Improving Tracking Metrics for Patient Access to Outpatient Physical Therapy

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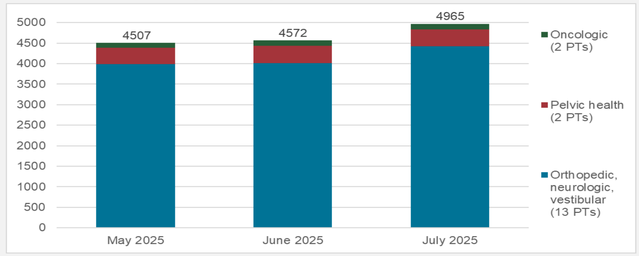
Problem

- Ensuring timely patient access to physical therapy (PT) services is a challenge in hospital-based outpatient settings and in the UChicago Medicine (UCM) system, where demand for services outstrips supply.
- Prolonged wait times for PT appointments likely have detrimental effects on pain, disability, quality of life, and psychological symptoms in persons with musculoskeletal disorders, and consequently on safety, quality of care, and patient satisfaction.[1]
- UCM PT clinics track new patient access and return patient access to PT services indirectly, by snapshotting the 3rd next available appointment slot for each patient group across all providers, daily.
- These metrics likely adequately capture the experience of new patients attempting to schedule PT appointments, but not that of return patients, who frequently report much longer delays in access to follow-up appointments.
- For return patients, the metric is likely not reflective of access because it is easily distorted by cancellations and variability in clinicians' caseloads, and because no standard mechanism exists in our department to offer return patients open slots that develop as a result of cancellations. Furthermore, it is best practice for return patients to schedule PT follow-up with the evaluating rather than the first available provider.[2,3]

Figure 1: Outpatient physical therapy referrals by month and subspecialty



Goal

- The goal of this project is to develop an improved metric to track patient access to follow-up appointments, with a future goal of being better able to assess change in response to departmental initiatives to improve patient access.

Strategy

- Literature review and brainstorming were utilized to identify possible alternative metrics and factors related to continuity of care and risk stratification.
- 3 clinicians at the Hyde Park location participated in data collection across 3 months on patient wait times for follow-up appointments, and related factors pertaining to continuity of care including whether patients saw multiple providers, and whether their prescribed plan of care was met in the 1st month after initial evaluation (IE).
- Data were classified according to PT subspecialty and whether patients were post-operative or non-postoperative.

Figure 2: Sample data collection form

Calendar days to 1st scheduled follow-up	Calendar days to 1st actual follow-up	Business days to 1st scheduled follow-up	Business days to 1st actual follow-up	Frequency of POC (# of sessions per week)	Specialty	Post-op? (yes/no)	Saw multiple providers in first month? (yes/no)	POC met in first month? (yes/no)
18	18	12	12	1	Ortho	No	No	No
21	42	15	29	1	Vestib	No	No	No
7	7	5	5	1	Ortho	No	No	No
20	20	14	14	1	Ortho	No	No	No
24	24	17	17	1	Ortho	No	No	No
23	23	16	16	1	Ortho	No	No	No
3	10	1	6	2	Ortho	Yes	No	No
7	7	5	5	2	Ortho	Yes	Yes	Yes
7	7	5	5	1	Ortho	No	No	No
23	23	16	16	1	Ortho	No	No	No
18	18	11	11	1	Ortho	No	No	No
3	3	3	3	2	Ortho	Yes	Yes	Yes
23	23	16	16	1	Ortho	No	No	No
20	20	13	13	1	Ortho	No	No	No
20	20	13	13	1	Ortho	No	No	No
22	22	15	15	1	Ortho	No	No	No
25	25	16	16	1	Ortho	No	No	No
24	24	15	15	1	Ortho	No	No	No

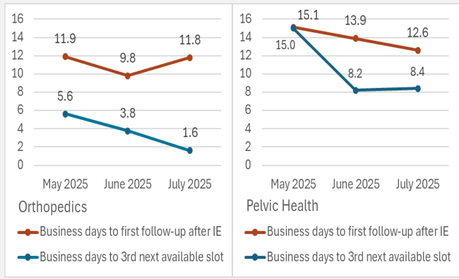
Results to Date

Table 1: Advanced metrics on return patient access

Stats	All patients/providers	Post-op	Non-post-op	Ortho	Pelvic
n =	213	16	197	136	73
Number of clinicians tracked =	3	3	3	2	1
Evaluation date range =	05/01/2025 - 07/31/2025				
Average number of calendar days to 1st scheduled follow-up =	17.7	9.5	18.3	16.4	20.1
Average number of business days to 1st scheduled follow-up =	12.2	6.6	12.6	11.3	14.0
Percentage of time plan of care was met in 1st month =	20.7%	75.0%	16.2%	25.0%	12.3%
Percentage of time saw multiple providers in 1st month =	7.5%	56.3%	3.6%	11.0%	1.4%
Percentage of patients lost to follow-up after IE =	14.1%	0.0%	15.2%	16.9%	8.2%

- Analysis revealed significant discrepancies between the current metric assessing return patient wait times and direct tracking of the time to first scheduled follow-up after initial evaluation.
- Time to first scheduled follow-up after initial evaluation falls short of key performance indicator targets for return patient access (5 business days).
- Post-operative patients were able to be offered sooner follow-up by seeing multiple providers.
- A recommendation was made to leadership to implement time to first follow-up as a standard metric for return patient access.
- A request was made to Epic builders to implement functionality to automatically track time to first follow-up after initial evaluation.

Figure 3: Comparison of return access metrics for orthopedic and pelvic PT



Conclusions and Next Steps

- Time to first scheduled follow-up after initial evaluation was determined to be a more accurate and responsive metric for return patient access than 3rd next available appointment slot.
- A limitation on these findings is the small number of clinicians for whom data could practically be collected.
- Implementation of an improved metric to track return patient access to PT services will allow for more effective process improvement.
- Proposed initiatives to improve return patient access include increasing clinician and clinic coordinator staffing, implementing Epic tools such as Fast Pass for return patients, and developing new scheduling processes for post-operative patients.
- The effectiveness of these interventions can be assessed using the improved metric so that they can be refined and supplemented to continually promote safety and quality of care.

References

1. Deslauriers S, Déry J, Proulx K, et al. Effects of waiting for outpatient physiotherapy services in persons with musculoskeletal disorders: a systematic review. *Disabil Rehabil*. 2021;43(5):611-620. doi:10.1080/09638288.2019.1639222
2. Beattie P, Dowda M, Turner C, Michener L, Nelson R. Longitudinal continuity of care is associated with high patient satisfaction with physical therapy. *Phys Ther*. 2005;85(10):1046-1052.
3. Magel J, Kim J, Thackeray A, Hawley C, Petersen S, Fritz JM. Associations Between Physical Therapy Continuity of Care and Health Care Utilization and Costs in Patients With Low Back Pain: A Retrospective Cohort Study. *Phys Ther*. 2018;98(12):990-999. doi:10.1093/ptj/pzy103