# IT-1.1: Third Next Available Appointment

| **Measure Title** | **IT-1.1 Time to Third Next Available Appointment for an Office Visit** |
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| **Description** | Assesses the average number of days to the third next available appointment for an office visit for each clinic and/or department.  |
| **NQF Number** | Not applicable |
| **Measure Steward** | Wisconsin Collaborative for Healthcare Quality - Health Care Quality Collaboration |
| **Link to measure citation** | <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=23918> |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS)

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|  | DY4 | DY5 |
| Achievement Level Calculation | (Baseline) - (Baseline \* 5%) | (Baseline) - (Baseline \* 10%) |

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| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description**  | This measure applies to providers within a reported clinic and/or department.  |
| **Denominator Inclusions** | Providers:* All providers are included. Full-time and part-time providers are included, regardless of the number of hours s/he practices per week.
	+ Providers who truly job share are counted as one provider (i.e., they share one schedule, and/or they work separate day and share coverage of one practice).
	+ When measuring a care team, each member of the care team is counted separately (i.e., physician, Nurse Practitioner, Physician Assistant).
	+ If a provider is practicing in a specialty other than the one which s/he is board certified, the provider should be included in the specialty in which s/he is practicing.
	+ For providers practicing at more than 1 location, measure days to third next available for only the provider's primary location as long as the provider is at that location 51%+ of their time.
	+ New providers who started seeing patients during the reporting period and have an active schedule should be included.
* Locums are included in the measure only if they are assigned to a specific site for an extended period of time (greater than 4 weeks) and provide continuity care to a panel of patients.
* Mid-Level providers are included in the measure (Nurse Practitioner, Physician Assistant, Certified Nurse Midwife).
	+ Mid-Level providers should have continuity practice and their own schedule available to see patients.
* Resident Providers are to be included if they have an active schedule AND are considered a Primary Care Provider within the organization.
* Providers with closed practices should be included. They still have to schedule their current patients. In addition, it may not be clear when they start seeing new patients again.

Departments:* Primary Care
	+ General Internal Medicine
	+ Family Practice
	+ Pediatrics with the focus on generalists, not specialists
	+ Internal Medicine – Pediatrics (Med/Peds) (physicians who see both adults and children)
* Specialty Care
	+ Obstetrics
		- Physical exam - New obstetrics visit
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| **Denominator Exclusions** | * Exclude clinicians who do not practice for an extended period of time (greater than 4 weeks) due to maternity leave, sabbatical, family medical leave.
* Mid-Level providers who function only as an "extender," overflow to another practice, or urgent care should not be included.
* Exclude Resident Providers if they are not considered a Primary Care Provider, have an inconsistent schedule, and a restricted patient panel.
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| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | *Continuous variable statement*: Average number of days to third next available appointment for an office visit for each clinic and/or department. The measure will take into account calendar days, including weekends, holidays and clinician days off. |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
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| **Setting** | Ambulatory |
| **Data Source** | Administrative Data |
| **Allowable Denominator Sub-sets**  | All denominator subsets are permissible for this outcome |
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