

## FROM THE PRESIDENT'S DESK



### The Patient-Centric Practice – Small Changes Keep Patients Coming Back

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Family Medicine is the “gateway” to health care in America, with the goal to ensure that all consumers have access to primary care services and understand the components of the “medical neighborhood.” Our patients should think of Family Medicine first, the guardians of well-care. The place where our patients first think of going for the flu, a sinus infection, minor injuries. Those with chronic conditions come to us for monitoring, testing, coaching on how to improve their health, and medication refills. How can you as ACOFP members ensure that your patients continue coming back?

Regular communication is key. Right now, we lead a 21st century doctor-patient relationship, where the patient becomes the captain of his or her ship, and we are navigators. Your clinic becomes a team; therefore, the onus is on you, the doctor and your staff to contact the patient, not the other way around. Reach out to patients to keep the relationships warm - ensure they are coming in for well-care visits, monitor pre-chronic or chronic conditions, check on a new symptom(s), refill prescriptions, or keep them up-to-date on vaccines. The quality of the visit is vital to whether the patient feels like your office, your staff, and you are part of a patient-centric environment that cares. Having them feel that you are rooting for them and you're interested in them can make a tremendous amount of difference. Patients do not put their trust in machines or devices, they put their trust in you!

Embracing the patient-centered approach is an important part of the transition to value-based medicine. Key is the frequency of contact. Kaiser reported in August that they have the highest patient retention rate, 94 percent, of any hospital in the country and they know their patients better than anyone. Kaiser credits this successful approach to the frequency of communication with its patients and “knowing” its patients better than anyone else.<sup>1</sup>

Using technology can have a positive impact on the physician-patient relationship. Telemedicine is an important element of Medicare's Chronic Care Management (CCM)<sup>2</sup> program. Medicare patients who have two or more chronic conditions and who sign a letter of consent can be treated under CCM. Medicare pays \$42 per month per qualified CCM patient, separate from other Medicare reimbursement, to coordinate the care of this high-risk group.

This patient segment drives up costs with hospital stays and emergency room visits. The additional touch point to monitor their condition or check on their medication regimen is well worth the investment. You, as the physician leader of the team, can use tele-

medicine for follow-up care, medication management, or care for minor urgent conditions. There are some restrictions on the type of telemedicine software you can use. It needs to be HIPPA compliant and needs to record date and time of the two-way interaction, (in case of a CMS audit).

Patient portals are another way to increase communication of important and timely medical information to the patient. Test results are often posted in hours or one day, instead of the patient waiting several days for a call from the office. Patients appreciate being able to see their last visit, and all their test results over time on one screen. Once the patient's account is set up, it is as easy as logging in to any e-mail account.

Patients appreciate having the additional convenience. It builds loyalty. Your EMR vendor may offer the software for a patient portal. An important tip is to have the e-mail address of the patient portal printed on the appointment reminder cards as patients may not remember it if you simply tell them. Having a patient portal also gains you credit in the CMS Quality Payment Program (QPP) towards Practice Improvement Activities for 2017.<sup>3</sup>

For patients who urgently need to be seen, keep several 15-minute appointments open each day. Patients will appreciate this, and it will keep them coming to your office instead of going to the Urgent Care down the street, or the Emergency Department. This is another way to show you are a patient-centered family practice.

Patients come to your office to see you, to talk to you about their problems, they want to be heard and acknowledged. Imagine if you were the patient and the doctor you have been seeing for a decade now comes into the room, sits down, and puts a computer between the two of you, not even looking at you, the patient. This is unfortunately the reality for many physicians and patients today. Think about how this makes the patient feel – left out, not important, distanced. It is not a favorable scenario if you are going to keep your patients coming back.

Entering the information into the EMR takes hours a day, while trying to see the same number of patients per day. But, what is more important than the relationship with that patient? I have heard some creative solutions. Have your nurse or physician extender see the patient first and record the symptoms and conduct the medication reconciliation while entering the data in the EMR. When you come in to see the patient, you can talk to the patient face-to-face, sitting or standing, and then conduct the physical

exam. Then you will have time to review the notes in the EMR, and enter the diagnosis and treatment. The patient feels cared for and connected, and you have entered most of the information into the EMR. Everyone wins.

Flex your hours. Most of today's workforce are on the clock from 8 a.m. to 5 p.m. Most Family Medicine offices are open 8 a.m. to 5 p.m. Some are closed every day for lunch from noon to 1 p.m. If you are a full-time working patient or caregiver, that does not leave flexibility to go to the doctor outside of the work day, or on lunch break. Employees today are under pressure to do more, in less time, with less pay. For some, even mentioning the words, "doctor's appointment" to an employer is not well received.

Consider one of these options to be more flexible and patient-centric: consider changing the office lunch hour to 11 a.m. to noon so you can see patients during their lunch hour; stay open one night per week until 7 p.m. starting at 9 a.m. or 10 a.m. that day; and for those who really want to be patient-centric, identify one Saturday per month to work from 8 a.m. to early afternoon (taking Friday afternoon off, in exchange). These small changes will tell your patients that you understand and are willing to meet their needs.

Patients notice these changes and will thank you by being loyal to your practice, and may even send a new patient your way.



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#### REFERENCES:

1. Barkholz, Dave. "Behind Kaiser's \$1Billion Quarterly Operating Gain." Modern Healthcare on-line. August 3, 2017
2. Chironhealth.com. "Telemedicine Lets You Provide High Quality Care". Accessed on August 9, 2017
3. Chronic Care Management. [www.com.gov](http://www.com.gov). Accessed on August 9, 2017
4. CMS Quality Payment Program. [www.qpp.cms.gov](http://www.qpp.cms.gov). Accessed on August 8, 2017