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Improving Physician Efficiency for Patient-Centered Care

The mounting pressure from professional boards and government payors as a result of the shift from volume-based care to value-based care has encouraged many healthcare organizations to review their organizational structure and best practices. By emphasizing improvements and incentivizing physicians to participate, patient-centered care and cost-savings can be achieved by healthcare organizations. To enhance patient care, physicians working in healthcare organizations have a variety of options available to them that can improve the efficiency of both the individual physician and the entire organization, such as balancing physician guidance with individual judgment, improving physician satisfaction, increasing communication of patient information, and promoting low-tech therapies (e.g., physical therapy and counseling).

Organizations may benefit by compromising on levels of guidance for physicians in order to achieve the most efficient patient care and successful outcomes. Allowing physicians to determine their own treatment procedures tends to be less efficient for a healthcare organization;[1] however, a healthcare organization that restricts a physician's procedural choice to a set standard can also be less efficient, and may result in physicians providing unnecessary treatment for the sake of following procedure.[2] In a report written by *The Commonwealth Fund*, healthcare entities that experienced the greatest quality improvements trained their physicians to follow best-practice guidelines, but also encouraged them to deviate from these best practices when, in the physician's independent judgment, such deviation furthered the best interest of the patient.[3] These successful hospitals also closely monitored performance indicators compared to benchmarks, and used the findings to encourage underperforming physicians to improve their performance.[4] Ensuring that patient care aligns with benchmarking standards will likely be even more important as value-based care becomes the primary goal for many healthcare organizations.

In a related matter, physician satisfaction may also be important to develop strong physician-patient relationships, a valuable part of patient-centered care. Many physicians report feeling unsatisfied with their profession, and, as a result, the quality of care they provide to patients may decline.[5] The existing research on physician satisfaction and patient outcomes suggests that a significant positive correlation exists between the two, wherein a higher prevalence of physician satisfaction results in a greater likelihood of patient adherence to treatment plans.[6] Accordingly, by ensuring physicians are satisfied with their work and work environment, healthcare organizations may improve patient outcomes.[7] Physician satisfaction can be achieved through enhancements in organizational culture, leadership initiatives, and "*celebrations of success*" such as aligning physicians with leaders and colleagues who share similar values, allowing physicians to have greater autonomy of pace and work content, and offering financial incentives for physicians who meet performance goals.[8]

Physicians and their employers can also increase communication and improve the coordination of information to achieve patient-centered care and cost savings. One problem often encountered by healthcare organizations is that the attending physician for an *emergency room* (ER) generally has little information regarding the recent medical history or treatment plans of ER patients. Consequently, unnecessary services may be rendered for these patients, wasting time and money for both the patient and physician.[9] Investigations of healthcare expenses suggest that many treatments received by patients are unnecessary or could have been accomplished using better and lower cost alternatives.[10] Increased communication between healthcare organizations that maintain *electronic health records* (EHRs) could save significant time and money that may otherwise be lost. However, electronic *health information exchange* (HIE) use has experienced sluggish growth, with only 48% of physicians adopting EHRs and 20% to 30% of all providers using the EHRs to communicate with other providers.[11] The *Office of the National Coordinator for Health Information Technology* (ONC) created a ten year plan for increased interoperability of HIE, but several challenges remain for HIE expansion, including regulatory burdens on physicians and the burdensome cost of implementation.[12]

One potentially overlooked method for healthcare organizations to promote patient-centered, quality care is to improve access to therapies, rather than technology or medication. Many patients seek low-tech therapeutic procedures that have been proven effective and are well-tolerated, such as physical therapy and counseling.[13]

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However, these services may not be reimbursed by insurance or they may be difficult to schedule in a reasonable amount of time due to a provider supply shortage or limited availability of office hours.[14] As such, physicians may opt to treat patients with expensive, but reimbursable and readily available, high-tech procedures or medications.[15] Rather than investing in the latest expensive machine, which may not yield better health outcomes, healthcare organizations may instead invest in additional therapeutic practitioners or expand patient access to these practitioners by incorporating associated treatment options into their practice guidelines.[16] *The Commonwealth Fund* report of successful hospitals revealed that the facilities that promoted quality and access for patients became more efficient as a result, and that the cost of care was reduced as a consequence of this improved efficiency.[17] By compromising on physician guidance, improving physician satisfaction, expanding EHR use, and focusing on patient needs and aligning treatment with those needs, healthcare organizations may be able to more efficiently care for patients and reduce spending on unnecessary procedures.

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9 "Improving Health While Reducing Cost Growth: What is Possible?" By Mark McClellan and Alice Rivlin, The Brookings Institution, April 2014, http://www.brookings.edu/~/media/events/2014/04/11-health-care-spending/improving_health_reducing_cost_growth_mcclellan_rivlin.pdf (Accessed 6/3/15) p. 2.

10 *Ibid*, p. 3.

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13 Timburt and Goold, April 30, 2015.

14 *Ibid*.

15 *Ibid*.

16 *Ibid*.

17 Edwards, et al, July 2011, p. 2.

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