

A Day in My Practice in 2020

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What will medical practice look like in the next decade? Here's one possibility.

As the new year approaches, I find myself thinking about the future of family medicine, particularly how medical practice might look in the next decade. It's anyone's guess, but this is what I imagine:

I wake up at 6 a.m. and drive my electric car to work. Quite the early bird, I am first to arrive. We are a group of a dozen family doctors whose ancillary staff includes dietitians and physician assistants. As I enter the building, energy efficient motion-sensor lights activate and the central air kicks on. Shafts of sunlight start to fill the atrium in the waiting area. A small vegetable garden is maintained there to teach kids about growing food at home. At the far end of the waiting area is the Patient Education Center where anatomical models, posters and books abound. I head to the fitness center next door, which is open to patients and staff. Five workouts negate one office visit co-pay! I listen to songs from my iWatch with a wireless earpiece as I contemplate how much I still hate crunches.

After my workout, I stop by the break room and grab a cup of joe from the Starbucks's spigot coming out of the wall. Then I sit down at my computer to sort through e-mails and finish a couple of clinic notes from the previous day using voice commands. "What a relief," I think as I stare down at the scar from my carpal tunnel release surgery several years ago. On a separate flat screen, I bring up a list of my panel of 3,000 patients where I can quickly scroll through their data and identify deficient health maintenance items. A third of my salary comes from keeping my patients healthy.


The first patients arrive at 8 a.m. They sign in at a touch-screen reception kiosk and swipe their national health care card, similar to the "carte vitale," which the French created a quarter of a century ago. The card transfers their essential information to our system, so there are

no forms to fill out, and it deducts a co-pay from their personal health care account. Everyone is insured through either an employer-sponsored or government-provided nonprofit health plan (similar to the Japanese system), and patients can see any doctor they like. This has practices vying to create the perfect medical home. Patients use portable touch pads to answer health-related questions while they wait if they haven't already done so from home. They can also surf the internet or read online periodicals. No more ragged, outdated magazines here! The waiting area is peaceful and quiet. Since patients schedule their appointments online, the phones rarely ring.

All office visits are at least 30 minutes. My first patient is sure he has colon cancer despite a very accurate stool DNA test saying otherwise. "My GI doc doesn't want to scope me," he says. "She just wants to talk about my symptoms and prescribe meds." Ever since the Centers for Medicare & Medicaid Services revised the "RUC" (the committee that determines Medicare reimbursement) to allow more primary care representation, reimbursement for E/M services has overshadowed that for procedures.

My next patient speaks Mandarin, so I use the flat screen in my exam room to teleconference with an interpreter. Later, I take a digital picture of a skin lesion and beam it directly to the electronic health record (EHR). All prescriptions are electronic, and the EHR lets me know which medications are on a patient's formulary. A medical assistant accompanies me to help with documentation, handle shots and minor treatments, and direct patients through various wellness modalities. Between office visits, I squeeze in reimbursable virtual visits via e-mail.

After lunch, I see a patient whose depression is worsening, and I suspect some borderline personality traits. I refer her directly to a psychiatrist. Another patient needs disability forms filled out, which is a breeze since all forms are now standardized online. I end the workday by watching a webinar from one of our specialists. The topic is laparoscopic Whipple surgery – a bit of a yawner.

Listening to K-pop (Korean pop music), which has become all the rage, I enjoy the drive home – until I get stuck in traffic as all the lanes merge through downtown. I guess some things never change! 

About the Author

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