Chapter 4

Convenient Care Trends

ABSTRACT

In this chapter, the author introduces several alternatives to traditional care provided in the physician office during regular business hours. While the settings where the care is delivered are different, the common characteristics among these alternatives are to have non-physician providers deliver care that is more convenient and less costly than that delivered in regular physician offices. Convenient care alternatives such as urgent care centers, retail clinics, worksite clinics, house call services, and virtual/online services are highlighted. These services are described as “disruptive innovations,” or powerful changes in which a larger population of less-skilled providers can provide care in more convenient, less expensive settings that historically was only provided by expensive specialists in centralized, inconvenient locations. Given the myriad of problems faced by the American healthcare systems, the authors argue that these innovations are well positioned to change the way healthcare is delivered for generations to come.

We can’t look at health in isolation. It’s not just in the doctor’s office. It’s got to be where we live, we work, we play, we pray—Dr. Regina Benjamin, U.S. Surgeon General, 2011

INTRODUCTION

As discussed in the first section of this book, primary care in the United States is in a deepening crisis as physician shortages and reduced patient access loom. The Patient Protection and Affordable Care Act (PPACA) will improve the coverage for uninsured and underinsured people, but will not solve the primary care access conundrum, especially with 32 million people expected to be added to the realm of the insured by the year 2019. As healthcare costs continue to rise, patients continue to deal with an inconvenient system where access to after-hours care is very limited. With the availability of non-physician providers to treat limited-scope conditions, several alternatives to traditional care provided in the physician office during regular business hours have started to surface in the

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last decade. While the settings where the care is delivered are different, the common characteristics among these alternatives are to have non-physician providers deliver care that is more convenient and less costly than that delivered in regular physician offices. These alternatives include urgent care centers, retail clinics, worksite clinics, house call services and online services, among others. We group these types of services under the label “convenient care.” In this chapter, we describe the factors that have contributed to the proliferation of these new models, and discuss an overall framework that can help better understand them. In chapters 5-8, we cover each one of them separately.

1. CONVENIENCE

Since its inception, the American healthcare delivery system has been designed according to the preferences of the providers, not the consumers/patients. Consumers and patients face a myriad of hassles as they attempt to access healthcare services for themselves and their families (Fottler & Malvey, 2010). First, there are problems in getting appointments. In addition to provider shortages, some providers do not accept the patient’s specific insurance plan or may be considered out of his/her network. Some providers overbook their schedules to minimize the impact of patients who don’t show up. As a result, many patients can’t see a provider when they need it. Second, there are long waits for services. Patients who manage to get an appointment find that they must spend a considerable amount in waiting areas to see a physician, to get a diagnostic procedure performed or to pick up a prescription. Third, many providers spend little time with patients. Pressures on providers’ time have increased as reimbursement rates have continuously decreased while documentation requirements and paperwork have heightened. Fourth, administrative paperwork has also affected patients as the number of forms to be filled constantly increase due to requirements by insurance companies, government agencies, accrediting bodies and risk managers. Patients are often confused about what information to include, and many fill up the same forms when seeing multiple providers in different settings. Fifth, many physician offices and hospitals are located in overcrowded medical centers where parking is unavailable, inaccessible and expensive. Sixth, for many patients, providers are located far from their home or their work, and physician offices are not in proximity to diagnostic or laboratory services which forces patients to travel long distances to receive different services. Seventh, and as discussed in Chapter 1, many physician offices are open only during normal business hours. As a result, some patients requiring medical care and on weeknights and weekends may decide to go the hospital emergency room, self-diagnose, or delay/forego necessary care. Eighth, out-of-pockets costs (such as co-payments) keep increasing, and high-deductible plan make patients more sensitive to price of medical services. Schleiter (2010) described an important aspect of this trend: “Consumers are paying more of their own healthcare costs in the form of higher premiums and deductibles, and are increasingly making decisions about how, when and where they receive medical services. Copayments are expected to rise for all insurance plans. The purchase of health insurance that requires subscribers to pay for much or most out-of-pocket medical costs has been prompted by a new tax shelter for Health Savings Accounts (HSA). These HSAs are designed to induce patients to shop like con-
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