The Care and Feeding of Primary Care Physicians…

Penetrating the Barrier of 1000 Variables

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Some motivating numbers...

0.1
2.5
3-20
8
17
30
41
55
70
177
200
1000
A bit more context...

0.1%
$2.5$ trillion
3-20x
$8K
17%
30%
#41
55%
70K
$177
$200K
1000 variables

The full unabridged reality...

0.1% invested in assessment in 2005
$2.5$ trillion spent on health care in 2009
3-20x service variation by geography
$8,000$ spent per person on health care in 2009
17% of the economy devoted to health care
30% expenditures that cannot improve health
#41 health quality rank in world
55% needed services delivered
70,000 deaths from medical errors
$177$ billion to treat medication-related illness
$200,000$ per bone marrow transplant
1000 variables per encounter

1000 variables per encounter
• American Academy of Family Physicians
• National Research Network
• National Demonstration Project of the Patient-Centered Medical Home (PCMH)

Primary Care Triad

- Pediatrics
- Internal Medicine
- Family Medicine
1000 people, one month
800 with symptoms
327 consider care
113 receive primary care
13 go to ER
8 are hospitalized
< 1 at Academic Center

The Ecology of Medical Care
The average day for an FM physician...

- Diabetes, type 2, poorly controlled
- Hypertension
- Obesity
- Vaccinations (tetanus and pneumonia)
- Low back pain in elderly man
- Increased thoughts of suicide
- Attention deficit disorder
- Acne
- Bronchitis
- Insomnia
- Emotional stress (marital and child issues)
- Weight loss, unexplained

- Infant – well child check
- Complete physicals, father and son (camp forms completed)
- Ringworm
- Premature breast tissue development in infant
- Toenail fungal infection
- Dyshidrotic eczema
- Lipoma (a benign fatty growth)
- Allergic conjunctivitis
- Sliver of fiberglass in finger
- Alcoholism
- High cholesterol
- Asthma
Primary care visits now average 17 minutes each

In a typical office visit, physicians must:
• Screen for substance abuse, domestic violence, occupational safety, osteoporosis, depression, cancer
• Assess rx adherence and health literacy
• Practice motivational interviewing
• Counsel patients on risks + benefits of: cancer, diet, exercise, smoking, medications, CAM
• Address the original reason why patient came in for visit!

Medicare patients average 6 co-morbidities and 10 prescription medications

In addition to seeing patients, PCPs must:
• Document FMLA, return-to-work, home health + handicap parking requests
• Seek pre-authorizations for imaging, consults, procedures, non-BILLABLE SERVICES
• Coordinate patients’ care with other specialties
• Sort > 100 pieces of mail / day
• Keep up with > 7,000 new articles per month deemed relevant for primary care

PCPs are accountable for complying with 1600+ guidelines which are used for P4P + public reporting

In addition to seeing patients and doing patient-related paperwork, many PCPs must also:

- Research, preview, select and implement different components of Health Information Technology (HIT) especially the Electronic Health Record (EHR)
- Redo patient workflow and retrain staff due to addition of HIT and associated changes
- Initiate and maintain Continuous Quality Improvement (CQI) and PCMH recognition processes
- If private practice, run a small business (HR, accounting, operations, negotiations with payers)
- If system practice, learn corporate culture and comply with all system requirements, etc (e.g., committees, review process)
- Be a leader to staff, patients and community

Talking to Patients about their health, especially prevention

NON-BILLABLE SERVICES
Meet Dr. Mambu

- http://www.cbsnews.com/video/watch/?id=5194622n&tag=mncol;lst;3

What motivates physicians?
Why does $ motivate physicians?

What else motivates physicians?
The Care & Feeding of Physicians

• Time is finite. Time is money. Time is being able to see all the patients who need to see you. Physicians think in terms of minutes & seconds.

• Learn the lingo. Take the time to learn about physician payment structures.
  – FFS (Fee for Service), Capitated, Blended

• Learn about opportunities for physicians to improve care through quality improvement
  – P4P, NCQA medical home, MOC IV (boards)

Become part of their medical team…

• Understand who really runs the office (probably the practice manager)

• Understand office organization (physicians mid-levels, administrative staff, clinical staff)
  Usually no RNs in outpatient settings.

• Understand the office workflow. At what point can your message/materials best be delivered?

• Understand the best way to reach the practice.
NO

YES

NO

YES

Compose Mail

Inbox (too many)

Starred

Chats

Sent Mail
NO – dismiss the stereotypes

YES – Understand their World
YES – Understand their World

“The exam room is my oasis. I hate to open the door to leave.”
Physicians need Community Health

EBH = EBM + SMS + CH

Evidence-based Health equals Evidence-Based Medicine plus Self-Management-Skills and Community Health
The key is making it part of their daily care

HHSA290200710008:
Agency for Healthcare Research & Quality
Task Order #9
“Linking primary care practices to existing community resources for the prevention and management of obesity and diabetes.”
THE $174 BILLION QUESTION: HOW TO REDUCE DIABETES AND OBESITY

YMCA's Diabetes Prevention Program

YOU CAN TAKE CONTROL

The YMCA's Diabetes Prevention Program (YDPP) helps those at high risk adopt and maintain healthy lifestyles and reduce their chances of developing type 2 diabetes.

YDPP is part of the landmark Diabetes Prevention Program funded by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), which showed that by eating healthier, increasing physical activity, and losing a small amount of weight, a person with pre-diabetes can prevent or delay the onset of type 2 diabetes.
Lessons Learned by the Y

• Site visits to practices
• Developing referral process – drilling down to most granular level

Lessons learned by the Y

• Distinct differences between privately owned and system owned practices
• Resource-poor and nimble vs. resource-rich and bureaucratic
Lessons learned by the Y

• Physicians are currently bombarded by quality improvement projects. Survey the landscape, determine how you play a role, then become a facilitator in the physician’s QI success.

Lessons learned by the Y

• Obtain physician permission to empower staff – then do it. Make staff feel special; they are a critical part of patient care.

• Share stories of success from other practices or patients.

• **GIVE SOME KIND OF FEEDBACK** (preferably in the form of data)
Make YOUR message one of the 1000 Variables the physician remembers

By building a relationship