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

Westley Mullins, PGY3
Riverside Methodist Hospital Riverside Family
Medicine Residency Program
Columbus, Ohio
westley.mullins@ohiohealth.com

Acknowledgements: Jennifer L Middleton, MD, MPH, FAAFP

To see this article online, please go to: <http://jabfm.org/content/33/1/153.full>.

References

1. Pinon L, Khandalavala B, Geske J. Sugar-sweetened beverage intake in a rural fam med clinic. *J Am Board Fam Med* 2019;32:601–606.
2. Garcia MC, Faul M, Massetti G, et al. Reducing potentially excess deaths from the five leading causes of death in the Rural United States [published correction appears in *MMWR Morb Mortal Wkly Rep* 2017;66:93]. *MMWR Surveill Summ* 2017;66:1–7.
3. Nagler EM, Viswanath K, Ebbeling CB, Stoddard AM, Sorensen G. Correlates of fruit and vegetable consumption among construction laborers and motor freight workers. *Cancer Causes Control* 2013;24:637–47.
4. Gilson, ND, Hall C, Holtermann A, et al. Sedentary and physical activity behavior in “blue-collar” workers: a systematic review of accelerometer studies. *J Phys Act Health* 2019;29:1–10.
5. Anari R, Amani R, Veissi M. Sugary beverages are associated with cardiovascular risk factors in diabetic patients. *J Diabetes Metab Disord* 2019;18:7–13.

doi: 10.3122/jabfm.2019.01.190316

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

To the Editor: The Kroll et al¹ 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.

Ryan K. Brinn, MD
Riverside Methodist Hospital, Family Medicine
Residency Program
Columbus, Ohio
Ryan.Brinn@ohiohealth.com

Acknowledgements: Jennifer L. Middleton, MD, MPH, FAAFP

To see this article online, please go to: <http://jabfm.org/content/33/1/154.full>.

References

1. Kroll DS, Latham C, Mahal J, et al. Successful walk-in psychiatric model for integrated care. *J Am Board Fam Med* 2019;32:481–9.
2. Medway AM, de Riese WT, de Riese CS, Cordero J. Why patients should arrive late: the impact of arrival time on patient satisfaction in an academic clinic. *Healthcare* 2016; 4:188–91.
3. Spechbach H, Rochat J, Gaspoz JM, Lovis C, Ehrler F. Patients’ time perception in the waiting room of an ambulatory emergency unit: a cross-sectional study. *BMC Emerg Med* 19:41, 2019.
4. Fisher A, Manicavasagar V, Kiln F, Juraskova I. Communication and decision-making in mental health: a systematic review focusing on bipolar disorder. *Patient Educ Couns* 2016;99:1106–20.

doi: 10.3122/jabfm.2020.01.190317

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

To the Editor: Dr. Brinn¹ is right to point out that the walk-in psychiatry model we developed at Brigham Health² 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