Advanced Access: New Providers

For the new physician, there are three moving parts:

1. Getting used to the system, so we often just schedule every other slot for the first two to three weeks or so.
2. All patients are "new" so the provider will need more time with them
3. The "new" patients generate more return visits after the initial visit than they will later on.

I would thus appoint to every other slot for the first two to three weeks. The result is that each new patient gets functionally twice the standard length of time. Then fill in the open "every other slots" initially with returning patients.

Gradually reduce the titration of new patients and "allowing" the bookable slots to fill with returns. At the same time, gradually release the unbookable in-between slots so they can be booked with return patients.

And at the same time, measure the ratio of return patients to new. This will give you some data - for every new patient, how many shorter return appointments will we need? Then keep an eye on the panel equation (panel size X patient visits/year = provider visits/day X provider days/year).

This will not be perfect because there are at least three variables. Initially, the wait time will bear the variation. You need to monitor the trends on that. A long wait time does not happen all at once. I would monitor with thresholds. If the wait exceeds five days, we do this, and if it passes ten days we do that. By six to nine months, there will probably be far less variation, a better view of the panel, and a provider who is closer to target panel. The number and rate of new patients is reduced, the return rate has stabilized and all slots can be used, some for long and some for short visit lengths.