

Problem

Since the COVID-19 pandemic, options for outpatient virtual care have increased.¹ Before December 2024, UChicago Medicine lacked on-demand virtual urgent care; only scheduled virtual visits were available. This limited access, missed revenue opportunities, and left gaps in low-acuity care. Patients thus defaulted to the ED after clinic hours closed or complex MyChart messages for urgent issues.

Goal

Our goal was to launch virtual, on-demand urgent care (VUC) available 24/7 available to all UChicago Medicine existing and new patients within calendar year 2025.

In doing so, we hoped to:

- Increase access to care;
- Reduce ED utilization for low-acuity diagnoses;
- Relieve barriers to care like clinic hours, locations, and commute times;
- Improve patient experience; and
- Make care equitable and accessible to all patients.

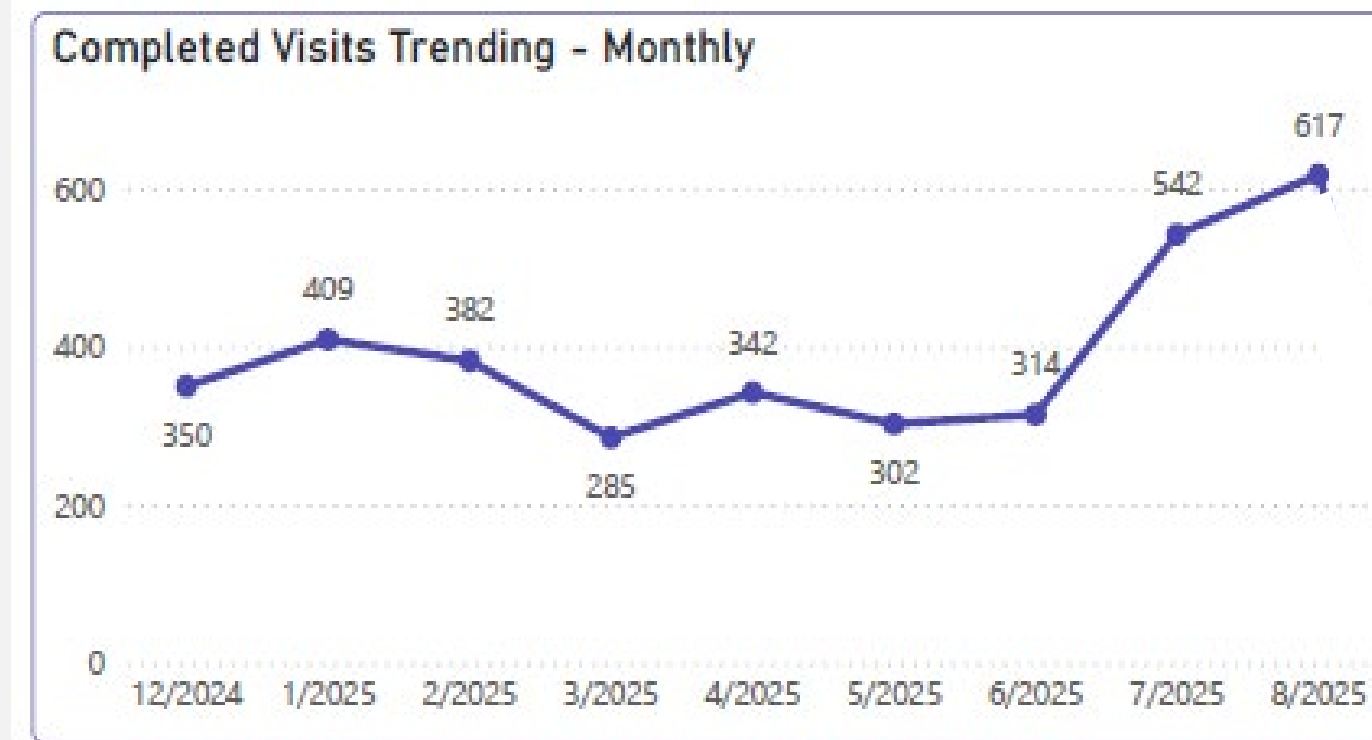
Strategy

- **Choosing a virtual urgent care partner:** After reviewing proposals from a variety of virtual urgent care contractors, we chose KeyCare. Because KeyCare uses Epic, our providers and theirs have seamless information and chart sharing tools.
- **Credentialing:** We credentialed KeyCare virtual providers and rostered them on our insurance plans so all UCM patients could access VUC for the cost of a primary care visit. **(It is equitable.)**
- **Launching the product:** We soft-launched virtual urgent care with limited hours on December 2, 2024, enabling patient access via MyChart but not advertising it, to see how the tool worked before expanding coverage hours and distributing marketing.
- **Measuring Success:** We received weekly data from KeyCare—and are now developing a virtual urgent care Tableau dashboard—monitoring data points such as:
 - Volumes
 - Average wait times
 - Return visits
 - Demographics
 - Top diagnoses
 - Where patients would have gotten care had not this service been available

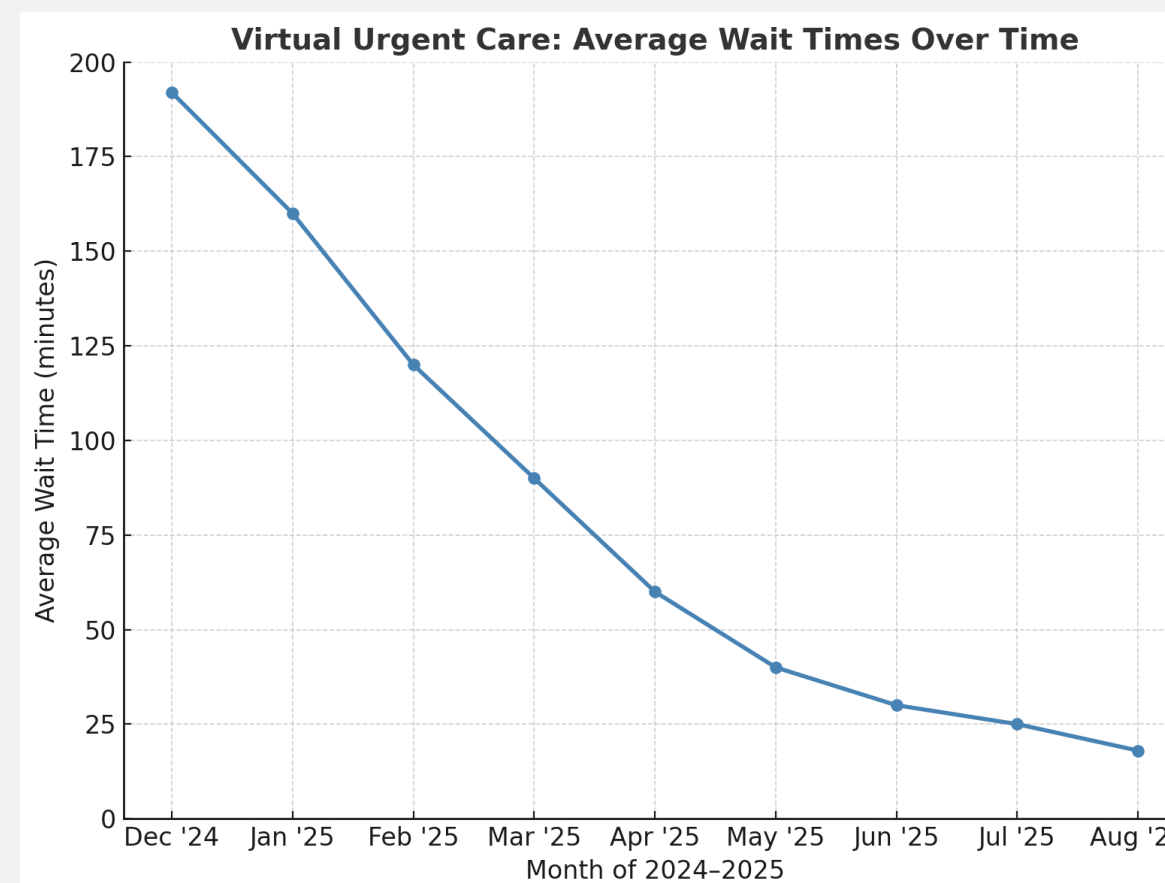
Impact

In this first year of offering VUC for UCM patients, we have learned:

- 1) **Demand is high. (It is patient-centered and timely.)**
 - a) We had **350 completed visits** in the first month of launch, *without advertising this to our patients*.
 - b) Volumes grew to >600 visits by August 2025.
 - c) With the expansion of hours to mornings, nights, and weekends, wait times dropped from an average of 192 minutes in December 2024 to 18 minutes in August 2025 (down 90%).

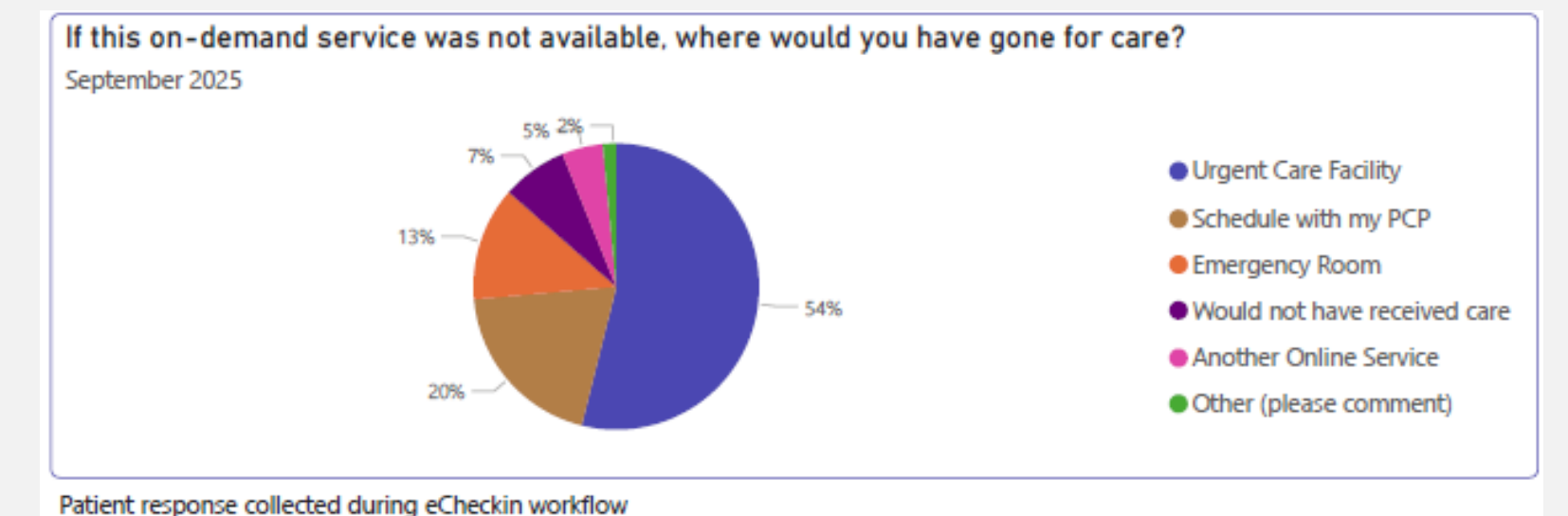


Completed VUC visit volume by month. July 2025 is when we expanded hours of service to nights and weekends; after our marketing team communicated this offering to patients, we saw a large jump in volumes.



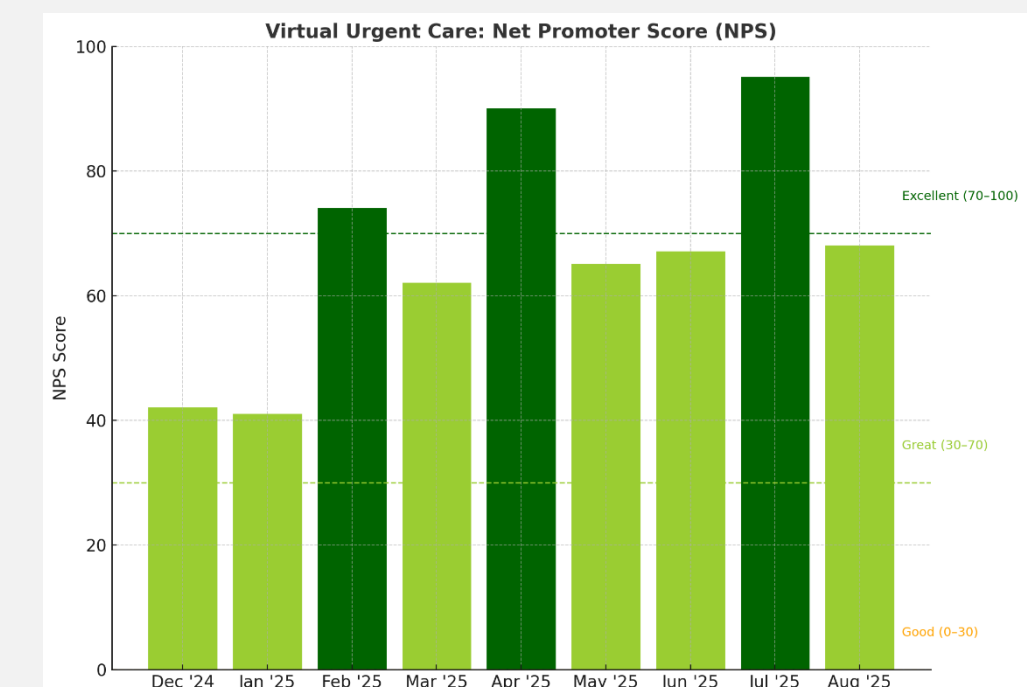
- 2) **We are diverting low-acuity care from the ED. (It is efficient and safe.)**

- a) 13-18% of patients per month say that were this service not available, they would have gone to the emergency room (**50-80 ED visits diverted per month**).
- b) Only 2% of patients had an ED visit within 7 days of a VUC encounter (n = 3,554).



- 3) **Patients are satisfied. (It is effective.)**

- a) There are about 85-120 return visits per month (>18%).
- b) Our net promoter score (“How likely are you to recommend this service?”) has been above 60 since February (excellent).²



Next Steps

- We are still working to quantify the downstream impact of VUC on access, MyChart message reduction, and readmissions.
- We are refining our Tableau dashboard to include financial and patient experience data.
- We hope to expand to targeted chronic disease and transitions of care (TCM) visits in year 2.

Acknowledgement

This project was formally determined to be quality improvement, not human subjects research, and was therefore not overseen by the Institutional Review Board, per institutional policy.

1. Shaver J. The State of Telehealth Before and After the COVID-19 Pandemic. Prim Care. 2022 Dec;49(4):517-530. doi: 10.1016/j.pop.2022.04.002. Epub 2022 Apr 25. PMID: 36357058; PMCID: PMC9035352.
2. Creators of NPS, Bain & Company, suggest a score: above 20 is favorable, above 50 is excellent, above 80 is world-class.