

Medical Group Access Metrics

Measure your organization’s access performance

Timely access: It’s key to winning patients, fueling group growth, and providing patients the care they need. But with so many metrics to choose from, it can be hard to select the ones that provide the best insight into how your medical group is performing—and whether you’re meeting patient access demands. Below, find a vetted list of access metrics to measure your group’s scheduling efficiency, provider capacity, utilization, and patient preference.

Scheduling efficiency

Metric	Definition	How to use
Days to third next available appointment	Average number of days between the day a patient requests an appointment and the third next available appointment	<ul style="list-style-type: none"> • Modify this metric if your organization gets a lot of late cancellations that makes it look like you have more access than you do • Track this metric because it’s an industry standard and benchmarks exist but don’t use it exclusively because it doesn’t reflect patient preferences and can be manipulated by provider template decisions
Days to appointment	Average number of days between the day an appointment is scheduled and the day the patient arrives for the appointment	<ul style="list-style-type: none"> • Only use this metric to measure new patient access because existing patients book follow-up visits far in advance, artificially inflating results
Unused appointment slots	Percentage of appointment slots left open or not scheduled in a certain time period (e.g., past year or week)	<ul style="list-style-type: none"> • Use this metric to measure: 1) Efficiency of your scheduling processes and/or 2) How well your available access lines up with when patients want to be seen

Provider capacity

Metric	Definition	How to use
Visits per day	Average number of visits providers complete per day	<ul style="list-style-type: none"> • Set a minimum target based on number of visits needed to cover group overhead; will vary by specialty and site of care (e.g., office vs. ASC) • Consider setting a maximum target to balance group access against quality, burnout, and patient experience goals
Time per visit	Average number of minutes providers spend per visit	<ul style="list-style-type: none"> • Track using EHR time stamps for each visit • Compare actual time spent per visit to time allocated in provider schedules to identify unused capacity
Hours per week	Average number of scheduled patient hours per week	<ul style="list-style-type: none"> • Compare scheduled patient hours with clinical contracted hours to pinpoint providers working below FTE • Only use with physicians in employment contracts who have set number of expected clinical contracted hours per week

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Utilization

Metric	Definition	How to use
Appointments canceled greater than 24 hours	Percentage of total scheduled visits canceled 24 hours or more before the appointment	<ul style="list-style-type: none"> Focus on filling these appointment slots since they're cancelled with enough notice to reschedule Consider a waitlist system (manual or automatic) to fill cancelled appointments if this metric is high
Appointments canceled less than 24 hours	Percentage of total scheduled visits canceled less than 24 hours before the appointment	<ul style="list-style-type: none"> Measure late cancellations and appointment no-shows together to accurately quantify your total percentage of unused visits
Appointment no-shows	Percentage of total scheduled visits where the patient didn't arrive for the appointment or cancel in advance	<ul style="list-style-type: none"> Track this metric to identify frequent no-showers Flag patients with 2+ past no-shows for targeted strategies, such as personal phone calls and predictive overbooking
Realized utilization	All scheduled visits minus appointments canceled less than 24 hours in advance and no-show appointments	<ul style="list-style-type: none"> Use this metric to understand total lost appointment opportunities and unused capacity

Patient preference

Metric	Definition	How to use
New patients in primary care scheduled within seven days	Percentage of new patients scheduled within seven calendar days in primary care	<ul style="list-style-type: none"> Aim to schedule most new patients in primary care within seven days which is a widely accepted time frame for most patients
New patients in specialty care scheduled within 14 days	Percentage of new patients scheduled within 14 calendar days in specialty care	<ul style="list-style-type: none"> Aim to schedule most new patients in specialty care within 14 days which is a widely accepted time frame for most patients
Patient-reported perception of access	In the last X months, when you contacted this provider to get an appointment for X, how often did you get an appointment as soon as you needed?	<ul style="list-style-type: none"> Use this metric to track perceptions of access for individual patients Ask your patient experience vendor to include this question on post-visit surveys – it's already included on CAHPS and other vendor surveys Start measuring this metric because it's gaining traction across industry



After selecting metrics to track, review our report, [Primary Care Access Benchmarks for Medical Group Leaders](#), to see how your organization performs relative to your peers.