

MYTURNPLUS®

From Static Appointments to Dynamic Patient Flow

Rethinking How Urgent Care Centers Manage Patients, Providers, and Clinical Capacity

AN EXECUTIVE WHITE PAPER

Prepared by Dr. Erick Green, MD

Urgent Care Owner-Operator
Co-Founder & Chief Medical Officer, MyTurnPlus Inc.

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Important note: *This white paper describes intended operational principles and potential benefits. Actual results vary by facility, staffing, patient volume, acuity, workflow, operating hours and other factors.*

1. EXECUTIVE SUMMARY

For more than a decade, I have worked within the urgent care industry as an owner and operator. During that time, I have seen firsthand one of the industry's persistent operational challenges: the traditional appointment schedule was not designed for the way urgent care actually operates.

Urgent care is fundamentally different from a traditional scheduled medical practice. Patients arrive with different medical conditions, different levels of urgency, and dramatically different clinical requirements. Some encounters may be relatively simple and brief. Others require diagnostic testing, procedures, additional evaluation, or substantially more provider time.

Yet many urgent care centers continue to organize patient flow around predetermined appointment slots. A 15-minute schedule, for example, creates four scheduled appointment slots per provider hour. The problem is that clinical care does not naturally occur in 15-minute increments.

MyTurnPlus (MTP) was developed around a different concept. Rather than treating urgent care as a series of fixed appointments, MTP is designed to manage urgent care as a dynamic patient-flow system.

MTP's dynamic queuing technology is designed to continuously coordinate patient timing with changing clinic conditions, including patient demand, provider availability, and the status of patients already moving through the care process.

The objective is not to rush patients or reduce the time required for appropriate medical care. The objective is to better utilize the time and capacity that already exist within the urgent care operation.

2. THE URGENT CARE OPERATING ENVIRONMENT

Urgent care occupies a unique position within healthcare. Unlike a traditional primary-care practice, urgent care must accommodate relatively unpredictable demand. Patients may arrive without appointments, schedule online, call the clinic, or seek care because their medical need cannot wait for a conventional primary-care appointment.

At the same time, urgent care operators must manage a finite number of providers, examination rooms, clinical staff, diagnostic resources, and operating hours. Demand changes continuously while clinical capacity is finite. The ability to effectively match those two variables is central to urgent care operations.

3. THE TRADITIONAL STATIC-SLOT MODEL

The traditional appointment model divides a provider's available time into predetermined blocks. For example: 9:00 Patient A; 9:15 Patient B; 9:30 Patient C; 9:45 Patient D.

At first glance, this appears efficient. A provider working on 15-minute appointments has four scheduled appointment opportunities per hour. However, the schedule assumes that each patient will consume approximately the same amount of time. That assumption does not necessarily reflect urgent-care medicine.

One patient may require only a straightforward examination and treatment decision. Another may require testing, imaging, a procedure, medication administration, or additional medical decision-making. The clinical encounter therefore does not necessarily conform to the appointment slot.

DIAGRAM 1 — STATIC SLOT MODEL

Provider hour	9:00	9:15	9:30	9:45
Scheduled slots	Patient A	Patient B	Patient C	Patient D
Underlying assumption	15 min	15 min	15 min	15 min

Fixed slots can become misaligned with actual encounter duration, creating unused capacity or cascading delays.

4. THE HIDDEN PROBLEM WITH FIXED APPOINTMENT SLOTS

The fundamental problem is not that a 15-minute appointment is inherently wrong. The problem is that the appointment schedule can become disconnected from the actual condition of the clinic.

If a patient can appropriately be evaluated in less time than the scheduled slot, unused capacity may be created. Conversely, if another patient requires more time, subsequent appointments may be delayed. That delay can carry forward to every subsequent patient.

This can create a cascading cycle:

Longer encounter → Delayed next patient → Increased waiting → Patient dissatisfaction → Increased staff pressure → Additional operational inefficiency

5. MTP DYNAMIC QUEUING TECHNOLOGY

MyTurnPlus was developed around a simple operational premise: urgent care should be managed according to the current state of the clinic—not solely according to a schedule created earlier in the day.

MTP's dynamic queuing technology is designed to continuously manage the relationship between patient demand, provider availability, clinic capacity, patient position in the queue, and patient flow.

Instead of treating an appointment time as a fixed event, the system is designed to dynamically adjust patient timing as the operating conditions of the clinic change.

DIAGRAM 2 — MTP DYNAMIC PATIENT FLOW



Conceptual diagram: MTP is designed to continuously coordinate patient timing with changing clinic conditions.

6. FROM WAITING ROOM TO DYNAMIC QUEUE

A key consequence of dynamic queuing is that the patient does not necessarily need to physically remain in the clinic while waiting. A patient can enter the MTP system, receive information about anticipated timing, leave

the facility, remain connected to the clinic through the platform, receive updates as capacity changes, and return when approaching the appropriate treatment window.

The traditional model is: *“Come to the clinic and wait until the provider is ready.”* The dynamic model can become: ***“Remain connected to the clinic and return when the clinic is ready for you.”***

7. DYNAMIC CAPACITY VERSUS SCHEDULED CAPACITY

A static four-slot-per-hour schedule establishes four scheduled opportunities. It does not necessarily establish that four patients represent the provider’s maximum operational capacity.

Actual capacity depends on patient acuity, complexity, provider experience, staffing, diagnostic requirements, treatment requirements, clinical workflow, facility configuration, and operating hours.

If actual patient-processing times permit additional appropriate encounters, a rigid schedule can potentially leave available capacity unused. MTP is designed to make that capacity more dynamically accessible.

Under appropriate operating conditions, an urgent care center may therefore be capable of processing more than four patients per provider hour. This is not a promise or guarantee; it is an operational opportunity that may result when available capacity is managed dynamically rather than constrained by predetermined appointment blocks.

8. PATIENT EXPERIENCE

The traditional urgent care waiting experience can be frustrating. A patient may arrive for a scheduled appointment only to discover that the clinic is running behind, with little meaningful information about when they will actually be seen.

Dynamic queuing changes the relationship between the patient and the waiting process. When technology can provide updated information and allow patients to wait outside the facility, patients have greater control over their time.

Patients may be able to remain at home, at work, in their vehicle, shopping, nearby, or completing other activities while remaining connected to the clinic. For an operator, this may also reduce unnecessary waiting-room congestion.

9. POTENTIAL REDUCTION IN PATIENT WALK-OUTS

Extended waiting can contribute to patients leaving before completing their visit. This can represent lost revenue, lost productivity, lost opportunity to provide care, increased administrative workload, and negative patient perception.

A dynamic queue cannot eliminate every reason a patient may leave. However, providing greater visibility into position and expected timing may reduce uncertainty and make the waiting experience more manageable.

10. DYNAMIC QUEUING AND REVENUE OPPORTUNITY

Urgent care is both a healthcare operation and a business. The economics of the operation depend substantially on how effectively available clinical capacity is utilized.

If a clinic has available provider capacity, examination-room capacity, staff capacity, and unused portions of operating hours, the ability to appropriately accommodate additional patients may represent a meaningful economic opportunity.

Any financial benefit will vary by clinic and depend upon reimbursement, payer mix, staffing costs, operating hours, patient volume, patient complexity, and other factors.

11. STATIC SCHEDULING VS. MTP DYNAMIC QUEUING

The fundamental distinction is operational. Static scheduling organizes time into predetermined blocks. MTP dynamic queuing is designed to organize patient movement around changing clinic conditions.

Traditional static scheduling	MTP dynamic queuing
Predetermined appointment times	Dynamically managed patient timing
Fixed time blocks	Flexible queue management
Schedule-driven	Patient-flow driven
Patient commonly waits at facility	Patient may wait outside facility
Delays can propagate	Queue can adjust as conditions change

12. THE ROLE OF TECHNOLOGY

Dynamic patient flow requires technology capable of continuously communicating with both the patient and the clinic. MTP was designed specifically around this requirement, creating a continuous connection between patient and clinic.

13. DYNAMIC DOES NOT MEAN FASTER AT THE EXPENSE OF CARE

Dynamic queuing is not intended to encourage providers to spend less appropriate time with patients. It is not intended to replace clinical judgment or prioritize speed over quality.

The purpose is to improve the timing and organization of patient movement into the clinical workflow. The objective is not to make providers work faster; it is to reduce the amount of time the healthcare system spends waiting unnecessarily.

14. A DIFFERENT WAY TO THINK ABOUT URGENT CARE

For decades, healthcare scheduling has largely been built around appointments. I believe urgent care requires a complementary approach in which the fundamental unit is patient flow.

An appointment is a fixed event. A queue is a continuously changing system. Urgent care is continuously changing. Therefore, the technology managing urgent care should be capable of changing with it.

15. POTENTIAL APPLICATIONS BEYOND URGENT CARE

The underlying principles behind dynamic patient-flow management may extend beyond urgent care. Other outpatient healthcare environments also experience variable demand, variable encounter duration, provider availability changes, waiting-room congestion, and scheduling challenges.

Similar concepts may have potential applications in selected vision-care and audiology environments, among other outpatient healthcare settings. Any such application would need to be adapted to the clinical and operational requirements of that specialty.

16. WHY MTP / THE MTP ADVANTAGE

MyTurnPlus was created from an urgent-care operator's perspective. The goal was not simply to build another appointment scheduling application. The goal was to address a problem that I have experienced firsthand: how can an urgent care center better match unpredictable patient demand with finite clinical capacity?

MTP's answer is dynamic patient-flow management. By continuously adjusting the patient queue to changing clinic conditions, MTP seeks to create a more efficient relationship between patients, providers, staff, rooms, and time.

The MTP advantage is centered on several principles: urgent-care-specific design; dynamic rather than purely static patient timing; patient communication throughout the process; the ability to reduce dependence on physical waiting rooms; and a focus on using available clinical capacity more intelligently.

MTP is intended to support the clinic's operation without replacing clinical judgment. The provider remains responsible for appropriate medical evaluation and treatment.

THE MTP ADVANTAGE — AT A GLANCE

- Urgent-care-specific patient-flow design
- Dynamic queue management rather than reliance on fixed appointment slots
- Continuous patient communication throughout the care process
- Potential reduction in unnecessary physical waiting
- Potential for better utilization of available clinic capacity
- Designed to support clinic operations without replacing clinical judgment

17. CONCLUSION

Urgent care has evolved considerably, but many scheduling practices remain rooted in fixed appointment slots. That model has an important place in healthcare. However, urgent care presents a unique environment in which patient demand and clinical requirements can change throughout the day.

A patient may need five minutes. Another may need thirty. A provider may become available earlier than expected. Another encounter may take longer than expected. Patients may walk in without appointments. Demand may suddenly increase.

The schedule therefore cannot always remain static while the clinic around it is constantly changing.

This is the fundamental premise behind MTP. MTP's dynamic queuing technology is designed to allow patient scheduling and queue management to respond to changing clinic conditions.

As an urgent-care owner and operator, I believe the next evolution in urgent care is not simply about creating better appointment schedules. It is about creating better patient flow.

The future of urgent care may not be defined by how many appointment slots a clinic can create. It may be defined by how intelligently the clinic can manage the relationship between patients, providers, time, capacity, and demand.

That is the problem MTP was created to solve.

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