Quality Improvement Storyboard:
Locum-based Strategy Model to Expand Preventive Care

Pilot Background

The design of this pilot program is to deploy locum providers in a targeted, non-traditional role, opening dedicated capacity exclusively for preventive care visits. Each locum operates with a narrow, predefined scope focused almost entirely on Well-Child Visits (WCVs). This allows the clinic to rapidly increase short-term access while directly contributing to longer-term improvements in preventive care quality measures. The model relies on proactive scheduling, standardized workflows, and protected visit blocks to ensure that the temporary capacity intentionally aligns with completing WCVs and reaching Quality Incentive Program (QIP) benchmarks.

Addressing the Barrier

Western Sierra Medical Clinic faced a six-month waitlist for child and adolescent WCVs amid a shortage of pediatric providers. Although the prior year's efforts improved performance, the clinic remained below the QIP benchmark required to earn incentive dollars. Meaningful progress demanded a new approach: creating protected, predictable preventive care capacity with adequate visit lengths for comprehensive WCVs. Using a locum as a resource in a focused way addressed the barrier, as the locum would directly address the WCV backlog, close gaps in measure performance, and ultimately generate a return on the temporary staffing investment through improved QIP results.

Planning and Readiness

Before launching the pilot, Western Sierra Medical Clinic completed key readiness steps to ensure the locum could immediately begin delivering preventive care after onboarding. These steps included:

- Defining a clear locum role and scope focused on WCVs.
- Recruiting a candidate with appropriate pediatric experience; completed credentialing and onboarding.
- Establishing a start date and aligning clinic readiness; locum contracted for a six-month assignment with three months solely dedicated to the pilot efforts.
- Reviewing and adjusting workflows to support the WCV focus.
- Reviewing and adjusting communications to ensure patient confidence in seeing a temporary clinician.
- Building a schedule in advance from the identified patient population so the locum begins seeing patients immediately.

Quality Improvement Storyboard:
Locum-based Strategy Model to Expand Preventive Care

Implementation

Locum Deployment

- A pediatric locum was engaged for three months with a **narrow scope**, focusing almost entirely on WCVs.
- **Approximately 85%** of visits were WCVs; the remainder were limited to urgent / follow-up visits.
- This protected capacity was intentionally aligned with improving WCV measure performance.

Months 1–2: Backlog Reduction

- Schedule filled from the **existing WCV waitlist** and patient-initiated requests.
- No-show / cancellation rate remained around **16%**.
- This phase rapidly increased access and cleared long-standing delays.

Month 3: Targeted Outreach

- Outreach to patients **overdue for WCV**, not yet established, or behind on preventive care.
- No-show / cancellation rate increased to **23%**, reflecting harder-to-reach populations.

Monitoring and Workflow Adjustments

- Continuous review of scheduling, no-shows, and workflow efficiency.
- Challenges arose with medically complex patients and follow-up needs. Adjustments included **chart review prior to scheduling, defined handoff, and follow-up workflows**.
- Refinements kept the locum focused on completing high-quality WCVs tied to QIP performance improvement.

Visit Results and Measure Outcomes

The locum averaged nearly 12 WCVs per day and maintained a steady pace after a brief ramp-up period. The schedule remained full and the locum was always well-utilized.

Patients were receptive to being seen earlier by the locum provider, which helped reduce the WCV waitlist from six months to three weeks.

Preventive visits increased measurably during the locum's assignment compared to the previous year, helping the clinic reach their QIP benchmark and associated financial incentive.

Quality Improvement Storyboard:
Locum-based Strategy Model to Expand Preventive Care

Success Factors

Identifying the Need

- Western Sierra Medical Clinic faced significant access pressure with strong patient demand for WCVs, making the locum-based intervention well suited for the clinic.

Culture of the Organization

- Clinic staff and leadership aligned on the locum-based solution, leading to fewer tensions and smooth operations overall.

Operational Readiness

- Recruiting and planning began approximately three months prior to the locum's start date and resulted in a strong match.
- Continuous cross-departmental collaboration and communication throughout the pilot ensured problems were addressed quickly to keep efforts on track.

Patient Engagement

- Scheduling and outreach scripting were specially crafted to ensure consistent patient messaging, improving patient receptiveness to the temporary clinician.

To learn more about the locum-based preventive care model, including when it may be a good fit and how to implement it effectively, explore the linked resources and tools below:

- Video: Tale of Two Providers - Implementation Lessons From the Field
  A 15-minute learning resource contrasting two different approaches to the same intervention.
- ROI Locum Calculator
  Assists organizations in assessing value and feasibility, as well as QIP incentives.
- Implementation Timeline and Readiness Checklist
  Designed to identify and track whether the right conditions are in place before implementation.
- Implementation Field Guide
  Highlighting common pitfalls and best practices to bolster implementation success.

Note: These materials are designed to provide practical guidance and informed decision making.