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EDITORIAL

Time to Care: The End of the Rushed Primary Care Visit

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Do you often feel rushed through visits with your patients? Do you usually find yourself running late? While the average primary care office visit lasts less than 20 minutes, the number and complexity of clinical issues addressed has increased dramatically in recent years. A typical patient in an internal medicine practice will present with: one acute problem (e.g. low back pain), three or more chronic illnesses (e.g. diabetes, high blood pressure, and heart disease), and a myriad of opportunities for cancer screening and disease prevention. During your visits, you may find yourself focused on a computer screen, fingers tapping at the keyboard in a desperate attempt to record the growing mountain of information required to meet documentation requirements while struggling to locate important information in the increasingly complex electronic health record. You might not like this focus on the "electronic" patient or the rushed feeling of having too many boxes to check off someone else's priority list. It turns out most doctors—and likely most patients—agree with you.

What are the consequences of being rushed? In an article published online in the *Journal of General Internal Medicine*, we describe these consequences and promote mechanisms to fix the system. During the rushed visit, physicians have insufficient time to consider whether certain tests really need to be ordered. We may postpone opportunities for preventive care, hoping there will be more time at the next visit. And we may lack the time to fully engage patients in their care. Time pressure also creates a need for additional visits to address what was initially missed. In this manner, the great value of primary care to keep people healthy is lost. Good primary care takes time. In fact, having enough time with your primary care patients is irreplaceable.

How did it get this way?

While complexity of clinical tasks has increased, care models have not kept pace with these changes. Doctors are paid for piecework, a model that incentivizes quantity rather than quality of care. Making matters worse, reimbursement for procedures is greater than that for cognitive work (e.g. listening to patients' stories, diagnosing their problems, examining them, and helping them make decisions about testing or treatment). This undervaluing of the time spent thinking about patients has led to physicians seeing more patients in a day, while pushing aside activities requiring reflection and interpersonal connection. Meanwhile, phone and e-mail communications that can be useful and convenient for patients are not reimbursed at all. Time spent performing these activities is made up by seeing more patients during shorter visits, while physicians communicate with patients by phone or e-mail in between patients or after hours.

Attaining a New Paradigm of Excellence in Primary Care

This will require at least two changes. First, the model of care for the physician in office practice can be re-engineered as a continuous healing relationship between the patient and a health care team with nurse practitioners, physician assistants, nurses, pharmacists, and care coordinators. Alternative methods of engaging patients in care (e.g. phone, e-mail, Internet portals) can leverage the potential of patients to be more involved and proactive in their care.

Second, payment models will need to recognize the value of cognitive (i.e. non-procedural) care and to compensate care provided outside in-person visits. Without such reform, pressure to see more patients in shorter visits will persist.

Several recent studies suggest that patient-centered medical homes can decrease costs, even with lengthened primary care visits. Creative new arrangements, including complete financing for a population of patients, will encourage health care systems to reorganize in ways that will give patients and physicians the time and resources they need to complete the work required during a visit. It is our experience that when patients are fully informed about health care options, they will often choose less invasive, less high-tech, and less expensive alternatives.

Adequate time with patients must be recognized as an essential component of primary care. Given the average number of issues to be addressed, most follow-up visits will require at least 30 minutes. If patients are new to us, or if there are many complex issues to discuss, we may need closer to an hour. On the other hand, if a patient has a sore throat or minor injury, we can likely help that patient in a few min-

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utes. In order to increase efficiency, some tasks can be better delegated to team members. Examples include nurses eliciting clinical information or documentation specialists (i.e. scribes) performing the typing.

How can health systems change to meet this need?

Permitting primary care physicians to spend the time needed with each patient will require a shift away from compensation models based on quantity of services to systems that focus on quality of services and appropriately recognize the critical nature of having enough time with the patient. Alternative payment models focusing on quality rather than quantity of care will be possible now that the Medicare sustainable growth rate statute has been repealed by Congress and replaced with the Medicare Access and Reauthorization Act. Primary care can also be supported through alternative payment arrangements that better align our overall health goals with a payment system to support their attainment. For example, Accountable Care Organizations should be able to risk adjust their support for primary care based on patients' complex social characteristics as well as their multiple medical problems.

Longer Visits, Better Care

There are several benefits that can come from longer visits. Physicians can make more reasoned decisions. We can talk more about stressors that affect our patients' health, which can lead to more acceptable treatment plans and increased patient satisfaction. A longer visit can preserve access to care by making it less likely that patients will need an early return appointment. With more complete care, there should be fewer emergency room visits and hospital stays. Finally, longer visits with better interpersonal connections can increase not only patient satisfaction but also physician satisfaction while decreasing burnout—critical outcomes given the shortage of primary care clinicians we are facing in our health systems.

Creating the Future

Primary care has much to offer our ailing health system. Time is often the missing ingredient that enables primary care to fulfill its potential as the bedrock for high-value care. With enough time, primary care physicians can think deeply about complex problems, help patients choose wisely among a complex array of treatment options, and counsel patients on behavioral changes that can prevent future problems. We call on both physicians and patients to reclaim that sacred space of time—enough time together to do the valuable work of primary care.

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