

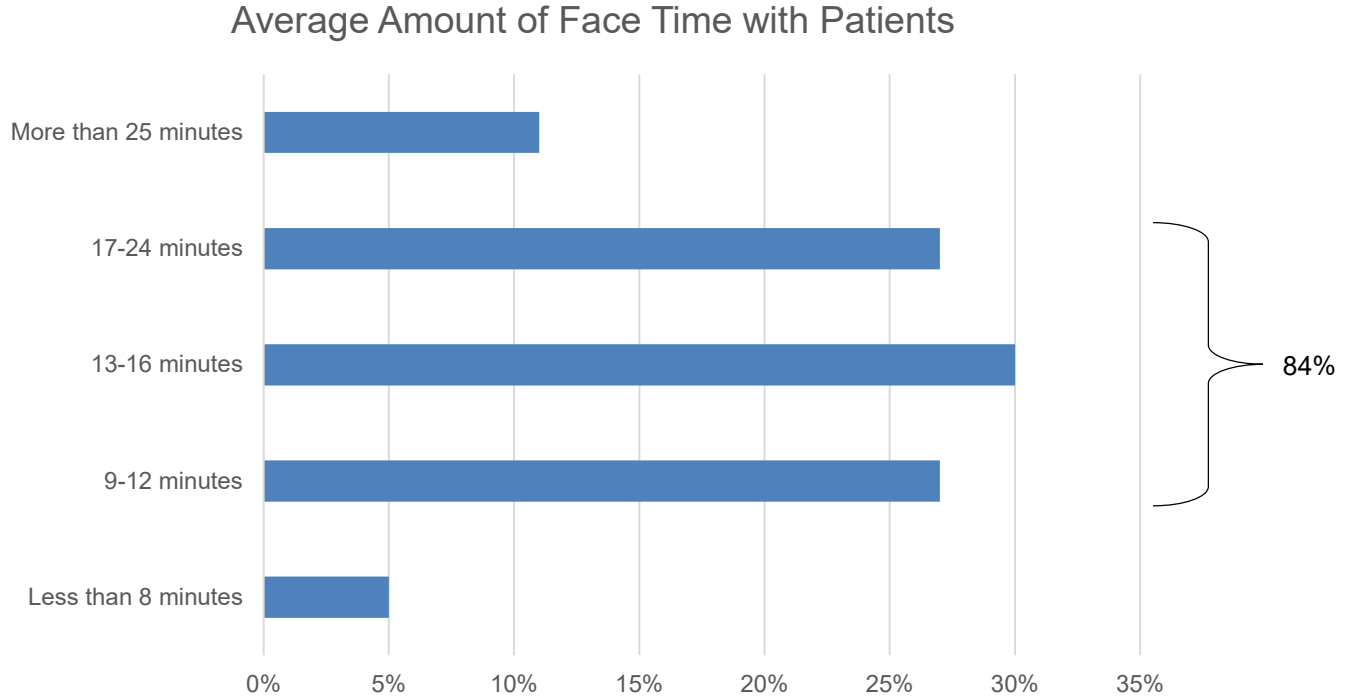


# Introducing the Challenge

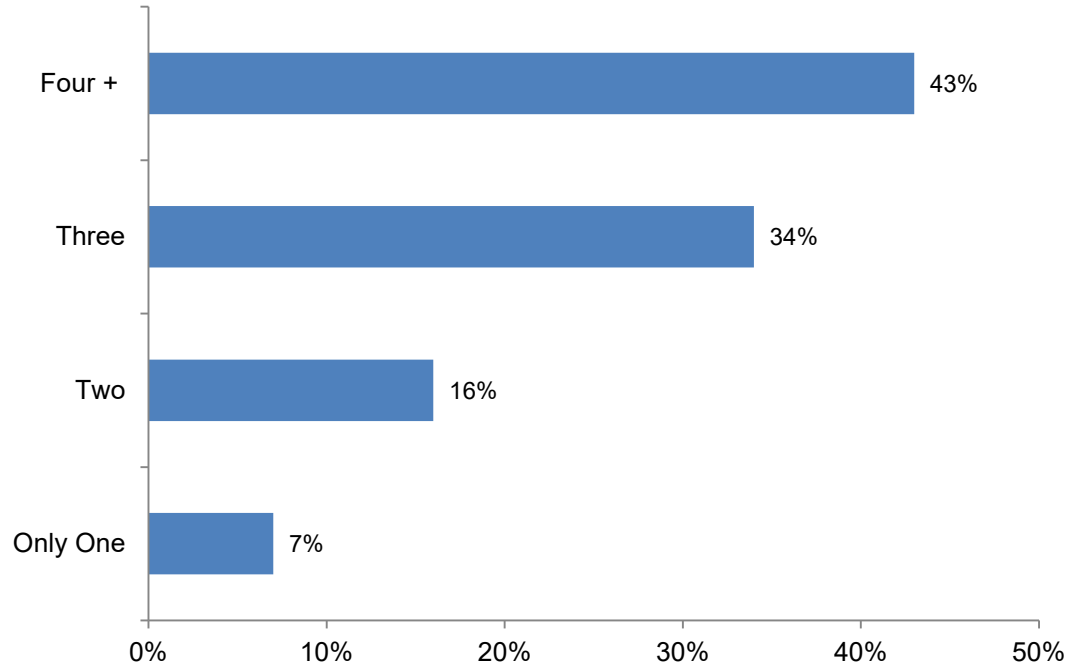
Clif Knight, MD, FAAFP

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# Family physician face time with patients



# Average number of diagnoses per visit



*Q: On average how many diagnoses are made, discussed or considered during a typical patient visit (n = 207)*

# Top 20 Conditions

Diabetes	86%
Hypertension	86%
Cholesterol problems	80%
Emotional problems	80%
Cough/cold	79%
Obesity	78%
Arthritis	78%
Adult vaccinations	78%
Dermatologic problem	76%
Reflux disease heartburn	76%

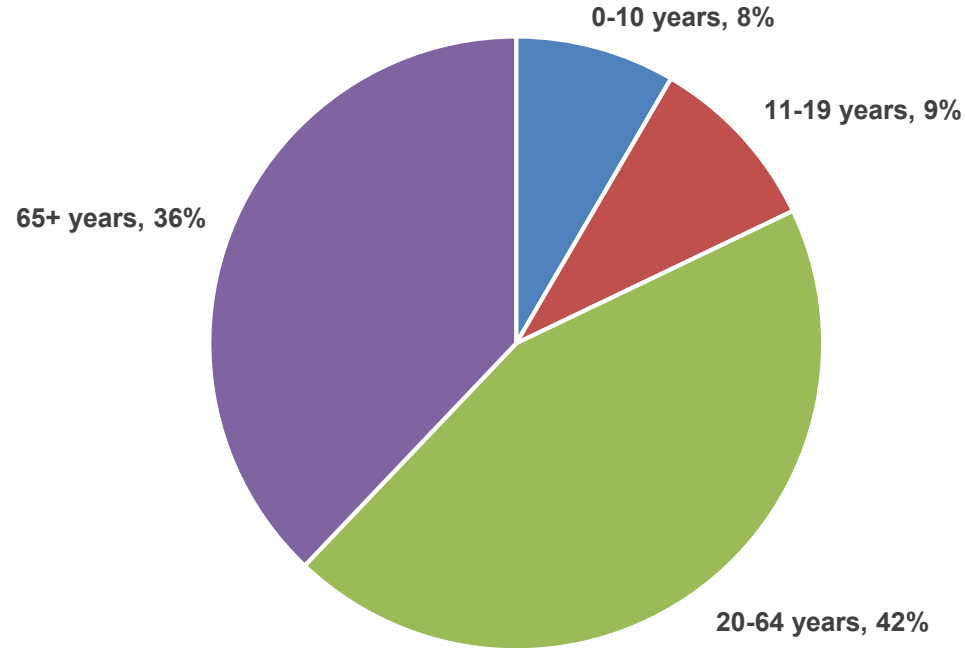
Allergies	74%
Urinary track infection	74%
COPD	73%
Respiratory infection	74%
Headaches	71%
Asthma	70%
Constipation	66%
Congestive hearth failure	60%
Severe pain	59%
Sick child	54%

# Physician Hours Per Week



	During Clinic Hours	After Clinic Hours	TOTAL
Direct, fact-to-face patient contact	26.5	1.6	28.1
Entry EHR	7.3	5.0	12.3
Not face-to-face patient care tasks	2.7	1.7	4.4
Other non-clinical tasks	2.5	1.4	3.9
Prior authorization	1.7	0.9	2.6

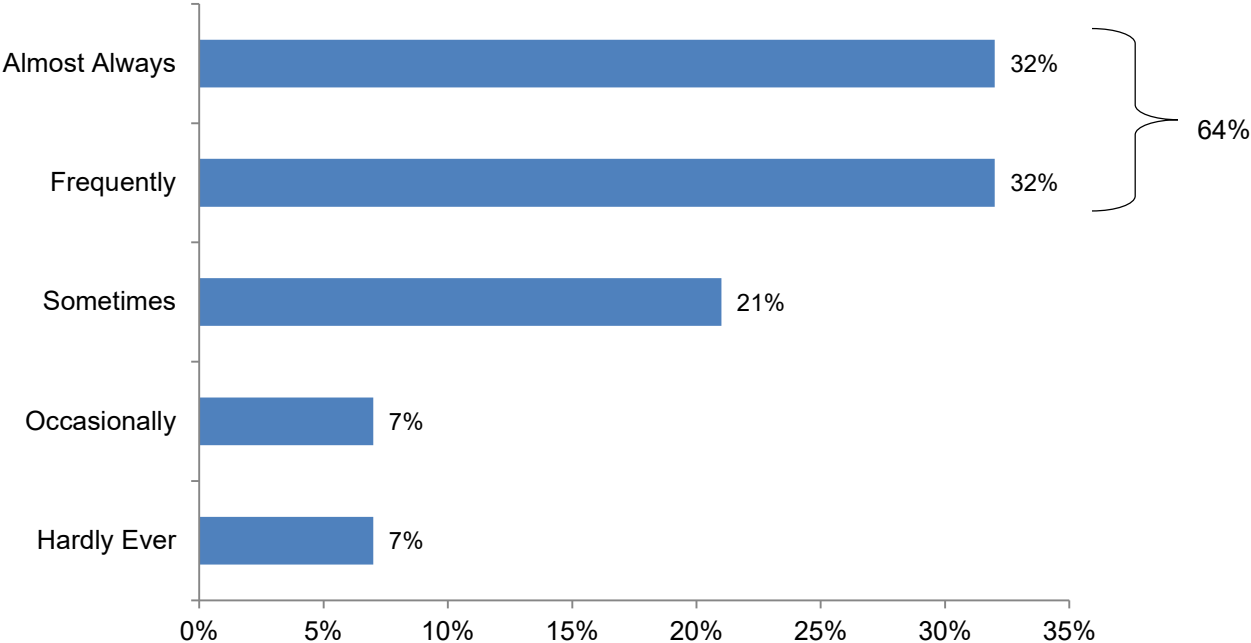
# Patient panel age distribution



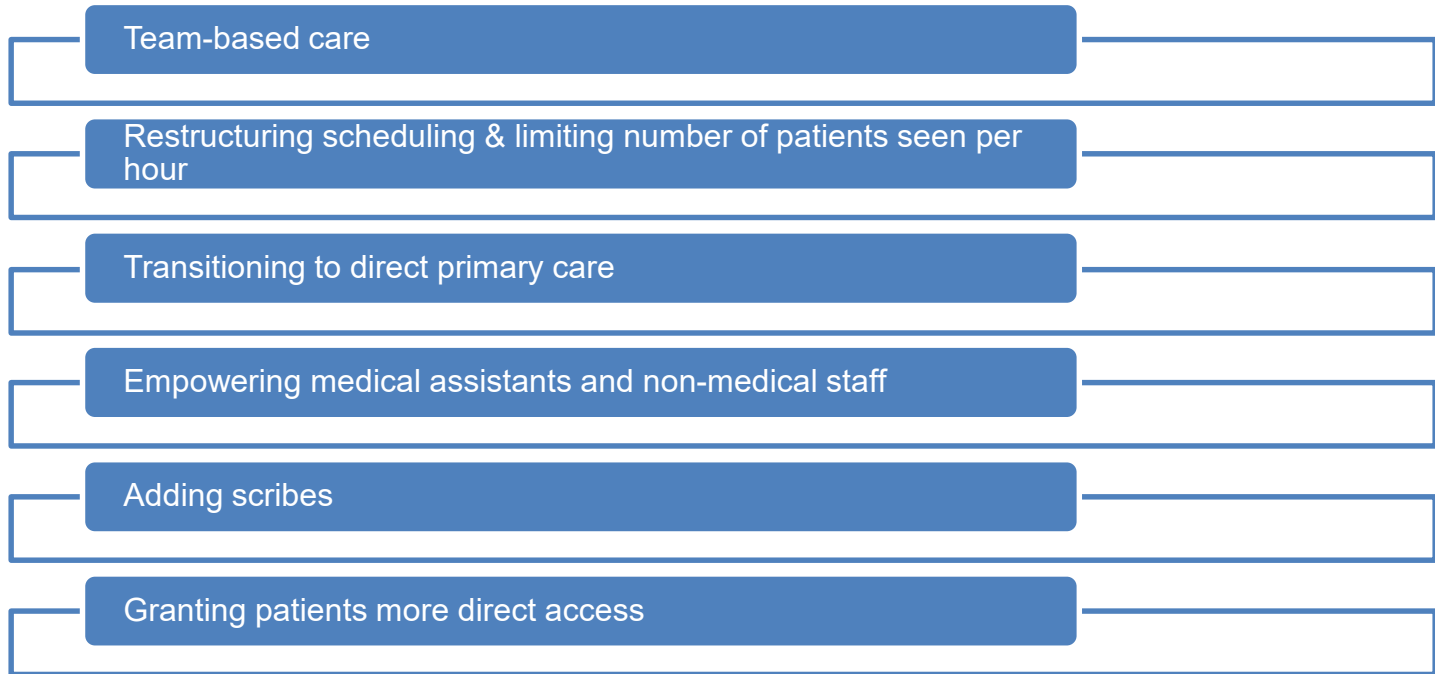
Q. What is the percentage of patients in your patient panel represented in the following categories?  
(Please enter a percentage between 0 and 100 for each. (n= 173; DK responses removed))

# Satisfaction with Length of Patient Face Time

## How Often Do You Wish Patient Face Time Was Longer?



# 28% of Family Physicians have implemented activities or solutions to lengthen patient time.





“Offloading as many administrative tasks... to the medical assistants”

“We have sacrificed revenue in order to (extend visit time), so we can provide the best care for our patients”

“Pre-visit planning to get labs and other needs done prior to appointment; new implementation of scribes”

# Family Physician attitudes about patient visits

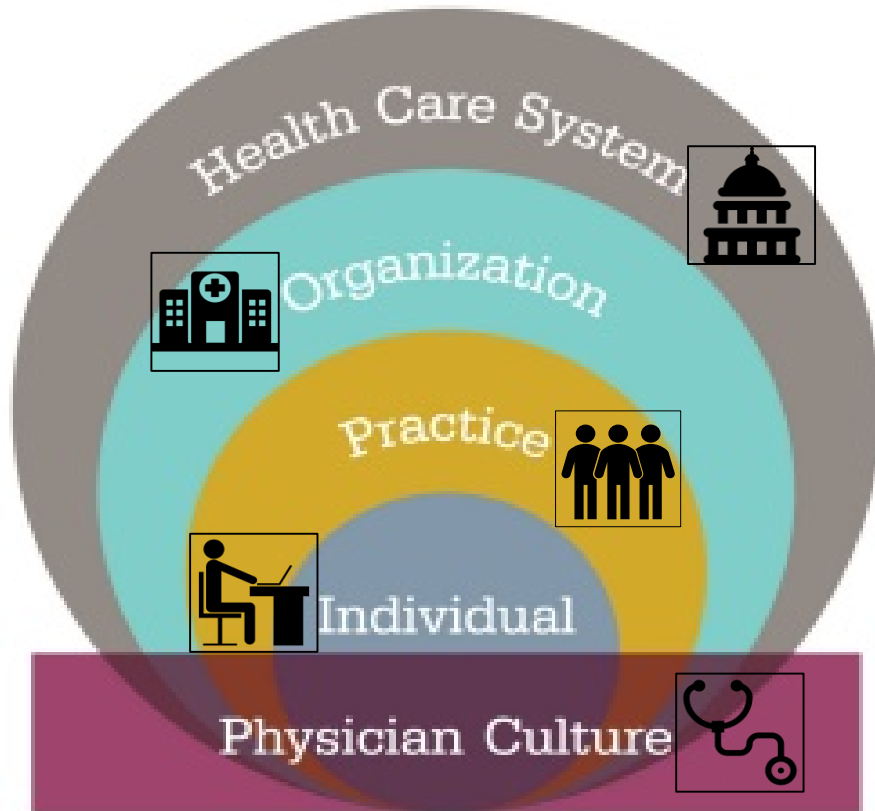
	<b>% Agreed</b>
Face time with patients is now more limited because of EHR's	81%
Patient visit schedules have grown tighter as pressure to increase revenue increases	79%
Health plan administrative requirements (e.g. PA's) are limiting patient face time	75%

# Formula for Distress

$$\begin{array}{r} \text{EMR} \\ \times \\ \text{RVU} \\ \hline \text{I'M SAD} \end{array}$$



# The Family Physician Ecosystem



The AAFP takes a holistic view of the factors affecting physician well-being, and addresses them from five points of entry:

**Health Care System** – Advocating to improve regulation and documentation burdens that impact physician well-being and quality patient care

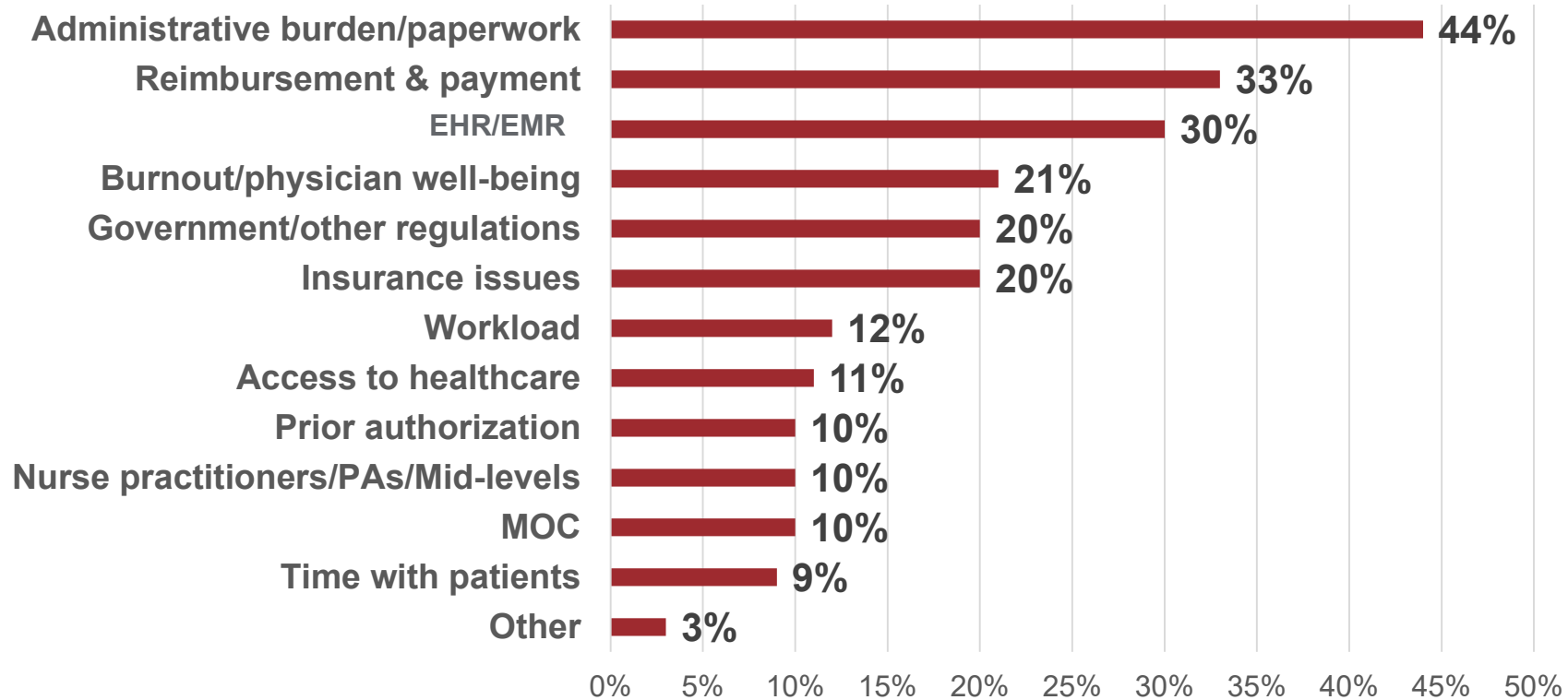
**Organization** – Promoting leadership skills to help physicians succeed within organizational practices and policies

**Practice** – Improving efficiencies to optimize physicians' time and promote a more sustainable practice

**Individual** – Focusing on individual well-being habits to address physician fatigue with awareness and mindfulness techniques

**Physician Culture** – Addressing the mindset of physician self-sacrifice as a cultural norm, and encouraging self-care and peer-to-peer support

# Issues/Challenges Faced in Daily Practice



# Time Saving Strategies Employed by Practices



Patient communication  
through portals and secure  
messaging  
(86%)



Empowering staff such as  
Medical Assistants) to  
handle lab work,  
vaccines, etc. through the  
use of standing orders  
(72%)



Pre-visit planning  
(63%)



Daily huddles  
(60%)

# Impact of screening for Social Determinants of Health

- 52% of practices routinely screen for social determinants of health (e.g. non-medical social needs that affect patient health)
- Questions as to whether implementing this screening or other screenings has a positive or negative impact

# Impact of added screenings

*“Directly impacts the health care options and treatment plan.”*

*“It is very challenging to find time during a visit to ask about tobacco and smoking, complete a PHQ2 and inevitably follow up with PHQ9. We frequently end up veering off track talking about depression and sometimes skimming over why the patient came in in the first place.”*

*“It’s the stuff that matters. We don’t have enough social worker time to deal with all the needs that arise.”*

*“We keep getting requirements for more metrics and more screenings. These may or may not be evidenced based to help, but things keep getting added in, but I never get more time added in to do these things.”*





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