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## Establishing Care with a Primary Care Provider

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## **Establishing Care with a Primary Care Provider**

**Ashley Whitlatch**

### **Introduction of the Problem**

Approximately one out of every four Americans do not have a regular primary care provider (Brody, 2020). Not being established with a primary care provider can lead to issues for patients, healthcare providers, and the healthcare system. Being established with a primary care provider (PCP) increases preventative measures, increases access to other needed healthcare services and decreases the emergency health care system (Bataineh, 2019). Currently, several patients utilize urgent care inappropriately, as identified by the clinic staff members.

To increase the usage of primary care providers, a process was put in place to ensure that patients who do not have a PCP were established with one before being discharged from an urgent care facility. The process was simple and was not time-consuming. The newly implemented process was able to be completed by all staff members. This was a positive aspect of this process being implemented because a patient can be established at any time of the visit.

### **Literature Review**

Establishing care with a primary care provider reduces unnecessary usage of urgent and emergent care resources, decreases the stress on the urgent and emergent healthcare system, improves the continuity of care, and improves patient outcomes (Aghajafari, Sayed, Emami, Lang, and Abraham, 2020). Reducing unnecessary usage of urgent care resources is another positive aspect of a patient being established with a primary care provider. There was also a decrease in patient wait times, financial burdens, and healthcare provider burnout when this happened (Coster, Turner, Bradbury, Cantrell, 2017).

Research indicated that a high number of people discharged from the emergency room who were not established with a primary care provider, which led to decreased positive patient outcomes (Salway, Valenzuela, Shoenberger, Mallon, and Viccellio, 2017). Poor continuity of care was also a result of the research (Aghajafari, Sayed, Emami, Lang, and Abraham (2020). Several authors completed a study that indicated that when patients are established with a primary care provider post-emergency room discharge, there is a high rate of compliance (Aghajafari, Sayed, Emami, Lang, and Abraham, 2020). Results also suggested that there was a decreased financial stress on the emergent healthcare system (Aghajafari, Sayed, Emami, Lang, and Abraham, 2020).

Research also indicated that when there is a misuse of the urgent or emergent care setting, it leads to overutilization of the emergent/urgent healthcare system (Hu, 2017). This stress led to increased patient care errors, poor patient outcomes, increased patient mortality, and increased instances of delayed care to the patient (Salway, Valenzuela, Shoenberger, Mallon, and Viccellio, 2017). There was also evidence of increased patient wait times (Salway, Valenzuela, Shoenberger, Mallon, and Viccellio, 2017). Overutilization also increased healthcare provider burnout which directly affected patient satisfaction scores in a negative manner (Hu, 2017).

The research revealed that patients being established with a PCP had a significant decrease of stress on the healthcare system (Morley, Unwin, Peterson, Stankovich, and Kinsman, 2018). This led to saved money and increased resources. There was also a 10% decreased rate of patients being evaluated in the emergency room when established with a primary care provider (Morley, Unwin, Peterson, Stankovich, and Kinsman, 2018). Overall, there was an increase in the quality of provided patient care.

Being established with a primary care provider improves the patient's quality of life. There is also an improvement with catching diagnoses that can be missed when there is a decrease in the continuity of care (Wright and Mainous III, 2018). Patients can feel comfortable knowing that their primary care provider is familiar with their normalcy, and a trusting bond is built (Wright and Mainous III, 2018). Overall, establishing patients with a primary care provider showed many benefits.

Research showed that patients experience premature death because they were not established with a primary care provider (Brody, 2020). Not only did being established with a primary care provider show a decrease in mortality rates, but it also showed that patients had a decreased rate of missed diagnoses (Wright and Mainous III, 2018). Increased continuity of care showed a strong patient and physician relationship (Wright and Mainous III, 2018). This increased the trust rate within the healthcare system and appropriate referrals to specialties being ordered within the patient's plan of care (Wright and Mainous III, 2018).

A study was created that enabled patients to set up a primary care provider establishment appointment. There were three different options for the patient. A website, written education on how to utilize the website independently, and standard discharge instructions to set up a primary care provider were all ways for patients to establish care (Merritt, Kulie, Long, Choudhri, and McCarthy, 2020). Another study was completed that indicated that post-discharge follow-up calls were most successful in ensuring that patients have a primary care provider (Luciani-McGillivray, Cushing, Klug, Lee, and Cahill, 2020). A third study indicated that utilizing a patient navigator to establish care with a primary care provider showed success (Peart, Lewis, Brown, Russell, 2018). Lastly, a systemic review indicated that utilizing health promotion could

be an alternative to assist patients with a primary care provider (Raven, Kushel, Ko, Penko, Bindman, 2016).

## **Project Methods**

The purpose of the project methods was to ensure that all staff was educated on the newly implemented process. This includes education on why the project is being implemented, the background of the problem with being established with a primary care provider, and the software system used. The goal in this portion of the project was to provide enough education and resources to ensure that all clinic staff felt comfortable with assessing the patient and setting up an appointment.

Tools that were used to assist with education included a PowerPoint presentation and a live demonstration of the new process. A pre and post-assessment was completed using a Likert scale. Information on every patient that had an appointment scheduled was gathered and entered in on an excel chart. Resources that were available to staff to assist with implementing this process were providers and an EPIC IT support personnel who is assigned to the clinic. Some present threats were primary care providers being upset about patients being scheduled incorrectly. This was a barrier to the project. There was a threat that if the clinic frequently incorrectly scheduled the appointments, staff from the clinic would no longer be able to schedule appointments.

## **Evaluation**

During this project, 44 patients had a follow-up appointment with a primary care provider made by a staff member in the clinic. Patients were compliant if they followed through with their appointment and non-compliant if not. Twenty-three patients established care with a primary care provider. Only 26% of these patients were females, and the rest were males. The patients

who did not follow up either canceled the appointment, were canceled by the provider, or simply did not show up to the appointment. One patient had their appointment scheduled at a date outside of the project's timeframe.

Approximately 7% of the patient population could not follow up due to being canceled by the provider. Of the observed patient population, 38% of patients were non-compliant. Within this 38%, ten patients were Caucasian, five African American, and two were Hispanic. Some reasons for non-compliance included time conflicts, not showing up for the appointment with no warning, or the patient did not want to see a provider at that time. Of the 44 patients, 10 of them had been established with a primary care provider at some point.

Although, they have not had an appointment for over a year. At this point, they are technically no longer an established patient and would need to be re-established. Staff members in the clinic were pleased with the simplicity of the process. Comments on the post-implementation survey indicated that staff did not feel overwhelmed by the added steps to the rooming process and were happy that this change could lead to an increased amount of positive patient outcomes.

### **Impact on Practice**

There were positive changes that came from implementing this project within the clinic. An assessment is completed during every rooming process to see if a patient is currently established with a primary care provider. This assessment ensures that every patient who utilizes the clinic's services has an opportunity to be provided access to a primary care provider. Not only were the patients satisfied, but the staff was pleased with the process.

Some staff members felt like there was a need to have the process reviewed to ensure it was being done correctly, as one of the barriers was staff members scheduling appointments incorrectly. This education and training will improve the process for the clinic, patient, and the

primary care provider's office. The impact of this process will assist with decreasing the unnecessary usage of urgent and emergent care services. The process can be easily replicated and educated to staff and health care providers.

### **Conclusions**

Patients being established with a primary care provider will improve the continuity of care, improve quality of life, and increase positive patient outcomes. There is also a positive impact on the healthcare system, including decreased congestion, decreased wait times, and decreased healthcare provider burnout. Moreover, there is a decrease in unnecessary healthcare costs. Patients who have complaints that are appropriate for the urgent or emergency care settings can be seen within a shorter time. Overall, there will be successful patient outcomes and patients who are living healthier lives.

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