

## Composing a Visit

August 2023

### **Context:**

Let me start by sharing an analogy for medical care. The work of healthcare is not that dissimilar to an orchestra and the music it produces. As health care providers, we play the role of conductor, trying to fine tune the parts of the orchestra (patient) to ultimately produce the best performance for that group of musicians. It is easy to feel that we must create a perfect musical piece at every visit but that is not realistic. Instead, we have many different rehearsals with very different purposes. I believe when you can compartmentalize the visits and set reasonable expectations, it makes our work more manageable.

Think of the following rehearsals/appointments:

Repair of the broken string or untuned piano-Acute care visit

Focused rehearsal for the string section-managing uncontrolled Diabetes

First chair violinist leaves and the orchestra needs to regroup-Post Hospital TCMS

Dress Rehearsal-Pre op visit (we want everything optimized as much as possible)

Weekly rehearsals- Disease management visits

Flood damages many of the instruments-emergency room visit

Final Performance-Patient's life. No matter how much we do, the end result is ultimately going to be reliant on how all the parts come together and how much each of the participants are invested.

The analogies are endless, but I imagine you get the gist. The important point being that the practice of primary care is a journey. Occasionally we need to make a quick assessment of "too sick" and send a patient to the hospital. Otherwise, we are constantly shifting and adapting to where the patient is and what they need most on a particular day. Most of the time when we see a patient they have been dealing with an issue for years/months prior and they don't expect we will fix it in one visit. Allow yourself time and permission to work with the patient. Engage in

shared medical decision making and let the process unfold. Patients find this gratifying.

Here is a practical approach that can be used to structure your visit.

**Before you start:**

Is the patient well enough for the visit today? Is there an emergency that I need to address? Should I change a Wellness to urgent due to patient's needs? This information often comes from our clinical staff. Empower them to use their clinical skills and get a urine, strep, EKGs or Athena text you if they assess a patient and have concerns.

**Prior to entering the room:**

What is the "Reason for Visit"? This helps set your agenda for the appointment. Is it a Wellness or urgent or disease management? What seems most pressing.

If Wellness visit look at questions completed by staff.

Take a moment to look at vitals, social history, any completed forms (PHQ-9, Audit etc)

Is there disease controlled or uncontrolled?

Open appropriate EP (VMG EP for urgent visits or VMG uncontrolled/controlled)

Look at QM and order needed tests

All of this "prework" let's you be more present in the room.

**Enter the room and start with "What Matters to You?":**

Allowing the patient to give you "what matters/why they are they here/what do they want to accomplish?" helps with buy in and makes the visit more productive.

This is also a time to "reset" if needed. Maybe you discard the disease management or Wellness and jump into their pressing concern instead.

If you are on the same page with goals, I start with reviewing the medication list.

Sometimes I do this faster if it is an urgent visit but still try to review. This is an area where medical errors change be decreased.

It is also a great way to make sure their meds reflect what they are taking and educate/reinforce/engage the patient in “the why”.

As I discuss meds, I toggle into the problem list and make sure that the appropriate diagnosis is on the list and add if not. The more specific/RAF associated the better. I then “send” the diagnosis over to the A/P if I feel that I will be discussing. Even if the patient is there for an urgent visit think about things that you will be considering. For example, is the patient a diabetic that you are going to put on steroids for poison ivy?

Then I check QM tab and orders that I have already added to A/P with patient. If they are declining preventative screening I document that.

I pull out the follow up slip and start using it as a summary sheet for the patient. I articulate to the patient what and why I am circling certain things. Circle mammo/write a note re: pap appointment if the patient doesn't want that day.

While I am still on the “review” page I scroll down to look at vitals and recent labs etc. I review them with the patient and check that boxes after I have reviewed.

I recheck blood pressure at this time if they are not at goal.

For urgent visits, I open VMG EP for the acute condition.

For Disease management Visits: Open Controlled/Uncontrolled EP (you may have already prepped this)

For Wellness Visits-look at PHQ-9/Audit/SDH/FHx to help with risk assessment. Check the CVD risk calculator.

Is the patient a smoker? Add EP if yes and staff didn't. Discuss with patients.

### **HPI section:**

Spend time collecting the patient story.

Use templates when possible. This doesn't have to be pretty. Just collect information needed to help your decision making and determination of Medical decision making.

Check Wellness templates that are completed.

I tend to do ROS at this time while taking HPI but if you want to do a more extensive you can click to ROS page.

Exam: Perform the exam. Full physical for Wellness <66. Otherwise disease issue specific.

A/P:

Add any specific diagnosis needed. Write brief problem focused plan in patient language.

Many things will already be present from your previous prep.

#### **For Medicare Wellness Visits-**

Review and update the personalized plan. If you dive into an Advanced care planning discussion-add the EP for documentation.

Make sure to include patient in the decision-making process for PSA, mammo interval, pap, colorectal screening etc.

At the end I tend to summarize my plan to the patient. I explain "next steps". What to expect if labs are normal or xray is abnormal etc.

I look at upcoming appointments and update the follow up slip and ask the patient to stop at check out to book the needed appointments.

Then I complete my note and bill.