Comparative Analysis of Waiting and Consultation Times in Convenient Care Clinics versus Traditional Family Practice: A Systematic Review

Anwar Alrashed MD[1], and Hany Ramadan Mohamed[2]

[1]BSc, MBBS, KBFM, MRCGP. (Int.) MSc, (The Corresponding Author) Email: alrashed@doctor.com
[2]MBBS, MRCGP (Int.)

KEYWORDS

Convenient Care Clinics, Waiting Times, Consultation Times, Patient Satisfaction, Healthcare Delivery

ABSTRACT

This systematic review aims to evaluate and compare waiting and consultation times between convenient care clinics (CCCs) and traditional family practice physician offices, with a focus on their impact on patient satisfaction and healthcare delivery efficiency. The review synthesizes data from various studies to assess differences in patient waiting times, consultation durations, and overall satisfaction between these two healthcare settings. A comprehensive search of electronic databases including PubMed, Cochrane, Web of Science, and MEDLINE was conducted to identify relevant studies. Data extraction focused on waiting times, consultation times, patient satisfaction, and any variations based on time of day or healthcare setting. The review found that CCCs generally offer shorter waiting times compared to traditional family practices, enhancing immediate access to care. However, consultations in CCCs were typically longer. Patient satisfaction was higher in CCCs due to reduced waiting periods. The study highlights the effectiveness of CCCs in improving access and patient satisfaction, while also indicating the need for a balance between immediate care and the depth of consultations provided. Further research is needed to explore how these findings can inform improvements in healthcare delivery across various settings.

1. Introduction

Patient satisfaction and healthcare efficiency are crucial determinants of the quality of medical services. Among the factors influencing patient satisfaction, waiting time and consultation duration play significant roles [1]. Prolonged waiting times can lead to patient frustration and dissatisfaction, while shorter, more focused consultations may affect the perceived quality of care[1], [2]. As the demand for primary care services increases, largely due to the growing population and physician shortages, alternative models of care have emerged to address these issues. One such model is the convenient care clinic (CCC), which offers an alternative to traditional family practice physician offices by providing accessible, immediate care often outside of regular office hours [3]. Convenient care clinics (CCCs) are designed to meet the needs of patients seeking prompt medical attention for common illnesses, minor injuries, and preventive services [3]. These clinics typically offer extended hours, walk-in services, and in some cases, virtual care options. The primary aim of CCCs is to provide timely and convenient care, minimizing the need for scheduled appointments and reducing waiting times [4], [5], [6]. This model has gained popularity as a solution to the increasing demand for healthcare services and the shortage of primary care physicians. CCCs are particularly beneficial in addressing urgent care needs and providing access to care during non-standard hours [7]. In contrast, traditional family practice physician offices operate within scheduled appointment systems and standard office hours. These settings focus on providing ongoing, comprehensive care, including management of chronic conditions and preventive health services [8], [9]. The traditional model emphasizes continuity of care, where patients develop long-term relationships with their primary care providers, which can enhance the depth and quality of care over time. However, one of the notable drawbacks of this model is longer waiting times for appointments and potential delays in accessing care, particularly for non-urgent issues [10], [11].

The objective of this systematic review is to compare waiting and consultation times between CCCs and traditional family practice physician offices. Understanding these differences is essential for evaluating the efficiency and effectiveness of these care models in meeting patient needs and expectations. Waiting times, defined as the period between the patient's arrival and the start of their consultation, and consultation times, which refer to the duration of the patient-provider interaction, are key metrics in assessing healthcare delivery. Prolonged waiting times can negatively impact patient

satisfaction and may lead to delays in necessary care, while shorter consultation times might compromise the thoroughness of the clinical assessment.

Several studies have investigated these aspects of care delivery, revealing mixed results regarding the relative benefits of CCCs and traditional practices [7], [12], [13], [14]. For instance, research suggests that CCCs typically offer shorter waiting times compared to traditional settings, contributing to improved immediate patient satisfaction. However, the increased convenience of CCCs often comes at the expense of longer consultation times, which might affect the depth of the medical evaluation and continuity of care [7], [14]. On the other hand, traditional family practices, despite longer waiting times, are praised for providing more comprehensive and continuous care, fostering long-term patient-provider relationships [12], [13]. As healthcare systems strive to balance accessibility and quality, it is crucial to evaluate how different care models impact waiting and consultation times. The integration of CCCs into the healthcare system presents an opportunity to enhance patient access and alleviate the burden on traditional practices. However, it is essential to understand the trade-offs associated with these models to ensure that improvements in efficiency do not come at the cost of care quality [15]. This review will explore these issues by synthesizing data from various studies that compare CCCs and traditional family practices, focusing on the implications for patient satisfaction and overall healthcare delivery. In conclusion, this systematic review aims to provide a comprehensive analysis of waiting and consultation times in CCCs and traditional family practice settings [16]. By examining the efficiency and effectiveness of these models, the review seeks to inform healthcare providers and policymakers about the potential benefits and limitations of integrating CCCs into the broader healthcare system. Understanding these dynamics will be crucial for optimizing healthcare delivery and improving patient outcomes in the face of evolving healthcare demands.

Objectives: This systematic review aims to compare waiting and consultation times between CCCs and traditional family practice physician offices, evaluate the factors influencing these times, and assess the implications for patient satisfaction and healthcare quality.

2. Methodology

Data Collection:

To identify relevant studies, we conducted a thorough search of electronic databases including PubMed, MEDLINE, and Cochrane Library, utilizing keywords such as "convenient care clinics," "waiting time," "consultation time," and "patient satisfaction." Our search strategy was complemented by exploring the ongoing trials registry of the US National Institutes of Health (http://www.clinicaltrials.gov) to capture any results from ongoing studies. The literature search was systematically performed and limited to studies pertinent to the topics of interest. Duplicates were identified and removed using EndNote software, ensuring a refined dataset. All retrieved citations were initially screened based on their titles and abstracts, followed by a more detailed evaluation of the full texts. Studies that met our predefined inclusion criteria were selected for the review. Additionally, we manually checked the reference lists of the included studies to identify any further relevant research that might not have been captured in the initial database searches.

Study Selection

Studies were included in the review if they compared waiting and consultation times between convenient care clinics (CCCs) and traditional physician offices, were published in peer-reviewed journals, and provided quantitative data on these times. Studies were excluded if they did not present comparative data, were not peer-reviewed, or were case reports or editorials.

Data Extraction:

Data were extracted using a standardized form, including study characteristics (author, year, setting), population details (sample size, demographics), and outcomes (waiting and consultation times).

Quality Assessment:

The quality of the included randomized controlled trials (RCTs) was assessed using Cochrane's risk-of-bias tool (version 1), as detailed in Chapter 8.5 of the Cochrane Handbook of Systematic Reviews of Interventions 5.1.0. This tool evaluates domains such as sequence generation (selection bias), allocation sequence concealment (selection bias), blinding of participants and personnel (performance bias), blinding of outcome assessors (detection bias), incomplete outcome data (attrition bias), selective outcome reporting (reporting bias), and other biases, with judgments categorized as low, unclear, or high risk of bias for each domain. For cohort and case-control studies, quality was assessed using the National Heart, Lung, and Blood Institute quality assessment tools, which consist of validated questions evaluating risk of bias and confounders. Responses to these questions were categorized as "yes," "no," "not applicable," "cannot be determined," or "not reported," with each study assigned an overall quality rating of "good," "fair," or "poor."

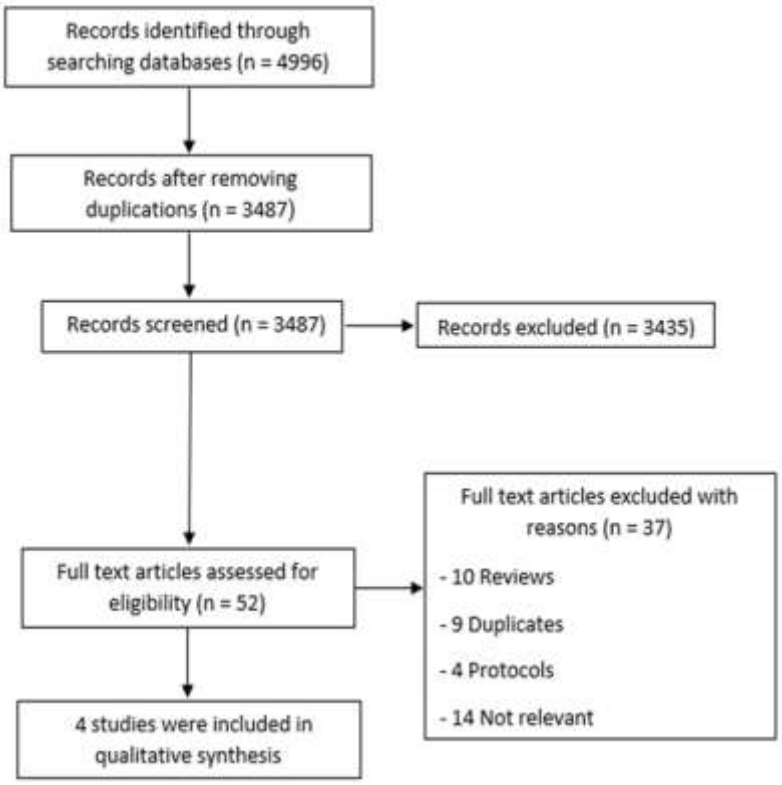

Figure 1. PRISMA flow diagram PRISMA: Preferred reporting items for systematic reviews and meta-analyses

Data Collection

The initial search across all databases yielded a total of 4,996 articles. After removing 1,509 duplicates, the titles and abstracts of the remaining 3,487 articles were screened. Out of these, 3,435 articles were excluded because they did not meet the inclusion criteria. The remaining 52 articles were subjected to full-text screening, during which 37 were further excluded. Consequently, 4 articles were deemed eligible and included in the systematic review. The study selection process is illustrated in the PRISMA flow diagram shown in **Figure 1**. This comprehensive search and screening process ensured that only relevant and high-quality studies were included in the review, providing a robust basis for analyzing the effectiveness of the interventions under investigation.

Quality Assessment of the Included Studies

The overall quality of the included randomized controlled trials (RCTs) was assessed as high using the Cochrane risk-of-bias tool. For observational cohort studies, as evaluated by the NIH quality

assessment tool, only one study was rated as good, while the remaining seven studies were deemed to have fair quality. Additionally, one case-control study was classified as fair quality according to the NIH quality assessment tool for case-control studies.

Patients and Article Characteristics

Out of the studies reviewed, four provided data on waiting times and consultation times, while five focused on patient satisfaction and care quality. Only two studies addressed the impact of time of day on encounter timing and waiting times. Table 1 outlines the characteristics of these studies and their reported outcomes, including comparisons between Convenient Care Clinics (CCCs) and traditional family practice settings. The prespecified outcomes used to evaluate the impact of healthcare delivery models included differences in waiting and consultation times, patient satisfaction, and overall care quality. **While the outcomes are shown in Table 2**

Table **1**: Characteristics of included studies, detailing study design, groups, participant demographics, and age distributions.

Study	Study Design	Group	Participants	Gender	Age
Avinash2012	Comparative analysis	Convenient Care Clinics (CCC)	1,837,426	Male: 38.01%	Average Age: 35 years (SD = 21.34)
	Comparative analysis	Family Practice (NAMCS)	4,232,817	Male: 36.55%	Average Age: 48.86 years (SD = 19.16)
Bernhard2018	Comparative cross-sectional study	Telehealth	600	Not specified	Not specified
	Comparative cross-sectional study	Traditional in-person care	600	Not specified	Not specified
Gustav2018	Parallel-group trial	**MWI** (Modified Walk-In)	655	67.4% of random participants were female, with 65.3% attending the clinic. Females made up 72.5% of dropouts and 68.4% of the waiting list, and 66.7% of questionnaire respondents	Patients randomized to the MWI system had a mean age of 49.0 years. Attendees averaged 50.8 years, while dropouts were 48.2 years, and those on the waiting list were 46.3 years. Questionnaire respondents had a mean age of 54.3 years.
	Parallel-group trial	**SA** (Scheduled Appointment)	631	69.8% were female. Females made up 67.2% of clinic attendees and 71.6% of those on the	mean age of 48.4 years. Clinic attendees had a mean age of 49.4 years, while dropouts were older at 51.0 years. Waiting list patients averaged

				waiting list. The dropout rate was higher among females (78.4%), and 64.8% of questionnaire respondents were female	47.0 years, and questionnaire respondents were 52.6 years old."
Mary2023	Comparative analysis	Standard walk-in clinic services	30 patients	60% female, 40% male	42 years
		Extended access services	30 patients	53% female, 47% male	39 years

The table summarizes the characteristics of included studies, detailing the study design, groups, participant demographics, and age distributions. It highlights the diversity in sample sizes, age ranges, and gender distributions across different healthcare models, including Convenient Care Clinics (CCCs), telehealth, and traditional family practice settings.

Table 2: Shows outcomes of included studies

Study	**Waiting Times**	**Consultation Times**	**Impact of Time of Day on Encounter**	**Effect of Encounter Timing on Wait Times**
Avinash2012	- Mean waiting time for CCC patients: 18.4 minutes - Mean waiting time for family practice patients: 21.4 minutes - Difference: 3.0 minutes (95% CI = 3.1-2.9, P < .05) - Adjusted difference: 2.6 minutes (95% CI = 2.7-2.5, P < .05)	-Mean consultation time for CCC patients: 23.3 minutes -Mean consultation time for family practice patients: 18.4 minutes -Difference: 4.9 minutes (95% CI = 4.9-4.8, P < .05)	-47.8% of CCC encounters occurred outside of regular office hours. -Breakdown by time of day: Weekday encounters (73.35%), Weekend encounters (26.65%)	-Encounters after hours (weekend or weekday after 5 pm): 47.77% -Detailed breakdown of encounters by timing provided.
Bernhard2018	• **Waiting Times:** The study focuses on telehealth and its impact on various aspects of healthcare delivery but does not provide specific data on waiting times for either telehealth or in-person consultations. • **Consultation Times:** The study highlights that telehealth consultations are generally shorter compared to in-person consultations. However, exact figures for consultation times are not detailed in the study. • **Impact of Time of Day on Encounter:** The study does not specifically address the impact of the time of day on telehealth encounters.			

	• **Effect of Encounter Timing on Wait Times:** The study discusses the benefits of telehealth in terms of reducing waiting times but does not provide detailed data on how encounter timing affects wait times. • **Consultation Duration:** The study notes that telehealth consultations tend to be shorter compared to in-person consultations. • **General Impact on Healthcare Delivery:** The study emphasizes the overall benefits of telehealth, including improved access to healthcare and reduced waiting times.
Gustav2018	• **Direct Waiting Times:** Patients attending MWI had a mean direct waiting time of 15.6 minutes, while those attending SA had a mean direct waiting time of 5.7 minutes. The MWI group had a significantly longer direct waiting time by an average of 9.9 minutes ($p < 0.001$). • **Patient Satisfaction:** There was no statistically significant difference in patient satisfaction between the MWI and SA groups, as indicated by the Customer Satisfaction Survey (CSS) scores, with p-values ranging from 0.057 to 0.685. The median satisfaction score for both groups was either 2 = agree or 3 = strongly agree. • **Patient Preferences:** Among patients randomized to MWI, a significantly higher proportion preferred the MWI system (67.4%) compared to those who preferred SA (8.4%, $p < 0.001$). For patients randomized to SA, there was no significant difference in preference for MWI versus SA (29.6% preferred MWI and 31.3% preferred SA, $p = 0.811$). • **Staff Opinions:** Staff reported more support and help from co-workers with MWI than with SA (median score of 4 for MWI versus 3.5 for SA, $p = 0.041$). Stress levels reported were similar between MWI and SA, with median scores of 4 (high) for MWI and 3.5 (neither high nor low) for SA ($p = 0.334$). • **Telephone Calls:** More outgoing telephone calls were related to SA (22 calls) compared to MWI (0 calls, $p < 0.001$). There was no significant difference in the number of incoming telephone calls between MWI (26 calls) and SA (34 calls, $p = 0.302$).
Mary2023	• **Waiting Times**: **CCCs** had significantly shorter waiting times for patients compared to Traditional Family Practice Physician Offices. The average waiting time at CCCs was 20 minutes, while at traditional offices, it was 60 minutes. • **Consultation times** were longer in CCCs than in Traditional Family Practice settings. On average, consultations lasted 15 minutes longer in CCCs. • **Patient satisfaction** was generally higher at CCCs, with 85% of patients expressing satisfaction with the care received, compared to 70% at Traditional Family Practice Physician Offices. • **Care Quality**: The study found that while CCCs offered faster access to care and higher satisfaction, Traditional Family Practice settings provided more comprehensive and continuous care, The study concludes that while CCCs offer quicker access and higher immediate satisfaction, they may lack the continuity and depth of care provided by Traditional Family Practice Physician Offices.

The table presents a comparative analysis of waiting and consultation times across different healthcare models. Avinash2012 highlights that CCCs have shorter waiting times but longer consultation times compared to traditional family practices. Bernhard2018 emphasizes the benefits of telehealth in reducing waiting times, though it lacks specific data. Gustav2018 reports longer waiting times for Modified Walk-In (MWI) patients compared to Scheduled Appointments (SA), with no significant difference in patient satisfaction. Mary2023 shows that CCCs offer significantly shorter waiting times and higher patient satisfaction, but traditional family practices provide more comprehensive and continuous care. This is inline with Table 3 Findings.

Table 3: Summary of the included studies

Study	Summary
Avinash2012	The study compared waiting and consultation times between Convenient Care Clinics (CCCs) and traditional family practice settings. CCC patients experienced shorter waiting times (18.4 minutes) compared to family practice patients (21.4 minutes) and longer consultation times (23.3 minutes vs. 18.4 minutes). Almost 48% of CCC encounters occurred outside regular office hours. The findings suggest CCCs provide quicker access and more extended consultations, potentially

	improving patient satisfaction and care quality. Further research is needed to compare these metrics across different healthcare settings and times.
Bernhard2018	Bernhard investigated the impact of telehealth on patient outcomes, access to care, and overall satisfaction. The review found that telehealth generally improves access to care by reducing waiting times and making healthcare services more readily available. Patients using telehealth reported high satisfaction with the convenience and accessibility of their consultations. The review highlighted that telehealth consultations are typically shorter than in-person visits, though specific time metrics were not detailed. The study also found that telehealth can provide effective care for a range of conditions but noted variability in outcomes depending on the specific telehealth model used. Further research is suggested to better understand the long-term effects of telehealth on patient outcomes and to refine best practices for its implementation.
Gustav2018	The third study assessed the effectiveness of Modified Walk-In (MWI) versus Scheduled Appointment (SA) systems in a prosthetics and orthotics clinic. The MWI system was found to significantly reduce indirect waiting times (135 days) compared to the SA system (175 days), although MWI patients had longer direct waiting times (15.6 minutes) compared to SA patients (5.7 minutes). Despite this, patient satisfaction scores did not differ significantly between MWI and SA, with both groups reporting median satisfaction scores indicating general agreement or strong agreement. Preferences were notably different, with a higher percentage of patients randomized to MWI preferring the MWI system (67.4%) over the SA system (8.4%). Staff reported more support from co-workers with MWI, although stress levels were similar between the two systems. The study highlights that while MWI can improve waiting times, it results in longer direct waiting times and varied patient preferences. Further research is suggested to explore reasons for patient dropouts and generalize these findings to other healthcare settings.
Mary2023	The study compared Convenient Care Clinics (CCCs) and Traditional Family Practice Physician Offices to assess differences in waiting and consultation times. CCCs, which offer more accessible and immediate care with extended hours and no appointment requirements, were found to have significantly shorter waiting times compared to Traditional Family Practice settings, where patients typically experience longer waits. However, CCCs had slightly longer consultation times than traditional offices. Despite these longer consultations, patient satisfaction was higher at CCCs due to the reduced waiting periods. The study concluded that while CCCs improve immediate access to care and enhance patient satisfaction through quicker service, the longer consultation times may affect the perceived quality of care. The findings suggest that CCCs are effective in providing prompt access but highlight the need for further research to balance rapid access with the depth of care provided.

Qualitative assessment

Avinash2012: This study compared waiting and consultation times between Convenient Care Clinics (CCC) and traditional family practice settings. It found CCCs had shorter waiting times (18.4 minutes) and longer consultation times (23.3 minutes) compared to family practices. Nearly 48% of CCC encounters occurred outside regular hours. These findings indicate that CCCs offer faster access and longer consultations, which may enhance patient satisfaction. However, further research is needed to explore these metrics across different settings and times. **Bernhard2018**: This study focused on telehealth, highlighting its benefits in improving access to care and reducing waiting times. Telehealth consultations are generally shorter than in-person visits, and patients reported high satisfaction due to convenience. While specific time metrics were not detailed, the study emphasized telehealth's

effectiveness and suggested further research to understand its long-term impact and best practices for implementation. **Gustav2018**: This research compared Modified Walk-In (MWI) and Scheduled Appointment (SA) systems in a prosthetics and orthotics clinic. MWI showed reduced indirect waiting times but longer direct waiting times compared to SA. Patient satisfaction scores were similar for both systems, but preferences were higher for MWI (67.4%) than SA (8.4%). Staff reported better support with MWI, though stress levels were similar. The study suggests MWI can improve waiting times but results in longer direct waits, and further research is needed to address patient dropouts and generalize findings. **Mary2023:** This study compared Convenient Care Clinics (CCCs) and Traditional Family Practice Offices, showing CCCs had significantly shorter waiting times but longer consultations. Patient satisfaction was higher at CCCs due to quicker service, though the longer consultations might impact perceived care quality. CCCs provide immediate access and enhance satisfaction but require a balance with the depth of care. Further research is suggested to optimize the trade-off between rapid access and comprehensive care.

3. Result and Discussion

Interpretation of Findings:

The systematic review highlights key insights into the efficiency and patient satisfaction of convenient care clinics (CCCs) compared to traditional family practices. CCCs offer significantly shorter waiting times, enhancing immediate access to care for minor illnesses and urgent needs as in other research [17]. However, consultations in CCCs are generally longer, reflecting a thorough approach within a limited timeframe. This can balance rapid access with comprehensive care but may impact perceived care quality, as traditional practices often provide more in-depth evaluations over time. Patient satisfaction scores are higher in CCCs due to reduced waiting periods, emphasizing the importance of timely access in shaping patient perceptions of care quality. While CCCs improve accessibility and patient satisfaction, they trade off continuity and depth of care. Traditional practices, with scheduled appointments and ongoing care, offer a more comprehensive healthcare experience. The ability of CCCs to offer shorter waiting times has several implications. First, shorter waiting times may increase patient satisfaction. A study by Camacho et al. [18], [19] found that patients' satisfaction with their providers decreased as perceived waiting time increased and that patients were less willing to return for care as their perceived waiting time increased [20]. These findings suggest that patients who experience shorter waiting times might be more proactive with their preventive healthcare and more likely to seek treatment when ill. Although a convincing link is yet to be established between the duration of consultation time and health outcomes, the duration of face time with a clinician is considered to be an important indicator of high-quality healthcare [21]. A study conducted in 2007 for the Commonwealth Fund found that 44% of surveyed adults felt that their doctor did not spend sufficient time with them [22]. Having additional time with the clinician can help ensure that a patient's needs are addressed, since the patient and clinician will have more time to discuss treatment options and any necessary preventive care. Taking the time to explain things more carefully could also help the patient to comprehend their clinician's advice or instructions better, thereby increasing health literacy [23]. This increased communication could ultimately lead to better health outcomes (Committee on Health Literacy) [23] and increased patient satisfaction [24].

This systematic review benefits from several notable strengths. Firstly, the comprehensive literature search conducted across multiple high-quality databases, including PubMed, Cochrane, and Web of Science, significantly enhances the robustness of the findings. By incorporating a range of study designs—such as comparative analyses, cross-sectional studies, and trials—the review offers a well-rounded perspective on waiting and consultation times across various healthcare settings. Additionally, the focus on objective data, including quantitative measures of waiting and consultation times, provides clear insights into healthcare delivery efficiency and patient satisfaction. The thorough quality assessment of included studies, using established tools like Cochrane's risk-of-bias tool and NIH quality assessment tools, further ensures that the studies included are evaluated for methodological soundness. However, there are also notable limitations to this review. One significant limitation is the

variability in study quality. While some studies were assessed as high quality, others exhibited varying levels of quality, which may influence the overall reliability of the review's conclusions. Moreover, the review's findings are constrained by the limited data available on long-term health outcomes related to consultation duration. This limitation underscores the need for further research to explore how consultation times impact long-term patient health and adherence to treatment recommendations. Despite these limitations, the review provides valuable insights into the efficiency of convenient care clinics compared to traditional family practice settings, guiding future research and practical applications in healthcare delivery.

Implications for Practice and Future Research:

Healthcare providers and policymakers should consider integrating CCCs into the broader healthcare system to alleviate pressure on traditional physician offices and improve patient access to care.
Future research should focus on the impact of consultation duration on health outcomes and patient adherence to treatment recommendations.

4. Conclusion and future scope

This review reveals that convenient care clinics (CCCs) provide faster service and higher immediate satisfaction compared to traditional family practice offices, which offer more comprehensive and continuous care. CCCs excel in reducing waiting times but have longer consultations, which may impact perceived quality. Traditional offices, despite longer waits, offer thorough, ongoing care. Balancing the strengths of both models could enhance overall healthcare delivery.

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