



## Panel / Caseload size limit

There is a limit to individual and to practice panel/caseload sizes. The equation determines the limit. If a practice or individual keeps saying yes to new patients and exceeds the limit, then initially the overage can be absorbed into a waiting list (a delay), but that delay has a limit. This behaviour occurs primarily in disorganized specialty care practices, where distribution is accomplished by popularity or by availability, but can also occur in primary care. At some point, patients quit and leave the waiting list (so you are in reality saying no). In addition, as the wait time increases, the chaos increases, resulting in:

1. more phone calls (which uses up staff time)
2. longer phone calls (which uses up staff time as well)
3. more complaints (which also uses up staff time)
4. more no shows
5. more walk-ins
6. more resources used on triage
7. more discontinuity, which lowers outcomes and satisfaction as well as increases the return visit rate and visit length, which in turn lowers the productivity. If providers see patients from others, the visit length is longer, and the visits per day are thus less. So productivity, in terms of visits, goes down.

So saying yes when you are full is an act of extreme denial. You are saying no in action. This is not a choice. This is fact. So those practices who insist on the myth of "I have to say yes, I have no choice, I won't say no" are simply deceiving themselves. This is an irrefutable act of self-denial. An over paneled primary care provider or a specialty care provider with too large a caseload can cause harm to patients due to the inevitable, expanding delay.