Expanding Access beyond Regular Business Hours for Primary and Specialty Care

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Background/Significance of Project: Many health systems report long wait times for routine ambulatory appointments which causes dissatisfaction for patients and health care providers, increases the risk of patient leakage, and represents lost revenue for health care systems. In addition to quality and value of care, patients are increasingly seeking convenience. At UC Davis Health, routine care has been mostly limited to weekdays and regular business hours within the ambulatory division. Expanding to after-hours and Saturday clinics is an opportunity to increase visit capacity and provide consumers with potentially more convenient appointment times without the need to expand facilities.

Purpose/Objectives: 1) Develop a pilot program to increase access to ambulatory care visits initially utilizing the existing physician workforce and operational resources in a patient and physician centric way. 2) Should the pilot prove to be feasible and successful, future expansion of the program will be considered including expanding the physician workforce and operational resources to make extended weekday hours and Saturday hours part of the system’s routine operations.

Methods/Approach: The program was designed as a collaboration between the UC Davis Medical Group (UCDMG) and Ambulatory Care division of UC Davis Health. The plan for the pilot included leveraging physician volunteers with the offer of fair compensation for overtime work as determined by UCDMG. A shortfall agreement with the clinical departments was approved by UCDMG for the physician payments. To participate in the program, physicians were required to have excellent template utilization during routine operating hours with evidence of unmet demand. After hours work eligible for this program included evenings and Saturday hours. For the pilot, stakeholders agreed to focus on improving access to ambulatory care for two specific patient populations: 1) Patients who receive their primary care at UCDH, many whom are employees and their families; 2) the underserved patient population, as ensuring that they receive timely and equitable access to care is fundamental to UC Davis Health’s core values.

Outcomes/Results: The study’s outcomes variables include the number of patients seen, median days of improvement in time to appointment, number of providers and specialties participating in the program, and physician and patient satisfaction with after hours and Saturday clinics.

In the first 10 weeks of the pilot the following results were attained: 431 patients received care, with a median of 31 days improvement in time to new patient visit. A total of 39 physicians participated in the program from 7 departments. The pilot is scheduled for 52 weeks.

Discussion/Conclusion: Successful implementation of this pilot is an opportunity to build and test a model of expanded hours and use it to inform broader and more longer-term access goals. The program also serves to address acute access challenges and strengthen mutually beneficial partnerships across the Health System.