I. PURPOSE

This section outlines the policy and procedures for scheduling appointments in UC Davis Medical Group (UCDMG) offices and clinics at the University of California, Davis, Health System (UCDHS).

II. SETTING

Inpatient and outpatient clinics and ancillary services.

III. POLICY

A. Scheduling appointments in the offices and clinics run by the UCDMG is not intended to be operational in nature, but a guideline for prioritizing in our scheduling process. UCDMG is committed to supplying the same level of high quality care to all patients cared for within the outpatient clinics and ancillary service setting.

B. The ambulatory practice serves two purposes:

1. Supports the missions of teaching, research, public service, patient care; and

2. Generates clinical professional revenue to support the salaries of medical group members and cover the costs of operations of the practices.

A policy on scheduling patients must be balanced in order to support both of these purposes. Without a patient base having a broad range of diagnoses, it is not possible to fulfill teaching and public service missions. At the same time, without generating sufficient clinical revenues, we cannot sustain our academic mission.

C. UCDMG physicians are a unique resource to Northern California. UCDMG is a large multi-specialty group with many highly specialized and quality physicians and consultants. It is not always possible to supply immediate access to all potential patients, and for this reason access guidelines must be established.

1. Access to physicians must not be impeded based on age, sex, sexual orientation, marital status, disability, race, religion or national origin.

2. UCDMG is not a first-come first-serve clinical operation and is guided by academic missions. It is necessary to rely on the broad spectrum of patients and patient conditions to meet UCDHS teaching and research needs. In order to provide balance and breadth to such teaching and research programs, and in order to support them, a diverse mix of patients and financial support is necessary. Scheduled appointments should be adjusted to maintain the diversity of patients of all types and payer sources.

D. UCDMG Patients
1. UCDMG patients who have selected UCDMG as their primary care givers by selecting one of our primary care physicians and using the UCDHS for their total care should have the highest priority for access to scheduled appointments, regardless of payer source, capitated or non-capitated. Commitment to maintaining the continuity and full service of care is needed for patients. Patients who choose UCDHS for total care realize the importance of participating in the teaching and research programs. Every clinic must assure timely access to all UCDMG patients.

2. Teaching, specialized programs and research missions: Non-UCDMG patients who have specific diseases, conditions or health needs that are required to fulfill teaching (medical student or post-graduate resident), specialized clinical programs and research missions should have access to UCDMG physician schedules. Access of this group of patients to physician schedules is decided best by the needs of the attending physician responsible for those academic missions.

3. Special partner organizations: The UCDHS has established relationships with specific physician groups, IPAs, hospitals and health systems who rely upon us for their specialty care and send us their referred patients on a regular basis. Every attempt should be made to accommodate the needs of these “partner” organizations, within the limitations of resources available. The decision whether to see a patient sooner versus later should be tempered by the above two guidelines (paragraphs 1-2, above) and patient acuity. UCDMG has other policies on acceptable appointment wait times for emergency versus elective patient visits.

4. Contractual obligations: UCDMG has contractual arrangement to care for the capitated patients of other medical groups and IPAs. Many of these support the relationships described in paragraph 3, above. Other contractual arrangements are with groups or IPAs that do not use services regularly, but on occasion send patients for specialty consultation. Unless contractually required to care for all patients via a given contract (subcapitation or carve outs for example), UCDMG should provide access to this population while first considering items in paragraphs 1-3, above. If a patient cannot be seen in a timely manner, every attempt should be made to communicate with the referring physician that other arrangements will need to be made for patient’s consultation and care.

5. Other patients: UCDMG receives patient referrals from a wide variety of other sources (not included under the guidelines in paragraphs 1-4, above). Access to physicians from other sources is of lower priority, and is available within limitations of resources available. UCDMG must fulfill its obligations to UCDMG patients (refer to paragraph 1, above); the teaching, specialized programs and research missions (refer to paragraph 2, above); referrals from special partner organizations that rely on UCDMG services regularly (refer to paragraph 3, above); and contractual obligations (refer to paragraph 4, above) before scheduling these other patients.

E. Use of these Guidelines

Guidelines are intended to direct how patient appointments are scheduled within UCDHS in all of UCDMG offices and clinics. There are over 200 different specialty clinics and/or locations, and the operational policies as to how these guidelines are followed is not specified in these guidelines. A number of other ambulatory care standards have been approved by the medical group.

Sent to the following for review:

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