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Why go to a Hospital Minor Care Clinic? Considerations Important to the Patient

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Abstract- *The purpose of this study is to explore factors that influence patients to seek help from a hospital minor care center— a unique self-selection method of triage for emergency service. This research was conducted as a qualitative single case study; our sample size was 19 patients. Interviews were our most utilized data collection method. However, we also collected observations in the waiting and treatment areas. Findings revealed four main influences on patient decisions to come to the minor care clinic: immediate cost, convenience, self-assessment and quality.*

Keywords- *Minor Care clinic; emergency department overcrowding; patient decision making*

1. INTRODUCTION

Healthcare reform is currently a key policy issue in the United States. One of the central issues of concern in healthcare reform is the abuse of emergency room visits. Emergency room operations are expensive and resource intensive. Hospitals complain about the non-urgent nature of many patient visits to the emergency room [1]. The majority of hospital emergency department strategy is improving efficiency and effectiveness through low-cost process improvement [2]. Some hospitals, like the one we studied, created a minor care unit as an extension of the emergency room with the sole goal to alleviate the pressure on the emergency department. As an extension of the emergency department, the concept is that some patients will self-select service here rather than report directly to the emergency room. In the healthcare landscape there exist many medical service providers such as: primary care physicians (PC), urgent care clinics, retail clinics (such as those found in pharmacies), free clinics and hospitals. With such an array of options for the patient and consumer, the question remains as to why there such overcrowding in the hospital's emergency department—the most expensive of treatment options? Hospitals such as the one under study, strive to conceive new strategies to lessen emergency room pressure. This study, in part, analyzes what motivates patients to choose this alternative hospital clinic, and build theory in order for hospitals to fine-tune methods to divert demand to other treatment options. As part of a larger study, our research was conducted in a stand-alone, minor care facility of a large hospital in the southeastern United States. Over the course of our research, several questions were raised. What drives patients to Minor Care instead of the emergency department? What are some barriers to using other medical clinics? Why choose Minor Care? These questions were answered in our interviews, observations, and background research.

2. BACKGROUND

Medical services available to the majority of residents are primary care physicians (PC), urgent care clinics, retail clinics, free clinics, and a hospital emergency room or minor care clinic. Between the years of 1995 and 2008 saw incredible growth across the United States with 28% growth in emergency department visits, 37% in physician offices visits (primary care), and 63% increase in hospital outpatient department visits [3]. Interestingly the report points to the increase in use of the emergency room by insured patients and not the uninsured as the sole driver of the increase [3].

2.1 Primary Care Physicians

Primary care physicians are the traditional medical care service provider of choice for insured citizens. These physicians are very busy and have limited hours of service. According to national research, office-based physicians, family doctor and urgent care clinics struggle with rising capacity constraints with an increase of 37% between 1995 and 2008 in physician offices visits [3].

2.2 Urgent Care Clinics

Numerous patients choose to forgo routine examinations and preventive care and instead seek treatment at an urgent care center, even for non-urgent needs [4]. Urgent care clinics are open for walk-in medical care for treatment of minor illnesses and injuries that are not life-threatening. They also offer limited kinds of vaccinations. These clinics provide extended hours into the evenings as well as limited week-end hours so that even those with primary care physicians are able to seek care when doctor's offices are closed.

2.3 Retail Clinics

Ten clinical problems such as sinusitis and immunizations encompass more than 90% of retail clinic visits. These same aliments make up 12% of Emergency Department visits [5]. When the first convenient care clinic—also referred to as a retail clinic, in-store clinic, or mini-clinic was opened in 2000, it was the manifestation of the consumer's desire for health care that would be considerably more accessible and affordable than what was available, without compromising the quality of the care provided [6].

2.4 Free Clinics

The Centers for Disease Control and Prevention reported the number of uninsured Americans rose to 46.3 million in 2009, accounting for 15% of the country's population [4]. While some individuals who can afford healthcare make a conscious decision not to purchase, there are large groups of who cannot. Vulnerable populations, particularly those who are poor or of minority or immigrant status, live in geographically or economically disadvantaged communities and receive care from "safety net" providers. Free clinics are non-profit organizations aimed at serving the health needs of the under-served citizens through community engagement and partnerships. They provide free dental and medical assistance to the uninsured poor who meet federal poverty guidelines and have no private insurance. After informal interviews with one free clinic director we learned that a number of organizations, including the local hospital, financially support the free clinic. The director of the free clinic stated that the hospital's objective in partially funding free clinics is to help decrease the volume of patients using its emergency services. Furthermore, she stated that the free clinic operates mostly with volunteer medical professionals who provide about 50% of the visiting hours.
Gertz, Frank & Blixen report that 23% of patients served by free clinics would seek help from emergency departments if free clinics did not exist [8]. Their research focused on understanding low-income resident decisions between emergency and primary health care for non-urgent treatment [9]. They found that barriers such as transportation, scheduling, medical costs and attitudes toward available primary health options influence patients to continue to go to the emergency room [9].

2.5 Hospitals/Emergency Department

Many emergency room (ER) visits and hospitalizations are believed to be preventable [10]. According to the National Trends in Emergency Department Use, the quality of ER treatment has not changed greatly, however the use of the ER by older patients has dramatically risen [11]. One study shows that emergency department use has increased by 28% between the years 1995 to 2008, primarily from patients with insurance as opposed to those that did not have insurance [3]. There is widespread interest in interventions to discourage non-urgent emergency department visits. A 2006 survey found that 30% of emergency physicians work in hospitals that have implemented practices to discourage non-urgent visits [12].

2.6 Minor Care

The minor care clinic in conjunction with the emergency room services at the hospital under study is unique; it was implemented in order to provide services to patients who might otherwise report to the emergency room. In this clinic, doctors, nurses, and paramedics assess and treat minor illness and injury in a pre-hospital setting [13]. Based on degree of seriousness, patients are rated on a scale from 1-5 and either sent to the emergency room or remain at the minor care clinic for treatment. Nurses are in an ideal position to report on the quality of care in hospitals. The work nurses do as the primary bedside care provider and intermediary between patients and all other clinicians intimately involves them in all aspects of patient care [14]. The minor care clinic has proven to be exactly that—a predominantly nurse-operated health care center where nurses are involved with all aspects of a patients care.

3. EPISTEMOLOGICAL AND THEORETICAL FRAMEWORKS

For this study, our epistemological viewpoint is based on constructionism, where meaning emerges from group-member interaction, culture and language [15]. Our theoretic perspective relies upon symbolic interactionism which places our assumptions within a collective context of language, culture and relationships between patient, family support groups and institutional agents [15]. Shared meaning comes from the interface between patient and institution through minor care agents and artifacts. We view meaning as created collectively because the patient decision making process is shaped by interaction with family, other patients, past experience, medical personnel, and the artifacts with which they are surrounded (clinic visuals, smells, layout, colors, etc.).
Through our interviews and observations, we attempt to adopt the views and feelings of the patient, and then add the perspectives of medical professionals to clarify ambiguous findings and seek a more comprehensive understanding of what occurs.

3.1 Research Questions

Our comprehensive research question is, "How are patients influenced to go the Minor Care Clinic?" Our supporting questions are:

- What factors play a role in patient decision to seek minor care?
- How do these factors play a role in the patient's decision making process?

The goal of this research is to understand the influences on the decision making process of patients in choosing to go to the stand-alone facility known locally as the Minor Care Clinic.

4. METHODOLOGY

The purpose of this research is theory building [16]; [17]; [18]. Therefore this case study is discovery oriented as we search for self-reported factors that influence patient decision making. Our sampling and analysis follow the guidelines established by Strauss and Corbin [16] based on continued data collection until little data variation emerges. During and after data collection we perform open and axial coding to determine common themes among data [16]. At the point of data saturation, we determined the relationships between categories, comparing their properties and dimensions. Findings are represented in our theoretic model which explains the factors patients use in their decision, and how these factors relate to each other.

4.1 Setting and Sampling

In the county where the research is collected, there are 192 primary care physicians, four urgent care clinics, one retail clinic, two free clinics and one hospital. It is important to note that the hospital emergency room and corresponding minor care are the only like facilities in the county. From Table 1 we can see that the Minor Care facilities and Free Clinic are significant care providers in the community where patients seek medical assistance.

Table1

Comparison: Volume of visits to Hospital Units

Observations	***Minor Care***	***Emergency Room***
Number of patients a day	80 / day	170 to 180 / day
Treatment	Non-urgent class 4 & 5	All classes 1 to 5
Equipment	Limited	Complete
Financial	Self-Pay & insurance (no front payment)	Self-Pay & ins. (no front pay)
Convenience	Extended hours 84 hrs/wk	24/7 = 168 hrs/wk
Hospital institutional involvement	Extension of ER	Emergency Department

Our sampling method was based on two elements. First, we selected our sample from people in the waiting room that met research standards—for example, we did not interview prisoners or minors. Secondly, we approached those that did not appear to be emotionally distressed. The clinic staff was helpful in determining appropriateness of interviewee. While our original target was 15 – 30 patients, we achieved data saturation with 19 patients [19].

4.2 Data Collection

Data collection methods included interviews with patients and clinic staff during the busiest hours of clinic activity. In addition, we observed patients as they entered the Minor Care Clinic, and the interaction they had with the staff and the environment. To start, we familiarized ourselves with the clinical environment, received necessary training, coordinated with the clinic staff, and arranged a private room in which to review interview data and field notes immediately after each session. We interviewed 19 patients and five medical professionals and staff in the Minor Care Clinic. Our interviews with patients were done in their private examination room just before discharge. Almost all patients lived very near to the minor care clinic, some within walking distance. Most patients are within 30 minutes' drive; only one lived one hour away and preferred minor care to the medical service in her area. We found that about 40% of the patients are uninsured and had previously come to be treated at the Minor Care. Half of the patients are below 30 years old—the oldest was over 70; 26% of the patients are males and 74% are females; half were Caucasians and the other half African American. 90% of the patients had previously been to Minor Care Clinic.

4.3 Interviews

Our interview questions were designed to understand and discover influences impacting patient decisions to visit the Minor Care Clinic. For this study, we utilized semi-structured, open-ended questions. Questions on the interview instrument can be found in the appendix. These include questions such as:

- What influenced you to come to minor care?
- How did you learn about this minor care?
- What are some barriers to using other medical clinics instead of this clinic?

4.5 Observation

We conducted our observations during the highest traffic times at the clinic. Before each session, we checked in with the staff on duty. During these sessions, our role was to simply observe the participants and their interaction with the clinic staff and each other [19]. We also talked with the clinic staff so as to better understand what the patient

experience was like, and to clarify any questions we had with our data. For the most part patients were very open and friendly to the questions and answered them with openness and conviction. For example, we had a patient there for screening because he had thought that he had a sexually transmitted disease. He was very open to explaining his situation.

4.6 Data Analysis

Our data set consisted of transcribed interviews and field note observations. We began our analysis by coding methods to find commonalities and meaningful themes among the data. This was aided by constant comparison of data by determining common properties and their dimensions.

4.7 Trustworthiness

In order to maintain trustworthiness of our study, we used a triangulation strategy of methods for each stage (Table 2). In our analysis, we closely adhered to Strauss and Corbin's (1990) procedural rigor, reviewing coding methods, asking questions of data, and having multiple authors review the coding itself. We also completed a member-check with a hospital leader, seeking questions and clarification of emerging themes. Finally, we reviewed data and analysis for a second time after initial findings were produced—including transcripts, field notes, and compared to findings.

Table 2

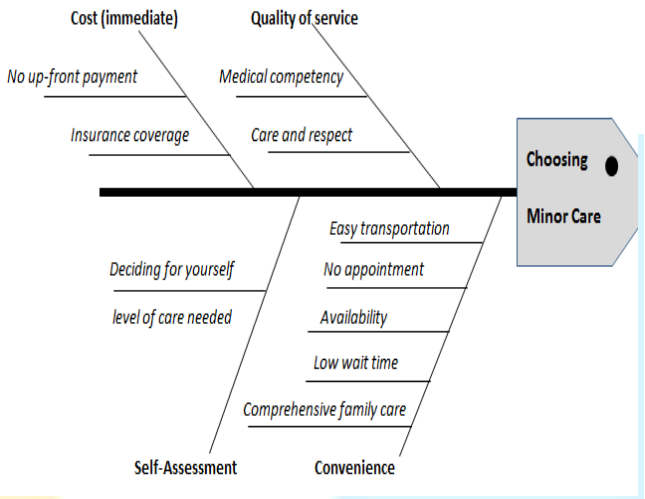
Research Trustworthiness

Stage	Means
Collection	Interviews; Observations, Artifacts
Analysis	Coding Notes; Member Check; Rigor
Findings	Nurse Debriefing; Peer Audit; Field Notes

5. FINDINGS

When a patient decides that a medical issue is serious enough to warrant a trip to a healthcare facility, they must decide where they will go. For the patients we have interviewed, there are several choices, including: their primary care doctors' office, free clinic, the emergency department, or minor care. There are many factors that may influence a patient to choose one facility over another. During the course of our research, we distilled four major influences from patient responses—namely, immediate cost, convenience, self-assessment and quality. These four factors play an important role in the patients' decision making process to report to minor care. (See Figure 1.) Of the four primary influence factors, quality of service stands out as a major influence in the patients' decision making process.

Fig 1: Patient Needs



We find out that minor care selection by the patient revolves around a set of needs ranging from the basic needs such as immediate cost and treatment of self-assessed diseases, to higher needs such as convenience of service, and to even higher needs, such as quality of service.

5.1 Cost (Immediate)

The immediate lower cost of medical service is a key influencer to the patients. Some participants report the benefit of no up-front payment, holding strong implications for those not insured. Others reported better coverage of services by their insurance. Many insurance plans cover Minor Care Clinic services at the same rate or better than Emergency Room visits. Table 3 offers examples of patient comments referring to cost and to Self-assessment.

5.1.1 No up-front payment

The fact that minor care does not require up-front payment and cannot turn patients away plays an import role in patient decisions. Financially speaking, some patients come here because they had no primary care physician. Others come to minor care because of the delay in payment. One patient estimated that it would cost him $100 for a primary care visit while at minor care it cost him $200. In part, he chose minor care because it does not require up-front payment.

5.1.2 Insurance Coverage

Insurance plans, vary from person to person. For some patients, the Minor Care Clinic costs the same as other types of medical services. For other patients, it is less expensive than the Emergency Room and the insurance completely covers the cost. The minor care option at the hospital also plays the biggest role in the uninsured patients' decision making process. One patient said this is the best place for him because he had no doctor and no insurance.

Table 3

Influence Factors for Minor Care: Cost and Self-Assessment

Thematic Elements	Representative Quotes
Cost	.
No upfront payment required	"I have no doctor no insurance and this is the best place besides a hospital."
Good insurance coverage	"It is good and fair. Our insurance covers here [100%] and the urgent care centers I still have to pay $100."
Self-Assessment	"Since I learned about the minor care, I stopped going to ER."

5.2 Self-Assessment/Education

For the purpose of this study, education is defined as a patient's knowledge of the nature of minor care and their knowledge of alternative medical facilities. Many patients had previously had positive experiences at the minor care and that led them to return for future visits. Others were unaware of alternative clinics in the area. By far, the most common, and most significant, response was that the patient was referred to the hospital either by family, friends, or other healthcare professionals.

Interestingly enough, many patients come to minor care because they understand the exact nature of minor care, which is an extension of the ER and treats illness or injury which do not require a high level of care. Some of the patients themselves work in the hospital system and were made aware of the existence of the Minor Care Clinic. Some patients are educated through family members (spouse, parents, children), and some get recommendation from their other doctor, such as their pediatrician or their primary care doctors.

5.3 Convenience

Influences that fall under this category are defined as factors that require the least amount of disruption. Patients frequently cited factors such as closeness to home, lack of need for an appointment, or low wait times as major reasons why they came to the minor care. Patients who rated this category as the major deciding factor felt that receiving quick service and not needing to travel very far was very important. Table 4 offers examples of patient comments referring to convenience and quality.

Table 4

Influence Factors for Minor Care: Convenience and Quality

Thematic Elements	Representative Quotes
Convenience	
Low waiting time	"Get you checked in quicker; you do not have to wait for registration."
No appointment	"I have a regular doctor but today I could not get an appointment with her."
Comprehensive family care	"They see all my family. My kids' doctors are right down the street, we came here so my dad can be seen same as my kids. Make it a trip."
Availability	"IT is going to be a holiday and I cannot get into my doctor's Office"
Easy transportation	"It used to be very near where I live and then it moved here so I kept coming."
Quality of service	
Medical competency	"It is the best place to get things checked out."
Care and respect	"Wonderful, excellent care, excellent people! Something happens to my grand baby this will be the first place to go."

The convenience of accessing the service is the most common influence for patients, especially for those with insurance. Convenience comes in several forms, such as low wait time, no appointment needed, comprehensive care, availability and ease of transportation to the clinic.

5.3.1 Low waiting time

The average waiting time in the minor care was about half an hour. Many patients favor minor care over free clinic, ER, regular departments in the hospital, and even their primary care doctors because of the low wait time. Some patients reported not getting care even after two visits to the free clinic. Another patient came to minor care after an unpleasant and long wait in the ER; one estimated from his personal experience that it would take 10 more hours in the hospital to treat his problem; and one patient had to wait in her primary care doctor's office for six hours. Though when asked how minor care could improve, some patients said they would love to get out faster, overall, patients are very pleased with the speed of getting care they received.

5.3.2 No appointment

This factor is especially important to patients with primary care doctors. They report that it is difficult to make appointments with their primary care doctors for many reasons: too short notice, approaching holidays, too busy schedule, etc. One patient had to come to the Minor Care

Clinic because her pain grew too severe overnight. She had planned to visit her primary care doctor and had an appointment but she could not receive faster medical help. Minor care does not require appointments, and do not have a capacity limit for the number of patients each day, and these two combinations are ideal for patients who have urgent but not life-threatening health problems.

5.3.3 Comprehensive family care

Comprehensive care is another very attractive factor for patients. There is a wide range of physical problems from the patients we interviewed, from tooth pain to abnormal pain, from sinus infection to pregnancy check-up. One family reported that they started to come to Minor Care when their children were treated there but now the whole family comes. They loved it because they can get all their family's problems treated in one trip.

5.3.4 Availability

Compared with the nearby free clinic which is open only 30 hours a week, minor care is much more readily available open every day of the week. Furthermore, the free clinic sends patients away when it is time to close, while minor care never turns patients away, even if they need to stay late.

5.3.5 Easy transportation

Some patients just come because it is near their homes. We have one patient who lives right next to minor care and one patient who can walk there in five minutes. Several patients chose minor care because it is nearer than their primary care physician. Minor care is located at the downtown area of the city.

5.4 Quality of Service

During our research, we became very interested in the rate of "repeat customers," especially since many insured patients choose to come to minor care, and some even take minor care as a replacement for their primary care doctors. From the recurrent comments by patients such as "they are on top of everything", "they are very respectful of patients", and "they have more one-on-one compared to ER," we discovered the patients perspective of the high quality of medical service.

5.4.1 Medical competency

In our interview, only one patient said she had received a wrong diagnosis in the past. However it did not stop her from returning. Most of the patients are very confident with the ability of their doctors and nurses in minor care to diagnose their problem and give them the right treatment. When one mother sent her son to come to the minor care, her recommendation was "it is the best place to get things checked out". One patient even said that the medical staff discovered a medical problem she was not aware of.

5.4.2 Care and respect

Patients were very happy with the amount of time the medical staff spent with them, the attention they received, and the respect they felt. Compared with ER, where the goal is to "get patients out as soon as possible" and where there was almost no relationship between medical staff and patients, minor care stands out by the way it handles patients. Every patient has private examination room, and gets to talk with their care providers in an uninterrupted and personal manner. It is interesting to note that female patients mentioned "care", "concern" and "respect" more than male patients, and we think there could be a correlation between the percentage of female patients and the care and respect they feel. Most of the patients looked calm, welcoming, and relaxed in the interviews, which spoke to their positive state of mind.

6. CONCLUSION

Using qualitative research methods to address the question "why do patients go to minor care", we find that patients go to minor care because it satisfies a hierarchy of patients' needs from cost and self-assessment to convenience and quality of service. Hospital minor care serves a unique role in the chain of medical facilities by not only reducing the number of patients who are overcrowding the emergency room, but also serving needs left unmet by other medical options. This research implies there is room for improvement for other medical facilities, and minor care is a good way to reduce the patient flow in the ER. We find that minor care has unique characteristics that stand out—namely, its quality of service—creating a medical "home" for those patients looking for familiar surroundings and a supportive staff, open 12 hours a day, seven days a week—no appointment needed.

These findings validate the Wilkin, Cohen & Tannenbaum qualitative study of low-income patients who identified barriers to using primary care providers and leading them to choose the ER. These barriers were: transportation, scheduling, medical costs and quality of service [9]. One interesting observation is that our findings did not target patient who were low-income and thus suggests that these factors are applicable to patients at large.

Our findings bring increased specificity on the factors found impacting patient choice of their medical providers. Cost factor is specifically the immediate cost being incurred by the patient; the quality of service is in particular the respect and excellent care received; and the convenience is in specifically being a family medical home for those with or without primary care physicians.

7. FUTURE RESEARCH

Future research might look at creating medical communities for patients within hospitals, urgent care clinics and systems that meet patient medical needs. It might also search for other factors that contribute to good quality service besides the ones mentioned in the paper. With the excellent quality of service in the Minor Care clinic, why is there not more volume? Why is the ER continuing to provide non-emergency level care with the Minor Care clinic across the street?

In this study, there are indications in that female patients respond to care and respect more than male patients. Future research can look into how male and female patients

respond to non-medical factors of the service they receive in medical facilities.

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APPENDIX

Interview Protocol

1. Why did you choose to come to the Minor Care clinic today?
    a. Have you been here before? Can you describe your experience?
    b. How far away do you live?
2. What influenced you to come to the Minor Care?
    a. How did you learn about this facility?
    b. How did you get here?
    c. What have you heard about this Minor Care?
3. Does any person influence you to come to the Minor Care?
    a. Are they related?
    b. How did they influence you?
4. What are some barriers to using other medical clinics instead of this one?
    a. What is the biggest obstacle to using those facilities?
    b. What would make it easier for you to use those facilities?
    c. When might you consider using other facilities?
5. What are some of your previous experiences?
6. What do you think about the Minor Care service?