



Plans for Patients of the Absent Provider

Facts:

1. Continuity is king. When patients see their own providers, satisfaction rises, outcomes improve, costs are reduced and revenues rise.
2. Providers are not in the office all the time. Absences can be either planned (scheduled) or unplanned.
3. Demand continues unabated whether the provider is present or not.
4. Patients can get sick and **need** to be seen prior to the provider's return, or patients can **choose** to be seen prior to the provider return. This issue exists whether the absence is planned or unplanned.

Solutions:

These solutions will, in my experience, preserve the best outcome for clinical care, for satisfaction, and cost:

1. If the patient is sick, he/she needs to be seen.
2. If the patient wants to be seen, he/she needs to be seen.
3. From the number of absent providers, regardless of whether the absence is planned or unplanned, develop a soft prediction on the number of visits that will need to be managed. As a rule of thumb, on a day with an absent provider expect that half of the demand on that given day will choose or be clinically required to see a present provider.
4. Divide the required visits amongst the providers who are present. Do NOT give visits to the first open slots on the present provider schedules since this ruins incentive. In some systems you may need an appointment type in order to do this. In other systems with no backlog there is enough space to accommodate all these patients. The visit work from the absent providers must be shared equitably. If providers with full schedules are exempt then the incentive changes to, "I want make sure I have a full schedule." This incentive will defeat efforts to reduce delays.
5. If there is inequity amongst the panel sizes, you could preferentially give this work to the under-paneled providers, but this is only a temporary strategy because you need space to get those providers to see more new patients and build their panels.
6. If providers have an extended backlog or if they do not have solid contingency plans to have capacity post-time out of office, patients do not have the opportunity to choose an appointment immediately upon provider return and because the delays are extended, the patients will more commonly choose the "other provider." So get rid of all backlog and have post time out of office contingency plans. If backlog persists, practices will often have to resort to various forms of carve outs (saving appointments) in order to accommodate the work generated from planned and unplanned absences.

Recognize that this approach reconciles with the panel equation in the panel articles:

Panel size X expected patient visits per year = Provider visits per day X days worked per year.

Expected patient visits includes patient visits to both his/her own provider and to colleagues in the clinic. This is the colleague component of that equation. Providers who see patients from absent providers ought to keep a journal of those visits to share with the absent provider upon his/her return.