

MANAGING SUPPLY AND DEMAND

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Supply and demand refers to the number of appointments, time, and resources available to provide patients with timely care compared to the patient need for care. The aim is to have supply and demand in equilibrium for patient access. Supply and demand can vary by day, week, month, or season; understanding these variations is crucial for managing timely access for patients (Measure and Understand Supply and Demand, n.d.). When the demand is too high, patients will utilize another provider or emergency care facility. However, if supply is too high, there will be unused appointments, too much staff working, and overall loss of revenue.

Measuring Supply and Demand

Resources required to provide care include:

- Staff - Providers, Clinical Assistant (MA, RN), Front Desk Staff, etc.
- Physical location - Office, Exam Rooms
- Technology (for e-visits, as needed)
- Time – For the actual visit, follow-up charting, medication refills, phone calls, returning messages, ordering, following-up, review and reporting results of lab and imaging, etc.

SUPPLY = NUMBER OF APPOINTMENT SLOTS AVAILABLE PER PROVIDER PER DAY

THIS IS YOUR DENOMINATOR

When measuring supply some metrics that should be accounted for are:

- Wait time for appointments (Daily Supply, n.d.), e.g. 1st 3rd next available appointment (for different appointment types)
 - Cost of each appointment resource - Including office space, technology, staff, medical supplies

DEMAND = NUMBER OF REQUESTS FOR AN APPOINTMENT PER PROVIDER PER DAY

THIS IS YOUR NUMERATOR

Demand for patient access, requires the consideration of:

- Patient panel size, health status, and demographic composition
 - Elderly and chronic disease patients often require more appointments and care than healthy and young patients
- Patient utilization of other facilities including other providers, for the same care, or emergency/hospital utilization

When measuring demand some metrics that should be accounted for are:

- Wait time for appointment resource
 - The 1st 3rd available appointment (for different appointment types)
- Number of phone calls and/or email messages received each day
- Number of external utilizations to emergency room/urgent care or other like provider
 - Day of the week and time of these utilizations should also be recorded
- Frequently requested day/time for appointments

View

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Revisions

- Review of appointment schedule
- Could be measured using patient surveys

It is important to obtain baseline data on both supply and demand before implementing a test of change. Once baseline data is obtained the practice can brainstorm ideas for change and begin a Plan, Do, Study, Act (PDSA) cycle to improve access and supply and demand equilibrium.

Change Tactics for Managing Supply and Demand

By tracking supply and demand, you will identify trends regarding when appointments are in the highest demand. This may require altering schedules and implementing alternative visits to accommodate patient needs and demand.

Adjust Scheduling

- Schedule the provider to work 8:00 a.m.-5:00 p.m. three days a week and 12:00 p.m.-8:00 p.m. two nights a week to cover extended hours (multi-provider offices could rotate late days)
- Work a weekend day take a day between Monday and Friday as a day off
- Increase the number of same day appointments on days in which patients are utilizing the emergency room most often

Utilize Alternative Visits

- Group Visits
 - Invite patients with diabetes to a group visit which would allow one provider to see up to 12 patients in one hour for the required 5 minute 1:1 required for billing. While the patient is not with the provider they are gaining education, peer support, and building relationships
 - This visit could allow review of lab results and self-management goal setting
- Telephone Consults/ E-Visits
 - Utilize telemedicine for specific appointment types or needs. Not all patient complaints can be addressed but many recurrent appointments such as chronic allergies, colds and flu, insect bites, rashes, etc
- Nurse Visits
 - Utilize registered nurses (RNs) to the top of their license by using standing orders and protocols

Increase follow-up visit intervals

- Confirm the patient is coming back at clinically appropriate intervals and frequency

Maximize Use of Visit

- Utilize pre-visit planning to determine and address gaps in care before or during next appointment
- Encourage patients to utilize patient agendas - list all concerns they wish to address during the appointment to be shared with the provider at the start of the appointment

View

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Revisions