

## Advanced Access

### Summary of Key Measures

|               |          | Measure Name                            | What it Means   | Why It's Important   | Who Calculates                    | When to Calculate  | How to Calculate  |
|---------------|----------|---|---|--|-----------------------------------|--|---|
| <b>DELAY</b>  | <b>1</b> | <b>Third Next Available Appointment</b> | The wait time for an appointment. This measures the wait time until there is "space" on the schedule.   | This helps you to see how well and how close you've balanced supply and demand                               | Scheduler or office manager       | Same time and day of the week each week (e.g., Wed. at 10 AM)      | Select 1-2 appt. types (e.g., physical exam). Count the number of days from Wednesday until the 3 <sup>rd</sup> next available appt.  |
|               | <b>2</b> | <b>Future Open Appointments</b>         | Percent of the total number of appointment slots that are open in a month.  | A more sensitive indicator of access and potential space as you reduce your third-next available appointment | Scheduler or office manager       | Calculate once the third next available is stable at a single day. | Count total number of slots in the month (A). Count how many of those are open (B). Divide open slots (B) by total slots (A). Record as a percentage.   |
| <b>DEMAND</b> | <b>3</b> | <b>True Demand</b>                      | The number of patients who call today and get booked for any type of appointment either for today or for the future, plus walk-ins and other returns. | This tells us just how much work was generated each day.   | Scheduler                         | Collect daily for each provider and for the practice as a whole.   | Tally the total number of people that called for and received an appointment each day + walk-ins + deflections to urgent care, another provider, etc. Total of these is the external demand. Then add return visits or internal demand. |
|               | <b>4</b> | <b>Panel Size</b>                       | The number of unique patients assigned or linked to a provider, measured over 12-18 months.   | This helps the practice anticipate demand and divides the workload   | Office manager using the computer | Every month and look for changes                                   | For most, panel size is the number of lives covered by all of the insurance plans the practice is contracted with and then drilled down to the individual. This works in a completely "enrolled" population.                            |

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|--------------|----|---|---|--|--|--|--|
| SUPPLY       | 5  | <b>Provider Full-Time Equivalents for Clinical Care</b> | The measure of provider supply  | This tells you how many providers you have to meet demand      | Office manager   | Once a month   | Count daily, weekly, and monthly physician FTEs – compare to demand  |
|              | 6  | <b>Target Panel</b>                                     | The proportion of the practice that each provider would be accountable for if the work was shared in proportion | Helps us understand if providers do their "share"              | Office manager   | Monthly  | Divide unique patients for the practice by the clinical FTE.   |
|              | 7  | <b>Appointment Supply</b>                               | How many appointment slots each provider can offer each day and each week                                       | This tells you how many patient visits can take place          | Scheduler or Computer  | Monthly or weekly until stable   | Slots/hr x hrs/day = appts/day<br>Appts/day x days/wk = appts/wk<br>Appts/wk x weeks/yr = appts/yr   |
|              | 8  | <b>Productivity</b>                                     | The measure of provider productivity  | This tells you how much work each provider did.                | Computer or Billing System   | Monthly  | Calculation to be determined by each practice as part of the project – many choose RVUs<br>Visits not valuable as a measure  |
| CONTINUITY   | 9  | <b>Patient-Provider Match</b>                           | The likelihood that patients will see their own provider when requesting care.                                  | Better match rates = lower demand & better outcomes            | Scheduler or Computer  | Monthly  | Number of Provider X's patients who saw Provider X divided by the total number of Provider X's patients' visits to the system  |
| WASTE        | 10 | <b>No-Shows</b>   | The no-show rate  | No-shows are wasted supply                                     | Scheduler or Computer  | Daily or Weekly  | Number of no-shows divided by total number of appointments (either daily or weekly)  |
| PATIENT FLOW | 11 | <b>Cycle Time</b>                                       | How long are patients in your office from check-in to check out   | This helps us ensure the practice is as efficient as possible. | The clerk in the registration and/or check-out areas can record each person's name (or identifier) and time. | Pick the busiest time of day each day of one week per month. Measure 6 patients per physician per day. | Randomly select 30 patients per provider. Record check-in and check out times (in minutes) for each patient. If patient arrives early, time starts at scheduled time of appointment. |