
Policy: Patients have **24-hour access to a clinical decision-maker by phone (directly or via answering service)**, and clinical decision-maker has a **feedback loop** within 24 hours or next business day to the patient's PCMH

1. Responsibilities & Procedures

- 1.1. Clinical decision-maker is an M.D., D.O., R.N., P.A., or N.P. If not M.D. or D.O., clinical-decision maker must have ability to contact supervising M.D. or D.O. on an immediate basis if needed
- 1.2. Clinical decision-maker has the ability to direct the patient regarding self-care or to an appropriate level of care.
- 1.3. Clinical decision-maker responds to the patient's phone inquiry in a timely manner (generally 15-30 minutes, and no later than 60 minutes after initial patient inquiry)
- 1.4. Clinical decision-maker communicates all clinically relevant information via phone conversation directly with PCMH physician, or email, or automated notification in an EMR system, or fax directly to PCMH physician regarding the interaction within 24 hours (or next business day) of the interaction
- 1.5. During office hours, the clinical decision-maker may have access to patient's EMR or registry information for all calls

2. PCMH provider has made arrangements for patients to have access to **non-ED after-hours provider for urgent care needs** during at least **8 after-hours per week**

- 2.1. After-hours is defined as office visit availability during weekday evening (e.g., 5-8 pm) and/or early morning hours (e.g., 7-9 am) and some weekend hours (e.g., Saturday 9-12), sufficient to reduce patients' use of ED for non-ED care
- 2.2. After-hours provider may be at site of PCMH, or may be in a physically separate location from the PC-MH (e.g., an urgent care location or a separate physician office) as long as it is within 30 minutes travel time of the PCMH
- 2.3. Services provided by the after-hours provider must be billable as an office visit or an urgent care visit, not as an ER visit
- 2.4. If after-hours provider is different from PCMH provider (e.g., they are an urgent care center or a physician who shares on-call responsibilities), there must be an established arrangement for after-hours coverage, and the after-hours provider must be able to provide feedback regarding care encounter to the patient's PCMH provider within 24 hours or on the next business day
- 2.5. Practice Units may team with other practice units/physicians to provide after-hours urgent care

3. A system is in place to ensure that **all patients are fully informed about after-hours care availability and location**, at the PCMH site as well as other after-hours care sites, including urgent care facilities, if applicable