



Management in the Outpatient Services and Primary Care

By Naif Alruways

sau.oodu@hotmail.com

Abstract

Health care centers have set different categories of care to get patients to get the best possible services as per their needs. Primary care providers are reserved to provide patients with primary care services. The basic duties of a primary care provider are the maintenance of health, health promotion, education of patients, and diagnosis. The care providers and physicians are trained to do their job accurately and precisely. In several outpatient and inpatient settings, these services are further collaborated with consultative institutes to make patients feel properly treated. Outpatients refer to those treatments and services that do not require patients to be admitted to hospital. It consists of tests and diagnosis. This research focuses on providing readers with knowledge of management in outpatient services and primary care through a longitudinal study. Health care services are designed and supervised by health care centers to help people with illnesses. Cost is all that matters for a patient after diagnosis of illness. Though, everyone wants to be healthy but, all health care services are not affordable.



Introduction

Primary care refers to the range of services which are provided to patients by the primary care providers. It includes primary care physicians, non-physician providers as well as other physicians who services provide aspects of primary care. The recipients of this primary care are the patients. Both physicians and non-physician are responsible for providing primary care. The non-physician primary care providers are not physicians but provide primary care services by meeting the specific needs of the patients.

The services non-physicians are provided done in collaborative teams, guided by the primary care physician. The primary care system is designed and structured in a manner to provide patients access to primary care services that are safe and quality-based while being effective and efficient. This care includes disease prevention, maintenance of health, health promotion, education of patients, diagnosis, and treatment of illnesses, which are acute and chronic in different forms of healthcare settings. The physicians are specially trained for comprehensive first contact which also includes training for providing care to patients with an undiagnosed health issue (Starfield, 1998).

The primary care system, as the name signifies, is the initial point of entry into the healthcare system and the point through which all the required health care services are provided. The patients are either provided with immediate access to their doctor or physician or to a backup physician if the personal physician is not available. The problems which the primary care system is designed to meet numerous and undifferentiated issues of the patients. This is the reason why most of the patient issues and needs are taken care of in the primary care services itself. These services are located in the vicinity of the patients which further facilitates access to health care.

For more specialized needs of the patients, these primary care services have the referral relationship with specialty and consultative institutions. Primary care, with respect to its responsibility of providing patients with comprehensive care following the point of the first contact, includes a provision of preventive, chronic and acute care in the outpatient and inpatient settings. The outpatient care is often used in ambulatory care interchangeably. The reason that outpatient care receives much attention is due to its being the primary care that patients most



received. These outpatient services are targeted to people who do not need overnight inpatient care.

In short, the outpatient services refer to the medical procedures as well as tests which are done in a medical center or a hospital without needing the patients to stay the night. These lab tests and scans can be done within a few hours. The outpatient services include diagnosis, treatment, prevention, wellness, and rehabilitation. Programs and actions like counseling, scans, lab tests, chemotherapy, few surgeries, physical therapy, x-ray, and drug/alcohol rehabilitation. Much of these services can be found at primary care centers but are also found in specialized centers as well as the mental health facility, a health clinic, etc.

In many of the hospital-based ambulatory functions like “referrals, pre-admission diagnostic care, or follow services” are provided, which are substitutes for inpatient care. In most hospitals, these functions are provided by the outpatient clinic or other healthcare institutions which are outside of the emergency room. Research has shown that the past decades project a trend of increasing outpatient visits to the hospital. (Gold, 1984).

Method and Data Sources

This research is based on a longitudinal study and analysis using different academic journals and peer-reviewed articles published over a period of the three decades. That is, the data obtained is from a variety of credible sources for the purpose of analyzing the different benefits, uses, gaps and limitations which can be found in the primary care as well as outpatient services. The data, therefore, used is secondary. This information, obtained from various sources, will be used to profile the health services, the cost aspects, and the impact of these services on different illnesses and their limitations. The first step will be to examine the various aspects and use of these services with data dating from most recent years to three decades old. This will help in getting a holistic picture of the data and provide a pattern of evolution, among stakeholders, the relationship with mental, drug and chronic diseases, and their improvement (or lack thereof).



The first step will take the form of a literature review. The second step involves analysis and discussion in which all the obtained information is observed and dissected.

Data Sources

The data used in this collection and analysis comes from different sources. All the different aspects of the primary care and outpatient services are drawn from data and findings reported in different, credible medical journals. In addition to the reported data from medical journals, there is also mention of economic aspects of these services. The data used ranges from the period of 1980- 2017.

Limitations

This longitudinal study addresses the importance and limitations of primary care and outpatient services. It is reiterated that the study is a descriptive one which is based on the analysis of data and findings from credible sources like medical journals. That is, the data obtained is not primary data. Instead, it is secondary data. It should be stated here that the paper will draw analysis and conclusions based on the work of various scholars and experts who have produced work on this topic previously. As such, there may be a few gaps in the development of this study depending upon the validity as well as the availability of the data. It should also be noted that given the broad scope of the study, it is hard to address all aspects in complete detail for that a special, targeted study would be needed to discuss each aspect separately. Lastly, hospitals vary in their provision of treatment they provide to their patients concerning the hospital sponsored and other related groups.

Literature Review

Starfield, Shi, and Macinko (2005) highlighted the importance of the contributions made by primary care to the healthcare system. As per the observations and the collected evidence, primary care had a significant impact on the health promotion and thus stood as a very distinguishable aspect of the healthcare services delivery system.



Primary care has provided benefits for prevention of illness and fatalities. This is regardless of the provision of care by the primary care. In contrast to the specialty care, the primary care system has more equitable health distributions in populations across countries (BARBARA STARFIELD, 2005).

Research conducted by Marsha Gold on *The Demand for Hospital Outpatient Services* (1984) was conducted with the objective of identifying the factors which influence the demand for the outpatient services, to determine the relationship between the outpatient services volume and the availability and cost of the alternative sources of care especially office physicians and inpatient services of hospitals. The data was compiled from the national data set which consisted of the population, socioeconomics, health services, supply of manpower and the information about the cost. The data obtained analyzed the demand for hospital outpatient services.

The results from this study drew the conclusion that the percentage of hospital outpatient services are related to the availability as well as the price of other sources of care. Additionally, it is also related to insurance coverage. That is, price does have a continued negative effect on the demand for outpatient care, outside of the emergency room and that when the price of the emergency room rises, the outpatient care is substituted for inpatient care. Furthermore, demand for the outpatient services is strongly responsive to the availability of specialist instead of primary physicians. Lastly, it was indicated that outpatient services demand is also heightened by Medicaid coverage (Gold, 1984).

Forrest and Whelan (2000) found that the outpatient department of hospitals, physicians' offices, and community health centers constitute a network of the primary care system. There is much available data which shows how in various ways patients and services differ across different institutions. The study took a comparative analyses of three national surveys of primary care visit in 1994 which included the data on physician's office visit from the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Ambulatory Medical Care Survey (NHAMCS) for the outpatient data, and the data from the Bureau of Primary Health Care's 1994 Survey of Visit to Community Health Centers for getting the numbers on the community health centers.



The method used was of time-trend analysis by using the 1998 data as well. The results obtained showed that the expanding community health centers improve access to primary care, partly for marginalized populations. However, to strengthen the safety net it is required that access to physician's offices is enhanced. Most of the safety net primary care is provided by a network of outpatient departments, community health centers, and physicians' offices. The study found that the increased and intensive services coupled with poor continuity of primary care visits in the outpatient departments raised concern about the ability of the outpatient departments as the primary care provision sites (Forrest & Whelan, 2000).

Bates, Ebell, Gotlieb, Zapp, and Mullins (2003) presented in their study the importance and need of electronic medical records to ensure that there is a provision of the best quality of primary care. The reason lies in the fact that if the medical care providers have all the required essential information, they would be able to make sure that all issues are addressed. The electronic medical records are, in this regard, the easiest, most efficient and effective way to ensure that providers have quick access to patient's records where all the information and past diagnosis already compiled and readily available (Bates, Gotlieb, Zapp, & Mullins, 2003).

Yarnall, Pollak, Østbye, Krause, and Michener (2003) conducted a study with the objective of finding out if the primary care physicians had enough time to effectively provide the preventive services for patients. The method chosen by the researchers to conduct this study was to use the estimated times each service was provided to decide the amount of time that the physicians required to provide their patient's the panel of 2500 total services which are recommended by the US Preventive Services Task Force. The results of the study showed that to ensure that all the USPSTF requirements and recommendation are fulfilled, the physicians need 1773 hours from their annual times or a total of 7.4 hours of each of their working day to provide the preventive services. This led to the conclusion that time constraints put a major limit on the ability of the physicians to comply with all the USPSTF recommendations (Yarnall, 2003).

Renders, Valk, Wagner, Van, Griffin, and Assendelft (2001) designed their research with the objective of reviewing the effectiveness of interventions directed at healthcare professionals and the system of care for the purpose of improving the management of diabetes in not only



primary care but also in outpatient and community settings. The research methods used were of the Cochrane Effective Practice and the Organization of Care Group. The researcher's conducted a systematic review of the controlled trials to evaluate the efficacy of interventions targeted at the healthcare professional with the added objective of improving the process of care and patient outcomes for diabetic patients. The results of the study showed that the more the intervention methods are complex and multilayered, the better the process of care is. However, the impact upon the patient's outcome was not clear due to lack of its assessment. Additionally, the organizational interventions which facilitate the structures and the regular review of the patients proved to be instrumental in improving the process of care. The recommendations made showed that patient's education and the increased of nurse's roles could improve patient's outcomes as well the caring process (Renders, 2001).

As far as the role of stakeholders in the health system, particularly about primary care and outpatient care, nurses constitute an integral role. A study conducted by Mundinger, Kane, Lenz, and others (2000) aimed to find the quality of the services nurse practitioners provided in primary care compared to that of a doctor or a physician. The new angle which this study took was that of measuring the level of independence that the physicians have and to compare the patient's outcomes by nurses and the physician providers. The study randomly assigned the patients either to the nurse's practitioner or to the physicians to the follow up of the primary care and ongoing care post-emergency/urgent department visit. This randomized trial of 3397 patients was conducted in August 1995 and October 1997. Patient interviews were held six months after the appointment. The study found that there were no prominent differences between the patients' health status from a different primary care provider. Also, there was no significant difference in the satisfaction rating, with physicians being rated higher (4.2) to nurse practitioners (4.1) (Mundinger, 2000).

The study also showed that there is a gender difference in the utilization of healthcare services. The data was gathered by Bertakis, Azari, Helms, Callahan, and Robbins by randomly assigning primary care physician at a university medical center. This data was recorded over one year while were used as a socio-demographic information,



the health status and primary care physician specialty in control. The result of the study showed that the women, in comparison to men, had noticeably low self-reported health status and lower education and income. Women visited the primary care centers and diagnostics more often than men. The medical expenses about these sources were also higher for women than men, except for hospitalization. The study posits that the reason for this increased medical charge and service usage by women may be a result of reproductive reason, higher morbidity, symptom report and interest for prevention (KLEA D. BERTAKIS, 2000).

Weinberger, Oddone, and Henderson (1996) conducted a study with the objective of determining whether the increase in primary care would translate in reducing hospitalization or readmission rate. The study was geared towards the chronically ill patients for whom readmission is not only frequent but also costly. Thus, intervention in the form of increased access to primary care, post-discharge from the hospital was tested as a way to reduce readmission and visits to the emergency care facility with the purpose of providing a better-quality life and satisfying level of care for the chronic patients. The researcher studied 1396 veterans who had a range of chronic diseases and put them into a multicenter randomized and controlled trial with nurses to follow up and a primary care physician both before discharge as well as six months post discharge. The results showed that the severely ill patients with heart failures, diabetes, and chronic pulmonary obstructive diseases had various requirements and different damages. Post-intervention it was found that primary care increased the rate of readmission although the patients were satisfied with their care, with no impact on quality of life, (Weinberger, Oddone, & Henderson, 1996).

Bilsker, Goldner, and Jones (2007) examined the Canadian health care services to see how the system addresses mild to severe depressive illnesses. The researcher's too provincial data to observe and describe the medical services provided to patients suffering from depression in three sections of time periods. The idea was to see how frequently the patients received primary care physician treatment and from psychiatrists. The finding was used to present approaches like supported self-management as a beneficial and promising mode of intervening which can be incorporated into primary health care in the existing system.



It increases the role of the family physicians in the ensuring of delivery of services to the patient with the mild form of depression and promoting the active involvement and participation of the patient into the recovery and future prevention plan (Bilsker, Goldner, & Wayne, 2007).

Samet, Friedman, and Saitz (2001) put forth the benefits of linking the primary medical care, mental health, and the substance abuse services together from the perspective of stakeholders like medical health providers, mental health providers, addiction specialist, the patients and the community. Their second objective was to outline the reasons for the suboptimal linkage and the spaces for improving the linkages within the existing health care system. The idea was to give possible advantages of creating an evident, tangible system in which the primary care, mental health, and the substance abuse services are all effectively linked to examine, implement and measure the impact of this linkage. The researchers agree that provision of health care and mental health care for alcoholism and other various drug abuse disorders creates significant changes to clinicians and specialists who each have their perspective. The study suggests that the efficacy of these approaches will be shown when they realize that the problems are all interrelated and, therefore, requires input from all systems to deal with substance abuse, mental health issues, and medical problems. The linked treatment would deliver the addictive disorder-stricken patients with quality treatment (Samet, Friedmann, & Saitz, 2001).

Data Analysis

The data collected from the various academic journals in different periods of time ranging back to 1980 showed that much work had been done on topics of healthcare, particularly primary care, and outpatient services. These show various trends and research findings have shown that primary care and outpatient services are an integral part of the healthcare system as a whole. What has been very clear from the data collected and studied is that primary care and outpatient care has made it so that patients can receive treatment and diagnosis efficiently and receive effective treatment, with specialty treatment prescribed if needed. The data shows how the primary care system has benefited the healthcare service system as a whole, what role the outpatient services play,



how both the primary care and outpatient services were taken by the patients are influenced by cost, the various stakeholders in healthcare and their impact upon the patients, gender effect on patient behavior and primary care use/spending as well as how both primary care and outpatient services are integral to the mental and health issues and their treatment.

Result

The results obtained from the data analysis shows that primary care and outpatient services revolutionized health care services not only because they reduce illnesses and fatalities through effective prevention but also due to the initiation of the use of the electronic medical records and how they have become an integral part of the healthcare system. The research obtained was helpful in pointing out and providing evidence for the various impacts and characteristics of primary care and outpatient care. For one, primary care is noteworthy with respect to its services being accessible and helpful to all groups of a population without discrimination. Although, the patient's use of the outpatient services instead of inpatient depends upon cost – that is, adverse effect of cost.

Apart from the cost influences upon a patient's decision to avail the primary care or outpatient services, there is also the gender effect. This refers to the women's use of the primary care are rate twice that of men. The reason for this lies in increased morbidity and health consciousness (prevention). Both the prongs of the health care system have the positive relationship with the treatment of mental as well as physical illnesses or disorders. Research, though, did not prove that these services that reduce re-admissions, however, patients express the satisfaction with these services and treatment.

Extensive data was found linking primary care and outpatient care to diabetes as well as depression and other mental illnesses like substance abuse or alcoholism. What can be deduced is that to obtain successful results and effective treatment of mental disorders and abuses it is better to take a linked care or integrated care approach. This refers to the complex relationship between mental and physical illnesses which cannot be treated in isolation by each specialist (psychiatrist, primary care physician, substance abuse specialist, etc.) devising their treatment



plan. For successful results, effective elimination of the problem and reducing the chance of relapse, a linked care system where all the treatment methods are devised in concert can be successful.

Discussion

Outpatient services or the ambulatory healthcare covers a range of services which also includes primary care which is often provided at a physician's office or in a clinic. It includes primary care physicians, private clinics, the community health centers, specialized outpatient clinics, etc. The primary health care physician, on the other hand, practices in either a clinical setting, in an individual office, or from both. The role of the primary care physicians is to act as a point of entry for the patients as they are the patient's first contact with the healthcare system. The diagnostics and treatment fall under them as does the coordination of specialized care in the case that it is needed.

Stakeholders

Nurses have the same responsibility and pressure which the primary care physicians face in an ambulatory situation. Given that there are many pressures on a governments healthcare system and the shift towards the promotion of health and prevention, there is need to shift focus to other care providers apart from the physician. Nurse practitioners have evolved from how they were in the past with all the nurse practitioners now not requiring physician supervision. The nurse practitioners have the authority to prescribe drugs and are also eligible for Medicaid reimbursement in all states. The nurses differ from the physicians concerning their more focus on prevention with detailed and lengthy visits.

The nurse practitioners are, therefore, as much of a primary care provider as the physicians. A study showed that there is no difference between the outcomes for the patients as well as physicians (Mundinger, 2000). In the light of the complex nature of diseases and mental disorders and co-morbidities, stakeholders like non-physician care providers, mental health specialists, drug abuse specialists, nurses,



family as well as the patient have to be engaged and devise a treatment and intervention plan in consultation with each other to ensure that there is no misdiagnosis, the root issue is resolved, health is not endangered, and chances of relapse or readmission are low.

Gender and Primary care and Outpatient Services

The health care system is set up to provide a point of contact between physicians and people for the improvement of their health. This system is set to be indiscriminate and to be in support of the people. Naturally, there is no gender bias. However, the patient's movement of availing the primary care outpatient services shown, as seen in the literature review, that when men and women are compared in their health care expenditure and services used, data shows that women are more likely than men to go for primary care. As such, women tend to have higher medical expenditure in comparison to men. This is rooted in women's higher morbidity than men, susceptibility to mental disorders and care for taking precautionary measures (KLEA D. BERTAKIS, 2000).

Mental Health and Drug Abuse

The relationship of primary care with mental disorder patients over the period of a 2-year study has shown that at least 25% of the primary care patients have the mental disorder and that physician often underdiagnose those illnesses and symptoms. The field, though, requires work concerning the different treatments plans which are validated by the psychiatric populations. The study suggested that there should be a standardized intervention based upon the standardized intervention which can be used by medical students whose symptom can be profiled and have an organic comorbidity and, thus, differs from psychiatric populations. (C.Schulberg & J.Burns, 1988).

Mental health and substance abuse issues are interrelated and more often than not the patients have multiple problems at once which are interrelated. In the light of this interrelated, complex web of issues it should be noted that targeting each of the problems or one big problem can be tough for specialists like primary physicians,



drug abuse specialists or mental health providers separately. The reason lies in the independent approach of each specialist, which are being prepared and implemented in isolation. The problem lies in the fact that with the problems like drug abuse being related to depression, anxiety, possibly suicidal thoughts, weakness, physical illness, etc., there is a whole range of possible issues.

It is for this reason that the primary care providers and the mental health clinicians should work together as a team to devise an intervention for the patient. In other words, a linked and complex intervention to target the various issues of the patient. The benefits of this interlinked care provision are that there can be an early identification of drug/substance abuse as well as prevention of a relapse. Furthermore, a detailed causal relationship can be drawn in the diagnosis period with regards to substance abuse; there can also be access to better substance abuse treatment services, the regular regimen of check-ups and medicines, and training staff for the eventuality of dealing with substance abuse. Medical issues and risk of diseases like heart disease, liver disease, hypertension, hepatitis C can also be avoided or treated depending upon the patient's addiction progression and the combined effort of the care providers (Weisner, Mertens, & Parthasarathy, 2001).

The benefits of the linkage do not stop there; multiple other benefits manifest itself in the form of cost-efficacy. This occurs because of the patient would not need to spend extra money or time in seeing the various specialist for various issues, suffer from misdiagnosis, re-admission due to relapse and expenditure in the form of criminal justice expenditures. Behavior can benefit a lot from this linkage due to the impact of produced in the form of discouraging risky and dangerous behavior which would lead to disease, incarceration, or worse, death. Therefore, linkage approach is beneficial for a myriad of reasons pertaining to cost efficacy, time-saving, behavior impact, early diagnosis, reduction of the chance of relapse and broadly targeting approach to various problems and co-morbidities (Samet, Friedmann, & Saitz, 2001).



Conclusion and Future Recommendations

Health care system and services are there for two main reasons which are to improve the health of people and to devise a system which gets better at providing quality care to people with efficiency, effectiveness and without discrimination. Health care providers play an important and significant role in patients' lives which can save their lives and restore their physical and mental health. Research has shown that doctors need a lot of time as well as detailed medical records to ensure that all recommendations for preventive illnesses are being fulfilled and that the patient's diagnosis is done correctly. Preference of patients or rate of them choosing one service over the other, however, depends upon the cost of each service, i.e., negative cost influence, availability of specialists as well as the reimbursement policy. But what should not be ignored is that in addition to the primary care physicians, other stakeholders like non-physician care providers, psychiatrist, abuse specialist, and nurses are all equally important and part of the same team. It is especially in regard to mental health, chronic and substance abuse issues that all stakeholders and specialists need to work together to devise an intervention which would ensure proper diagnosis, acknowledge the complex nature of illness, encourage joint working between the primary care physicians and specialists and encourage patients to take an active role in their treatment.

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