

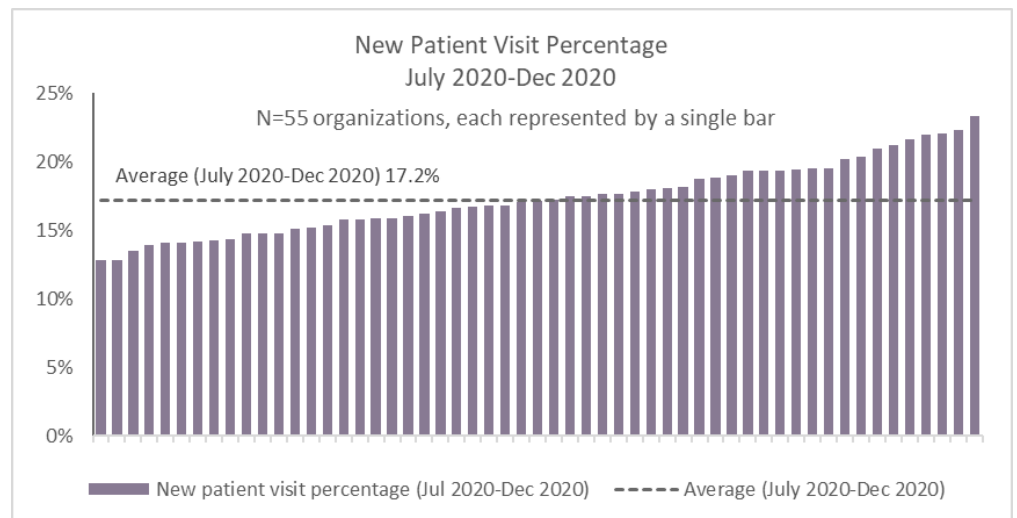
AAMC and Vizient Data Snapshot

July 2021

Ambulatory Access Measures: New Patient Percentage

Timely and easy appointment access for new patients is a priority for health systems and is critical to a successful ambulatory business plan. Past research has demonstrated wide variations in physicians' perceptions of appropriate frequency of return visits,¹ and similar variations exist in specialists' decisions to send patients back to the primary care provider for ongoing management. These decisions have tremendous impact on both access and economics for ambulatory practices:

- More visits by established patients reduces availability of higher-reimbursing new patient visits.
- When established patients take up more specialty visit capacity, new patients who lack timely access may go elsewhere for their care, reducing not only immediate visit-based revenue but also downstream services.
- Payer mix deteriorates when well-insured patients receive their care elsewhere due to lengthy waits.



Metric Description

The new patient visit percentage is defined by Clinical Practice Solutions Center (CPSC) as: [CPTs (99201-205) + (99381-387) + (92002-004) (99241-245)] / [CPTs (99201-205) + (99381-387) + (92002-004) (99241-245) (99211-215) + (99391-397) + (92012-014) + 99024 + (99495-496) +(99421-423)] at the following sites of service: office, on-campus outpatient hospital, off-campus outpatient hospital, and telehealth. Institutions included in this analysis had a minimum of 150 visits within each specialty² during July 1-Dec. 31, 2020.

Findings and Questions to Consider

Across the 55 CPSC members (each represented by a single bar in the graph above) who met the criteria for the analysis, the mean new patient visit percentage was 17.2%, with a range from 12.8% to 23.3%. Within primary care only, the mean was 9.6% (range: 3.5% to 21.3%), while for medical specialties³ the mean was 16.7% (range: 10.3% to 25.3%).

When analyzing your own data, below are questions to consider:

- Are these new patient metrics trending in a favorable or unfavorable direction, overall and within key specialties?
- Which specialties, or providers within specialties, are driving variation?
- Is there a process in place to review appointment types and duration? Is there adherence to standard scheduling templates across your organization and within specialties?

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Strategies for Improvement

- Evaluate when it is clinically appropriate to transfer patient care management from specialists to primary care providers to optimize the use of specialty care resources. Ensure that effective communication tools and norms are in place between primary care and specialty care when ongoing coordination is needed.
- Partner specialists with mid-level providers to deliver care for stable chronic conditions (either in-person or via telehealth) for established patients.
- Review scheduling protocols to find optimal appointment types and lengths within specialties. Consider the optimal frequency for return appointments.
- Within primary care, conduct active panel management to optimize and review panel sizes with a focus on patient risk factors and required visits.
- Utilize nurse navigators with chronic and high-risk patients to provide support between visits and optimize time with providers.

Please refer to the AAMC/Vizient [*A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine*](#) for more information on these strategies for improvement in action.

For more information or questions related to the CPSC, contact CPSCsupport@vizientinc.com. For additional information on the AAMC/Vizient Access Data Snapshot series, or other access-related resources, contact Danielle Carder at dcarder@aamc.org or Nicole Spatafora at nicole.spatafora@vizientinc.com.

Notes

1. Cutler D, Skinner J, Stern AD, Wennberg D. Physician Beliefs and Patient Preferences: A New Look at Regional Variation in Health Care Spending. National Bureau of Economic Research; 2013. NBER Working Paper No. 19320. <https://doi.org/10.3386/w19320>.
2. Specialties included: cardiology, dermatology, endocrinology, ears, nose and throat, gastroenterology and hepatology, hematology and oncology, infectious disease, nephrology, neurology, obstetrics and gynecology, ophthalmology, orthopedics, primary care, pulmonology, rheumatology, surgery, and urology.
3. Medical specialties included: cardiology, endocrinology, gastroenterology and hepatology, hematology and oncology, infectious disease, nephrology, neurology, pulmonology, and rheumatology.