Chapter 10
The Future

ABSTRACT
In this chapter, the author evaluates the convenient care models on convenience, costs, access, and quality. The models studied receive high scores on convenience, costs, and quality when compared to hospital emergency rooms and primary care physician offices, despite issues related to possible fragmentation of care. However, improving access to care, especially among uninsured and underserved populations, does not seem to be an advantage offered by convenient care. The author posits that the American healthcare system appears to be at a tipping point, with rising consumerism, demands for price and quality transparency, and regulatory forces that are forcing providers to focus on value over quantity. He envisages that the race between hospital systems under legislative pressures and giant retailers spotting strategic opportunities will accelerate innovations and enable convenient care models to move from the margins to become the mainstream way of providing preventative services, treating minor conditions, and managing some chronic conditions.

INTRODUCTION
The convenient care models that are discussed in this book still do not represent how the majority of Americans receive their primary care services today. Compared to the total number of primary care physician visits and non-emergent emergency room visits, the number of urgent care center visits, retail clinic visits, worksite visits, e-visits and house calls remains minute. However, the evidence that we showcased strongly suggests that these trends are rising, and that they will
continue to grow at an unprecedented rate in the next few years. The growth will likely be propelled by rising consumerism; continued dissatisfaction with traditional models; new technologies; and regulatory forces that emphasize cost savings. In this chapter, we review the evidence of the impact of convenient care models on access, cost and quality of care in the American healthcare system at large and we make some predictions about their future forms and roles.

1. EFFECTS OF ON CONVENIENCE, COST, QUALITY, AND ACCESS

While urgent care centers and worksite clinics have been around for a long time, other innovations such as retail clinics, online services and house-call services have just emerged in the last decade. Therefore, the scientific evidence relating to their convenience, quality of care outcomes, costs of care, and access to services is scarce at best. However, as we reviewed in Chapters 5-8, research findings seem to point in some general directions. When assessing that research, the main frame of reference is comparisons with hospital emergency rooms and primary care physician offices (Tables 1 and 2).

Urgent care centers are conveniently located in strip malls with easy access and parking, and provide care after-hours on weeknights and weekends. Wait times tend to be shorter than hospital emergency rooms, but can be longer than some primary care physician offices. Given the walk-in nature of these centers, wait times can fluctuate and patients might end up waiting for more than one hour. As a result, patient satisfaction is higher than for emergency rooms, but patients are sometimes hesitant to refer others to the centers. Urgent care centers that have managed to predict peak hours and to reduce their cycle time (from admission to discharge) to less than 60 minutes tend to be preferred by patients. Despite limited evidence, urgent care centers seem to score higher on quality of care scores for minor conditions than hospital emergency rooms, but have similar scores to primary care physician offices. As for costs of care per visit or per episode of treatment, urgent care centers are much less expensive than hospital emergency rooms and slightly less expensive than physician offices. Urgent care centers tend to be located in high-density suburban areas serving patient populations with private health insurance. For some of these patients who do not have a primary care physician and who visit urgent care centers, access is improved. However, specifically for patients living in rural areas, and for uninsured patients living in all areas, urgent care centers have not improved availability and access to

Table 1. Convenience, quality, cost and access grades for convenient care models in comparison to hospital emergency rooms

<table>
<thead>
<tr>
<th></th>
<th>Convenience</th>
<th>Quality</th>
<th>Cost</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Centers</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B+</td>
</tr>
<tr>
<td>Retail Clinics</td>
<td>A+</td>
<td>A+</td>
<td>A+</td>
<td>B</td>
</tr>
<tr>
<td>Worksite Clinics</td>
<td>A+</td>
<td>A+</td>
<td>A+</td>
<td>B</td>
</tr>
<tr>
<td>Online &amp; Other services</td>
<td>A+</td>
<td>I*</td>
<td>A+</td>
<td>A</td>
</tr>
</tbody>
</table>

*Given the lack of evidence, we chose to give an “I” Incomplete Grade
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