The Team to the Rescue

Will team-based care be our salvation?

Do you sometimes feel inadequate? Time pressured? Are you overwhelmed by all the care recommendations you are expected to meet?

In 2003, Yarnall et al. from Duke University's Department of Community and Family Medicine published an analysis indicating that to satisfy all the recommended preventive services for a typical primary care panel of 2,500 patients would require 7.4 hours per day, 5 days per week, of a physician's time.[1] That article resonated with docs. To date it has been cited 972 times in the medical literature! Østbye et al. followed up in 2005 with this finding: Meeting all the guideline recommendations for 10 common chronic conditions in that panel of 2,500 patients would take the determined physician 10.6 hours per day, 5 days per week.[2] In 2009, Yarnall, Østbye, and their Duke colleagues were at it again. They published a third article stating that to provide evidence-based preventive care, chronic care, and acute care (also known as *the whole enchilada*) for a 2,500 patient panel would take the indefatigable family doc 21.7 hours per day, 5 days per week.[3]

All I can say is, "Thank God for weekends."

To make matters worse, a whole bunch of additional, time-demanding guidelines have come out since those slacker days of 2003. Expectations just keep rising.

So what is the answer here? How are we supposed to do all this stuff?

Here are a few potential solutions:

- Get rid of most of these guidelines and go back to one-line documentation on 3 x 5 file cards!
- Speed up the research on human cloning. Make primary care physicians the first test subjects.
- Slash your panel size and go into concierge practice.
- Create a highly functional team. You don't have to do it all by yourself – really.

The team approach appeals to me. *FPM* has published many articles on team-based care. In recent months we've introduced several potential new team members – care coordinators, health coaches, and re-envisioned medical assistants. *FPM* articles have also referred to RNs, LVNs, LPNs, social workers, pharmacists, diabetes educators, dietitians, and peer coaches as potential team members.

In this issue (page 10), Chambliss et al. present the *health education specialist* – a health professional with a bachelor's or graduate degree who is skilled in motivational interviewing and other patient-centered techniques. The health education specialist is supposed to better engage our patients and help us improve their clinical outcomes. That sounds good.

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The elephant in the room is how to pay for all of these talented team members. Chambliss et al. present a feasible business model for health education specialists. One could argue that what they have their health educator do could also be done by a nurse practitioner or a physician assistant and perhaps more efficiently and with a better financial outcome. Nonetheless, the concept is intriguing.

This team stuff makes sense. But no one model has proven itself to be "the way." I'd love to hear from you. What solutions do you like best? FPM

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1. Yarnall KS, Pollak KI, Østbye T, Krause KM, Michener JL. Primary care: is there enough time for prevention? *Am J Public Health*. 2003;93(4):635-641.

2. Østbye T, Yarnall KS, Krause KM, Pollak KI, Gradison M, Michener JL. Is there time for management of patients with chronic diseases in primary care? *Ann Fam Med*. 2005;3(3):209-214.

3. Yarnall KS, Østbye T, Krause KM, Pollak KI, Gradison M, Michener JL. Family physicians as team leaders: "time" to share the care. *Prev Chronic Dis*. 2009;6(2):A59.