



Innovation Laboratory



Proving & Promoting Innovation to Optimize
the Family Medicine Experience

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December 10, 2018



Family Medicine's Burning Problems

Administrative Burden		Burning Out Family Physicians
Value-based Payment		Potential to Burn Down Practices
AI / ML		Potential to Burn the Specialty



Driving Innovation Focused on the Needs of Family Medicine

Problem #1

- EHRs suck
- Clerical Burden > 50% of MD time
- Physician burnout at epic levels
- It is epidemic in Family Medicine

Burnout & Clerical Burden by Specialty

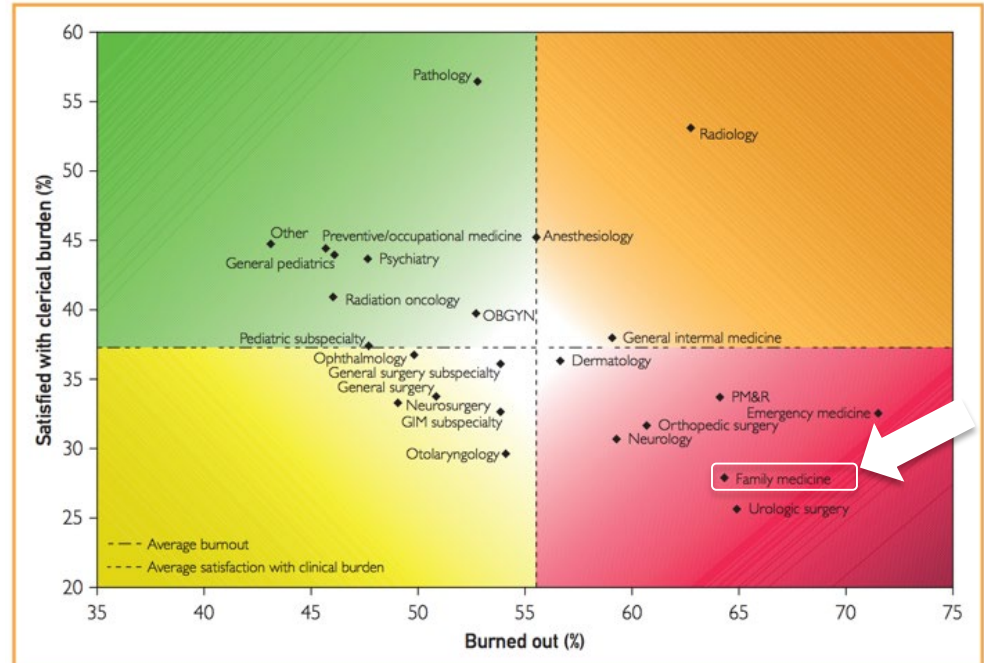


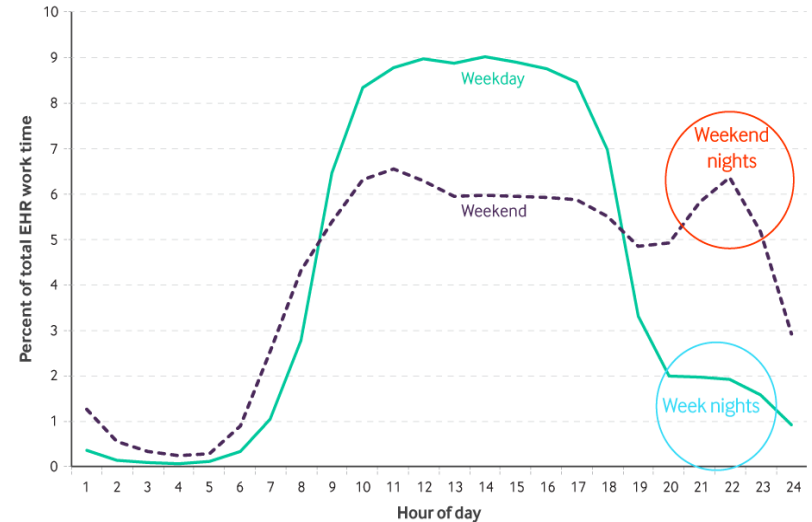
FIGURE 3. Prevalence of burnout and satisfaction (satisfied or very satisfied) with clerical burden directly related to patient care by specialty. GIM = general internal medicine; OBGYN = obstetrics/gynecology; PM&R = physical medicine and rehabilitation.

Why is Family Medicine Primary Care so effected?

- Patient relationship is “Primary” to FM
- EHR’s burn daylight, nights and distract
- Eroding professional satisfaction
- Primary care is essential to Triple AIM
 - Population Health
 - Experience of Care
 - Per capita cost

Family physicians’ EHR use by time of day.

Date nights and the EHR



Modified from B. Arndt, et al., *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations*, Annals of Family Medicine.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

What We Believe

Family physicians must primarily care.

IT must work for us, not against us.

We will no longer accept the status quo.



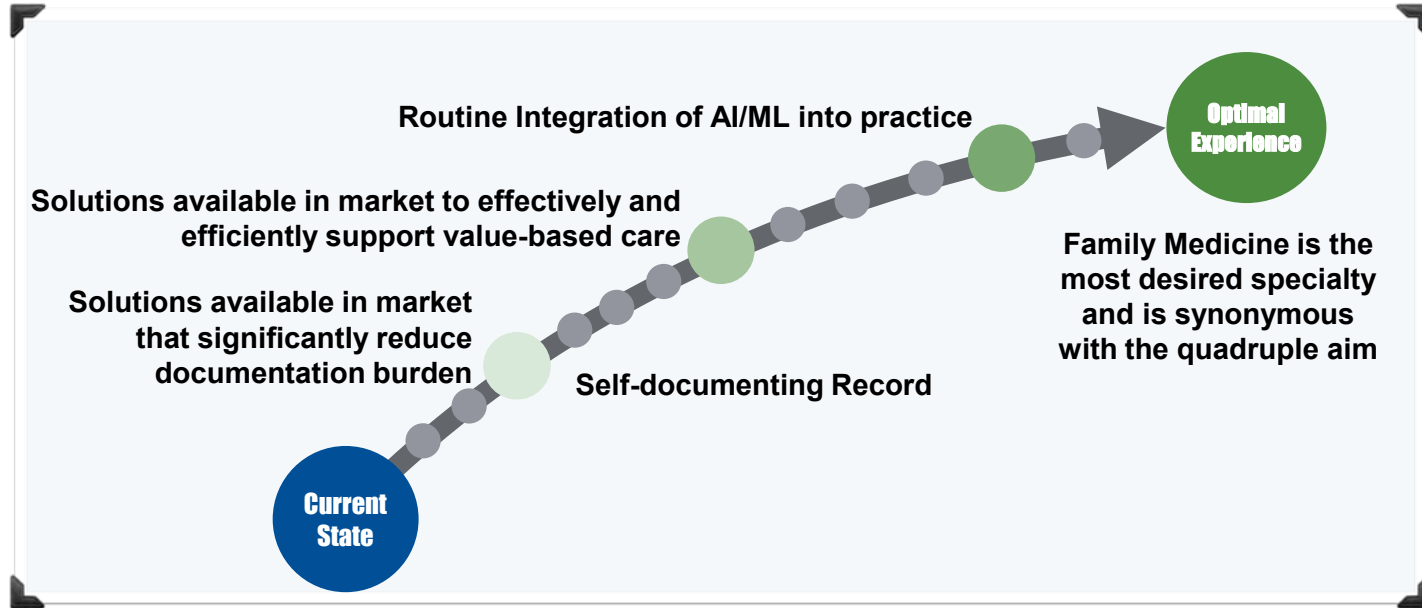
New Role: Status Quo is Not Acceptable

- AAFP has for years been advocating for change within both the public and private sectors. The AAFP sees HIT as inherent to the Family Medicine Experience. We have seen little progress, clearly not enough and not rapid enough.
- The Board of Directors has funded a multi-year project to drive innovation with proven technologies into family medicine.
- Funding to establish Innovation Laboratory and build a plan to sustain.
- Role is to prove & promote innovations as essential best practices to membership.

Project's Mission

The Family Medicine Experience is based on a deep physician-patient interaction that requires support from technology. Today's EHRs have greatly eroded the experience rather than enhancing it. The purpose of our Innovation Laboratory is partner with industry to drive innovation with the latest proven technologies: cloud, AI/ML, voice and mobile technologies, to optimize the family medicine experience.

The Big Picture



Milestones on the Way to the Optimal Family Medicine Experience

Looking for Partners

- Targeting Win-Win partnerships that drive innovation and establish markets
- Recruiting practices for participate in proof of concepts
- Establishing a challenge (X-Prize) program to promote development
- Partnering with Center for Medicare and Medicaid Innovation (CMMI)
- \$1M in potential contest awards
- AAFP partnering with innovators to accelerate time to market



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