Future Open Capacity

Question: Once our delay gets to a day, and we measure continuously and it is always a day how do we know how well we are doing?

Answer: I would measure the future open capacity. This is the percent of open appointments (number of open appointments divided by all total available appointments) within a future time frame. Some practices use a week (but this might be too tight) and look forward for a month. Future open capacity generally works better over a larger time frame. If the monthly future open capacity is 70%, tomorrow may be only 50% open.

In my practice, our "goal" was 70% of the next month future open. In a military group in Europe the "goal" was 90%.

Each practice will have a different "goal." And it is not really a goal but an indicator - for example, in our practice we knew that if 70% of the future remained open, then we would be able to continuously keep up with the expected demand. Our group was extremely flexible - if demand rose on any day, we added supply to keep up. We found that a small change in increased supply resulted in huge improvements in service levels (wait times). So our flexibility was not unlimited but actually was no more "flexible" than our past experience with a full schedule and a high number of walk ins.

The percent of future open appointments will vary based on the nature of the practice. For example, a physician with a high proportion of newborns and high return visit rate will have a lower percent of future open capacity. A student health center physician will have a high percent of future open capacity. We all need to find the right number for "health" of the system.

Keep in mind that future open capacity is independent of the ideal panel equation which over-arches all. A student health center population, for example, has a low return visit rate, so each provider can have more unique patients while a newborn practice has a higher return visit rate and therefore less unique patients. The demand (panel X # of visits per patient) cannot exceed supply in either practice, but the future open capacity might differ.

I would continue to measure delay using third next available appointment, but also begin experimenting with future open capacity for the providers with no waits.