

Confidence in Continuity of Care

—By Elissa Fuchs

The doctor-patient relationship is one of the cornerstones of medicine. And, as with most relationships, this dynamic generally works better if it develops over time and both parties are active and committed participants.

In a nutshell, the idea of building lasting, consistent doctor-patient relationships is what drives an emerging model of care delivery generally referred to as continuity of care. The American Academy of Family Physicians defines continuity of care as the process through which the patient and the physician are cooperatively involved in ongoing management to achieve high-quality, cost-effective medical care, with the ultimate goal of improving health outcomes. In a recent study published in the journal *Pediatrics*, infants who saw the same practitioner were more than twice as likely to receive lead screenings as babies who saw a different doctor at each visit. Continuity of care can be especially important for patients, including those with chronic conditions like diabetes or hypertension, who visit doctors more frequently. Consistently seeing a doctor they trust may encourage better patient compliance and likelihood to return for follow-up care, which are important when managing chronic illness.

With this in mind, some residency programs are trying to train doctors to develop stronger, more lasting connections with their patients. Other programs are unrolling new curricula that foster a compassionate bedside manner, greater accountability for their patients' outcomes, and empathy for the people they treat.

Last July, through participation in the Accreditation Council for Graduate Medical Education's (ACGME) Educational Innovation Project (EIP), the internal medicine residency program at Indiana University School of Medicine began placing residents in an "immersion week" rotation dedicated to teaching continuity of care. Each year, residents go through one immersion week, during which they spend entire rotations providing patient care or collaborating with other members of the care team in a clinic setting.

During the immersion weeks, residents learn more about the skills of other health team professionals and how to best use those skills, said Noelle C. Sinex, M.D., associate program director of ambulatory medicine in Indiana's internal medicine GME program. For example, pharmacists, Sinex said, can help physicians develop an ongoing medication plan to control hypertension over time. Understanding the role of other health care team members helps residents build awareness of all the steps a patient must undergo in managing his or her disease.

"We really want residents to have a working knowledge of what patients go through—to walk in a patient's shoes and see what it's like from their side," Sinex said.

Sinex said that 91 percent of interns surveyed found the immersion week to be useful, and felt that their knowledge base improved.

To foster accountability, faculty members track each resident's performance in preventive health and chronic condition management, and provide semianual reports to trainees that detail their patients' progress. According to Sinex, these reports illustrate the long-term ripple effect that a doctor's assistance has on a patient's outcomes.

Sinex said that in the future, the report may give residents more opportunities to reflect on areas of potential improvement.

In January 2008, the Cedar Rapids Medical Education Foundation family medicine residency program in Iowa redesigned its curriculum through participation in the Preparing the Personal Physician for Practice (also known as P⁴) initiative. Program officials eliminated traditional resident rotations in favor of a schedule that alternates between six weeks of clinic time and two weeks in an area of concentration like neurology or rheumatology.

"This system allows residents to spend more time in family practice, and makes them more available to see clinic patients over time," said Gordon Baustian, M.D., director of Cedar Rapids residency training program.

"It lets them see and understand the long range of care needed for a person with a disease like diabetes."

The program emphasizes a "top-20 list," where residents become experts on the 20 medical conditions that comprise 80 percent of patients' needs, Baustian said. Such conditions include diabetes, depression, and hypertension.

"If you can be an expert [on these conditions], you can really impact the quality of care," Baustian said.

San Diego-based Scripps Mercy Hospital internal medicine program introduced a concept called "continuous circle of care" to help inform the new direction of

its GME program, said Program Director Stanley A. Amundson, M.D. This symbolic wheel—which begins with the patient's first visit and ends with his or her next one—has many spokes, including taking a history, conducting a physical exam, diagnosing an illness, and developing a treatment plan. Scripps trains residents to be skilled at each point, so that they can become trusted and effective longitudinal providers.

The Scripps program is also a participant in the ACGME's EIP initiative, designed to facilitate novel concepts in GME.

To learn how to take a patient history, residents practice comforting nonverbal communication behaviors—such as making eye contact while taking notes—first with each other and then at the bedside. Residents also learn to ask probing questions as a way of better understanding the possible causes behind a patient's symptoms.

"Patients' chief complaints are not often their first complaint," Amundson said. "They are really worried about marital discord, but they say they have a headache."

Plus, there is trust in the human touch, Amundson said.

A lot of time is spent teaching residents how to perform physical exams because of the key diagnostic information they can provide. This spares patients stressful and expensive tests and lets the doctor prescribe a treatment plan sooner. For example, the program trains residents to use a hand-carried ultrasound device to examine a patient's cardiovascular health. Already this device has provided patients with certain management recommendations, mostly to mitigate coronary heart disease risk.

"The laying on of hands really instills the patient's belief that someone who cares is taking care of them."