Future research needs to target broader sampling so there can be more insights into this population.

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Re: A Successful Walk-In Psychiatric Model for Integrated Care

To the Editor: The Kroll et al[1] walk-in model for sustained psychiatric care was able to increase follow-up encounters, especially in vulnerable populations. The authors claim "waiting room time was usually shorter in the afternoon;" however, they did not thoroughly measure it.[1] A primary or integrated care practice that serves these at risk groups may hesitate to use this model because of the fear of its effects on wait time.

Wait time and total time in office or clinic have a significant effect on patient satisfaction.[2] Satisfaction is time limited, noted by the existence of a "golden hour" patients are willing to wait for a medical encounter.[3] Positive satisfaction correlates with "improved medication adherence" in patients with mental health conditions.[4] Practices may worry patient dissatisfaction could be exacerbated by unknown wait times in a patient population that is already prone to poor adherence and return visits as the authors recognize.

Failing to rigorously measure waiting room time limits the generalizability and applicability of this model. With the risk of patient dissatisfaction and worsened outcomes, practices may hesitate trying this model and will then miss out on its benefits of increased patient followup. Future research in this area should include rigorous measure of wait time to encourage uptake of this promising walk-in psychiatric model.

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Response: Re: A Successful Walk-In Psychiatric Model for Integrated Care

To the Editor: Dr. Brinn[1] is right to point out that that the walk-in psychiatry model we developed at Brigham Health[2] fails to manage waiting room times in a way that proactively engages patients who might otherwise leave before receiving treatment. A trade-off was made between risking all the pitfalls that Dr. Brinn described and the potential consequences of prolonging lag times for a scheduled appointment in a traditional model, including a higher risk of missing that appointment,[3] decreased patient satisfaction,[3] and in some cases a higher mortality risk.[4] Neither model is so seamless that it works well enough for all patients, and measuring and reducing wait times is the right next step.

It is a shame that most health systems have been so slow to adapt to the waiting time problem when other industries figured it out long ago. Restaurants that do not take advance reservations find a variety of ways to keep prospective diners occupied until their tables are ready or else they would leave. We sometimes send