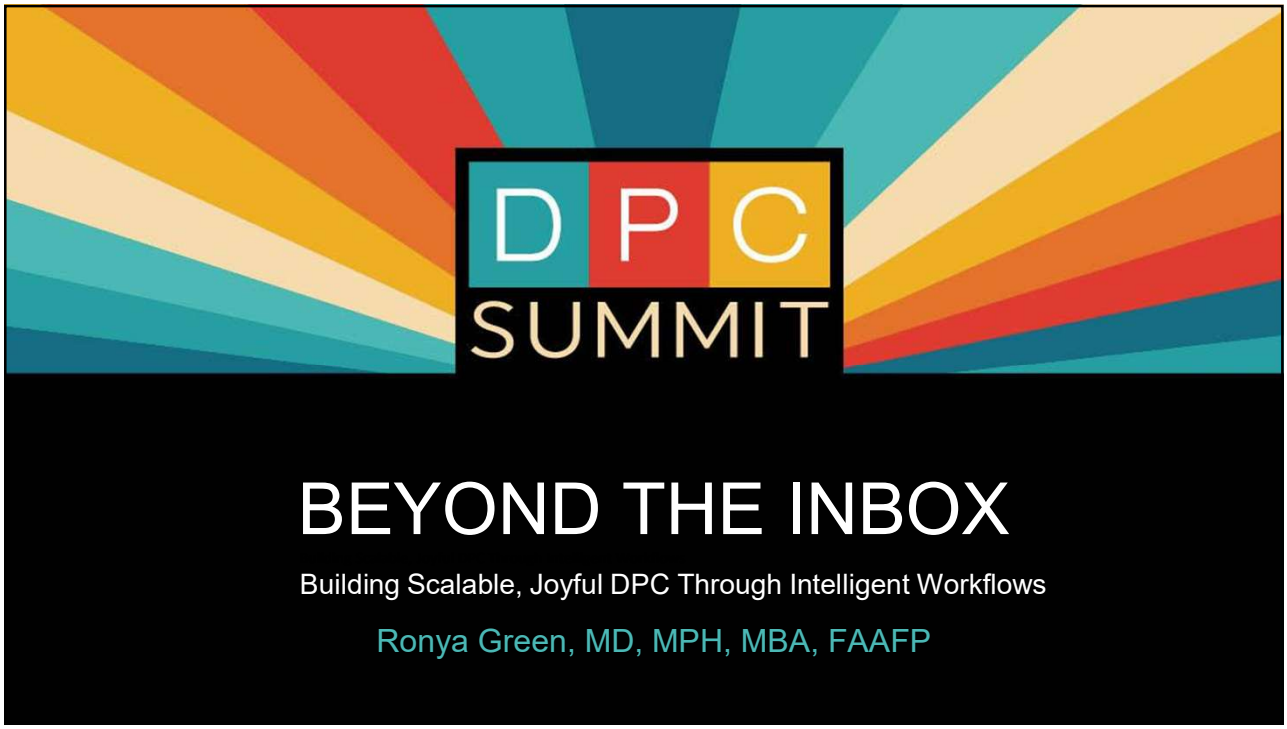

BEYOND THE INBOX

Building Scalable, Joyful DPC Through Intelligent Workflows

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1

- Navigate to https://aafp1.cnf.io/ and tap the session titled "Beyond the Inbox: Building Scalable, Joyful DPC Through Intelligent Workflows"
- OR just point your phone's camera at the QR code to join directly

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2

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3

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4

Learning Objectives – Beyond the inbox

1. Analyze common workflow bottlenecks in growing Direct Primary Care (DPC) practices and prioritize opportunities for automation or team redesign.
2. Apply evidence-informed strategies for integrating technology-enabled tools or redesigned team roles to improve operational efficiency and patient access.
3. Evaluate the impact of workflow redesign on patient experience, panel capacity, and clinician well-being using measurable performance indicators.

DPC SUMMIT

5

IT'S A TUESDAY. 9:14 PM.

And it was a good day.

6

You left the system to get your life back.

7

The trap nobody warned you about.

8

In DPC, there is no one upstream.

You are upstream.

9

THE DATA

It is not just you.

10

15

electronic in-basket messages per clinic hour.

Family medicine receives more than any other specialty.

Source: University of Michigan analysis, JGIM, in-basket messages by specialty.

11

2 hrs

of EHR and desk work for every 1 hour with a patient.

Plus another 1 to 2 hours after everyone's asleep. They call it pajama time.

Source: Annals of Internal Medicine, physician time-motion study (Sinsky et al.).

12

5.9 hrs

of an 11-hour day, spent inside the record.

Nearly a quarter of that is the inbox alone.

Source: EHR event-log study of family medicine physicians.

13

+157%

jump in patient messages in a single pandemic year.

And they never came back down.

Source: Holmgren et al., patient message volume growth.

14

They never
came back down.

Source: JAMA Internal Medicine, 2025, analysis of 280,000+ outpatient physicians.

15

6x

the odds of exhaustion for physicians buried in messages.

Source: Journal of the American Medical Informatics Association (JAMIA).

16

73%

of family physicians say the paperwork is what's burning them out.

Not the patients. Not the medicine. The clerical load.

Source: Medscape physician burnout report.

17

You are not soft.

You are not disorganized.

You are not bad at DPC.

This is the predictable output of a system that was never designed to close its own loops.

18

This is not a physician failure.
This is a design flaw.

19

Joy is downstream of design.

Not a mindset you summon on a chaotic day. What's left when the front door is calm.

20

HOW YOU DESIGN A FRONT DOOR

Capture.
Clarify.
Route.
Close the loop.

21

01

CAPTURE

One front door, not five. One place every request lands.

22

02

CLARIFY

A request that already knows what it is, before it reaches you.

23

03

ROUTE

The relationship for the human. The rest for the system.

24

04

CLOSE THE LOOP

Nothing falls through, even when you're not the one holding it.

25

AI should organize care.
It should never decide care.

26

The win isn't flashy.
The win is trust.

A timely answer, an easy reschedule, a consistent follow-up. Care the patient feels before they walk in.

27

What a calm front door buys you.

28

Not the absence of work.
The presence of attention.

You cannot give whole-person care from a fragmented attention. It's not only a philosophy. It's a math problem.

29

9:14 PM

The phone is still in your hand.

30

The phone is face down.

The lamp is on.

This time 9:14 belongs to you. You didn't get it back by working harder. You got it back by design.

31

You are not just a clinician

who escaped.

You already did the brave thing. You're a systems designer now. You get to decide what access feels like.

32

The next chapter isn't smaller panels.
It's better doors.

33

Live Content Slide

When playing as a slideshow, this slide will display live content

Social Q&A for Beyond the Inbox: Building Scalable, Joyful DPC Through Intelligent Workflows

34

LET'S CONNECT

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35

36

THE FRONT DOOR AUDIT

37