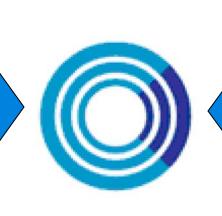
California Health Improvement Project (CHIP) Telephone Appointments, an access to care alternative

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Problem Statement and Underlying Causes

Access to primary care services is a great challenge for a large proportion of the population in California. Limited number of Health Care professionals, distance to medical facilities and financial cost are some of the barriers. There is an urgent need to provide options for access to care that address these barriers.

Not enough same Day access to **Medical care**



Telephone Appointments

Project Description

Telephone appointments (TAs) have not consistently been used within the KP system in southern California as a credible alternative to increasing access to medical care. This project develops and institutes a fast response system to provide daily telephone appointment for specific common urgent care complaints from 7:00 am to 7:00 pm, Monday through Friday.

Goal and Objectives

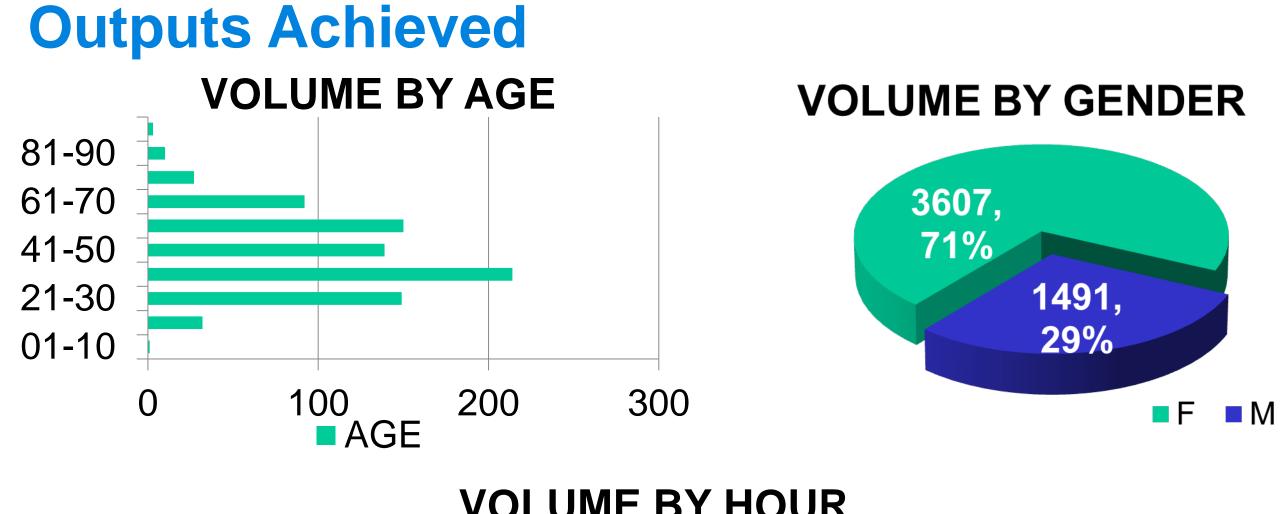
Goal: Provide an alternative for immediate, convenient, effective and, for now, free of charge access to medical care through telephone appointments. Service will be provided from 7:00 am to 7:00 pm Monday through Friday.

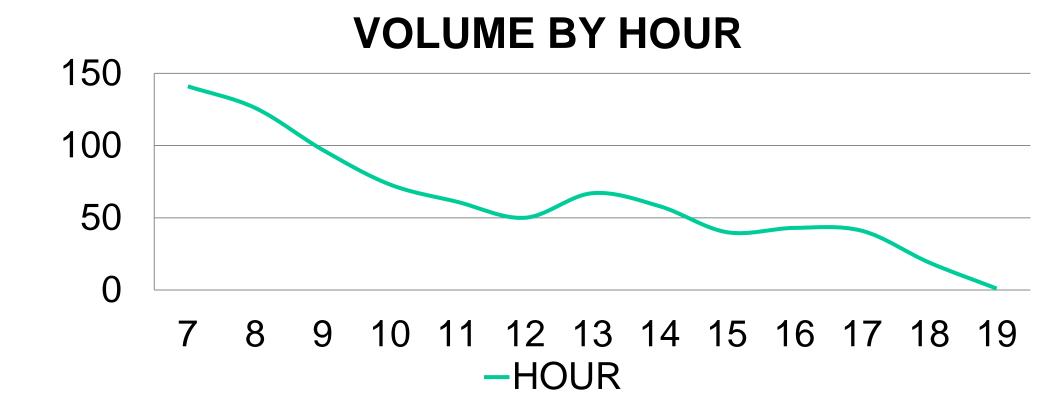
Output-oriented Objective: 1-One Physician to attend telephone appointments every day starting April 1st, 2015. 2- Sixty-five physicians in the department to have two to four telephone appointments per half-day every day starting April 1st, 2015. 3- Specific guidelines to consistently promote telephone appointments implemented starting April 1st, 2015.

Outcome-oriented Objective:

- a) Tabulate monthly percentages of most common diagnoses.
- b) Increase overall same day access by 5% in the first six months starting on April, 2015.
- c) Maintain monthly-return-rates after a telephone appointment to less than 15% by August 2015.

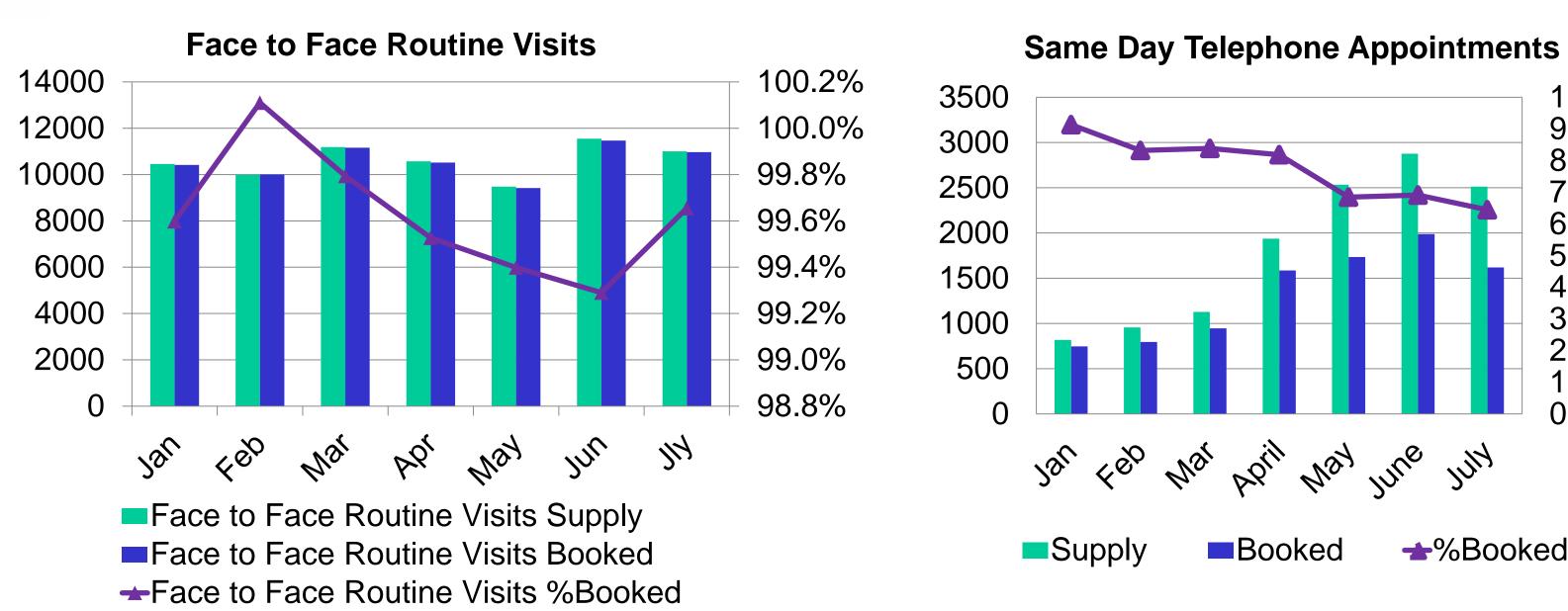
Outputs & Outcomes



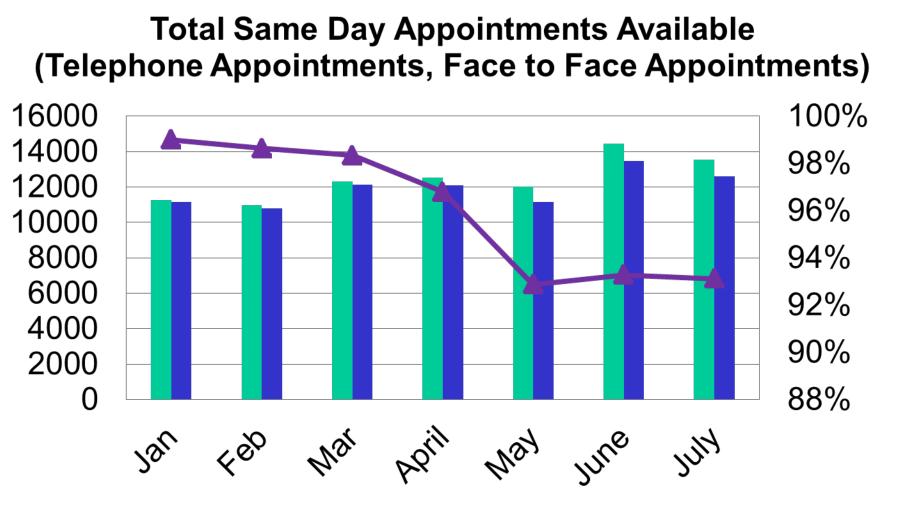


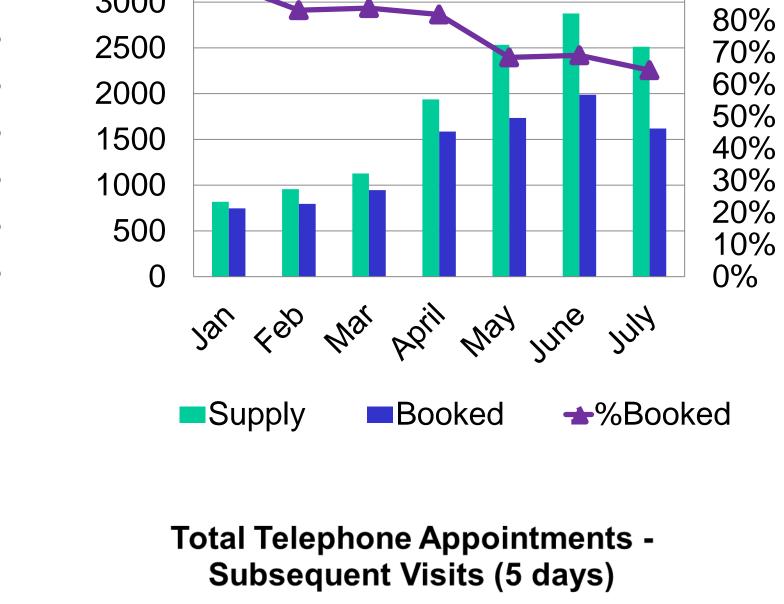
Outcomes Achieved

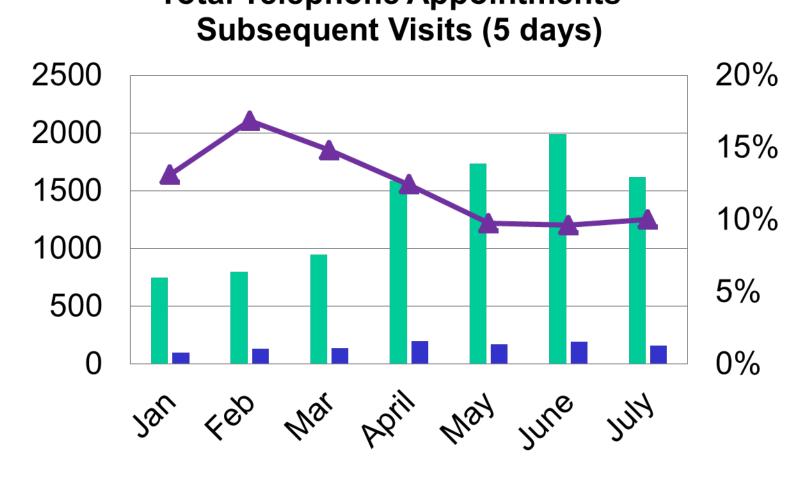
TOP 10 VOLUME BY PRIMARY DIAGONOSIS URI (UPPER.. PHARYNGITIS PRIMARY **DIAGNOSIS** UTI (URINARY TRACT... COMMON COLD [NO ENTRY]



→%Booked







■Telephone Visits ■Sub Visits → Sub Visits

Lessons Learned

Physician education turned out to be a critical part of this project. There was initial resistance from several physicians as treating patients without a face-to -face appointment is radically different from our training and practice.

Given the primary care physician shortage, we are obligated to explore new options for providing care. The Affordable Care Act has provided care for more Americans with the same amount of resources.

Most patients have received this new option for care very enthusiastically. There are still, however, patients who do not see telephone appointments as a credible alternative - particularly among males.

About My Organization

Kaiser Permanente Southern California is an integrated managed care health plan with 3.7 million members. KP DMC is one of 13 KP Medical Service Areas within KPSC, serving 317 thousand members among a densely populated urban and suburban community of 1.58 million people. The community is younger than the state average (42% younger than 25 years old), with a dominant Hispanic/Latino ethnicity (70.1%). 31.7% of the community have limited English proficiency and 43% are categorized as low income. KP DMC is comprised of a 350 bed hospital and 8 medical offices staffed by over 500 physicians. Its mission is to provide affordable high-quality health care services to improve the health of its members and the communities it serves

Contact Me

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To learn more about CHCF go to: http://futurehealth.ucsf.edu/