The “Three Year Plan”: Crafting a Care Plan for Patients in Resident Continuity Clinic

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When I first met Ms. Foster* in outpatient continuity clinic in September of my intern year, I was overwhelmed. She spoke quietly, her words slightly slurred and mumbled, and her speech pressured. My notes document her concerns that day: A daily headache for which she had been referred to a neurologist (but whom she had never seen), loss of appetite, and leg pain that her prior doctor thought was statin myopathy (through which she continued to take her atorvastatin religiously). And, I wrote about my concerns: She was smoking 10 cigarettes a day; and she was overdue for all preventive care, including her mammogram, colonoscopy, Pap smear, and dental care.

I was a more seasoned intern by April, when I met Mr. Towne*. He had not been to our office in nearly a year, despite multiple attempts by his prior resident doctor to contact him. Reviewing his chart prior to walking into the room, I learned that Mr. Towne was a diabetic with a hemoglobin A1c of 14.8% and uncontrolled hypertension. In our conversation, he told me that he had run out of insulin, his glucometer had stopped functioning, and he was taking glucose tablets when he felt “jittery.” His fingerstick blood glucose in the office read 340, and he felt that his legs were “heavy” when he walked and his physical exam disclosed tense bilateral lower extremity edema with hyperemia of his anterior shins. His blood pressure was 188/112 mmHg. My note documents that he commented “I don’t worry about my health, because there’s nothing I can do about it.” Again, I was overwhelmed.

After each evaluation in our outpatient resident clinic, we discuss our assessment and plan of care with our attending general internal medicine faculty. Given my inexperience, coaching on building a stepwise and manageable plan of care for Ms. Foster and Mr. Towne was important. But it was a subtle shift in framing that proved to be the most durable and powerful lesson. I distinctly remember my attending telling me about crafting “the three-year plan of care.” I could address Ms. Foster’s headache and Mr. Towne’s diabetes and hypertension today, but, as my attending gently impressed upon me, “you have three years to make a difference.” My attending was teaching me then something I only truly know now—an agenda in primary care is measured not in the rapid-fire diagnostic testing and immediate intervention to which I had become accustomed through my inpatient training, but, instead, in incremental change, the “to do” boxes gradually, and patiently, checked off over years.

In my succeeding clinic visits with Ms. Foster and Mr. Towne, we would set a concrete goal and a short-term plan for 2- or 4-week follow-up to titrate medications and ensure consultative visits were kept. I would propose something simple and achievable, hoping that frequent, routine contact would move care forward. At first, Ms. Foster and Mr. Towne were both frequent “no shows” on my clinic schedule. And, often at a return visit, an acute issue would force me to defer my meticulously planned approach to gradual change. But the continuity alone—just the both of us being in the same room at the same time, after an adventure like an imprisonment, or a hospitalization for a stroke—was critical in moving our relationship and care forward. Over time, the “no shows” became less frequent and the “acute” issues started to feel less pressing. Slowly, hypertension and diabetes control improved, routine preventive care was at least broached, and our visits became welcome opportunities to applaud self-care, give reassurance, and set shared goals for incremental advancement. The small steps were building.

Today, I see Ms. Foster and Mr. Towne every three months. Ms. Foster’s headaches are gone, her appetite is no longer an issue, and the leg pain is a distant memory. She completed a mammogram, colonoscopy, and Pap smear, and has plans for dental care. She dutifully brings her medicines to our visits so we can confirm dosing, indications, and adherence. And, along the way, she has reconnected with psychiatry. We stopped, and then restarted, a statin without any evidence of my continued on page 2
opathies, and she is smoking 1-2 cigarettes each day while using a nicotine inhaler in hopes of quitting altogether. (She tells me she sees my face each time she lights up her “Black and Mild” cigars). Mr. Towne’s lower extremity edema has resolved, his blood pressure is under good control, his hemoglobin A1c is the best we’ve recorded in 8 years of care for him in our practice, and he brings his medications (now newly organized in a blister pack) to every visit. I would never have imagined the conversation two years ago, but at our last visit, he insisted on setting up a screening colonoscopy!

On the wards, where most of the work of residency training happens, care is intense, abrupt, focused, and transient. The timeline for care is measured in hours and days, always focused on discharge. “Critical issues” are addressed, and the remaining problems are “deferred to the outpatient setting.” The relationships are fleeting, and the long-term impact of my interventions on any one patient’s longitudinal health is often unknown. But, in my continuity clinic, for the handful of patients whom I know well, the effect of our work together is very concrete. As our three-year plan comes to a close, I wonder now about communicating the “five-year plan” and “ten-year plan” to an incoming intern, and the relationships my attending has built with his patients over his decades-long primary care career.

The outpatient care experience in residency is most fulfilling in the aggregate when viewed through the lens of time. In retrospect, it is the small steps often unnoticed at the time that build momentum and relationships between a patient and physician. Now, I can see that as overwhelming as Ms. Foster’s or Mr. Towne’s first visits were for me, they were just one part of our “three-year plan” and, ultimately, their lifelong spectrum of health, wellness, and illness. We found ways together to make progress in the short term, and I think we’re all the better for it.

*Names have been changed to preserve privacy.