Practitioner Forum

John Musico, MD

Improving Physician Satisfaction: It's About (Non–Face-to-Face) Time

Dissatisfaction among primary care physicians is a growing problem within the U.S. health care system. In 2008, the Physicians' Foundation surveyed 300,000 primary care physicians and found that half of the respondents planned either to decrease their patient pool or to stop seeing patients altogether. In addition, one third of primary care practices reported challenges in meeting costs, and more than half of primary care physicians said they would not recommend a career in medicine.[1] Exacerbating this potential crisis is medical students' more than 50% decline of interest over the past decade in pursuing primary care.[2]

Time constraints and time spent on uncompensated activities may contribute greatly to physician dissatisfaction. In the Physicians' Foundation survey, demands on time and financial concerns ranked high on the list of issues that physicians found unsatisfying about medicine. Moreover, 40% of respondents estimated that more than $50,000 of the care they provide each year goes uncompensated.[1]

Maximizing the efficiency of primary care physicians' non–face-to-face (NFF) activities is one way to lessen their time constraints and time spent on uncompensated work, thereby improving their satisfaction and fostering retention and recruitment. NFF activities encompass all physician activities that fall outside of traditional face-to-face (FF) appointments with patients. These tasks appear to take up a great deal of physicians' time: In 2005, Gilchrist and colleagues observed 27 family practitioners and found that 23% of their time was devoted to NFF activities,[5] while Gottschalk and Flocke observed 11 family practitioners and found that 37% of their total patient care time was devoted to NFF activities.[6] Among geriatricians, the amount of time on NFF activities was 50% in one study.[7] And more than half of physicians surveyed by the Physicians' Foundation said they spend more than 11 hours per week on paperwork.[1]

This column looks at primary care physicians' NFF activities, the various ways of measuring time devoted to such activities, and strategies for handling this time effectively—with a specific focus on the NFF activities of VA providers.

NFF ACTIVITIES

It can be challenging to balance NFF time with FF time while managing a patient pool efficiently. Geriatricians, in particular, are sensitive to the burden FF appointments can represent for their elderly patients, who may have difficulty getting to and from the physician's office, compared to the convenience of an NFF encounter.[7] At the other extreme is the excessive use of FF billable appointments, a practice known as "churning."[3]

Coordination of care comprises a significant component of NFF activities,[8,9] particularly when dealing with chronic disease.[10] As chronic illness is more prevalent in the VA than in the private sector and VA patients typically are sicker than the general population,[11] patients presenting to VA primary care providers are likely to require more NFF time.

Preventive care has been shown to take even more time than chronic care.[12] In 2003, Yarnall and colleagues quantified the time it would take a primary care physician to provide all the services recommended by the U.S. Preventive Services Task Force, at the recommended frequency, to an average patient panel as upwards of seven hours per day.[13]

The VA's emphasis on clinical reminders and preventive medicine contributes greatly to the amount of time that its providers spend on NFF activities. The department's ever increasing number of electronic clinical reminders are time consuming. When four VA centers in New England surveyed primary care opinions on clinical reminders, there was strong agreement that they were too time consuming in their current form.[14] Although VA reminders generally are performed in the context of an FF encounter, providers also enter clinical reminder information during NFF time.

Within the VA, examples of NFF activities include completing forms; following up on laboratory tests; handling mail, outside records, and faxes; using and responding to e-mail and VA alerts; dealing with messages from clerical and nursing staff; handling consultations and inpatient discharges; making home health aid and nursing home arrangements; and completing clinical reminders.

MEASURING NFF ACTIVITIES

Time spent on NFF activities has been measured through various methods, including *International Classification*

Dr. Musico is the lead physician at the Fort Monmouth Community Clinic of the VA New Jersey Health Care System (VANJHCS), Fort Monmouth, NJ; a member of the VANJHCS Medical Home Implementation Committee; and a member of the Non Face To Face Activities in Primary Care Committee for VA Central Office, Washington, DC.

of Diseases, Ninth Revision (ICD-9) or Current Procedural Terminology (CPT) codes; self-report surveys; direct observation; and information technology (IT). These methods have had varying degrees of success.

Medical codes have been ineffective at capturing NFF activities—in part, because physicians may not be aware of them.[7] For example, CPT codes 99358 and 99359 are specific to NFF activities[15] and are reimbursable by some insurance carriers, but many physicians are not aware of them and do not use them. In addition, codes that are specific to explaining laboratory results or a disease process (which often are performed by telephone or through the mail) are not well known.

As survey respondents tend to overestimate time spent on NFF activities,[5] direct observation is considered superior to self-report surveys in measuring such time. One problem with direct observation, however, is the "Hawthorne effect." This term describes the fact that, when studied, participants tend to tailor their behavior to what is being measured.[5,6]

Using IT to measure time spent on NFF activities can remove the subjective pitfalls of surveys and observation by providing objective data. This method of measurement is particularly promising in the VA, which, as the largest health care system in the United States, can provide a wealth of such data. Measurable VA NFF activities can be assessed by quantifying progress notes entitled "telephone encounter/historical" and established NFF ICD-9 and CPT codes.

The IT approach, however, has the disadvantage of being unable to capture all tasks. Tasks that may go unreported through this approach include reviewing messages that result in the delegation of work to support staff, work without documentation in a unique note (addendums would not be captured), and tasks that are not identified by ICD-9 or CPT codes. In addition, IT documentation may underestimate the time spent on previously completed tasks. Once NFF activities are better quantified, it will become possible to divert some portion of them to support staff and, thus, liberate physician time.

Both the observational and IT methods of measurement are promising areas for future research. A study using the IT method easily could collect the number of electronic alerts on a large number of providers, although it would likely underestimate time spent on NFF activities. An observational study might take longer, but it would probably capture the most time data—especially if performed in dramatic volume.

SOLUTIONS

Providers in the VA could take various small steps toward using NFF time more efficiently. One such step would be to schedule routine laboratory tests in advance of appointments, which could preclude the need to address the results after the appointment.[2] Another step would be for a variety of clinicians, including specialists, to participate in clinical reminder completion, in order to liberate NFF and FF time for primary care[16] and improve performance measures. Streamlining VA Central Office–mandated reminders and automated alerts also could help to liberate time. Some FF activities can be performed in less time than NFF activities, thus improving net time.

The Institute for Heathcare Advancement has described strategies to decrease FF care in order to liberate time for NFF activities,[17] and one of these is the use of IT.[9,18] IT can be applied to identify and minimize task overlap, thus improving clinical efficiency and liberating time for both FF and NFF activities. Such an application could be particularly helpful in the VA, as one study noted that some VA physicians spend time performing tasks that are better suited for nursing or clerical staff.[19]

In addition, e-mail and telephone communication between patients and physicians can help to increase efficiency. One survey showed that both physicians and patients had favorable opinions about the use of e-mail for patient-provider encounters.[20] A study of patients enrolled in the Kaiser Permanente Northwest health plan found that the patients' ability to e-mail their providers decreased both FF time and NFF telephone calls.[21] In addition, the Kaiser Permanente Colorado health plan has offered scheduled NFF appointments as an alternative to FF appointments, allowing providers to conduct NFF appointments by either telephone or e-mail.[2]

There may be drawbacks to NFF appointments, however. While patients enrolled in Kaiser Permanente Colorado preferred telephone appointments, the plan's physicians felt that this method took longer by inviting conversation on "one more thing."[2] Similarly, if e-mails become numerous, they can consume more time than FF appointments. In addition, legal and information security concerns have been longstanding barriers to NFF encounters.

The VA also could benefit from IT changes that do not involve patients directly. Converting to a secure version of the Microsoft Outlook (Microsoft Corporation, Redmond, WA) e-mail system would allow for streamlining the VA's internal e-mail system into one system. Furthermore, using e-mail in place of paper memorandums from clerical and nursing staff would conserve the time that is currently spent shredding paperwork containing patient identifiers. E-mail use also would make it unnecessary

for providers to walk back and forth to their mailboxes.

At the VA New Jersey Health Care System's Fort Monmouth Community Clinic, a common-sense approach that we call "consider it done" has reduced the amount of NFF time spent on telephone calls. When a patient calls the clinic with a request for his or her provider, the clinic's support staff assures the patient that the provider will attempt to fulfill this request. If the provider cannot do so without further intervention, the provider calls the patient back. This approach—in contrast to the traditional, "I'll let the doctor know," approach—does away with the need for a routine second telephone call to confirm that the patient's request was fulfilled.

Ensuring physician reimbursement for NFF activities also could help to enhance efficiency. Policy studies in family medicine and primary care by the Robert Graham Center and the American College of Physicians, among others, have advocated insurance policy changes to promote such reimbursement.[22,23] Reimbursing physicians for NFF activities would likely make primary care practice more attractive, thus increasing the number of providers in the field and reducing the volume of patients per provider—which, in turn, would further reduce dissatisfaction with time constraints.

Budgeting time for NFF activities can be accomplished by slot management or panel management. Through slot management, the physician blocks off time in his or her daily schedule to devote to NFF activities. This practice, however, merely pushes the time needed for FF activities forward, and the VA cautioned against slot management in VHA Directive 2006-060[24] (which has since been modified). Panel management is the practice of carrying fewer patients in order to free more of the physician's time for NFF activities. Recent discussions at VA Central Office have reinforced a move toward panel management.

The Medical Home model of health care also can increase the efficiency of NFF activities. Through this model, one primary physician—rather than a team of providers—is responsible for the patient and accesses all information about the patient's care through an electronic medical record (EMR). The model is best envisioned as a wheel that has the patient and the primary physician at its center. On the perimeter of the wheel are support staff, such as nurses and receptionists, and any social services or medical subspecialists who are actively involved in the patient's ongoing care. The EMR system serves as the wheel's spokes by connecting the hub with the perimeter.

The Medical Home model provides physicians with the most global solution to the problem of managing their NFF time. Its use of an EMR system gives physicians ready access to patient data, which eliminates the need to gather data through such time consuming NFF activities as sending letters and making telephone calls to patients. The EMR system also makes the model fast and simple to implement. The model enables physicians to delegate appropriate tasks to staff and specialists quickly and easily. And, beyond time management, it lessens the need for care to be located at one physical address, which can result in a higher quality of care than is provided by the more fragmented, "walk-in clinic" care model.

IN CONCLUSION

Heath care administration needs to recognize the challenge of NFF activities and consider the aforementioned methods of optimizing efficiency. The Medical Home model, in particular, offers a promising means of optimizing the use of NFF time. ●

Author disclosures

The author reports no actual or potential conflicts of interest with regard to this column.

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