BRIEF

IMPROVING ACCESS TO A PRIMARY CARE MEDICAL CLINIC

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Patients presenting to an episodic care walk-in clinic often warrant prompt but not necessarily emergency attention. Legitimate reasons often prohibit these patients from attending regularly scheduled daytime weekday clinics. Most patients interviewed thought that having a single primary care provider was important to ensure continuity of care.

Access to primary care can be improved by scheduling clinics and ancillary services on nontraditional times and days. Enhanced communication can help patients differentiate routine from urgent from emergency conditions. Printed and audiovisual materials can be used to increase awareness of the benefits of comprehensive care. (*J Natl Med Assoc.* 1992;84:361-364.)

Key words • emergency room • walk-in clinic • health-care access

Patient attendance at hospital medical clinics is variable and depends on a variety of factors. Failed patient appointments are common in most hospitals and may be detrimental to the patient's health and to the clinic's efficiency.[1] One of the referral sources to the general medical clinic is the emergency room. Linkages between the emergency room and the ongoing medical clinic system are often weak and need improvement.[2] This article examines the characteristics of patients presenting to an emergency room with nonemergency illness and who are, therefore, triaged to an adjacent walk-in clinic for problem or complaint disposition. Many of these patients are then referred to the general medical clinic for follow-up care but the missed appointment rate is quite high. This study, therefore, explores the need for a primary care medical clinic at nontraditional times, such as nights and weekends.

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MATERIALS AND METHODS

Queens Hospital Center is a large municipal hospital in New York City serving both insured and medically indigent patients residing in the Borough of Queens. The hospital cares for approximately 95 000 emergency room and 150 000 clinic visits per year. Adjacent to the emergency room is a walk-in clinic where nonemergency cases are triaged. The walk-in clinic is medically staffed by internists and physicians' assistants and operates daily, weekdays 8 AM to 9 PM and weekends from 8 AM to 5 PM. The general medical clinic operates only Monday through Friday, mornings from 8 AM to noon and afternoons from 1 PM to 4 PM.

During a 1-week period in early December 1990, all patients triaged from the emergency room to the medical walk-in clinic during the evening (ie, 4 PM to 8 PM) and Saturday morning (ie, 8 AM to noon) hours were requested to complete a questionnaire prior to their medical evaluation. All 54 patients seen during those hours agreed to participate in the walk-in clinic utilization study. The questionnaires were reviewed individually with each patient by one of the authors. The questionnaire sought information about the nature of the patient's acute medical problem, other health problems, the prior use by the patient of the walk-in clinic, the patient's knowledge and use of the general medical clinic, the patient's usual source of medical care, and the patient's desire for an evening or weekend primary care clinic.

TABLE 1. CHIEF COMPLAINT OF 54 PATIENTS PRESENTING TO A MEDICAL WALK-IN CLINIC

Chief Complaint	No. (%)
Upper respiratory complaints	13 (24)
Joint or back pain	10 (19)
Medication refill	7 (13)
Skin rash	4 (7)
Gastrointestinal complaints	4 (7)
Hypertension	4 (7)
Penile discharge/itch	4 (7)
Ear ache	2 (4)
Dizziness	2 (4)
Fever	1 (2)
Facial swelling	1 (2)
Numbness	1 (2)
Alcoholism	1 (2)

TABLE 2. REASONS WHY PATIENTS CAME TO THE EMERGENCY ROOM AT THE PARTICULAR TIME THEY DID (WEEKDAY EVENINGS AND SATURDAY MORNING)*

Reason	No. (%)
Off from work	20 (37)
Transportation available	11 (20)
Out of medicine	7 (13)
Illness of recent onset, worse, or of an urgent nature	7 (13)
Babysitter available	2 (4)
Off from school	2 (4)
Physician urged patient to seek attention	2 (4)
No special reason	2 (4)
Was in the hospital anyway	1 (2)
Able to bring translator	1 (2)

*More than one response per patient possible.

RESULTS

Of the 54 study participants, 27 were men and 27 were women, with a mean age of 40 years. Thirty-three patients (61%) were black; 9 (17%) were Asian, 8 (15%) Hispanic, and 4 (7%) were white. Presenting complaints are listed in Table 1. The presenting complaint was considered an emergency visit by 32 patients (59%), an urgent visit by 16 (30%), and a routine visit by 6 (11%). Other health problems cited by the study population included hypertension (28%), diabetes (11%), arthritis (9%), asthma or pulmonary disease (6%), seizure disorder (4%), alcoholism (2%), and kidney disease (2%). Reasons given by the patients for coming to the emergency room at a particular time of day are listed in Table 2. Most patients were off from work or had transportation available.

A majority of the patients—34 of 54 (63%)—had been to the walk-in clinic before. Of these 34 patients, 19 (56%) stated that they were given a follow-up appointment to the general medical clinic, nine (26%) were not, and six (18%) did not remember whether they were referred to the general medical clinic. Most of the 54 patients (69%) were aware that Queens Hospital Center has a general medical clinic but many had no concept of how a medical clinic differs from a walk-in clinic. Of the 23 patients who had previously been to the medical clinic, eight (35%) failed to keep their last clinic appointment. However, 17 of these 23 patients said they would definitely keep their next appointment, two would not, and four said they did not have an appointment scheduled. Eight of 19 patients who had previously been to both the walk-in clinic and the medical clinic returned to the walk-in clinic because they felt the waiting time was shorter than in the medical clinic. The reasons why patients chose not to attend the medical clinic are listed in Table 3. The 54 walk-in clinic patients interviewed received their usual health care in a variety of locations as outlined in Table 4.

Despite the apparent lack of continuity in their health care, an overwhelming majority (94%) of the 54 patients studied felt that having a regular physician was important to their care. Were the medical clinic to have scheduled evening or weekend hours, 47 (87%) of those surveyed said they would consider attending the primary care medical clinic. However, only 13 (28%) said they would consider that option if laboratory services were not also available during those times.

These patients were asked to choose the most convenient time for a clinic appointment, including nontraditional clinic hours and days. The most frequently requested (in descending order) were Saturday morning, Saturday afternoon, and then Sunday morning. When given a choice of weekday evenings only, Monday, Wednesday, and Friday evenings were most commonly requested.

DISCUSSION

Patients new to a general medical clinic are more likely to miss appointments than patients who regularly attend that clinic.[1] In a review of 13 studies on hospital clinic appointment-keeping behavior, Oppenheim et al pointed out that missed appointment rates vary between 19% and 28%.[3] One pediatric clinic reported a missed appointment rate of 52%.[4] Young adults, adults with young children, and patients in low socioeconomic groups tend to increase the missed appointment rate.

TABLE 3. REASONS WHY PATIENTS AT A WALK-IN CLINIC CHOSE NOT TO ATTEND THE GENERAL MEDICAL CLINIC*

Reason	No. (%)
Waiting time too long	11 (20)
Felt well	9 (17)
Couldn't get off from work	8 (15)
Appointment was inconvenient	5 (9)
Couldn't get urgent appointment	4 (7)
Forgot about appointment	4 (7)
Transportation difficulties	3 (6)
Too ill to come in	2 (4)
Couldn't bring a translator	2 (4)
No special reason	2 (4)
Unexpected emergency	1 (2)
Couldn't get off from school	1 (2)
Couldn't get a babysitter	1 (2)
Only seek care for emergencies	1 (2)
First exposure to US health care	1 (2)
Has another source of health care	1 (2)
Test results never available in clinic	1 (2)

*More than one response per patient possible.

TABLE 4. SOURCE OF USUAL HEALTH CARE OF 54 INTERVIEWED WALK-IN CLINIC PATIENTS*

Source	No. (%)
QHC Medical Clinic	16 (30)
QHC Walk-In Clinic	15 (28)
Private physician	9 (17)
Other municipal clinic	5 (9)
No regular source	5 (9)
Private clinic, HMO	4 (7)
At place of employment	2 (4)

Abbreviations: QHC = Queens Hospital Center and HMO = health maintenance organization.
*More than one source per patient possible.

Sex and race are probably not factors. Many other variables have been studied to discover why clinic appointments are not kept. These include consumer attitudes, system design, and illness profile.[5]

The highest clinic no-show rate by appointment source (34%) in one study was the emergency ward.[6] This no-show rate can be reduced somewhat by the addition of a follow-up clerk in the emergency room. This intervention improves compliance regardless of age, sex, race, marital, or employment status.[7] Other interventions to decrease the missed appointment rate include mailed or telephone reminders,[4,8,9] different scheduling systems,[10] videotaped introduction of the clinic, its staff and services to patients,[11] and clinic organizational improvements.[12] Traditional approaches to the problem of missed appointments have largely ignored organizational and institutional factors that contribute to the problem.

Reminder postcards and telephone calls are effective in lowering rates of missed appointments. A preinduction videotape is also effective to achieve the same result. This study suggests another approach to reducing clinic no-show rates and that is to provide evening and weekend clinics for the convenience of patients who cannot attend during the regular business hours. Patients from our emergency room not deemed to be urgently ill and therefore seen in the adjacent emergency room walk-in clinic, were, on average, younger and healthier than regular medical clinic patients.

Their perception of their complaints was generally much more pressing and urgent than their actual medical condition. Most of these patients warranted a prompt but not an emergency evaluation of their complaint. These patients had legitimate reasons for not being able to seek out health care during the usual weekday hours.

There was great interest among these patients in the concept of primary health care. They realized that such care would impact positively on their health. The regular medical clinic patients who were also seen in the walk-in clinic were not more likely to be noncompliant with their medical clinic appointments than the general medical clinic population that did not use the walk-in clinic. Further, most walk-in clinic patients thought that having a single primary care provider was important for their health care.

A medical clinic open during nontraditional hours can ensure more comprehensive primary care to those clinic patients who have difficulty attending regular clinic hours and therefore receive health care only on an episodic basis. Such a clinic might also attract patients attending other municipal hospital clinics and patients with no regular source of health care. Those patients with alternate sources of care might continue to use the walk-in clinic as an episodic source of urgent care.

Improving linkage between the emergency room and the clinic is a desirable goal. One method to accomplish this goal successfully is to provide an early appointment to the general medical clinic.[2] Another method is to provide referral by a specially trained interviewer who emphasizes to the patient the importance of keeping the follow-up appointment to the medical clinic. A videotape can substitute for the interviewer or enhance and supplement an interviewer's presentation. The videotape might differentiate episodic from primary care and urgent from emergency health problems. The videotape

can be shown in the emergency room or walk-in clinic waiting area to educate patients and perhaps result in better use of resources and improved awareness of comprehensive care.

Finally, and perhaps most important, a Saturday morning or evening general medical clinic with laboratory and pharmacy services available is a desideratum for patients unable to attend the regular general medical clinic. Not only can this approach ease the problem of health care access for this population, but it can also promote primary health care while simultaneously removing some of the burden from the emergency room.

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