WHITE PAPER

The Next-Day Test: Is Your Health System Ready When Patients Are?

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By Beth Pittman MBA

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Have you ever experienced an access delay as a patient or when scheduling for a loved one?

Let me tell you a personal story. My teenage son recently fell and had severe arm pain. He was concerned he had broken it. As a mother of boys, it was certainly not my first rodeo with a fracture. I thought about going to an urgent care center, but I knew ultimately he would be referred to orthopedics. I wanted to cut out a step and go directly to orthopedics. His pain was manageable, and his arm wasn't swollen, so I set out to do the impossible: get a next-day, morning appointment with ortho.

At 5:15 pm in the evening, I called the "big system" in town where my son receives most of his care. The scheduling line closed at 5 pm. I went online and was unable to find an appointment with them for the next day. I then found an appointment with a competing health system in town—a coveted 10 am slot. I booked it on the spot and prioritized what we needed in the moment over keeping his care connected to one system.

Sound familiar? **This happens all the time. Patients who would otherwise stay loyal are forced out of your system due to a lack of appointment availability or simply a bad process that doesn't connect the patient to an access point when and how they need it.**

Nobody is insulated from these events; even insiders need to intervene to navigate our industry without friction. That is really the core of a successful access initiative: creating a frictionless experience.

Current State of the Market

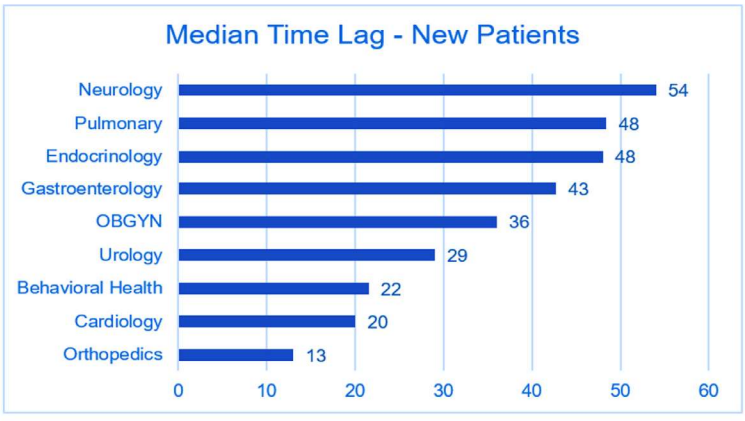
Access is top of mind for executive leaders. I don't know many leaders who aren't calling it out as a top priority in their strategic plan. At my previous healthcare organization, it was always the top priority and the focus of most of our workplans.

Recently, AMGA Consulting did a pulse survey on patient access, examining the time lag for new patients (number of days elapsed from scheduling an appointment until it occurred). We found that it takes the longest to get into medical specialties, at 33 days. For some key specialties, the wait was even longer: neurology came in at 54 days and pulmonary at 48 days.

Primary Care
20 Days

Medical Specialties
33 Days

Surgical Specialties
23 Days



When I think back on my own scheduling experience, I can't help but think about the patient on the other end of the wait. Were their clinical needs met? Did they have any adverse consequences from the delay? We, as an industry, need to solve this access problem to meet the needs of our communities today and into the future, but how will we do it?

From Strategy to Execution

While improving access is a common goal, we find everyone is at a different stage of maturation in their work, and the strategies to help create the impact are highly dependent on organizational culture and what your starting point is. In our experience, to advance your strategy, you need strong analytics and complementary tactics to make real progress. Below are some key moves from our access playbook, showing the real work you can do on the analytics and the tactics, organized by three starting points. Where is your organization on this journey?

Stage 1: Emerging
Building the foundation
Your organization knows access is a priority and is just getting started. Teams are coming to the table, and data are being organized.

Stage 2: Developing
Finding the opportunity
You've put the basics and analytics in place but haven't seen the progress you want. Now you're ready to take it to the next level.

Stage 3: Optimizing
Making it sticky
Your organization has dedicated resources, advanced analytics, and significant progress to show.

Stage 1: Emerging

What should you be measuring?

Two classic metrics are time lag and third next available appointment. Time lag is fact based; it tells you what actually happened. Third next available tells you what could happen in the future. Slice your data by specialty, location, and so on to see where the real gaps are. Focusing on new patients will help cut out some of the noise from established patients with follow-up appointments intentionally scheduled for the future.

What are some key tactics?

Defining full-time expectations for your providers is a crucial starting point. We find that the most common definition used is 36 patient-facing hours. If you aren't there or aren't actively holding providers to that expectation, your access is going to suffer. Let's run the math: A 100-physician group that currently requires 34 patient-facing hours could be missing out on 18,400 appointments per year:

100 Physicians	x	**2** Additional work hours per week, per physician (34 vs. 36)	x	**46** Weeks per year	x	**2** Visits per hour	=	**18,400** Lost appointments per year

Done right, driving FTE expectations is healthy for a medical group. It creates reliability and aligns with compensation planning, access strategy, and resourcing. You need your physicians aligned, so create a physician leadership structure to help guide this work.

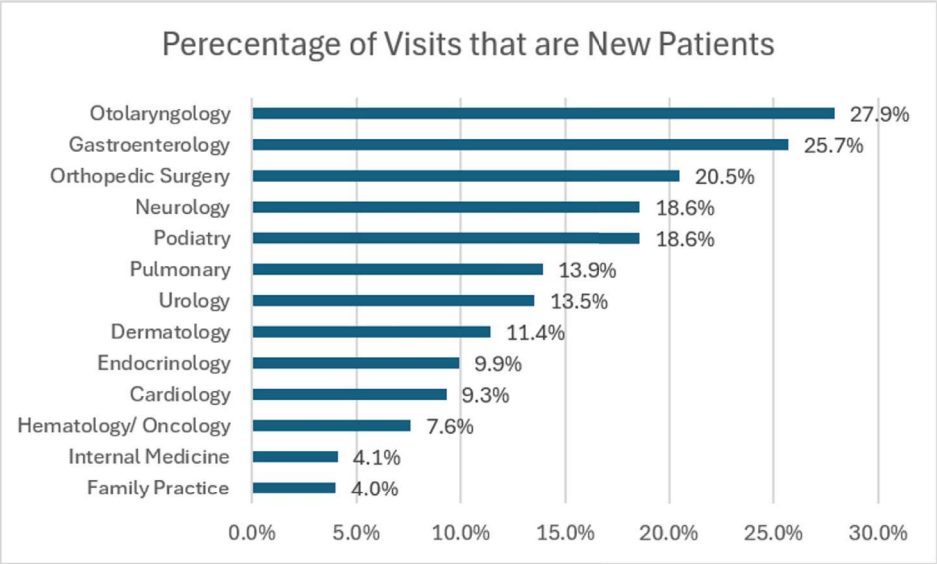
Stage 2: Developing

What should you be measuring?

If you're not growing, you're shrinking, and new patients are the key to growth. Measuring new patient appointments and breaking them down helps you find more pockets of opportunity. We suggest breaking down new patient appointments in three ways:

Entry points: Understand which specialties and services drive the highest number of new patients in your organization. AMGA Consulting did an analysis on 2023 Medicare claims data, and the single specialty with the highest number of new patient appointments was orthopedics. Understanding that allows you to ensure your front door is welcoming, even outside of traditional business hours.

By specialty: The percentage of total patient encounters that are new patients varies greatly by specialty. The Medicare claims analysis showed that despite primary care specialties having the most total visits, new patients only accounted for 4% of visits. The chart represents specialties that had the highest number of total physician-completed visits.



By provider: Drilling down new patient visits by physician and advanced practice clinician (APC) categories will provide insight into practice care models. In the Medicare claims analysis, physician assistants and nurse practitioners completed 20% of all new patient visits as the rendering provider. Drilling further down by individual provider helps bring to light constraints within the system.

What are some key tactics?

Once you understand the data—how long patients are waiting and where new patient access may be lacking—the hard work begins. It is a delicate balance to create capacity for new patients without crowding out the established patients who rely on you.

Creating capacity for new patients in medical specialties may require examining pathways to return patients to primary care or to an APC for follow-up care as clinically appropriate. Understanding current pathways helps to ensure patients are receiving the right care from the right provider at the right time.

Primary care is at the foundation of most multispecialty medical groups. It has its own unique demands and needs its own strategy. Aligning incentives and using leading-practice compensation plan mechanics, such as panel incentives, can make primary care a partner in an access strategy that helps feed your entire enterprise.

Stage 3: Optimizing

What should you be measuring?

Patient loyalty is key for sustained growth. It's great to win the new patient, but the systems that will ultimately succeed make the process sticky and guide patients through their care continuum, making it easy to stay. Claims data will provide you with more advanced insights. How much of a patient's care are you keeping in your system? For services you do not provide, are patients making it to your preferred network? Find the points where this breaks down, then dig in: What's driving it? How can we fix it?

What are some key tactics?

Patient experience is the driver of loyalty. Double down on efforts to enhance online scheduling, refine call center workflows, and ensure patients are getting what they need between visits and that there aren't breakdowns between getting them in the door and keeping them there. Complete a secret shopper exercise in which leaders need to secure an appointment using prebuilt patient scenarios, so they feel what your patients feel firsthand and stay connected to your access strategy.

In the case of my son, presenting the option of an available orthopedic-specialized urgent care center at 5 pm would have been immensely helpful. Don't expect patients to do the work; connect their needs to your resources in a meaningful way. Where you have programmatic gaps, consider specialized solutions.

Even organizations with years of access strategy and specialized resources always benefit from a basics reboot. Go back to your earlier work, like defining FTEs and standardizing templates, and validate that the programs are still working as intended. Even small deviations can hold significant opportunity when compounded over a large group. Refresh your communications around the efforts, so everyone at the front line is connected to the vision and understands how they support it.

What's Ahead?

Predictions for the healthcare industry point to physician shortages, growing demand from aging populations, and market pressures ahead. There are exciting technological developments to support your efforts, but there are no shortcuts to meaningful, sustained solutions. Technology will fail without the groundwork of an enterprise-wide access strategy as its foundation. Access is your market differentiator and can help your organization withstand those headwinds. Are you ready? What's your plan?

You don't have to build that plan alone. Access will remain a focus for AMGA, with dedicated sessions, presentations, and resources designed to help organizations get more patients in the door and keep them there. Whether your organization is building the foundation, finding the opportunity, or making it sticky, and whether you are just getting started or are ready for a refresh, the AMGA team is here to help. I'd love to hear where your organization is on its access journey. You can reach me at BPittman@amgaconsulting.com, and we'll get you connected with the right support.



Beth Pittman, MBA, (BPittman@amgaconsulting.com) is a senior director with AMGA Consulting, bringing over 20 years of healthcare leadership experience spanning hospital systems and integrated medical groups. Most recently, she served as the chief operating officer of a multispecialty medical group where she led initiatives in operations optimization, daily management systems, provider alignment, and process improvement.

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AMGA | One Prince Street, Alexandria, VA 22314-3318
Phone: 703.838.0033 | Fax: 703.548.1890 | amgaconsulting.com