

**PHYSICIANS HEALTH PLAN OF MID-MICHIGAN [FAMILYCARE]  
QUALITY IMPROVEMENT-SERVICE**

STANDARDS FOR ACCESSIBILITY OF PRIMARY CARE

PHPMM[-FC] supports that members shall have access to health care on a timely basis as follows:

**Types of Appointment:**

**Waiting Time:**

Initial appointment with primary care practitioner	Within 8 weeks
Routine non-symptomatic	Within 4 weeks
Non-urgent symptomatic	Within 5 days
Urgent Care	Within 24 hours
Emergency Crisis Care	Immediately seen in the office or referral to Emergency Room as appropriate

**24 Hour Access to Medical Care:**

Participating Licensed Independent Practitioners (LIP) shall have appropriate methods for directing members to seek medical care when the LIP is not available. The LIP shall provide or arrange for the provision of advice and assistance to members in emergency situations 24 hours per day, 7 days per week.

The LIP office shall provide information/communication to members how they may seek medical care when the LIP is not available (e.g., during normal business hours--vacation/lunch--or after hours).

The Primary Care Practitioners (PCP) shall arrange for access to medical care through (1) one phone number which is answered during office hours by LIP staff and at other times automatically transfers to another location to be answered, (2) an answering service, or (3) a recording directing members how to reach the PCP or another medical LIP whom the PCP has designated to treat PHPMM[-FC] members.

**After-Hours Telephone Access:**

A LIP shall return a patient's telephone call within one hour of receiving the patient's call after regular office hours.

**In Office Wait Time:**

Wait time is measured from the beginning of a scheduled appointment time until the LIP sees the patient.

Ideally, the wait time should be less than 15 minutes, but not more than 30 minutes. Should unforeseen circumstances arise that make it impossible to see the patient within this time period (e.g., OB delivery, emergency) office/clinic staff should offer the following options:

- See another LIP within the group (if a group practice).
- Reschedule the appointment.
- Wait until LIP is available.

Effective Date: \* 1/30/98

Page: 1 of 1

Approved By: Quality Improvement/Care Coordination Committee: 1/30/98; 6/26/02  
Quality Council: 2/9/98; 6/12/02

\* These standards represent a summarization of accessibility standards, which were effective 6/91.

**Definitions**  
**Types of Appointments**

- a. **Initial Appointment** - The frequency of physical exams is at the Licensed Independent Practitioner's (LIP) discretion. Timeframe for initial prenatal visit should be completed to allow for LIP appointment to occur within the 1st trimester.
- b. **Routine (Non-Symptomatic) Appointment** - A non-problem related visit (e.g., well baby care, pap smear, family planning services, routine re-check of blood pressure). May include initial prenatal visit if it would allow the patient to be seen within the first trimester.
- c. **Non-Urgent (Symptomatic)** - Problem related, however, condition is not urgent.
- d. **Urgent Care** - Symptoms of recent onset and/or increasing in severity which prevents normal work or school activities.
- e. **Emergency Care** - Examples include new/persistent bleeding, injury resulting in persistent pain/disability, new/severe pain onset within 24 hours, and new/increasing difficulty breathing.