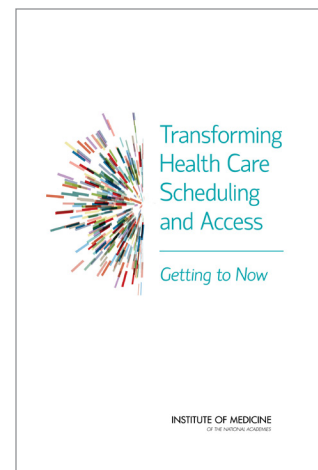


Transforming Health Care Scheduling and Access

Getting to Now

Key Principles



Representative Benchmarks by Setting

- **Primary care:** Same- or next-day engagement for new and returning patients, contingent on their needs and preferences.
- **Primary care backup for urgent services:** Providers who are unable to see patients for urgent services within 48 hours refer them to others.
- **Specialty care:** Third next available waits of 10 days or less for specialty care new visits. For specialty care visits accompanied by greater sense of patient urgency (e.g. oncology), waits of no more than one day for new patients.
- **Emergency departments:** 10-minute door-to-provider time (contact with a provider occurs within 10 minutes of patient arrival at an emergency room).
- **Hospital admissions from emergency department:** Holding time in the emergency department should not exceed 4 hours after a decision to admit.
- **Hospital discharge assessment:** Discharge planning begins immediately after admission and initial discharge assessment completed in the first 24-48 hours of admission.

Basic Access Principles for All Settings

- **Supply-demand matching** through formal ongoing evaluation.
- **Immediate engagement** and exploration of need at time of inquiry.
- **Patient preference** on timing and nature of care invited at inquiry.
- **Need-tailored care** with reliable, acceptable alternatives to clinician visit.
- **Surge contingencies** in place to ensure timely accommodation of needs.
- **Continuous assessment** of changing circumstances in each care setting.