

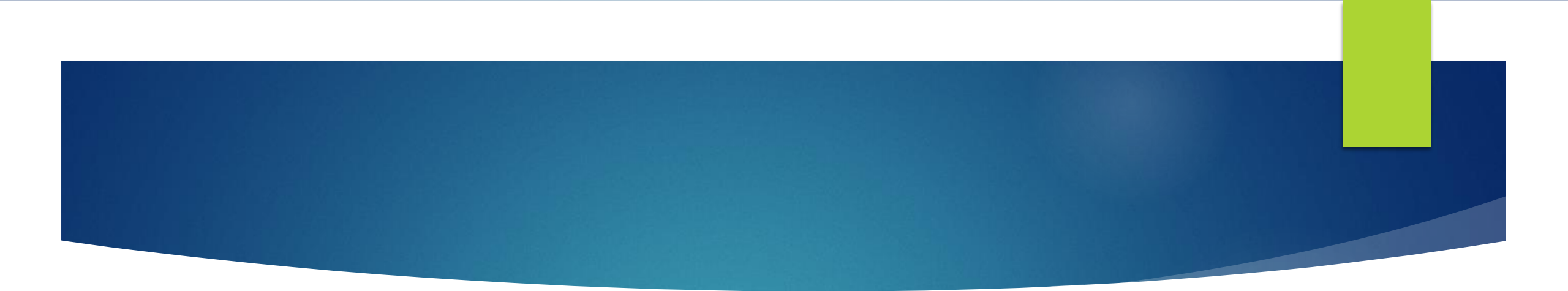
# The clinically excellent primary care physician: examples from the published literature

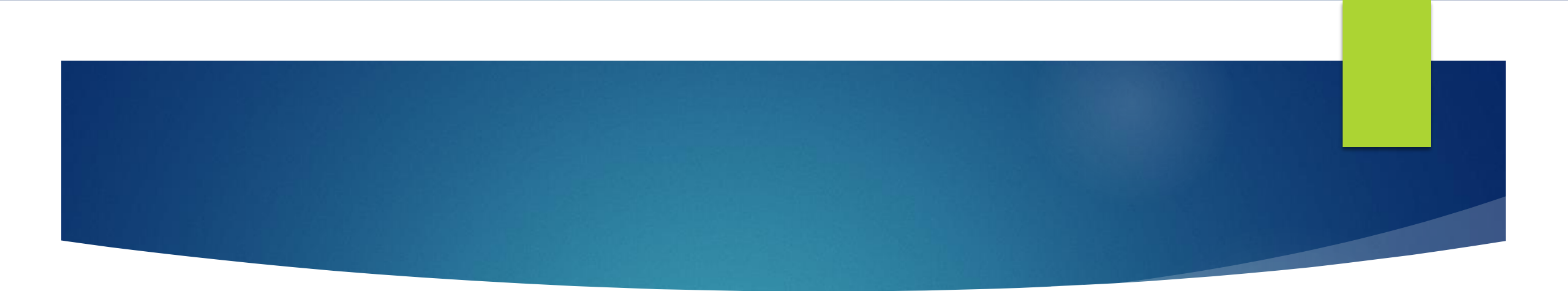
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# Background

- ▶ Excellence in western medicine was historically founded on knowledge with the application of anatomy and physiology of the care of patients.
- ▶ Disease-oriented and problem-based approach to care
- ▶ Contemporary medicine has added to these earlier priorities a genuine commitment to patient-centered and biopsychosocial approaches to the care of patients

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- ▶ Recent scholarly work, not concentrating solely on generalism and primary care, resulted in a comprehensive description of the elements that contribute to clinical excellence
  - ▶ This schema for clinical excellence has been applied to different medical subspecialties
    - ▶ cardiology
    - ▶ psychiatry

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- ▶ Patients seen in primary care practices appreciate PCPs:
    - ▶ Who are patient-centered
    - ▶ Those who “listen, explain, and are thorough”
  - ▶ When patients feel that their insights are being ignored by their PCPs
    - ▶ They become passive and more distraught about their illness
  - ▶ Dissatisfaction with providers associate with increased healthcare utilization
  - ▶ Have an integral role in the health of individual patients and the communities
  - ▶ Patients’ first and main contact with the system.

# Definition of primary care physicians and characterization of clinical excellence

- ▶ Central and core components of any high quality health care delivery system
- ▶ Provide care longitudinally and continuously.
- ▶ Holistic in their approach and attend to the whole person rather than focusing in a more disease-oriented manner

# 6 areas that relate to patient care

1. Communication & interpersonal skills
2. Professionalism and humanism
3. Diagnostic acumen
4. Skillful negotiation of the healthcare system
5. Knowledge
6. Scholarly approach to clinical practice, and Exhibiting a passion for patient care

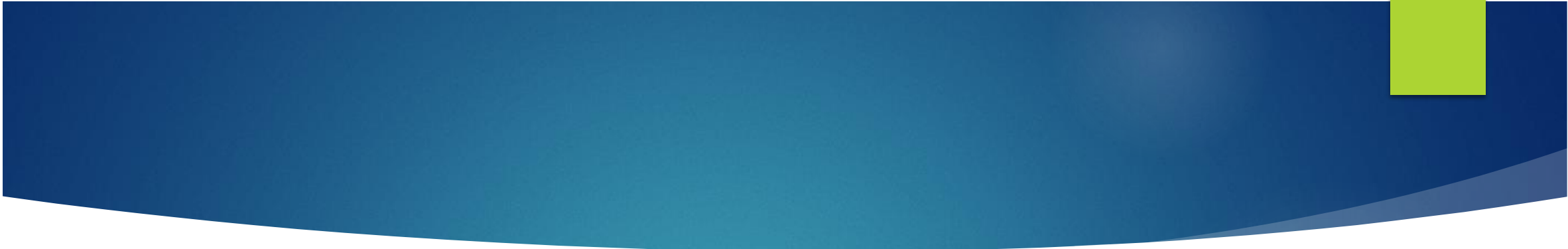
# Methods

- ▶ Search of PubMed for English Case reports from 1962 - 2013
- ▶ Keywords: primary care, primary care physician, clinical excellence
- ▶ 2397 unique published case reports
- ▶ Provision of excellent primary care
- ▶ At least 10 papers for each component of the definition
- ▶ Majority of papers dismissed because no interaction between the physician and patient
- ▶ Each case demonstrates how superior performance in a particular domain of clinical excellence enables the best possible care for patients.

# Communication and interpersonal skills

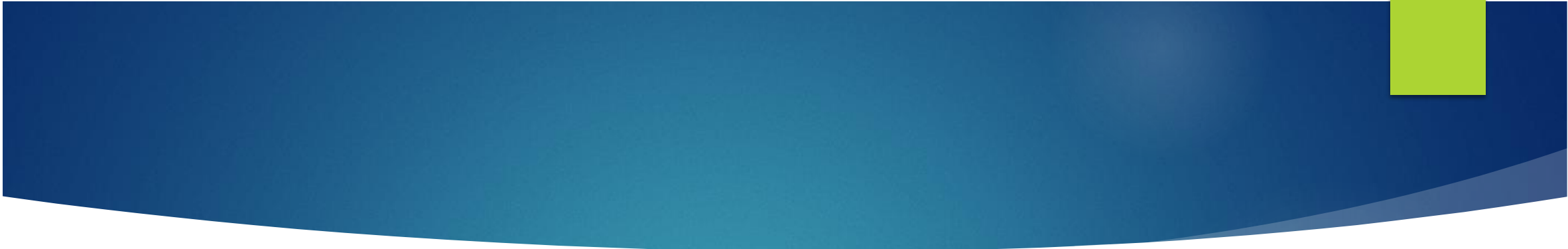
- ▶ Critical for promoting successful physician-patient relationships
- ▶ Giving patients the opportunity to share their stories and perspectives, through active listening Improves:
  - ▶ Trust
  - ▶ Adherence
  - ▶ Some biophysical outcomes



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- ▶ When patients are encouraged to share their illness narratives, empirical research has shown:
    - ▶ Lower blood pressures
    - ▶ Better control of hemoglobin A1c
    - ▶ Faster symptom resolution
  - ▶ Transcend race and gender concordance

# Cases

- ▶ An 80-year old man with rectal bleeding
- ▶ Underlying concerns and sources of confusion
- ▶ explained his rationale and checked for the patient's understanding
- ▶ mutually agreeable plan of action that was in line with and respectful of the patient's wishes
- ▶ Follow through only when the doctor's suggestions made sense to him,
- ▶ A key elements of patient-centered care is partnering with patients to gain an understanding of their priorities in establishing goals of care

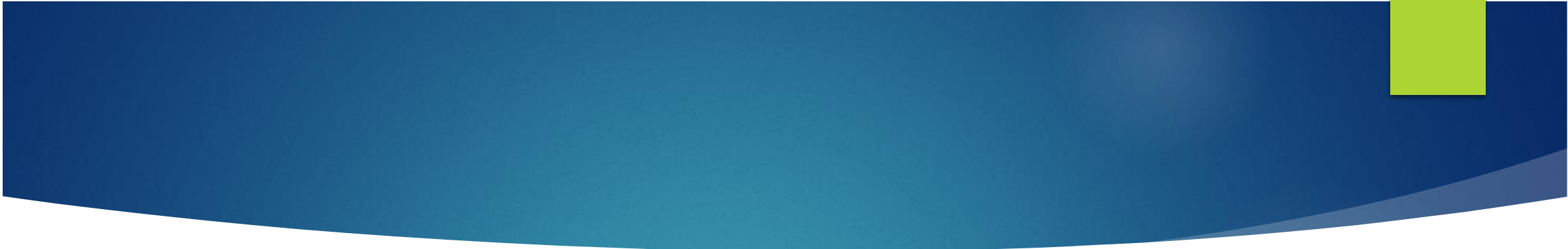
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- ▶ 35-year-old woman with chronic back pain
  - ▶ Could not go on vacation because of the pain
  - ▶ Encouraged her to go and suggested that together they modify her pain control regimen to alleviate additional pain brought on by travelling
  - ▶ Open and honest communication about goals of care can strengthen the therapeutic alliance

# Professionalism and humanism

- ▶ Development and maintenance of strong longitudinal physician patient relationships in primary care
- ▶ The humanistic physician is:
  - ▶ Empathetic
  - ▶ Dedicated to service
  - ▶ Focused on the patient who has the disease rather than the disease that the patient has
- ▶ Improved clinical outcomes

# Case

- ▶ 28-year-old woman presented to an emergency room with URTI symptoms
- ▶ Diagnosed with allergic rhinitis and treated
- ▶ Over the next 3 years, frequented emergency departments and urgent care clinics with similar complaints
- ▶ During one 6-month period
  - ▶ 17 different health-care providers
  - ▶ Medications costs were over \$750 per month
  - ▶ Developed steroid-induced diabetes

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- ▶ Committed PCP agreed to partner
  - ▶ Direct all telephone calls and requests for urgent visits to the PCP
  - ▶ Access to the physician was an integral part of this plan
  - ▶ Increased calls and visits to the PCP initially
  - ▶ Professionalism and humanism required the PCP to make himself available
  - ▶ Decreased emergency room visits, decreased medication costs, and an overall improvement of her health

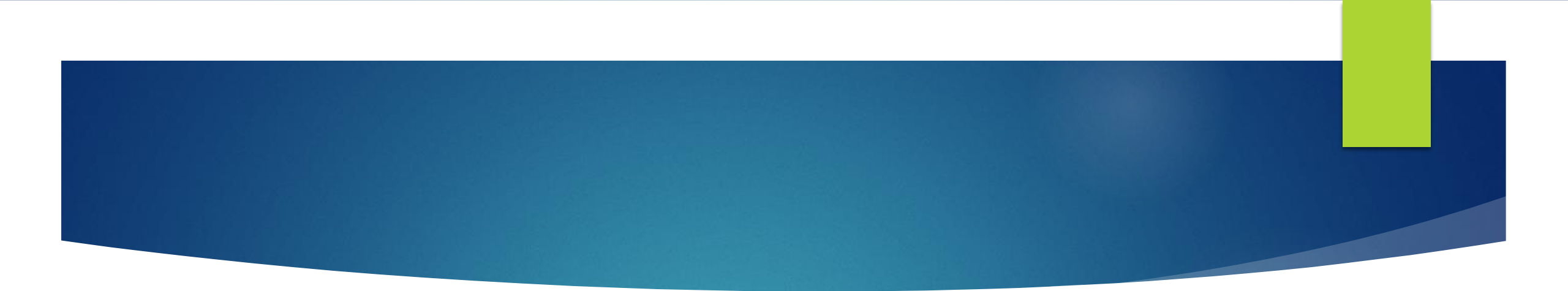
# Diagnostic acumen

- ▶ Unofficial consults regarding patients with perplexing symptoms and uncertain diagnoses
- ▶ Physicians are skilled in:
  - ▶ The science
  - ▶ Art of using information gathered from the history and physical exam
  - ▶ Arrive at the correct diagnosis

# Cases

- ▶ Senior medical students, junior residents, experienced general internists
- ▶ same seven Standardized patients with chief complaints common in primary care, varying from cough to arthritis
- ▶ Factors associated with making the correct diagnosis:
  - ▶ Clinical experience
  - ▶ Thinking of a larger differential diagnosis initially
  - ▶ Eliminating highly unlikely considerations as the clinical scenario unfolds.
- ▶ Diagnostic accuracy of the internists was significantly greater than others



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- ▶ 21 primary care physicians with an average of 20 years' experience
  - ▶ 10 clinical scenarios
    1. Most likely diagnoses,
    2. Specific features which led to them to their conclusion. Those who were most
  - ▶ Most skilled often made the correct diagnosis with less clinical data than others.
  - ▶ Fundamental skills necessary to be a master diagnostician:
    1. Expertise in collecting and integrating pertinent information
    2. Reflecting upon and reconciling pieces that do not fit
    3. Developing sound unifying

# Skillful negotiation of the healthcare system

- ▶ Many providers, sites of care, and record systems
- ▶ Make the navigation difficult for patients during their quest for high quality care
- ▶ Those with limited health literacy, are especially vulnerable to receiving suboptimal care
- ▶ Effective advocates
- ▶ Knowledgeable about the resources available for patients.

# Case

- ▶ 64-year-old female with chronic hip pain, partially attributable to arthritis
- ▶ limited by the patient's insurance and financial situation.
- ▶ Intolerable side effects to several attempted therapies.
- ▶ program that would pay for the non-generic medication that the patient wanted, that otherwise would have been too expensive for her.
- ▶ Social determinants, particularly the socioeconomic status of individuals, can have a great impact on :
  - ▶ Health, wellness, disease, and infirmity.

# Knowledge

- ▶ The cornerstone of clinical excellence
- ▶ The early part of medical school is devoted primarily to the acquisition of medical knowledge
- ▶ Clinically excellent physician is a lifelong learner
- ▶ Resting on the foundation of knowledge:
  - ▶ Diagnostic acumen
  - ▶ Scholarly approach to the practice of medicine
- ▶ An understanding of what knowledge is required to solve a clinical problem and the ability to find, interpret, and apply this information.

# Case

- ▶ 44-year-old male suffered from asthma
- ▶ Did not respond to bronchodilators
- ▶ Symptoms attributed to his history of smoking socially in college
- ▶ Becoming a liver donor for his father
- ▶ His father had cirrhosis thought to be due to alcohol consumption, though he later tested positive for alpha-1 antitrypsin (AAT) deficiency
- ▶ Patient was also AAT deficient
- ▶ PCP's knowledge of the association of AAT deficiency with both liver and pulmonary pathology

# Scholarly approach to clinical practice

- ▶ Medical information is constantly evolving
- ▶ Critically appraising newly published studies
- ▶ Extract the relevant clinical material
- ▶ Apply it effectively in caring for patients.
- ▶ Using actual patient data to improve one's clinical performance

# Case

- ▶ A primary care doctor resolved to improve the diabetes care he provided
- ▶ Substandard performance in this area measured by clinical outcomes
- ▶ Using a variation on a published model for quality improvement
- ▶ Dramatically increasing the proportion of his patients who met goals
  - ▶ Diabetes care
  - ▶ Cardiovascular risk factors
- ▶ The measures were adopted his colleagues
- ▶ Expanding the influence to benefit even more patients

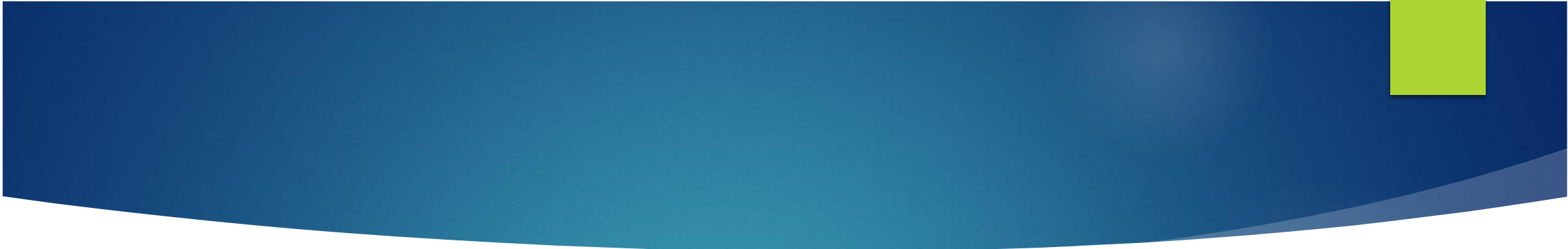
# Exhibiting a passion for patient care

- ▶ Providing longitudinal care to their patients
- ▶ Forging meaningful relationships with them over time.
- ▶ Responsibility of being the tip of the health care system's arrow
- ▶ Granting timely access to expertise
- ▶ The first to consider patients' concerns while promoting wellness and the prevention of illness.
- ▶ These driven individuals are often innovators.



# Cases

- ▶ Dr. Bob Paeglow, Started medical school at the age of 36 years
- ▶ Practices in a disadvantaged neighborhood in New York
- ▶ Often personally financing his patients' medical care
- ▶ Threw a birthday party for the daughter of a patient
- ▶ Bought Christmas presents for the child of one of his patients
- ▶ Paid for psychologist visits for a new patient suffering with depression.

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- ▶ Dr. Regina Benjamin working at a Small town in rural Alabama
  - ▶ Shortly after graduating founded a clinic to take care of patients in a village, 80% of whom live below the federal poverty level.
  - ▶ Physically helped rebuilding the clinic after it was destroyed by hurricane
  - ▶ During reconstruction, visited her patients in their homes.
  - ▶ Passionate about primary care, incredibly generous, constantly giving to their individual patients, and the community at large.

# Discussion and conclusions

- ▶ Describing excellence in any area is a complex endeavor
- ▶ There are numerous factors that contribute to 'excellence'
- ▶ Competence represents the floor above which all PCP's must surpass.
- ▶ Excellence is the aspirational ceiling that many, but not all, strive to reach
- ▶ Reflection about the domains own approaches and proficiencies
- ▶ Result in greater self-awareness and a deeper understanding of strengths, weaknesses, and professional goals in primary care



**THANK YOU**