

The solution to EHR woes: A team-based care model

For some time, electronic health records (EHRs) have been the focus of many articles (“EHR use and patient satisfaction: What we learned.” *J Fam Pract.* 2015;64:687-696) and the source of great debate (and frustration) in the health care community. But there’s a logical solution to the dilemmas created by EHRs: A team-based care model.¹

A fundamental principle of team-based care is that all members of the team work at the top of their skill set. So, with that in mind, most of the duties of EHR management should be delegated to other team members, rather than to the physicians. In our system, every physician works with 2 other people—certified medical assistants or licensed practical nurses—who help with standing orders, protocols, templates, and many of the EHR duties, including a significant portion of team documentation. They do this while recognizing and respecting guidelines from the Centers for Medicare & Medicaid Services and other payers. That leaves the physicians and advanced practice clinicians the time they need to focus on the patient during the visit.

Not surprisingly, patient satisfaction, staff satisfaction, and quality measures are all improving with this model of care. It is proving financially viable, as well. This model may well be the future of health care delivery for office-based practices.²



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Spirituality can play a role in treating depression

We would like to commend Larzelere et al on their article, “Treating depression: What works besides meds?” (*J Fam Pract.*

2015;64:454-459). These authors pointed out that the value of medications is limited in patients with mild to moderate depression. They also noted that nonpharmacologic interventions have proven beneficial and that, specifically, cognitive behavioral therapy (CBT), interpersonal therapy, and problem-solving therapy have been linked to moderate to large

improvements in depressive symptoms. We agree, and would also like to highlight the role of religion and spirituality in the context of CBT as a valuable treatment for depression.

Religion/spirituality is a protective factor against depression and has been proven to be beneficial in patients with mild to moderate depression.^{1,2,3} In a randomized clinical trial that compared CBT that incorporated patients’ religion vs conventional CBT, Koenig et al found that religious and conventional CBT were equally effective in increasing optimism in patients with major depressive disorder and chronic medical illness.¹

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Risk of a contaminated urine specimen linked to high BMI

We conducted an institutional review board-approved study to examine the relationship between the body mass index (BMI) of women diagnosed with a urinary tract infection (UTI) and the rate of urine sample contamination. Based on our clinical experience, we hypothesized that obese women are more likely to provide contaminated clean-catch urine samples than non-obese women. Our

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results lent support to that hypothesis.

We retrospectively analyzed a 6-month convenience sample of urine culture (UC) results from patients in a large health care system. Inclusion criteria were: female sex, BMI information available, clean-catch urine sample, UC obtained, and diagnosis of UTI. Patients were excluded if they were pregnant. Two researchers independently evaluated each UC to determine if the UC was consistent with the diagnosis of UTI and if it showed evidence of contamination (based on previously accepted standards and definitions).

Out of 7134 UCs analyzed, 50.1% showed some variable of contamination, 26.4% were consistent with the diagnosis of UTI, and 30.4% of the positive UCs had contamination.

Rates of positive UC were stable regardless of BMI. This refutes prior studies that

suggested an increased BMI is associated with an increased risk of UTI. And, compared to patients with a BMI <35 kg/m², having a BMI >35 kg/m² was associated with more frequent contamination (odds ratio=1.41) and higher rates of abnormal markers used for diagnosing UTIs, including nitrites, white blood cells, and bacteria.

Physicians should consider these results when assessing for, or diagnosing, UTI to avoid misdiagnosis and overtreatment. We suggest that physicians have an assistant help very obese patients with the urine specimen collection process, consider catheterization if an accurate diagnosis is critical, or await UC results before initiating treatment.

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