



John Hickner, MD, MSc
Editor-in-Chief

Success with team care

I was not surprised by the flood of letters I received from readers* in response to last month's editorial ("End EMR tyranny!" *J Fam Pract.* 2013;62:173). Mixed in among the gripes and groans was a well-reasoned response from a family physician who not only is coping with EMRs (and the seemingly endless other demands on an FP's time), but has found a way to prosper.

That doctor's "secret"? Like other physicians who are thriving with EMRs, he has someone else do most of the data entry.

"Team care" is the popular term used to describe what is essentially a redistribution of work. (To learn more, visit www.familyteamcare.org.) Team care typically involves assigning at least 2 medical assistants (MAs) to each physician, along with an RN or LPN whose time is often divided among 2 or 3 doctors. One of the most important features of team care is that an MA serves as a scribe, updating the patient's medical history and entering presenting symptoms in the EMR before the physician even enters the room. The MA remains in the room while the physician examines the patient, entering orders and physical findings, and remains there after the physician is done to close the visit, issue instructions, and ensure that the patient has the prescriptions or orders for tests that he or she needs.

The secret to prospering with EMRs? Having someone else do most of the data entry.

The result? The physician is freed of the 2 to 3 hours per day that EMRs add to the workload of doctors who do not have scribes, and relieved of numerous other administrative functions.

During my tenure at the Cleveland Clinic, we initiated team care at one of our practices. After 9 months, the FP at the helm had increased his patient flow by 40%. Yet he walked out of the office by 5:30 every evening, with all of his charts completed and all of his phone and e-mail messages answered. And his quality measures and patient satisfaction scores did not decline one bit. In fact, he saw an upward tick on both counts.

This, too, doesn't surprise me. For years, fellow FPs have told me they spend 30% to 50% of their time on tasks that could—and should—be delegated to office staff. When we all figure out how to offload nonmedical duties to nonphysicians, FPs can get back to doing what most of us love to do and do best—looking patients in their eyes, taking time to understand their problems, and deciding together which tests and what treatment plans will do the most to improve their lives.

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*We'll publish some of these responses in the Letters column in the June issue.

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