Patient Access Collaborative

A Commentary on "Third Next Available" Appointment

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There is considerable debate regarding the third next available appointment (TNAA) metric. Some healthcare organizations have embraced this measure to evaluate their patient access opportunity, while others have not. This article discusses the genesis of the TNAA metric, operational definitions that have been espoused, and qualifications to take into account when using this metric to evaluate the success of your patient access strategy.

Origins

The term, third next available appointment (TNAA), was initially coined by a Family Practice physician, Dr. Mark Murray, at Kaiser Permanente. Its origins can be traced back to an article written by Drs. Mark Murray and Don Berwick in the Journal of the American Medical Association in 2003: Advanced Access, Reducing Waits and Delays in Primary Care. In the article, the authors state:

> *"This statistic is used to measure the number of days a patient has to wait to get an appointment. The third next available physical examination is a sentinel marker. Physical examination is used rather than another appointment type because it is usually the latest scheduled. If access to physical examinations improves, all availability improves. The third appointment is featured because the first and second available appointments may reflect openings created by patients cancelling appointments and thus does not accurately measure true accessibility. This measure is easily obtained, daily or weekly, by the receptionist while counting the number of days until an opening for the third next physical examination appointment is on the schedule."*

The article, which focused exclusively on primary care practices, notes that TNAA is to be measured for the specific visit type of "physical examinations."

As interest in access improvements picked up steam in the 2000s, third next available appointment became a key performance indicator for reporting purposes across all specialties. The definition, however, was never confirmed for a broader setting beyond primary care. Specific details regarding the computation of the measurement were also not espoused, and have been altered over the years. For example, the author of TNAA, Dr. Murray, created a handbook for a health system with instructions to avoid measuring TNAA on Mondays or Fridays because "it throws off the measurement tool." The directions further instruct the user to measure TNAA by appointment type – short (i.e., one 15-minute block) and long (two 15-minute blocks). His computing instructions further indicate to carve out (i.e., not count) same-day or follow-up appointments (Mary Murray & Associates 2014).

In the Institute of Medicine's 2015 report titled: Transforming Health Care Scheduling and Access: Getting to Now, the following definition is presented:

> *"Third next available appointment (TNAA) is a value determined by assessing appointment availability and is aimed at providing a reliable indication of the number of days that a patient has to wait to get an appointment (Murray and Berwick, 2003). Because the first and second available appointments are often the result of last-minute cancellations or other events, the third next available appointment best represents the performance of the appointment access system as a whole. TNAA can serve as one metric to measure scheduling performance. It allows organizations to capture the TNAA before and after an improvement is made."*

There is no reference to the fact that Drs. Murray and Berwick designed the metric for the primary care setting, nor is an operational definition for calculating the metric reported.

According to the Institute for Healthcare Improvement (IHI), the third next available is defined as the "average length of time in days between the day a patient makes a

request for an appointment with a physician and the third available appointment for a new patient physical, routine exam or return visit exam." The IHI further encourages data collection to occur "the same day of the week, once a week," and to "count calendar days (e.g. include weekends) and days off. Do not count any saved appointments for urgent visits (since they are "blocked off" on the schedule)." There is no elaboration on the treatment of these "urgent visits". For example, should this include all blocks and holds? What about schedules featuring large blocks of time – instead of slots - to allow flexibility in scheduling? The reader is left to his or her own judgment regarding the specific treatment of urgent visits in calculating the TNAA. For example, one medical group may calculate next third available by carving out "saved appointments" from the measurement tool, then releasing the slots for measurement purposes and then re-blocking them. Or, the blocks, which may have been used to ensure same-day access, could be released to make the TNAA look better than it is.

Practical Application

What does this discussion mean for your organization? The performance metric, the third next available appointment, may offer valuable insight into access, however, caution about its broad application is warranted, particularly given the following facts:

- The metric was initially designed for primary care, and within that specialty, the visit type of physical exams only.
- There are no scientific reports or studies that have analyzed the TNAA calculation across all specialties, nor has an industry-standard definition been developed.
- With no consistent, widely held operational definition, the metric can be easily manipulated, leading to misinterpretation of access opportunity.
- There is no proof in the performance improvement literature that this metric provides or advances value related to access enhancements.
- With no industry-standard definition available, results cannot be benchmarked against other enterprises.

Beyond these issues, there is also a more practical concern when utilizing TNAA to address patient access expectations. How many patients call a practice and request the "third next available" appointment? The answer is likely none. From the patient's perspective, who wants the third next available appointment? Today's patients demand access when and where they need it, measuring that in calendar days - if not hours and minutes. The ability to link the TNAA metric to signal success in meeting patient access demand poses a challenge.

Importantly, if the third next available appointment metric is cited as a driver for patient access change efforts, the door is open for physicians to reject the metric, given its origins and concerns regarding TNAA reliability and validity. As quality improvement expert Dr. Mary Dixon-Woods recently opined: "Improvement efforts are critical … But they need an evidence base" (2019).

References

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