



Thursday Memo – October 9, 2014

"When is a PCP, Not a PCP?" - Hugh Silk

Since leaving HFHC and returning from New Zealand, I have been splitting my time between prison health and urgent care. Both give me very interesting insights into our health care system and its shortcomings. When someone enters prison, they are a reflection of how we care for the margins of our society. These folks are a reflection of our health care system and our caring values. And it is not a pretty picture. Ask any dentist in the correctional system. On that note – ask a dentist in the military why 40 % of our recruits can't go to war when they enlist. The answer – the health of their teeth does not qualify them for active duty. How does a great society allow such a thing?

On the urgent care side of things, I see different cracks. Patients who are told to come to us because there are no appointments in their PCPs office; patients who feel they were not given enough time in the office to be heard or did not get a full explanation. And who can blame the PCP – 15 minutes to take care of a life full of pain and health issues and social challenges?

Before I left HFHC, I proposed an idea of urgent care that would take the load off of the PCPs. A system that would see those who needed same day care but did not need an emergency room. The idea was to have it located near other PCP offices and offer the service centrally so it would take the load off of all the offices but keep the care within the system. Ideally PCPs are made aware of the care immediately through the EHR. Patients win as they are seen same day and avoid the higher co-pay of an ED visit and the long wait time. They can have a laceration repaired by someone who is not worried that the rest of the patients will have to wait. Their labs can be ordered for their next PCP visit if needed. The PCP wins with less stress. The doc on duty wins as the patients come with a variety of diagnostic challenges and behavioural health challenges – xrays ordered and read, IVs started, infections monitored daily, vaccines brought up to date, etc. I have found such a system with Reliant across town. I still struggle with the idea if this is the "right" care. The PCP is not directly in the loop but sadly can not provide it anyhow in a system that does not use open access.

Recently, I had yet another example of the system working, at least for me. This gentleman in his 50s presented for hand dermatitis. He had not seen his PCP in years. He had known hypertension and had been recommended to take a blood pressure pill years earlier. The pill made him tired. He told his PCP about the fatigue and was told to stick with it. He stopped the pill and did not go back. When he called recently, he was told that if he was going to be noncompliant then the PCP had nothing to offer him. We sat and talked for awhile. We talked about what hypertension can do to the body over time, what other medications there were, the

power of lifestyle changes, and how to talk to his PCP to re-engage - to most of us this is motivational interviewing. He left, promising to take this health issue on.

This week, his niece (who works for Reliant) thanked me. She said her uncle was exercising, eating better, trying to lose weight, and had returned to his PCP and felt better about his relationship there. He was grateful for my explanations and time. He got the blood work I ordered done and reviewed it with his PCP. One might argue that most urgent care docs do not do that. But I would argue - you might be surprised. We have more time than you think.

I decided that a closed system urgent care program is indeed a good one in the presence of the system we have – over booked 15 minute appointments in the PCP office. If open access care ever returns with ability to get labs and x-rays back STAT and personnel to do IVs and laceration repair – then I will change my mind. For now – this may be as good as it gets; PCP extenders to shore up the system and try to maintain some form of continuity. It is not ideal, but neither is our system. It takes a village I guess.