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Not What It Seems: A Typically Atypical Office Visit for Chronic Disease

I'm going to tell you a story about how we are working to improve chronic disease management at the Palo Alto Medical Foundation, first walking you through a typical office visit for Maria, a woman with diabetes, and then dissecting that visit's many components.

Maria was tired, sick, and tired of feeling sick. She couldn't ignore her sore feet anymore. The past few night shifts she'd been leaning on her mop more for support than for sweeping. She called our office, rubbing her tingling toes. To her surprise, she was given an appointment for that day. When Maria arrived, the receptionist said, "Glad you're here. We've been expecting you. Please fill out this questionnaire and update your medications." The questionnaire also asked how she was handling her diabetes, how she *felt* about handling diabetes, and what goal she wanted to work on. The form also included her medications, most recent test results, and when they were due again. Maria now vaguely remembered getting a letter recently from the clinic, maybe reminding her to get some tests that were overdue. By now that letter was probably stacked under some unpaid bills.

Syd, our medical assistant, steadied Maria as she limped into the exam room, updated Maria's medication list electronically, readied her for a foot exam, and shared information about our diabetes classes.

Dr Z knocked on the door and paused, awaiting Maria's tentative invitation to enter the room. He smiled as he entered, "I'm really glad you came in today." They talked about her sore feet, her tests, and how hard it was to take medications while working the night shift. He broached some sensitive topics uncovered by her answers on the questionnaire: depression and lack of exercise. Then they brainstormed some new goals to help Maria feel better. She leaned forward, now looking him in the eye. She decided to start walking twice a week. "Great! We'll call you in two weeks to see how that's going," Dr Z promised, emailing a future message reminding Syd to call Maria then about the walking. Dr Z also sent a future-dated message to himself, reminding himself to enroll Maria in our nurse- run case management program if her diabetes remained out of control.

Syd came in to review all they'd covered. He went over Maria's "After Visit Summary," a printed sheet that included Maria's vital signs from today, her tests and referrals, and her new walking goal. He gave Maria a tetanus shot. Finally, he signed Maria up for PAMF Online.

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So now let's dissect Maria's office visit, to show you what's behind each step to see how they demonstrate changes in how we are now managing chronic disease.

Given an appointment for that day: We have advanced access in primary care and many specialty departments.

*The receptionist said "Glad you're here"…*Front office staff are at the forefront of our clinic's "Patients First" initiative to improve how we interact with patients (and co workers).

"Please fill out this questionnaire" … Staff is alerted when a diabetic patient is coming, so they can prepare for the visit. Patients are invited to be more proactive, updating their medical record and setting goals. We screen diabetics with high glycohemoglobin for depression, which is often key to explaining poor outcomes.

(Maria) vaguely remembered getting a letter… This letter represents new population management efforts at our institution. We are centralizing how we find patients overdue for tests or with results out

of range, and then order studies and contact patients. Diabetes is the prototype that we will generalize to other chronic diseases and preventive care.

*Syd … updated…readied…shared…*As medical assistants' roles expand, patients and staff find the team approach to providing care more rewarding.

*Dr Z knocked on the door and paused…*Like the rest of our staff, doctors are taking seminars on how to be nicer to patients!

*They brainstormed some new goals…*Patients, not doctors, manage their diseases. Of course, negotiating with patients rather than commanding represents a paradigm shift for doctors more comfortable issuing orders like "Make it so."

*(G)ave Maria her tetanus shot…*This is an example of "max packing"-- doing all a patient needs during a visit even when it was scheduled for another reason.

*(S)igned Maria up for PAMF Online…*Online services expand our ability to communicate and conduct virtual visits. We can even track whether patients read our emails, so that less "gets stacked under some unpaid bills."

This walk-through of an early 21st century office visit demonstrates some improvements in how our organization is delivering health care. These changes include specific changes to the content, flow and goals of a typical office visit, as well as a new organization-wide commitment of financial and personnel resources to population management efforts, involving various departments: Electronic Health Record, PAMF Online, Quality, and Information Technology. We find it critical to work simultaneously at the micro level with individual physician champions and their staff; as well as at the macro level, to build the centralized support for treating individuals and manage populations. How do we know we're making progress? Scorecards are published for all providers to see, reporting the process and outcome measures for their populations of diabetic patients. The data make it clear that our innovations are producing the results we want for all our patients. Here are results for Dr Z, our physician champion on this project:

	Dr Z Q 3 '05	Dept Average Q 3 '05	Dr Z Compared to Dept Average
Total # of Diabetics	151	1,841	
A1C done in past 6 mos	78%	67%	11%
A1C < 7	56%	59%	–3%
A1C < 8	86%	84%	2%
BP done in past 12 mo	96%	91%	5%
Average BP ≤ 130/80	59%	46%	13%
Average BP ≤ 140/90	80%	74%	6%
LDL done in past 12 mo	82%	74%	8%
LDL <100	63%	68%	–5%
LDL <130	94%	90%	4%

While our many efforts invoke some innovative tools and resources, we are also aware of our limitations. This ideal office visit is not generalized yet to all our primary care doctors, and spreading the change beyond our "innovators" to the "early adopters" is a current challenge. Finally, our clinic generally does not serve the uninsured. Maria's "stack of unmet bills" might mean that in the future she won't be able to pay her medical bills and she won't be able to see us in our atypical, state of the art clinic.