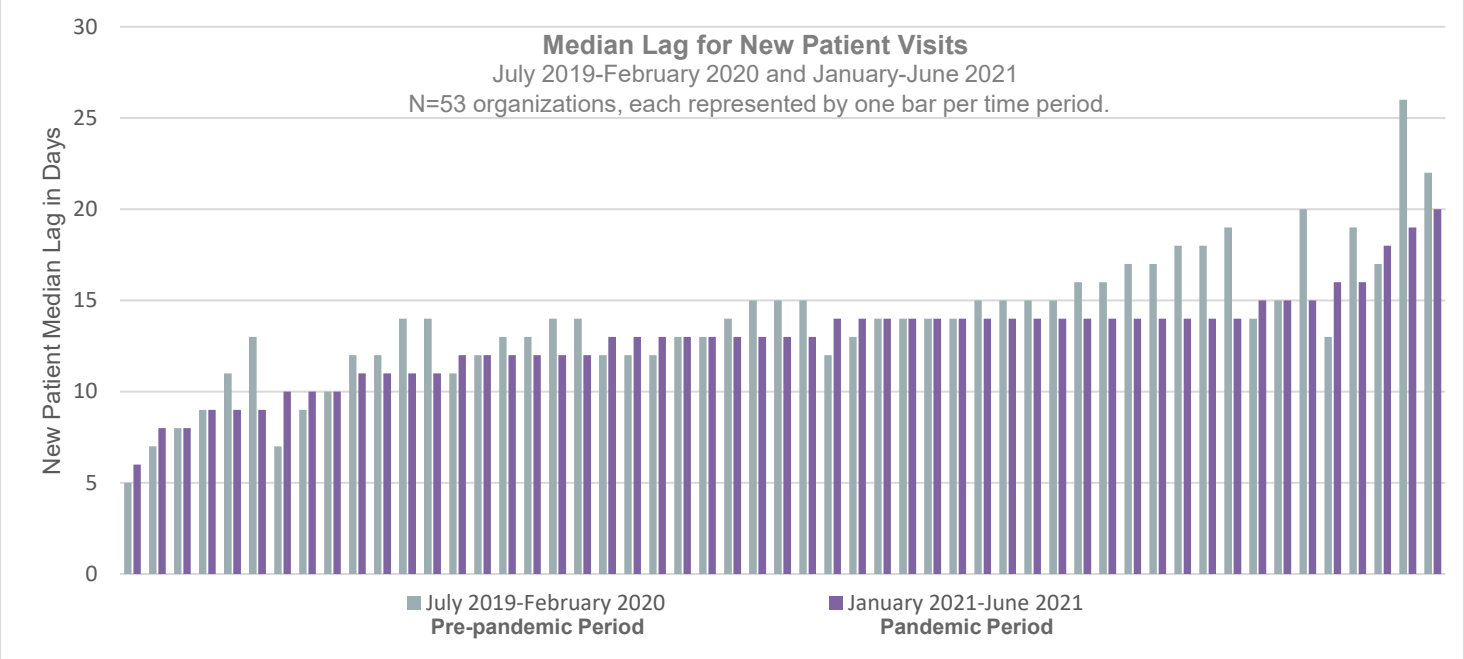
AAMC and Vizient Data Snapshot

Clinical Practice Solutions Center

February 2022

Ambulatory Access Measures: New Patient Median Lag Time

Ambulatory patient access is a complex issue; however, it can be simplified by thinking about the levers that drive supply and demand and impact performance on ambulatory access. The COVID-19 pandemic dramatically impacted demand for ambulatory services, and health systems continue to prioritize timely access to services in order to provide high-quality care, improve patient experience, and meet the needs of referring providers. Excessive wait times can lead to an unsatisfactory patient experience and negatively impact quality of care.[1] This snapshot examines the new patient median lag time, which looks at the number of days between when an appointment is scheduled and when a patient is seen. In the graph below, the new patient median lag time for each Clinical Practice Solutions Center (CPSC) institution is represented by a single bar for each of the two different time periods. Due to the significant impact of the pandemic on visit volumes (and therefore median lag), we analyzed a pre-pandemic period (July 2019-February 2020) as well as the latest six months of data (January-June 2021), which we refer to as the pandemic period. This snapshot then explores why new patient median lag time may differ across organizations and provides strategies for success in enabling timelier new patient access.



Metric Description

The median lag days from scheduling an appointment for new patients is defined by CPSC as the number of days between the date a new patient calls the practice to schedule an appointment and the date the appointment occurs for the new patient using the CPT codes (99201-205) + (99381-387) + 92002 + 92004 + (99241- 245) 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 200 completed appointments within each specialty[2] during July 1, 2019-Feb. 28, 2020 (Ambulatory Care Quality and Accountability 2020 Annual Period), and 150 completed appointments during Jan. 1, 2021-June 30, 2021.

Findings and Questions to Consider

Across the 53 CPSC members included in the analysis, there are clear variations in the new patient median lag across the two periods: July 2019-February 2020 (range: 5-26 days) and January 2021-June 2021 (range: 6-20 days). Between the July 2019-February 2020 and January 2021-June 2021 periods, the new patient median lag decreased at 29 out of the 53 institutions (55%).

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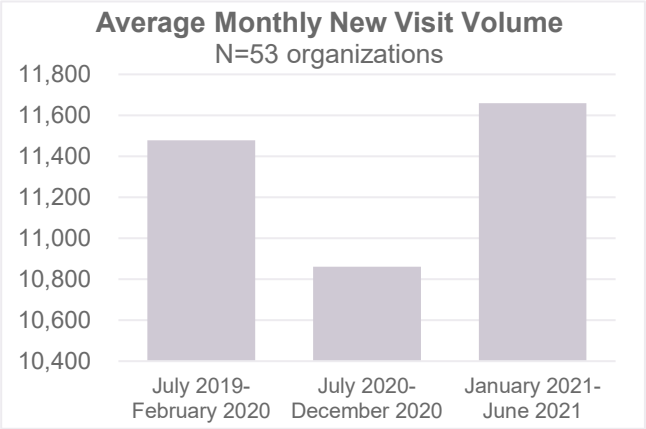

When analyzing your own data, consider these questions:

- How is performance on this metric trending over time, overall, by specialty, and by practice site? What can you learn from specialties and practice sites trending in a positive direction that might be applicable to outliers on the other end of the spectrum?
- Are the shifts in median lag over time being driven by changes in demand for new specialty visits or is provider-side capacity impacting your ability to offer new patient visits?

Strategies for Improvement

Here are examples of supply and demand interventions that can help improve new patient lag time:

Supply Levers

- Consider staffing models that enable maximum clinical capacity and throughput. Examples include complementing physicians with advanced practice providers and incorporating scribes to minimize clinicians' clerical duties. Consider distinct staffing patterns and workflows for new versus established patients. Optimize the availability and length of new patient visit slots, and ensure expected new patient visit slots are maintained over time.
- Consider the appropriateness of telehealth versus in-person visit types based on specialty and condition and how telehealth may improve clinic throughput.

Demand Levers

- Implement eConsults and other modalities that reduce referral volumes for low-value, discretionary referrals.
- Consider a systematic effort to return stable patients from specialty practices back to primary care practices to enable more room for new patient visits in specialties.
- Optimize electronic medical record capabilities to support access efforts, including scheduling software that automates the process of filling cancellations.

Please refer to the AAMC/Vizient *A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine* for additional strategies for improvement.

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. Bleustein C, Rothschild DB, Valen A, Valatis E, Schweitzer L, Jones R. Wait times, patient satisfaction scores, and the perception of care. *Am J Manag Care*. 2014;20(5):393-400.
2. Specialties included: cardiology; dermatology; endocrinology; ears, nose, and throat; gastroenterology and hepatology; hematology and oncology; infectious disease; nephrology; neurology; obstetrics and gynecology; ophthalmology; orthopaedics; primary care; pulmonology; rheumatology; surgery; and urology.

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