



Making Walk-in Visits Work

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In a busy private group practice it can be difficult to make the changes toward being a patient-centered medical home as described by American Academy of Family Physicians (AAFP). One easy way that we have started moving toward the medical home model in our practice has been to establish walk-in visits for certain conditions. Walk-in visits meet the characteristics of the medical home by providing improved access, higher patient satisfaction and lower use of emergency rooms or urgent care centers. Walk-in visits also help the physician by providing better continuity with their patients, as well as making sure that issues can be dealt with in an efficient and timely manner, rather than waiting until a patient's condition is more serious. We also believe the convenience factor will help us keep our patient visits even if retail health clinics move into our area.

After considering conditions that are appropriate for walk-in visits, we initially started with urinary tract infections (UTI) and sore throats. We selected these complaints because much of the clinical decision making process is based on a diagnostics test that is performed in our office, the exam and treatment is generally straightforward, and there is very low likelihood of a seriously ill patient presenting with these complaints. We have since expanded our walk-in visits to also include poison ivy and earache.

Our practice uses a fairly traditional schedule, although generally most physicians have a few spaces for some same day issues. There is always an on-call doctor who stays until all patients who need to be seen for acute issues have been seen. With the walk-in visits, any patient who has one of the covered complaints can come into the office without an appointment and will be seen by their doctor if he is in the office that day. When the patient's doctor is not in the office, they are seen by one of the other doctors.

When a patient comes to the front desk, they are given a visit sheet that is specific to their complaint. Patients are also reminded that there can only be one issue discussed at walk-in visits; if the patient wants to discuss other issues or wants refills, they must schedule a visit for later. For UTI and sore throat, the patient is sent to our in-office lab for a urinalysis or a rapid strep test.

Each visit sheet has about ten questions at the top of the sheet that the patient answers. The patient part of the sheet details the history of present illness including the symptoms, duration and associated review of systems. Once the patient's section is completed and the results from any of the needed tests are available, the nurse puts the patient in an exam room and takes vital signs. The physician sees that patient next, ahead of any other roomed patients. The physician enters the room,

reviews the patient-completed history and vital signs, and any laboratory results. Since the physician generally knows the patient, it is often not necessary to review much of the patient's past history. The physician performs an exam, documenting the exam findings using check boxes on the visit sheet. The physician then discusses the treatment plan with the patient and documents the diagnosis and plan on the form. The diagnoses on the form include the ICD code, so it can be quickly entered on the billing sheet. This allows the physician to complete the coding sheet and give it to the patient who can go to checkout.

Any prescriptions are then sent electronically. The forms include most of the common treatments as check boxes, including general recommendations and some medications, while there is space to write treatments such as antibiotics that often vary. The history, physical exam and often the medical decision making and treatment meet the criteria for a 99213 visit. The time that the physician spends on the visit including documentation is generally around five minutes and the time that the patient spends at the office is almost always less than half an hour.

We have found that doing walk-in visits can help improve patient access and patient satisfaction. Walk-in visits have allowed us to continue to work toward more open access scheduling, while not causing significant disruption to physician schedules. Walk-in visits improve continuity, help keep our patients out of emergency rooms and urgent cares, and improve productivity. While implementing walk-ins has taken some creativity and effort, we have found it to be easier and more rewarding than we had expected.