

# Preparation

## Predict Demand

Obtain baseline measurements in order to predict your practice's demand.

- Estimate individual physician panel size. "Physician panel size" is defined as "the number of unique patients seen by the physician over the last 18 months." Each individual patient is counted only once, regardless of the number of times he or she was seen during the 18-month window.
- Determine, on average, how many appointment requests (including phone calls, walk-ins and set appointments) the practice receives in one week. Use the number of appointment requests tally sheet (MS Word file: 1 page /17 KB. More information on downloading files.) to track requests during different seasons. (The average number of appointment requests may vary daily or seasonally. The number of requests is usually greater on Mondays and Fridays, after a three-day holiday and in the winter. Other seasonal variations may also exist (for example, routine appointments may increase before the start of a school year).
- Use the tally sheet to measure the total number of same-day visit requests over a typical week and obtain a daily average.
- Determine and track the amount of time to the third available appointment using the number of appointment requests tally sheet. This is a national standard measurement for practice accessibility.

## Determine Ideal Capacity

While working on determining current demand, have the physicians in your group choose the number of patients each can see per hour. Do this by asking how long, on average, the physicians would like to spend with patients. Alternately, you may ask how many patients per hour the physicians think they can handle. Then ask patients how long, on average, they would like to spend with the physician. An average of the two may optimize the satisfaction of both.

Next, determine the number of physician hours needed to meet the current demand.

### EXAMPLE

Drs. Smith, Jones and Black of SJB Family Practice will each see five patients per hour. SJB Family Practice sees, on average, 80 patients per day.

$60 \text{ minutes} \div 5 \text{ patients} = 12 \text{ minute appointment lengths, on average, per physician}$

$80 \text{ patients per day} \times 12 \text{ minutes} = 960 \text{ minutes, or 16 hours}$

$16 \text{ hours} \div 3 \text{ physicians} = 5.3 \text{ hours}$

Thus, each physician in SJB Family Practice needs to spend an average of **5 hours and 20 minutes** seeing patients each day.

## Review Distribution of Capacity

How many hours do physicians currently spend in the clinic each day? How many hours do they need to spend, on average, with patients? How many hours do they need to complete paperwork? Do the hours they spend in the clinic match the demand?

**EXAMPLE**

Drs. Smith, Jones and Black each spend about 90 minutes a day on paperwork.

Demand = (5.3 hours of patient time + 90 minutes of paperwork) x 5 days per week = 34 hours in the clinic, per physician per week

|                  | <b>Current average time in clinic per week</b> | <b>Patient demand + paperwork</b> | <b>Difference</b> |
|------------------|--|-----------------------------------|-------------------|
| <b>Dr. Smith</b> | 32 hours                                       | 34 hours                          | (2 hours)         |
| <b>Dr. Jones</b> | 36 hours                                       | 34 hours                          | 2 hours           |
| <b>Dr. Black</b> | 34 hours                                       | 34 hours                          | none              |

Consider adopting a service policy to meet demand. In our example, Dr. Smith is currently spending 32 hours per week in the clinic; Dr. Jones, on the other hand, is spending 36. Drs. Smith and Jones may be able to negotiate a service policy that meets patient demand without drastically changing their current practice hours.

**Example:**

**SJB Family Practice -- Service Policy**

|                  | <b>Current average per week</b> | <b>Service policy</b> | <b>Difference</b> |
|------------------|---------------------------------|-----------------------|-------------------|
| <b>Dr. Smith</b> | 32 hours                        | 32 hours              | None              |
| <b>Dr. Jones</b> | 36 hours                        | 36 hours              | None              |
| <b>Dr. Black</b> | 34 hours                        | 34 hours              | None              |

Finally, look at the physicians' daily schedules. Are they scheduled to work at peak times, such as Friday afternoon, Monday morning or the Tuesday after a three-day weekend? Adopt a scheduling and time-off policy that ensures that all peak times are covered.

**Reduce Schedule Backlog**

In order to reduce all backlog in your schedule, you may have to temporarily increase the average number of patients seen each day. This can be done by:

- Extending the length of the workday
- Increasing the frequency of double-booking
- Working over lunch hours, or on a weekend day or typical day off
- Employing the service of extra physicians or mid-level providers
- Using alternatives to scheduled appointments (e.g., phone management or triage) to decrease visit demand

It's realistic to expect to temporarily increase your appointment capacity by about 10 percent. Depending on the size of your backlog, making this increase should help you eliminate your appointment backlog in about 6 to 12 weeks.

### **Reduce Number of Appointment Types**

Having several different appointment types clutters the system. With same-day appointment capability, there's no need for numerous appointment types.

- Eliminate the urgent vs. routine distinction. Allow patients to decide the urgency of their needs.
- Limit appointment types to short vs. long (or, perhaps, a single length) and doctor-in vs. doctor-out.