



## Return Visit Rates

Since access improvement is dependent upon capacity, schedule flexibility and continuity, exploring methods to appropriately and effectively reduce demand and increase supply is essential to opening up future space on the schedules.

One of the key components of a future filled schedule is return visits. There is wide practice variation in these rates. This variation is often dependent on the provider's previous custom of returning patients. These customs are a result of numerous influences, for example, what they learned in school, the length of the future open schedule on the computer, defensive booking (a method to keep track of patients with chronic illness) and the perceived incentive of a high patient visit return rate.

Recent national investigations have revealed that an alarming portion of future practice schedules are filled with return visits, choking off practices from new patient growth or access to other paneled patients. This has been one of the key hidden drivers of poor access. In some practices up to 90% of the patients are seen within a 6-month period. This utilization makes it very difficult to have the open capacity needed for exemplary access.

Looking at visit return rates in both primary and specialty care can help in improving access. If a primary care provider with 500 patients with chronic illness can appropriately extend the return visit interval by one month, then 500 visits are opened in the practice for that year. In specialty practices, reviewing the visit return rates and the rates of "graduation" of patients back to primary care can often reveal potential capacity in those practices. Some specialists have legitimate concerns about returning patients to primary care systems with poor access and consequently find themselves caring for patients who are clearly ready for a return to their referring primary care physician.

In addition, there are many opportunities to find other providers on clinic teams who can help with the ongoing management of some patients with chronic disease. This further opens appointment capacity for both primary and specialty providers.