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About MGMA
Medical Group Management Association (MGMA) is the premier association for professionals who lead medical practices. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 58,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.

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Introduction

The road back to normal for medical practices during the COVID-19 pandemic has not been linear. Temporarily closing or relocating services created cancellations. Reopening and restoring visit volumes posed challenges in rescheduling, both for in-person visits and newly expanded telehealth services.

The weeks and months ahead remain uncertain, as providers grapple with how their local and state authorities work to combat COVID-19 and advance with reopening the economy and society.

Through this period of uncertainty and anxiety, patients still need care. A June 2020 survey found more than half of patients (57%) report having a medical condition requiring immediate attention. Winning patients’ trust when it comes to safety amid the pandemic is one of the keys to restoring visit volumes and avoiding deferred care, per a July 21 MGMA Stat poll.

As medical practices advance in their recovery, administrators and physician leaders must ensure they are progressing back to pre-COVID-19 levels of appointment availability and wait times to ensure that patients are able to receive needed care and have a positive experience.

The 2020 MGMA DataDive Practice Operations report, based on 2019 data from more than 1,500 organizations, provides a baseline for benchmarking operations through 2020 as the healthcare industry navigates through recovery. This report details key performance indicators and best practices for optimizing patient access to sustain financial viability through the pandemic and attain top performance in the future. Some aspects of patient access will never be like the old normal, but these benchmarks represent a goal for all practices to aspire to in the new normal, no matter how far along you are on the road to recovery.

GO DEEPER WITH DATADIVE

While this report focuses on patient access, MGMA DataDive Practice Operations explores a wide array of important practice topics, with industry-leading benchmarking data on:

- Increasing patient satisfaction
- Reducing staff burnout and turnover
- Increasing operational efficiency.

Explore even more of what MGMA DataDive Practice Operations offers.
Appointments

AVAILABILITY

Almost half of all Americans said they or someone they live with has deferred medical care due to the COVID-19 outbreak, according to a Kaiser Family Foundation poll in May. While practice closures and limited operating schedules played some part in this, the current challenge for healthcare leaders is to eliminate bottlenecks for bringing those patients back for the care they need.

Achieving timely clinic appointments helps drive growth and enhance your financial bottom line. No matter where your practice is in its recovery from the pandemic, benchmarking for appointment availability, measured as the third-next-available (TNA) appointment, is a vital indicator of your access performance.

From 2018 to 2019, practices improved TNA appointment times for established patients by one to two days. For new patients, the wait was two to three days longer, except for nonsurgical practices, which experienced improved availability for both new and established patients.

THIRD-NEXT-AVAILABLE (TNA) APPOINTMENT (IN DAYS)

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New patients</td>
<td>Established patients</td>
</tr>
<tr>
<td>Primary care specialties</td>
<td>8.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>13.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>11.0</td>
<td>8.0</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

The availability of same-day appointments remained consistent across specialties for the same period.

In balancing your providers’ capacity with your patient panel, you create a valuable key performance indicator (KPI). The long-term health of a medical practice depends on continuously adding patients to mitigate the inevitable amount of patient attrition. As the COVID-19 pandemic has shown, new patient volumes have suffered in 2020:

PERCENT OF SAME-DAY APPOINTMENTS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Another method for improving access performance is the use of a patient wait list for next-available appointments. Depending on specialty, practices may want to consider the highest-priority issues and which patients may have potential for adverse outcomes from delays in care related to COVID-19 shutdowns in recent months.
NO-SHOWS

A vital part of restoring patient visit volumes and practice revenues is optimizing your schedule, but this has proven difficult for many practices either adapting to virtual visits or making the case to patients to return to the clinic for an in-person visit.

From 2018 to 2019, the median patient no-show rate for medical practices increased by 2%, from 5% to 7%. The disruption of the COVID-19 pandemic further complicated scheduling, as practices were forced to postpone or reschedule countless appointments. The resulting unsold appointment slots translated directly into lower revenues: Medical practices reported a 55% decrease in revenue in April.

The primary difficulty in restoring those visits, according to a July 21 MGMA Stat poll, is patients’ safety concerns. Medical practices, given the trusted nature of physicians and nurses, have an outsized role in making the case to patients that practice facilities are safe and that coronavirus exposure risk has been mitigated.

As market researcher Rob Klein, founder and CEO, Klein & Partners, notes, most patients want something action focused. “Patients get the drill,” he said, emphasizing that messaging to them should be focused on:

- How to prepare for a visit and what to expect upon arrival
- How the practice is handling COVID-19 patients
- How social distancing is maintained in the facility
- How the facility is cleaned.

Given the upheaval in scheduling and patients’ concerns with safety and personal finances, many practices may reconsider whether to charge a no-show fee. Prior to COVID-19, less than 20% of single-specialty practices charged a no-show fee in 2019.

CHARGE A NO-SHOW FEE?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>16.23%</td>
<td>83.77%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>15.38%</td>
<td>84.62%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>14.23%</td>
<td>85.77%</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

87% SAFETY
of healthcare leaders report SAFETY as the top reason patients defer care amid COVID-19.

PATIENT ENGAGEMENT RESOURCES

- “New patient appointments an ongoing struggle for practices amid COVID-19” (MGMA Stat)
- “COVID-19 Recovery: Balancing safety and telehealth for improved volume, revenue” (MGMA Consulting)
- “Bringing patients back: What patients want and expect during and after COVID-19” (MGMA Insights)
- “Empathetic access: The right attitude and less waiting are keys to bringing patients back amid COVID-19” (MGMA Insights)
WAIT TIMES

Prior to the COVID-19 pandemic, median patient total wait times — which include time spent in the wait area as well as in the exam room waiting to see a provider — ranged from 20 to 25 minutes. New data in the 2020 MGMA DataDive Practice Operations report show that practices in various specialties saw increases in wait-area wait times in 2019:

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wait area</td>
<td>Exam room</td>
</tr>
<tr>
<td>Primary care specialties</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

While front desk check-ins remains the dominant means of handling in-person visits, many MGMA members report shifting to new, digital check-in options in response to the pandemic. These benchmarks will need to be reevaluated as your practice makes changes to patient flow.

In many cases, practices will need to shift away from their traditional philosophy on scheduling to update the flow of people throughout the practice space.

MGMA consultant Adrienne Lloyd, MHA, FACHE, chief administrative officer, Duke Eye Center, Duke Medical Center, says that many practices should consider shifting to a “pull” model of appointments that’s more patient friendly, so that patients can go directly to areas for upstream work that needs to be done prior to visiting with a provider (e.g., imaging, workup, lab draws) and move along to see a provider thereafter. This approach helps to avoid patient bottlenecks in the facility, which helps maintain social distancing protocols.

Plus, delivering on this aspect of a patient-centered experience is just good business, according to Klein. “I’ve always told clients that a waiting room is a brand experience failure,” Klein said in a recent webinar. “Out of this difficult time, good things are starting to happen in terms of becoming more patient-centric. ... Making things customer-centric is critical.”


Join us Sept. 10 for a four-part ACMPE Certificate Program on growing and maintaining your patient panels through innovative and efficient processes, communication and space design.
HOURS OF OPERATION

Decreased volumes resulted in many practices furloughing employees or working with physicians to voluntarily reduce hours worked. As reopening plans progressed in the spring months, restoring staffing in levels proportionate to patient volume and projected growth meant bringing hours of operation back to normal.

Now faced with potential bottlenecks of delayed care, practices may need to consider expanded hours of operations, both on weekdays and weekends, to ensure timely access to care. These expanded hours also may allow a practice to stagger provider and staff into shifts to limit the number of people in the clinic at any one time, making social distancing easier to achieve.

The typical day for a medical practice for the three years before COVID-19, based on MGMA DataDive Practice Operations data, involved nine hours per day during the week, for 45 total operational hours Monday to Friday.

When it comes to operations during the lunch hour, most practices either continue to see patients while also providing phone coverage or were not open for patient visits but still maintained phone coverage.

PRACTICE OPERATIONS DURING THE LUNCH HOUR

<table>
<thead>
<tr>
<th></th>
<th>PRIMARY CARE SPECIALTIES</th>
<th>NONSURGICAL SPECIALTIES</th>
<th>SURGICAL SPECIALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued to see patients with phones on</td>
<td>50.93%</td>
<td>62.80%</td>
<td>57.94%</td>
</tr>
<tr>
<td>Not open for patient visits, yet have continued phone coverage</td>
<td>40.74%</td>
<td>28.05%</td>
<td>36.45%</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

MORE RESOURCES

• “8 keys to prepare your practice for the next wave of COVID-19” (MGMA Insights)

• “Balancing the supply and demand of patient access” (MGMA Connection)
Engagement

CALL CENTERS

Most practices manage inbound telephone calls with either front desk staff or an in-house call center. Very few practices rely on an outsourced call center to manage inbound call volumes.

WHO MANAGES INBOUND TELEPHONE CALLS?

<table>
<thead>
<tr>
<th></th>
<th>PRIMARY CARE SPECIALTIES</th>
<th>NONSURGICAL SPECIALTIES</th>
<th>SURGICAL SPECIALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front desk staff</td>
<td>52.14%</td>
<td>50.75%</td>
<td>46.50%</td>
</tr>
<tr>
<td>In-house call center</td>
<td>40.52%</td>
<td>43.25%</td>
<td>45.86%</td>
</tr>
<tr>
<td>Outsourced call center</td>
<td>6.57%</td>
<td>5.14%</td>
<td>6.37%</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

Just as important during the pandemic has been how organizations proactively managed outbound calls for massive amounts of rescheduling in the early weeks of COVID-19 shutdowns, as well as checking on at-risk patients during the crisis and transitioning patients to telehealth visits.

Practice leaders assessing how best to reach the patient population can use MGMA DataDive Practice Operations data from 2019 to measure how much their current call volumes stack up against historic benchmarks. Exceptionally high call volumes may mean you’re not getting the most out of digital patient communication efforts, such as social media, patient portals and your website.

Inbound call volumes per day vary depending on specialty, as well as who is managing the inbound telephone calls.

INBOUND CALL VOLUMES

<table>
<thead>
<tr>
<th></th>
<th>PRIMARY CARE SPECIALTIES</th>
<th>NONSURGICAL SPECIALTIES</th>
<th>SURGICAL SPECIALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inbound call volume per day per call center staff</td>
<td>44.81</td>
<td>44.81</td>
<td>10.66</td>
</tr>
<tr>
<td>Inbound call volume per day per front desk staff</td>
<td>28.75</td>
<td>33.33</td>
<td>56.75</td>
</tr>
</tbody>
</table>

Source: 2020 MGMA DataDive Practice Operations

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PATIENT PORTALS

With news and government action in response to COVID-19 developing so rapidly, patients and providers can feel overwhelmed by the pace of change. Your practice’s patient portal is one tool in bridging the gap caused by stay-at-home orders.

According to the 2020 MGMA DataDive Practice Operations report, the top three reported uses of a patient portal are:

1. Prescription refills
2. Communication with providers and medical staff
3. Accessing test results.

Nancy Enos, FACMPE, CPMA, CEMC, CPC-I, CPC, principal, Enos Medical Coding, noted in an MGMA Consulting roundtable and Q&A that practices with robust portals should enable them for any integrations with mobile device apps so appointment requests and questions for providers don’t require in-person interactions.

PATIENT PORTAL RESOURCES

• “Portal to success: Improving patient access through connectedness” (MGMA Connection)
• “Developing a framework for patient engagement and accountability” (MGMA case study)
MGMA DataDive
Access industry-leading benchmarking data to understand the past and present to propel your practice into the future.

MGMA Stat COVID-19 polls
Find the latest, real-time data on how healthcare leaders are responding to the pandemic, along with expert insights and best practices.

MGMA COVID-19 Recovery Center
Find MGMA's latest operational resources, tools and stories of success from across the healthcare industry.

MGMA Consulting
Leverage the industry leader in creating meaningful change in healthcare, one organization at a time.

Medical Practice Excellence Conference

Join us Sept. 10 for a four-part ACMPE Certificate Program on growing and maintaining your patient panels through innovative and efficient processes, communication and space design.

Patient Access: Tools and Strategies for the Medical Practice
This book addresses the critical components of patient access: provider supply, patient demand, scheduling optimization, telephone management, call centers, virtual communication, and telehealth.

MGMA COVID-19 Podcasts
Find all MGMA Insights and Executive Session podcasts from our ongoing COVID-19 series.