

Maintaining Patient Relationships in the Age of Hospitalists, Urgent Care, and a Pandemic

It was already difficult to get enough face-to-face time with patients before COVID-19 hit. Bonding with them now takes even more effort.

One of my patients recently called our clinic and asked that I come and see her in the hospital. She was on the oncology service with metastatic cancer. I had been trying to convince her to come and see me in clinic, but it was too hard for her to travel.

I had known her for more than 20 years and diagnosed her cancer 10 years earlier. We had a close relationship, and I had heard many stories about her family. But our relationship was affected by a conflict that many family physicians have struggled with over the years: how to stay connected with patients as our health care system grows more complex and specialized. When I began my family medicine career 30 years ago, I embraced the vision of a small-town doctor, involved in my patients' lives and present for many, if not all, of their major health events. But being available all the time is not conducive to a balanced life, and I — like many of my colleagues — eventually limited the scope of my practice.

Our patients want health care

that is convenient. They want to be seen at night and on weekends (hence the rise of urgent care), and often prefer to address issues over the phone or via electronic portals, which creates after-hours work. Most hospitals use a modified hospitalist model, which assigns a small group of clinicians to take care of patients in the hospital. The days of rounding on your patients in the hospital before or after clinic are mostly gone.

These changes have consequences. Face-to-face visits and the bonds they create with patients can improve their health and our job satisfaction. But they are becoming increasingly rare, especially now, as we convert in-person visits to video or telephone encounters in response to COVID-19. Even when we see patients in person, now we have a mask and face shield on — so are we really “seeing” them?

Here are some ways we can still maintain relationships while protecting our work-life balance.

Embrace virtual communication. Much has been written about challenges to physician-patient relationships caused by electronic health records. But in this age of physical distancing necessitated by COVID-19, using technology can enhance connectedness.¹ Adding a little time to each video or telephone visit helps. Studies show that we respond differently in person

than on the phone (or video).² (See “Managing a Telephone Encounter: Five Tips for Effective Communication,” *FPM*, May/June 2020.) We may have to try harder and take a few extra minutes to listen to what is going on in the patient's life.

Keep in touch with patients who are going through significant medical issues. For example, if a specialist diagnoses your patient with cancer, send a message or call to tell the patient you are available to help talk through decisions.

Prioritize seeing your own patients. Continuity of care reduces hospitalizations and cuts costs.³ Make it a priority to see your own patients, even if it is just to stop in and say hello when they are seeing someone else.

When possible, make your presence felt. If I am not able to be present for a delivery, I try to round postpartum on mom and baby. If I can't do that, I make sure to see them in clinic for a newborn check.

When my patient with cancer called, I was reminded of how important it is to be present. My practice does not include hospital care, but I was able to pay her a social visit in the hospital, and later at home, before she died. These visits were not clinical, but they were important to both of us, and powerful reminders of the unique relationship that family physicians have with their patients. **FPM**



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