Free Visits: A Strategy to Retain Patients and Improve Continuity in a Residency Program

Gregg Warshaw, MD, Stephen H. Gehlbach, MD, MPH, and Samuel W. Warburton, MD
Durham, North Carolina

All family practice residencies attempt to offer continuity experience to residents and patients as part of their model practices. However, every year one third of the most experienced resident providers leave the practice to be replaced by new, inexperienced residents. This study reports a randomized controlled trial in which a sample of reassigned patients was offered a free visit with their new physician. The free visit was a scheduled appointment with the patient's newly assigned physician during a two-month period for the purpose of meeting the new physician. The offer of a free visit succeeded in helping patients make the initial office contact with their new physician. However, during six months of follow-up the free visit offer did not have an impact on visit frequency or primary provider continuity. In this study the reassignment of patients to new physician providers did not affect overall visit frequency, but did have a negative impact on primary provider continuity.

Continuity of care is an often-stated goal of primary care programs.[1-5] All family practice residencies attempt to offer continuity experiences to residents and patients as part of their model practices. Unfortunately, several characteristics of the training programs interfere with achievement of this goal.[6,7] Educational commitments to hospital rotations and specialty services limit the time residents are usually in the model practice to only one to five half-days per week. Most important, every year one third of the most experienced residents leave the practice to be replaced by new, inexperienced residents.

At the Duke-Watts Family Medicine Center (FMC), an attempt is made to ease patients' transition to new physicians by sending each reassigned patient a personalized letter from the departing resident that introduces by name the newly assigned family physician. Patients still express frustration, however, at the frequent turnover of physicians, and it is possible that each July there is a loss of patients from the practice.

In an effort to improve continuity and retain patients, each person in a sample of reassigned patients was offered a free visit with his or her new physician. The present study reports a randomized controlled trial that examined the effect of this intervention on (1) overall frequency of office visits, (2) subsequent continuity with the primary providers, and (3) subsequent continuity with the FMC.

Methods

The study was conducted at the Duke-Watts Family Medicine Center in Durham, North Caro-

From the Duke-Watts Family Medicine Program, the Department of Community and Family Medicine, Duke University Medical Center and the Durham County General Hospital, Durham, North Carolina. Requests for reprints should be addressed to Dr. Gregg Warshaw, Department of Community and Family Medicine, Duke University Medical Center, Durham, NC 27710.

Table 1. Patient Visit Frequency During Experimental Period (July-August 1980)

	Free Visit Group (%)	Reassigned Control Group (%)	Not-Reassigned Control Group (%)	Comparison
Patients visiting per period	18.0	12.1	8.0	$\chi^2 = 19.1$ $P < .0005$
Patients visiting per month	9.0	6.1	4.0	
Patients visiting who saw primary provider	62.7	46.8	64.9	

lina, which serves approximately 15,000 active patients (ie, members of families with at least one member visiting the office during the past two years). Patients are seen by 39 resident physicians and 7 faculty physicians. New residents begin work at the FMC each July, replacing departing third-year residents.

Three study groups were selected. The free visit experimental group and the reassigned control groups were randomly selected from the list of patients receiving reassignment letters. A control group of patients not reassigned to a new physician was randomly selected from a list of all remaining FMC patients.

The intervention, an offer for a free visit, was made to all experimental group patients in the form of a letter enclosed with the reassignment letter. The free visit was to be a scheduled appointment with the patient's newly assigned physician during July or August 1980 for the purpose of meeting the new physician. Only the professional fee was to be waived.

This study covered a period of 13 months from February 1, 1980, through February 28, 1981. February through June was a baseline period used to assess visit and continuity experience of the selected patients. Reassignment letters with the enclosed offer were sent to patients in May 1980. July and August were the experimental months during which patients were eligible for free visits with their new physicians. September 1980 through February 1981 was a six-month follow-up period to assess subsequent patient continuity and visit frequency.

Patient encounter data were collected from a computerized medical information system. Sociodemographic data, a brief encounter history, including identification of the encounter physician, and diagnoses from each patient encounter were collected.

Results

During the spring of 1980, 3,750 FMC patients were reassigned to new physicians effective July 1, 1980. The 373 active patients in the experimental group were sent a letter offering a free visit. There were 387 patients in the reassigned control group, and 460 patients in the control group not reassigned to new physicians. The unequal size of the three groups resulted from undelivered letters (address unknown) and the randomization. Age and sex characteristics of patients were similar in the three groups. Sixty percent of the patients were female; the mean age of patients in the experimental and reassigned control groups was 35 years, compared with 31 years for the not-reassigned control group. During the baseline period there was no statistical difference among the three groups with regard to visit frequency or the percent of patients with one or more visits with their primary provider (4.1 percent of patients visited per month; 67.7 percent of patients saw their primary health care provider).

Patient visit frequency during the experimental period is summarized in Table 1. During these two months the free visit group patients were eligible for a free encounter. Significantly more patients in the free visit group visited the FMC during the study period. The visit rate per month was more than twice the baseline period rate for the free visit group patients, and the majority of the study

Table 2. Characteristics of Free Visit Group vs Control Group Primary Provider Visits (July-August 1980)

	Free Visit Group (%)	Reassigned Control Group (%)	Not-Reassigned Control Group (%)	Comparison
Visits only for health maintenance	24.2	23.0	0.0	$\chi^2 = 19.2$ $P < .0005$
Patients visiting who had no baseline visit	54.8	22.7	29.1	$\chi^2 = 8$ $P < .025$

period encounters were with the primary provider. In contrast, the reassigned control group patients appeared to be less likely to see their new primary providers.

Looking more closely at the free visit encounters, Table 2 compares these with the primary provider visits of patients in the two control groups during July and August. Forty-two patients had primary provider contacts in the free visit group during July and August, almost twice as many as in either of the control groups. About one in four visits of the reassigned patients in both the free visit and control reassigned groups were for health maintenance. Health maintenance visits did not occur in the control not-reassigned group. Fifty-five percent of patients in the experimental group had not visited the FMC during the baseline period compared with 23 percent and 30 percent for the control groups. These data suggest that the free visit offer succeeded in attracting patients who were not previously frequent FMC visitors.

Patient visit frequency during the six-month follow-up period is summarized in Table 3. All three groups had similar numbers of patients return for at least one office visit. The monthly visit rates were similar to the baseline period. The experimental group visit rate was closer to the not-reassigned controls than the reassigned controls, but this trend was not statistically significant. The not-reassigned control group patients saw their primary providers more frequently than did patients in either reassigned group. This means that during the follow-up period reassignment reduced the likelihood that patients would see their regular physician.

To evaluate whether the free visits generated during the experimental period were "borrowed" from the future, Table 4 combines the data from the experimental and follow-up period. The question is, do the differences demonstrated during July and August become negligible when combined with the September through February data? The free visit group maintained a statistically significant increased visit rate over the eight-month period, but the percent of visits with a primary provider is not statistically different among the three groups when the data are combined over the eight-month period.

Discussion

This paper has examined the effect of an offer of a free office visit to encourage the reassigned patients of a family medicine model practice to meet their new physician and to continue their relationship with the practice. The results suggest that the free visit offer helped some patients make the initial office contact with their new physician. Free visit group patients were more likely to meet their new provider during July and August than were the controls. During the follow-up period, however, the free visit group was not able to improve on the continuity obtained by the reassigned controls. Even so, early contact between the primary provider and the patient may lead to improved continuity with the practice as a whole. A trend in this direction was observed during the six-month follow-up.

Reassignment itself does appear to adversely affect patient continuity with the primary provider. The study began, however, with the assumption that reassignment also led to the outright loss of patients from the practice. During the first six months of follow-up, reassigned patients were just

Table 3. Patient Visit Frequency—Follow-Up Period (September 1980-February 1981)

	Free Visit Group (%)	Reassigned Control Group (%)	Not-Reassigned Control Group (%)	Comparison
Patients visiting per period	23.9	18.6	22.4	
Patients visiting per month	4.0	3.1	3.7	
Patients visiting who saw primary provider	50.6	52.8	72.8	$\chi^2 = 11.3$ $P < .005$

Table 4. Patient Visit Frequency—Experimental and Follow-Up Periods (July 1980-February 1981)

	Free Visit Group (%)	Reassigned Control Group (%)	Not-Reassigned Control Group (%)	Comparison
Patients visiting per period	31.4	23.0	24.1	$\chi^2 = 8.3$ $P < .025$
Patients visiting per month	3.9	2.9	3.0	
Patients visiting who saw primary provider	59.8	58.4	72.1	

as likely to return as those not reassigned. This finding should be reassuring to model family practices with similar concerns.

Several factors may have kept the response rate to the free visit offer from being higher, including the early mailing of the letters (May mailing for a July-through-August offer) as well as summer vacations of patients and physicians. In addition, a longer follow-up period may have revealed different trends. The cost of the intervention was acceptable; the FMC was able to accommodate additional patients without additional overhead. Educationally it was beneficial to the new first-year residents to meet earlier with more of their new panel of patients.

In summary, an offer of a free visit with a new physician provider succeeded in helping some patients make the initial office contact with their new physician. During the six-month follow-up the free visit offer did not have an impact on visit frequency or primary provider continuity. Finally, in this study the reassignment of patients to new physicians did not affect overall visit frequency but did have a negative impact on primary provider continuity.

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