

Portrait of the reasons of consultation at a walk-in clinic in Quebec, from a patient perspective

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1. Background

- Walk-in clinics offer medical consultations for semi-urgent primary care, in the context of poor access to family doctors and emergency departments.
- In walk-in clinics, patients may not be sufficiently prepared to provide information about their health problems, while doctors have limited time with them.
- A consultation preparation sheet (CPS) has been developed by our research group to help patients better characterize their reason for consultation (RC) and its impact on their daily lives.
- CPS is a validated tool that aims to foster a partnership between doctor and patient.



Content:
10 biomedical questions
6 questions on patient illness experience

2. Objective

To describe the reasons for consulting, concerns, expectations and impact on daily living from the **patient's perspective** when visiting a walk-in clinic.

3. Methods

- Design** : Prospective exploratory observational study.
- Analysis** : Reasons for consultation (RC) reported on the CPS were classified according to the International Classification of Primary care (ICPC-3) codes and chapters. Descriptive analyses were performed.
- Setting**: Walk-in clinic of an academic family medicine clinic in Quebec, Canada.
- Population Studied**: All patients consulting at the walk-in clinic between January and October 2019 were invited to fill the CPS anonymously in the waiting room, before seeing the doctor. On a voluntary basis, they could return their CPS to the project team for content analysis.
- Instrument**: The CPS is composed of 16 short and simple questions on patient experience (N=6) and biomedical (N=10) aspects of the complaint.
- Outcome Measures**: Frequency and ranking of ICPC-3 codes in the CPS. Levels of concern, level of discomfort, expectations for the visit and impacts on daily living according to the reason for consultation. Associations between RC and types of expectations were evaluated by logistic regressions.

4. Results

CPS distribution

- Walk-in clinic visits (N = 4297)
- CPS handed out (N = 3115) **72%**
- CPS returned (N = 2645) **85%**

Response rate to all questions:

- Average: 82%
- Range: 69 to 96%
- RC specified: 78% (N = 2075)

Response rate to patient experience questions:

- Concerns: 95%
- Expectations: 96%
- Beliefs: 78%
- Impacts: 69%

Demographics

Gender*

- Male 38%
- Female 62%

* Only if question was filled out

Language*

- CPS filled in French (N=2595; 98%)
- CPS filled in English (N=50; 2%)

8.6% were identified as having been filled out by an adult for a child

A. Biomedical aspects

Figure 1: Top 10 reported complaints

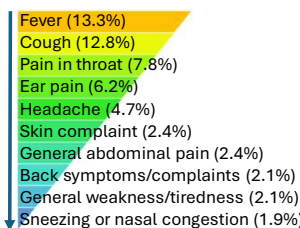
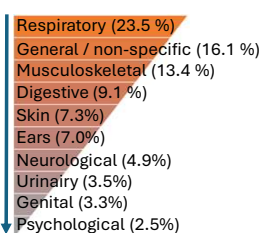
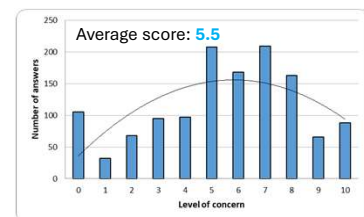


Figure 2: Top 10 RC systems



B. Patient Experience

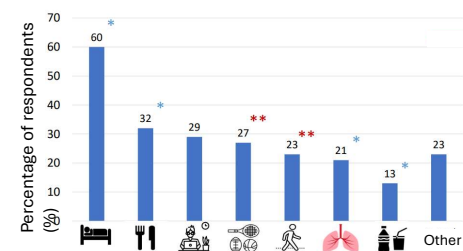
Figure 4: Distribution of level of concern



➢ 81% of patients reported being concerned by their complaint

Score ≥ 5.5 is associated with psychological, circulatory & hematologic complaints

Figure 5: Impact on daily living



➢ Average number of impacts per CPS: 1.6
* 53% Primary physical needs (Breathe / Eat / Drink / Sleep)
** 35% Secondary physical needs (Sport / Walk)
20% Impact on work

5. Discussion

- Most patients **accepted to fill out the CPS**, demonstrating an openness to prepare themselves before consulting in this care context.

Biomedical aspects

- Reasons for consulting at a walk-in clinic **are varied and are similar** to what has been reported in the literature (Finley et al., Can Fam Phys, 2018, 64:823-40).
- Psychological** complaints were the 10th most frequent reported reason for consulting in our study, which is less frequent than what previous studies have observed (3rd most frequent reasons; Finley et al., Can Fam Phys, 2018, 64:823-40). Patients may have consulted for symptoms related to a psychological problem, without reporting it directly on the CPS. This hypothesis could have been verified with a medical chart review. This is one of this study's limitations.

- Although there is a wide variation, on average, patients consulting at the walk-in clinic reported a level of discomfort of 4.8 on a scale of 0 to 10. Those consulting for psychological or social complaints reported a level of discomfort above this average.

Patient experience

- Patients are **willing to share their personal experience** of their medical problem as shown by a high response rate for expectations (96%) and concerns (95%), and a moderate response rate for beliefs (78%) and impacts of their daily activities (69%).
- Although there is a wide variation, patients who visited the walk-in clinic had an average level of concern of 5.5 on a scale of 0 to 10. This is consistent with patients' most frequent expectations reported in our study of seeking an explanation (59%) and relief (57%).

- Patients know what they expect from the consultation and are willing to share it (96% response rate). Interestingly, patients generally had a reasonable number of expectations (average of 1.8), which is manageable in this time pressured context. **Taking these into account** shouldn't significantly modify clinicians' approach.

6. Conclusions

- In addition to biomedical aspects, the novelty of the CPS lies in the fact that it allows patients to describe their personal experience with their health problem (e.g. concerns, ideas, expectations and impacts on daily living).
- Making family physicians aware of these experiences could improve patient trust and create stronger therapeutic alliances in the context of walk-in clinics where time with patients is limited.

7. Acknowledgements

- All patients for their participation in filling out the CPS.
- Clinic staff and medical staff for their collaboration.

To access the CPS:



Table 1: Expectations

Expectations	% of CPS	RC systems associated
Understand what is happening	59%	Musculoskeletal * Psychological ** Urinary ***
Being relieved	57%	Respiratory ***
Getting a prescription	24%	Psychological * Respiratory *** Urinary ***
Undertaking tests/exams	23%	Digestive ** Genital *** Ear *** Psychological * Respiratory *
Sick leave	6%	Psychological *** Respiratory *** Urinary *

➢ Patients reported having on average 1.8 expectations related to the RC.

* p<0.05; ** p<0.01; *** p<0.001