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The misuse of convenient care and importance of establishing a primary care provider

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Introduction

A rural convenient care clinic (CCC) was found to have problems with the misuse of their healthcare services. Convenient care providers (CCPs) reported a high volume of patients who sought care through the clinic for health concerns and illnesses that did not align with the CCC purpose and scope of practice. The misuse of their services stemmed from a lack of patient knowledge on the importance of primary care, along with the general misunderstanding of the clinic scope of practice. Additionally, it was found that there was an absence of follow-up from the patient advocate role in the process of coordinating and establishing care for convenient care patients with a primary care provider (PCP).

An education-based project was proposed in the form of a template electronically incorporated into patient discharge instructions, also known as the after-visit summary. While a deficit was found in the patient advocate role, due to COVID-19 restrictions it was most feasible to focus change at the patient level through education.

Literature Review

An extensive literature review explored effective strategies in decreasing the misuse of convenient care and increasing the establishment of patients with PCPs. Strategies proven to help included increasing access to care (Villaseñor & Krouse, 2016), offering virtual care (McGough, Norris, Scott, & Burner, 2017), utilizing electronic rereferral protocols (Maghsoud-Lou, Christie, Abidi, & Abidi, 2017), and creating access to affordable public health centers (Shi, Lebrun-Harris, Li-Ru Chen, Parasuraman, Jinsheng Zhu, Ngo-Metzger, & Sripipatana, 2015). Barriers in establishing care with a PCP were also heavily researched and found to include financial strain and lack of patient healthcare knowledge (Villaseñor & Krouse, 2016).

The literature review concluded that the CCC must specifically update their current policies to include formal patient education and a streamline referral process that includes coordination and follow-up to ensure successful patient establishment with a PCP.

Project Methods

The project took place at a rural Southern Illinois convenient care clinic. The primary goal of this project was to create and seamlessly incorporate an electronic educational template into patient discharge instructions. Due to the COVID-19 pandemic, communication methods with our project stakeholder, providers, and clinic management were restricted to phone calls, e-mails, video calls, and text messages. My partner and I wrote and created the educational literature ourselves. We took recommendation and direction from our project stakeholder in deciding what content to include. The template explained current definition and scope of practice of emergency departments (ED), urgent care (UC), convenient care (CC), and primary care (PC) clinics. The template outlined which respective establishment to visit for common ailments and important health care needs. After the educational literature was finalized, it was then sent via e-mail to the project stakeholder, providers, and clinic management for approval. Template instructions along with an outline of the project goals and data collection methods were also e-mailed to the one remaining clinic provider who was planned to use the template. Once approved by all parties, the literature was then converted into an EPIC smart phrase by our project stakeholder and the hospital system information technology department. COVID-19 also affected our involvement in the actual process of adding the educational template into EPIC. We had very little to do with this process; however, were in constant communication with our stakeholder during this time.

Once the template was successfully added into EPIC and ready for provider use, our implementation phase progressed without issue. The educational template was electronically added to patient discharge instructions and verbally reviewed with the patient by the CCP. The process was designed to decrease the misuse of their services, while simultaneously increasing patient establishment and use of PCPs. The project was submitted to the Institutional Review Board (IRB) and deemed a quality improvement project (QIP).

Evaluation

An excel document was created to track each patient encounter, collect data, and evaluate project objectives. During each visit, the provider documented in the excel spreadsheet based upon discussion and questioning that directly took place with the patient. The measures that were collected included whether the patient was new or established, chief complaint, final diagnosis, and whether the patient demonstrated convenient care scope confusion. Each patient was asked if they had an established PCP. After reviewing education, the patient was asked if they felt new motivation to establish care with a PCP. Lastly, the CCP documented if the patient was known to have misused the CCC previously. Staff were given pre- and post- implementation survey to gain feedback on the project.

During our 8-week implementation phase, one provider at the clinic used the educational template. Prior to COVID-19 restructuring, four providers at the clinic were to tentatively use our tool. Unfortunately, only one provider remained full-time and was able to use the tool consistently; This provider gave great, detailed feedback and found the EPIC smart phrase template beneficial. A total of 46 patients received verbal and written education. Data analysis proved that many patients do not have a PCP, thus missing out on preventative care services and chronic disease management. Of the 46 patients, 17 were established and 29 were considered

new patients at the CCC. Of the 17 established patients, 47% misunderstood the scope of the CCC, and 65% had misused convenient care services one or more times. After education was delivered, 29% of the established patients reported new motivation to establish care with a PCP. Of the 29 new patients, 23% misunderstood the scope of the CCC. After education was delivered 65% of the new patients reported new motivation to establish care with a PCP. Shockingly, 0% of patients reported having an established PCP and only 48% of patients seen during this time reported motivation to establish with a PCP.

The main suggestion for project improvement on the post implementation survey was creating a way to follow up with patients after their visit to ensure successful establishment of care with a PCP. A valuable suggestion from our stakeholder included having a way for the CCC to partner with local PCPs or a convenient telehealth service option. If a patient seen in the CCC was found to not have a PCP, a simple referral process in place could conveniently help set up and scheduled the patient with a PCP at that time.

Due to our project occurring during the COVID-19 pandemic, there were several limitations. Only one provider was able to use our educational tool, thus only having data on a small sample of patients. It would have been valuable to have feedback and suggestion from multiple providers. COVID-19 caused a dramatic decrease in clinic resources and time, thus leaving us limited ability to follow through with patients to see if they established care with a PCP after they had received both verbal and written education from their CCC visit. During our project, the clinic served as a COVID-19 testing hub for several months, and our implementation phase had to be postponed for some time. The CCC has a patient advocate coordinator on staff that is responsible for helping patients establish care with a PCP. Because of COVID-19, the

patient advocate was furloughed. The patient advocate coordinator would have been a great project resource and could have helped us better track and follow through with patients.

Impact on Practice

If a patient is not first aware of an issue, how do they go about solving the problem? As a result of this project, patients became more aware of the importance of having an established PCP. High quality education is being delivered to patients who desperately need direction in their health. This project had an impact on the CCC provider, as the project brought more awareness to the provider and gave her motivation to educate patients with more intentionality and thoughtfulness. The provider stated, “I tried to get across to the patient that their long-term health matters. Patients need to know when it is appropriate to be seen at a CCC, ED, or PCP office, as there is much confusion on the scope of practice of these three entities among patients. Preventative medicine and care of chronic morbidities is vital to one’s health and I feel as if this project did a great job bringing the many issues regarding PCP establishment to light.”

The project will have a long-term impact in terms of continued patient education. The smart phrase template is in Epic and is available to all clinic providers. The provider has educated her colleagues and they are now motivated to include the information in their after-visit summary. The main provider is still using the tool in practice. The educational tool has been sent to the clinic’s sister sites, with plans to implement the tool in everyday practice.

One change that is recommended regarding ongoing implementation includes having the providers at the CCC work more closely with the patient advocate. Increased collaboration between clinic providers and the patient advocate is likely to increase the numbers of patients who establish care with a PCP post CCC visit. This would allow more availability for the CCC to

see and treat appropriate conditions that are designed for convenient care, while also ensuring better control with chronic morbidities.

Conclusion

Overall, our project confirmed that PCP establishment is lacking by many patients seen at this CCC. The educational tool was adopted by the agency and it will be used long-term by more providers. The project may have been more impactful at helping patients establish a PCP if we were able to collaborate with the patient advocate. Increasing rates of patients with a PCP is a complex issue and must involve multisystem change. Increasing access to primary care services is needed to decrease convenient care overuse.

Recommendations for future efforts based on our project includes increasing the use of telehealth services at this CCC. The use of telemedicine increased substantially in 2020 during the COVID-19 pandemic. Although telemedicine practices began years ago, it has become increasingly popular and respected in the world of healthcare, as it has shown to be an effective and productive way to assess and treat patients (McGough, Norris, Scott, & Burner, 2017). Further intervention could include either partnership with an outside telehealth company or an expanded telehealth option through the hospital system in which the CCC belongs to. Telemedicine can serve as an affordable, convenient approach to receiving primary care services such annual lab work, screenings, and management of chronic diseases. The CCC in partnership with telehealth services could easily coordinate care for those patient's in need of a PCP and who's priorities are convenience, access, and affordability.