Letters

How 15-minute med checks hurt patient care

I am grateful to Drs. Phil Bohnert and Anne O'Connell for pointing out how the 15-minute medication check is hurting quality of care (CURRENT PSYCHIATRY, January 2006, p 31-42). How can Dr. H. Steven Moffic criticize their work as "a cheap shot?" (CURRENT PSYCHIATRY, March 2006, p. 2).

On a typical morning, I see 14 patients for 15 minutes each. Some come a couple minutes late, pushing back other appointments so that I am seeing the last patient 15 to 20 minutes later than scheduled. I barely get time for lunch before the afternoon's first patient arrives.

If Dr. Moffic can handle an "assembly line" of patients, more power to him. For the sake of quality care, I should not be doing that.

Also, let's say you have one patient in your exam room and another in your waiting room. The patient you are treating announces out of the blue that he or she is suicidal.

How would Dr. Moffic handle that? And how does he deal with calls, pages, patient forms, and other distractions within 15 minutes?

Dr. Moffic's patients may prefer shorter visits, but over 35 years I have yet to meet a patient who wants to be rushed out the door.

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Dr. Moffic responds

I praised Dr. Bohnert's and O'Connell's article as a whole, but was concerned that yet another demonizing of managed care was hurting physician morale.

Time limits might be making practice difficult for Dr. Ulus and many others, but 15-minute medication checks were in place in many community psychiatry settings before managed care and are standard for public-care settings in areas where managed care has yet to make inroads. That said, limited government funding poses the most serious hazard for public medicine.

If Dr. Ulus sees 14 patients nonstop for 15 minutes each—without any no-shows—he must be doing a superb job. No-shows usually provide some cushion for other tasks, including a suicidal patient. I've found that patients usually don't mind waiting or being rescheduled when an emergency occurs. Also, at our multidisciplinary clinic other staff can help where needed. And many patients need less than 15 minutes, allowing more time for other patients and tasks.

If we are stuck with 15-minute med checks because of finances and other system problems, we can make these visits more satisfying and successful. Informing patients of our limits and the reasons behind them will help us build an alliance with them and make the most of our limited time.

Further research could help determine how much clinical time each treatment need requires. Interestingly, no studies have measured psychiatric outcomes after 15-minute checks compared with longer visits.

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