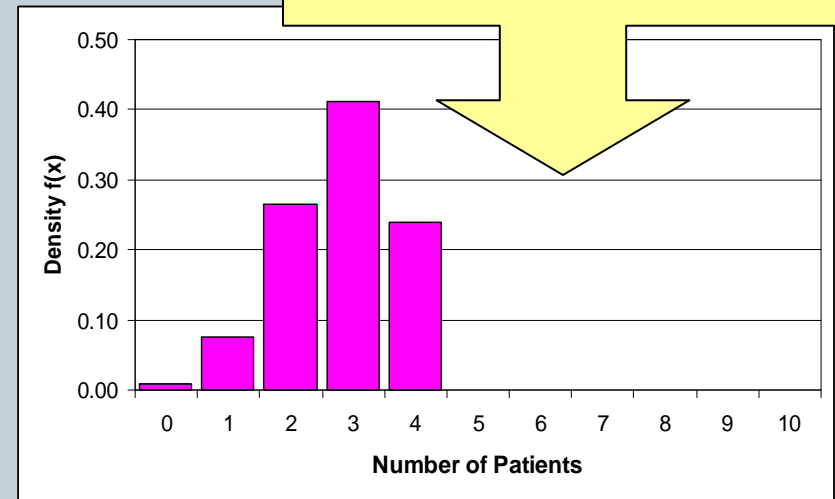
- **Model flexibility**
 - Appt show rates σ_j can vary by service slot j (time of day)
 - Open access call-in rate φ can vary by day.
 - Walk-in rate λ_j can vary by treatment slot j
 - Number of providers P_j can vary by slot j
 - Any arrival distribution can be accommodated
- **Customer arrivals**
 - Customers are only seen at the start of a service slot (early arrivals wait for next slot without cost)
 - Customers are seen in order of arrival (FCFS)

Arrival of Scheduled Appointments

9

- Appointment arrivals are binomially distributed
 - s_j customers scheduled for treatment slot j
 - Probability of a customer showing is σ
 - $a_j \leq s_j$ actually arrive in slot j

Binomial distribution has no right tail



$$s_j = 4, \sigma = 70\%$$

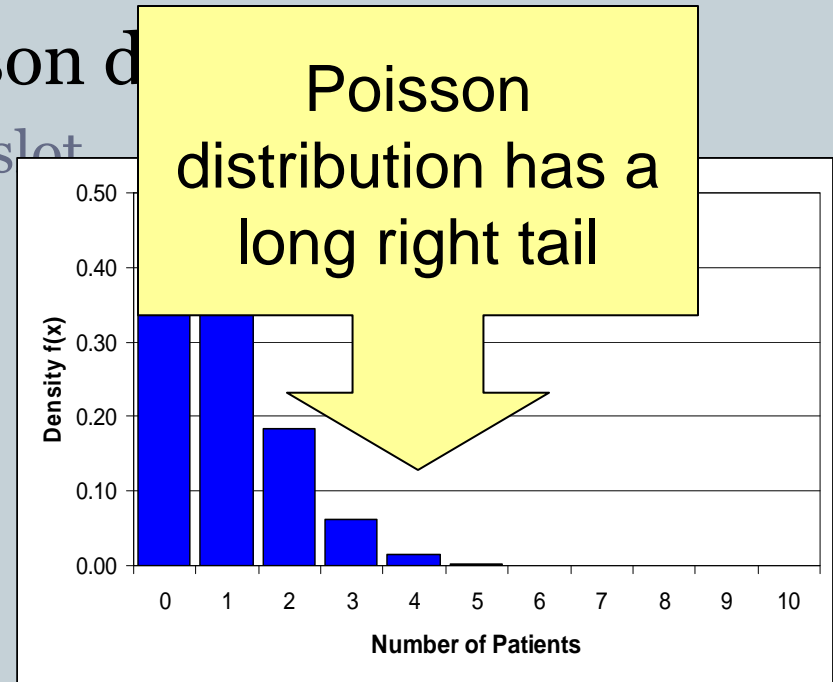
$$b(a_j; s_j, \sigma) = \binom{s_j}{a_j} \sigma^{a_j} (1-\sigma)^{s_j-a_j}$$

Arrival of Walk-In Customers

10

- Walk-ins arrive at some percentage of service capacity
- Walk-in arrivals are Poisson distribution
 - Walk-ins arrive at rate λ per slot
 - w_j actually walk-in in slot j

$$p(w_j; \lambda) = \frac{\lambda^k e^{-\lambda}}{w_j!}$$



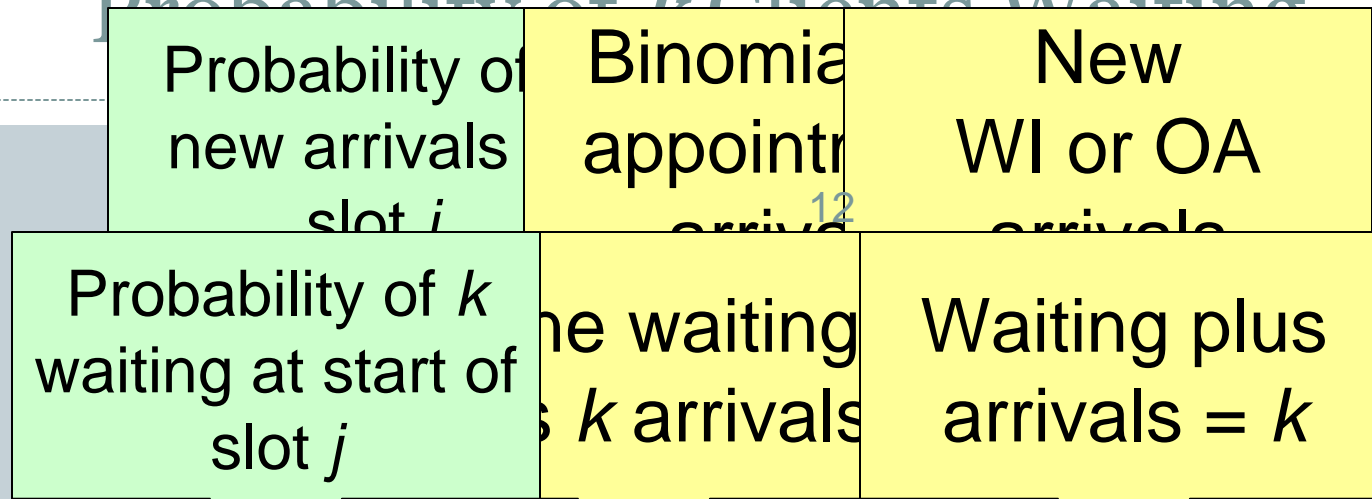
$$\lambda = 1$$

Arrival of Open Access Customers

11

- Open access (OA) calls arrive at a mean rate equal to some fraction of service capacity (e.g., 50%)
- Customers call for a same-day appointment
 - Number of OA customers calling on a particular day is Poisson distributed with mean φ
 - “Turned away” if no open slots remain that day
 - ✦ Perhaps make an appointment on another day
 - ✦ OA customers always show for appointments

Probability of k Clients Waiting



$$\theta_{j+1,k} = \theta_{j,0} \alpha_{j+1,k} + \sum_{i=0}^k \theta_{j,i+1} \alpha_{j+1,k-i}$$

- α_{jk} = probability of k clients arriving for service at the start of appointment slot j
- θ_{jk} = probability of k clients waiting for service at start of appointment slot j

Relative Benefits and Penalties

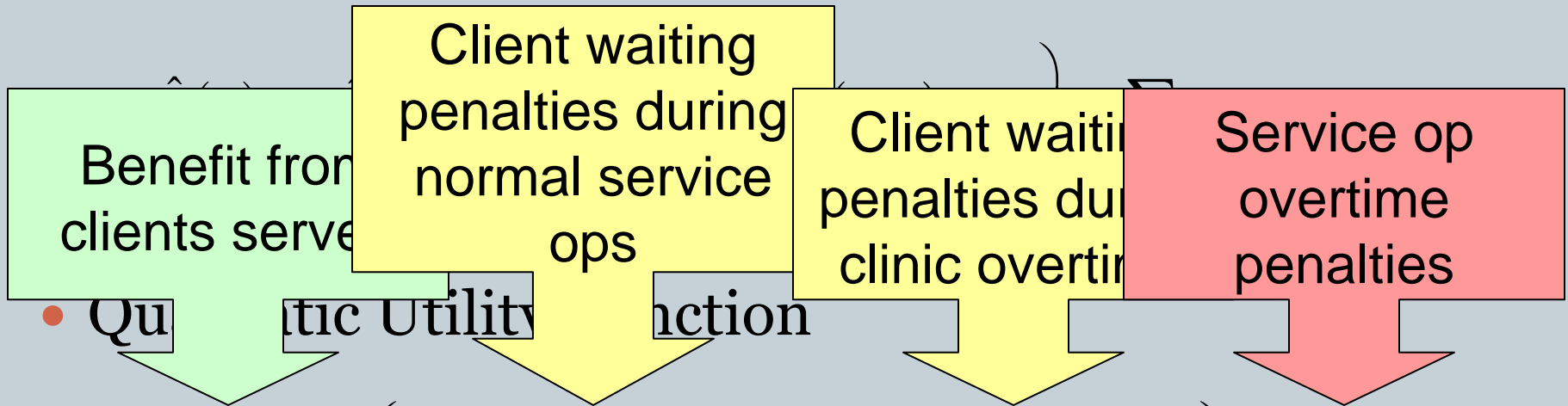
13

- π = Benefit of seeing additional customer
- ω = Penalty for customer waiting
- τ = Penalty for service operation overtime
- Numéraire of π , ω , and τ doesn't matter
 - Ratios (relative importance) are important
- Allow linear, quadratic, and mixed (linear + quadratic) costs

Linear & Quadratic Objectives

14

- Linear Utility Function



$$\hat{U}(\mathbf{S}) = \pi \hat{A} - \frac{\omega}{\hat{A}} \left(\sum_{j=1}^N \sum_k (2k-1) \theta_{jk} + \sum_k \sum_{i=1}^k (i-1)^2 \theta_{N+1,k} \right) - \tau \sum_k k^2 \theta_{N+1,k}$$

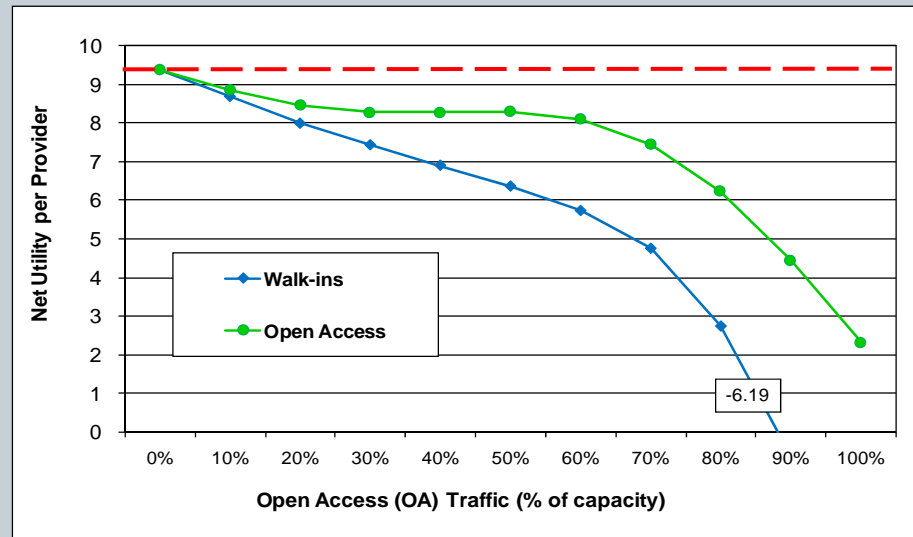
Heuristic Solution Methodology

15

1. **Gradient search**
 - ✦ Increment/decrement appts scheduled in each slot
 - ✦ Choose the single change with greatest utility
 - ✦ Iterate until no further improvement found
2. **Pairwise interchange**
 - ✦ Exchange appts scheduled in all slot pairs
 - ✦ Choose the single swap with greatest utility
 - ✦ Iterate until no further improvement found
3. **Iterate (1) and (2) while utility improves**
4. **Prior research: Optimality not guaranteed, but almost always obtained**

3. Computational Results

16



Computational Trials

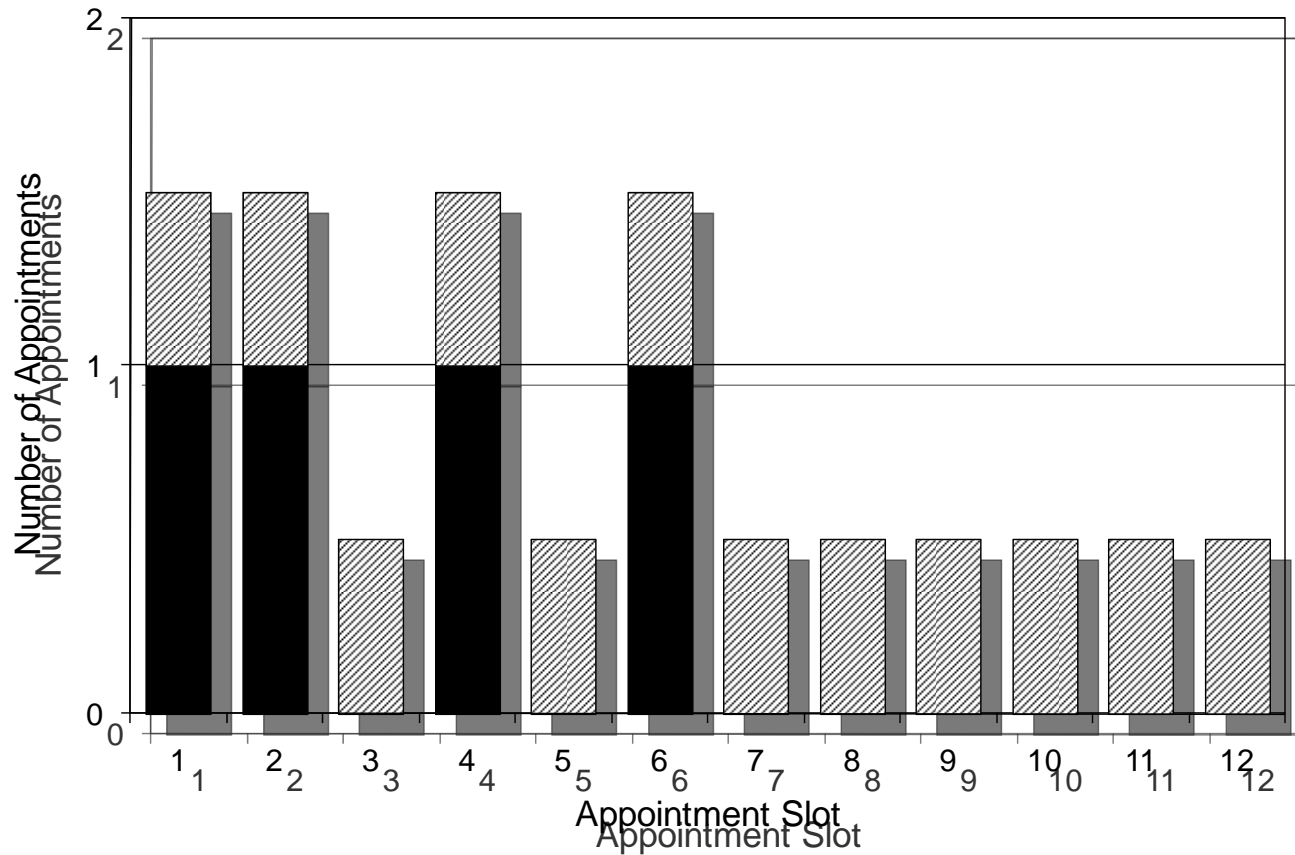
17

- 44 sample problems solved
- Session size $N = 12$
- Appointment show rate $\sigma = 70\%$
- Number of providers $P = \{1, 2, 4, 8\}$
- OA call-in rate $\lambda = \{0\%, 10\%, \dots 100\%\}$ capacity
 - With $P = 4$ and $N = 12$, then $\varphi = 24$ is 50% of capacity
- Walk-in rate $\lambda = \{0\%, 10\%, \dots 100\%\}$ of capacity
 - With $P = 4$, then $\lambda = 2$ is 50% of capacity
- Quadratic costs
 - Parameters $\pi = 1.0$, $\omega = 1.0$, $\tau = 1.5$

50% Walk-Ins ($\lambda = 0.5$)

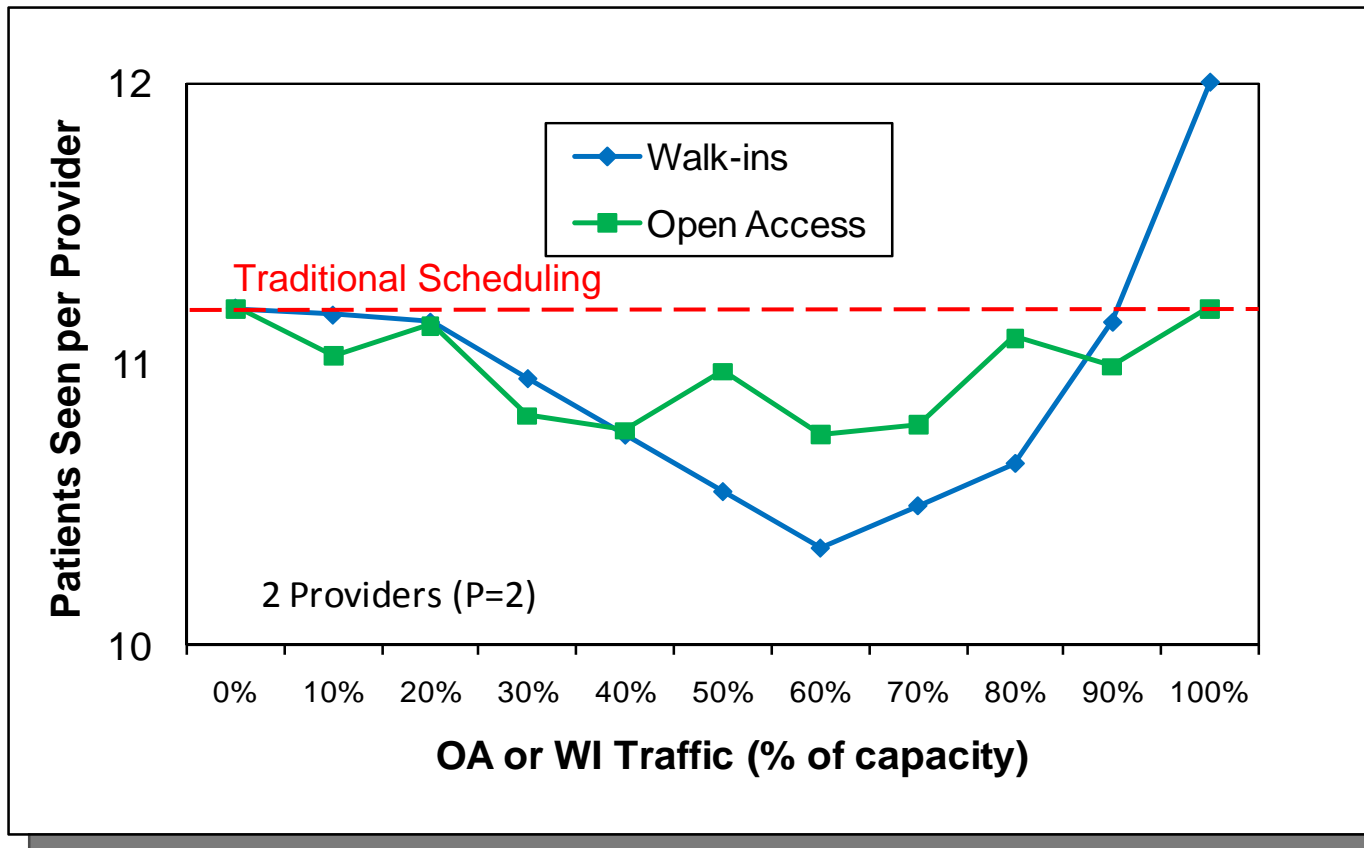
18

$N=12, P=1, \sigma=0.7, \pi=1.0, \omega=1.0, \tau=1.5$ (quadratic)



Customers Serviced

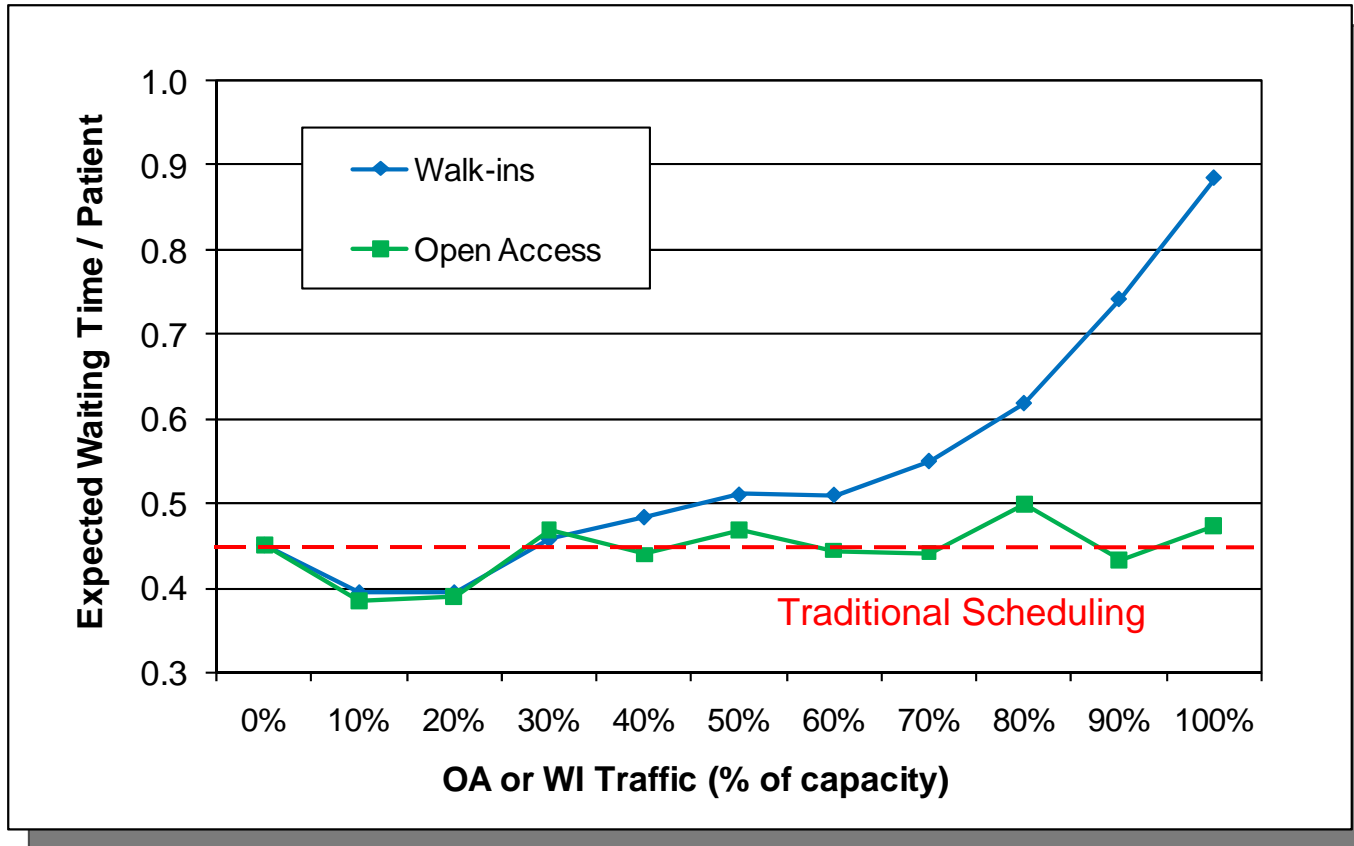
19



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

Customer Waiting Time

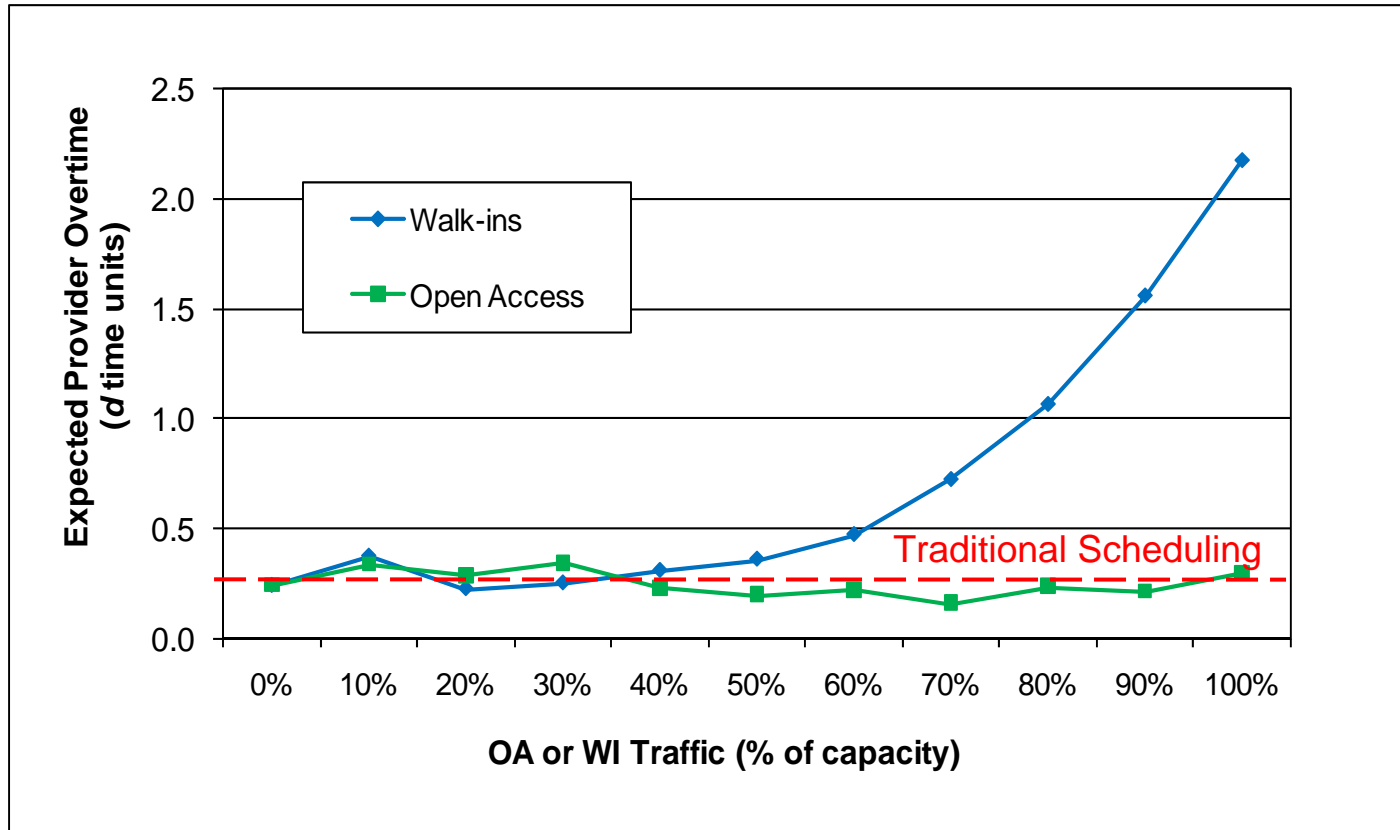
20



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

Service Operation Overtime

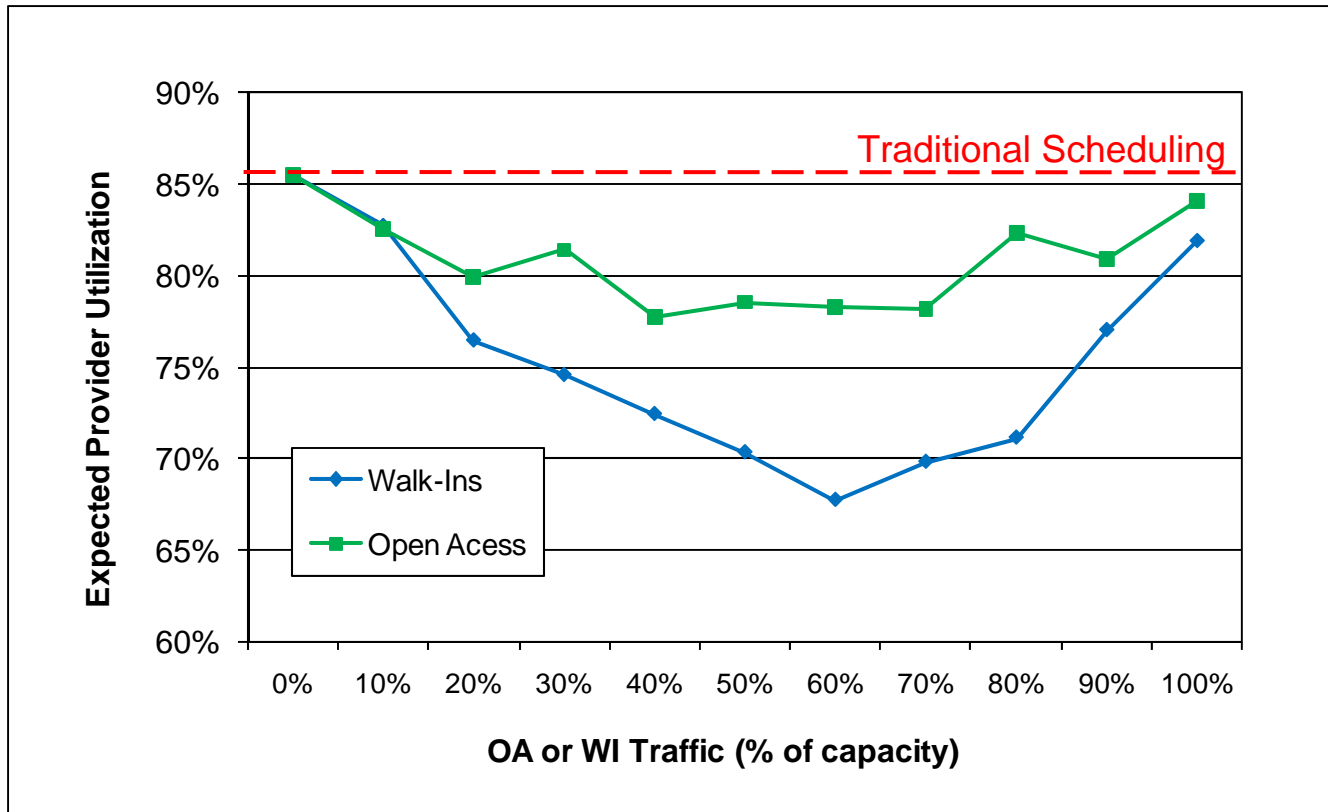
21



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

Provider Utilization

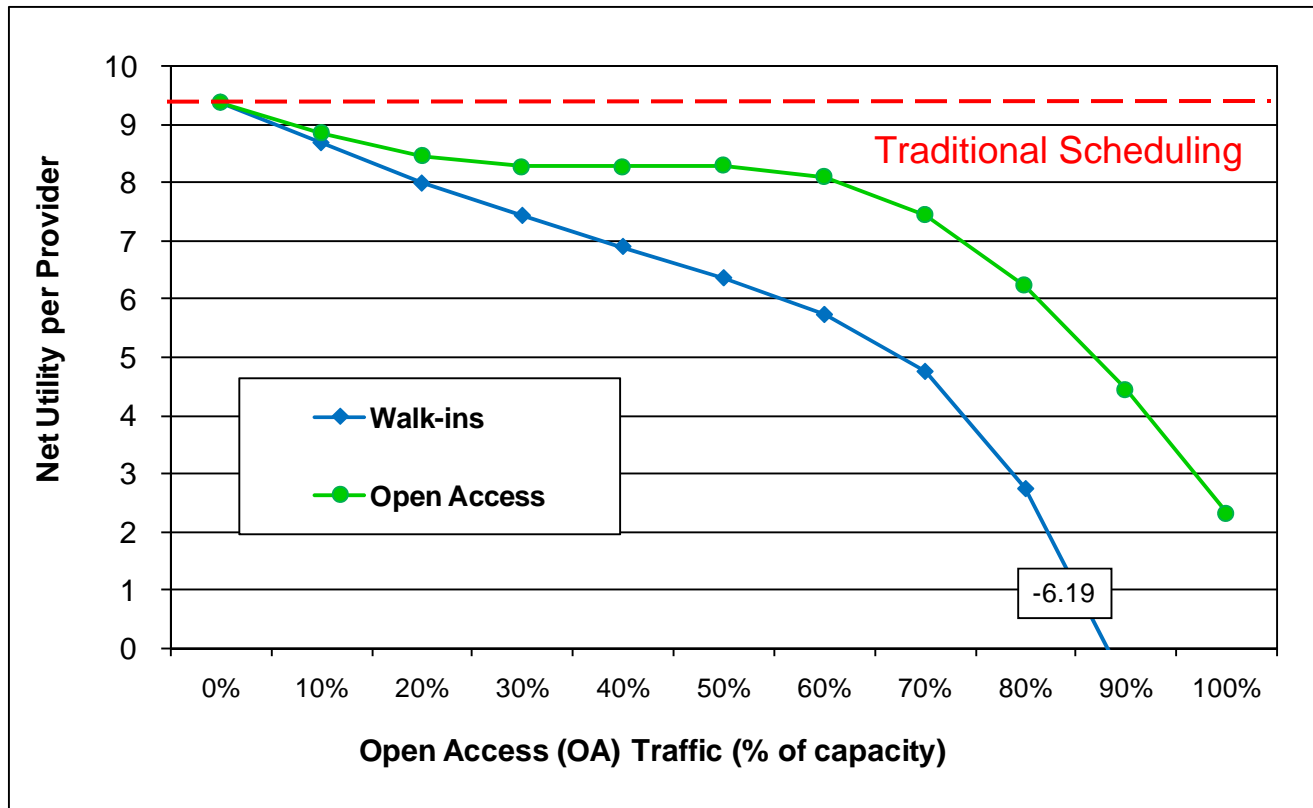
22



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

Net Utility

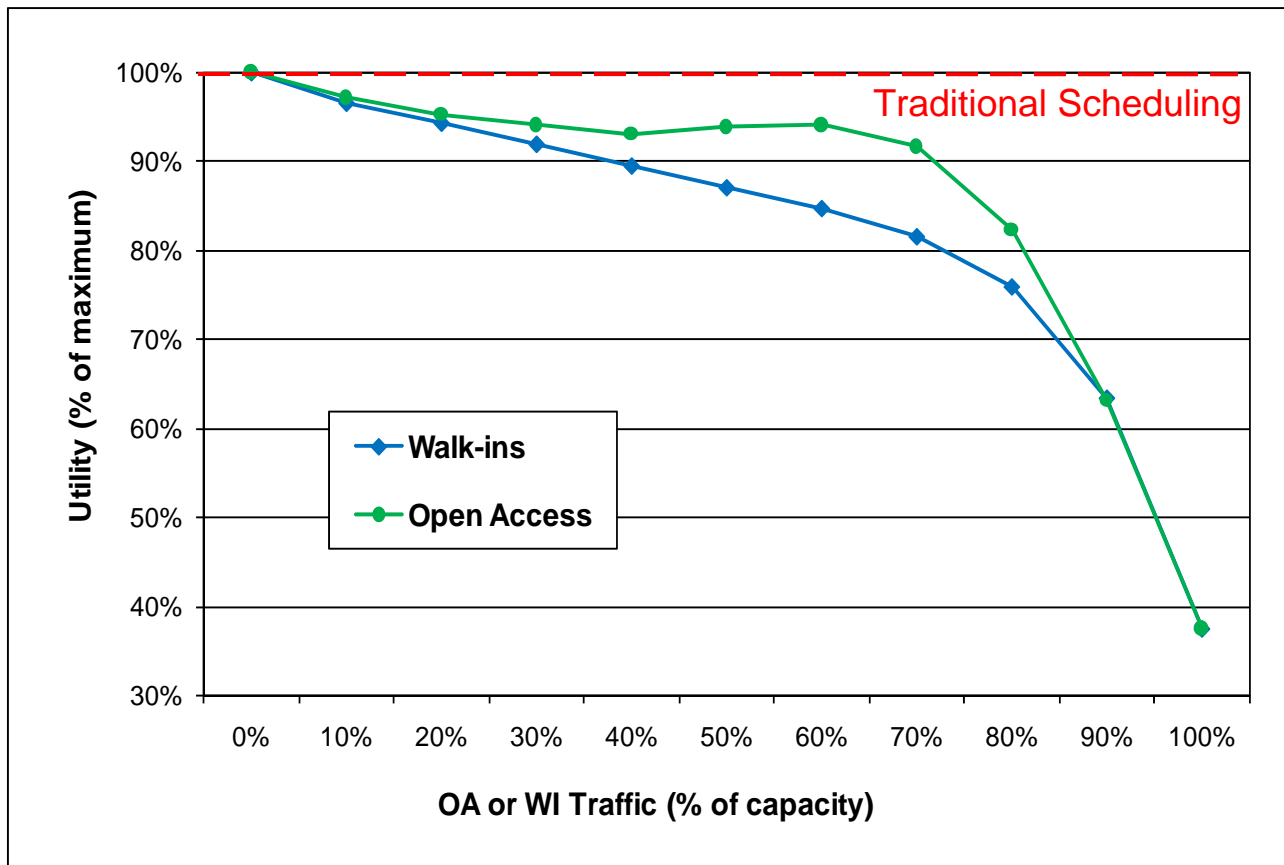
23



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

% of Best Utility

24



$N=12, P=1, \sigma=0.7, \pi=1.0, \alpha=1.0, \omega=1.0, \tau=1.5$

4. Managerial Implications

25



Managerial Implications

26

- TS appointments provide better service utility than does WI traffic or OA call-ins
 - Any WI or OA traffic causes some decline in utility
- An all-WI or all-OA service operation performs worse than any service operation with some TS appointments
 - Even a relatively small percentage of scheduled appointments can significantly improve service operation utility
 - Degree of improvement depends on number of providers
- A mix of TS appointments with some OA or WI traffic does not greatly reduce service operation performance (utility)

Insights from the Model

27

- Loss of utility with WI traffic is due to the long right-tail of Poisson distribution
 - Excessive customer waiting & service operation overtime
- Loss of utility with OA traffic is due to uncertainty about number of OA call-ins
- TS appts reduce customer waiting and service operation overtime
 - Binomial distribution has truncated right tail
- Multiple providers improves service operation utility
 - Portfolio effect – variance reduction

Managerial Caveats

28

- Results (to date) are for “reasonable” utility parameters
 - Sensitivity analysis currently under way
- Attractiveness of WI and OA traffic may improve if they have a higher utility benefit than do scheduled appointments ($\pi_{WI} > \pi_{TS}$; $\pi_{OA} > \pi_{TS}$)
 - Currently under investigation

5. Contributions & Future Research

29



Contributions of Research

30

- Analytic yield management model for health care clinics with OA traffic
 - First to analytically examine combinations of TS and OA
- Fast and effective near-optimal solutions
- Demonstrate the trade-offs of OA traffic
 - Scheduled appointments provide higher utility
 - Even some appointments improve utility of an all OA clinic

Future Work

31

- **Determine sensitivity of results**
 - Utility parameters, number of slots, show rates, linear costs
 - Show rates, walk-in rates, and providers vary by time of day
- **Extend model**
 - Different utility parameters for appointments and walk-ins
 - Walk-ins seen before appointments and vice versa
 - Stochastic service times

Service Policies and Alternate Configurations

32


- Use of Flexible Capacity
- Service downgrade or alternatives
 - Shorter service
 - Restaurant: Seating at the bar
- Compensation or discounts for excessive customer waiting
- Waitlists and Flexible Customer Pool

Questions? Comments?


Service Appointment Scheduling with Walk-In, Short-term, and Traditional Scheduling

33

Decision Sciences Institute Annual Meeting
New Orleans – November 2009



Dr. Linda R. LaGanga
Director of Quality Systems
Mental Health Center of Denver
Denver, CO USA



Prof. Stephen R. Lawrence
Leeds School of Business
University of Colorado
Boulder, CO USA

<http://leeds.colorado.edu/ApptSched>