

## Special Edition: Staffing

### USE NURSE CO-VISITS TO IMPROVE ACCESS TO CARE

Our ambulatory clinics have started using nurse co-visits to expand same-day access without increasing physician workload, following a model published in 2015.<sup>1</sup>

These visits are mostly for minor acute issues, such as upper respiratory infections, urinary tract infections, or earaches. The nurse takes the history of present illness and past medical and family histories, collects vitals, implements standing orders, and creates a note. When the physician joins the visit, the nurse recaps the history with the patient in the room, available to fill in any gaps. The physician then conducts the exam and documents a brief assessment and plan. The physician also verifies the visit documentation so a bill can be submitted. The nurse then reviews the care plan with the patient and provides any necessary education.

After an initial pilot between October 2022 and February 2023, our clinicians reported higher levels of job satisfaction and enthusiasm and more of our nurses reported working at the top of their license and being confident rooming patients.

We are now expanding the nurse co-visit model to newborn care, with registered nurses performing

the rooming tasks using the pediatric wellness questionnaire (basic questions about breastfeeding, bowel movements, etc.) and then documenting all but the plan using a templated note our system developed. Early data shows that this has improved our rate of seeing low-risk newborns within three days of hospital discharge, from 75.9% to 86.7%.

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1. Funk KA, Davis M. Enhancing the roles of the nurse in primary care: the RN "co-visit" model. *J Gen Intern Med.* 2015;30(12):1871-1873.

### RECRUIT PREMED STUDENTS TO BRIDGE STAFFING GAPS

If your practice is short-staffed and finding it difficult to hire medical assistants in the current environment, consider recruiting premed students from nearby colleges. You may have to support them through the certification and training process (check your state guidelines on these requirements), but many will be eager for the clinical experience, and having it on their resume will demonstrate their commitment to the profession and bolster their application for medical school. Plus, it's a great way to encourage them to consider family medicine as a specialty later in their career.

Tasks that premed students should be able to perform with minimal training include checking in patients, taking vital signs, and obtaining medical histories. They can make a great addition to your care team.



tion category (HCC) auditors can help practices optimize their coding for value-based payment programs. In the future,

### USE TECHNOLOGY TO REDUCE CLERICAL DUTIES

Advances in artificial intelligence (AI) increasingly allow practices to automate repetitive administrative tasks, lessening staffing needs. Tasks that can already be automated, at least in part, include insurance eligibility checks, billing and claims submissions, prior authorizations, appointment reminders, and data reporting. Several products are also available to help with chart review and documentation. For example, "digital scribes" can automatically generate clinical notes by extracting data from clinical conversations using automatic speech recognition, which reduces the need for human scribes. Additionally, products using AI-powered risk adjustment and hierarchical condi-

AI programs may also be able to determine the level of staffing practices need using data that accounts for panel size and patient risk, potentially sending alerts when it's time to hire. (For more on this topic, see "Five Administrative Tasks Technology Could Make Easier for Physicians," *FPM*, July/August 2022, <https://www.aafp.org/pubs/fpm/issues/2022/0700/administrative-tasks-made-easier.html>.)

Source: Yin SY, Mahoney MR, Sinsky CA. Ten ways artificial intelligence will transform primary care. *J Gen Intern Med.* 2019;34(8):1626-1630.

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