

# PRIMARY CARE INVESTMENT STRATEGIES: EVIDENCE SNAPSHOT

## Morning/Weekend/Evening Availability for Primary Care

*Also known as: “extended office hours,” “expanded hours,” or “after-hours primary care”*

by Harrison Mintz  
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### Background

Availability of primary care services outside of the typical nine to five schedule is expected to increase patient’s access to a usual source of care, improve continuity of care, and reduce costly alternatives such as Emergency Department (ED) visits related to non-life threatening, but urgent, health care needs. There are a variety of approaches for accessing primary care services outside of normal hours, including in-person appointments, telemedicine, and 24-hour urgent care clinics.<sup>1</sup> However, most of the literature evaluates individuals’ access to their usual source of care in after-hours settings.<sup>2-4</sup> The National Committee for Quality Assurance (NCQA) identifies enhanced access to primary care through open scheduling and expanded hours as one of the core principles of Patient-Centered Medical Homes.<sup>5</sup> In the United States, estimates for how many people have access to extended hours at their usual source of care range between 34 and 52 percent.<sup>2,4,6</sup>

### Quality Implications

***Extended access to primary care is often associated with reductions in ED visits.***

- An analysis of the 2010 Health Tracking Household Survey found that people who were generally able to reach their clinicians after hours had fewer ED visits and lower rates of unmet medical need.<sup>2</sup>
- For adults with chronic ambulatory care sensitive conditions (i.e., conditions that can be treated effectively in primary care or community health settings), the provision of extended office hours at the usual source of care was associated with lower likelihood of ED visits and reduced hospital admissions.<sup>7</sup>
- A small study of Texas Medicaid users (n=24,) found that those who were continuously enrolled in a managed care plan and utilized after-hour clinics saw a 100 percent decrease in ED use over an 18-month period.<sup>8</sup>

### Cost Implications

***Research suggests that the cost of implementing extended office hours depends on the size of the practice.***

- While no quantitative data exists on the input cost of implementing after-hours primary care, one review of primary care practices in 16 states found that:

- Small primary care practices report that offering after-hours care was not profitable, but still pursued such practices to improve patient access and reduce ED and hospital visits.
- Medium-sized practices found that offering extended hours primary care could result in a “break-even” or profit if there was commitment from physicians and additional reimbursements from insurers.
- Finally, large, integrated health systems with after-hours or urgent care clinics reported that the introduction of extended hours services led to a reduction in system-wide costs, primarily due to lower ED utilization.<sup>9</sup>

***Extended access to primary care is associated with lower total health care expenditures.***

- An analysis of data from the Medical Expenditure Panel Survey (MEPS) found that respondents who had access to a usual source of care that offered evening and weekend office hours had lower total health care expenditures than those without access to extended hours.<sup>4</sup>
- Among adults 65 and older enrolled in Medicare with a usual source of care other than the ED (n=2387), having a regular source of care with night and weekend office hours was associated with significant decreases in outpatient and ED expenditures over the next year (\$525 and \$103 respectively).<sup>3</sup> However, among this Medicare population, there were no significant differences in average annual inpatient services costs, pharmacy services costs, or in the total average annual expenditure.<sup>3</sup>
- For adults with chronic ambulatory care sensitive conditions, provision of extended office hours at the usual source of care was significantly associated with a decrease in total annual health care expenditures.<sup>7</sup>

**References**

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