



Thursday Memo – April 23, 2015

The Last Visit - by Barry Saver

I have always, when a patient's situation seemed to need it, treated the last visit of the day differently. Even if I haven't gotten to my 4:45 patient till 6 PM (I think all of my patients have become resigned to the fact that, "I'm sorry I'm late" is my standard greeting) and have none of my charting done, I know that the pressure of the next patient waiting will be gone. I can take a deep breath and dive in. Sometimes, the last visit may last up to an hour. I am not alone in this; I know some colleagues have patients with special needs whom they ask to have scheduled as the last patient of the day. Even though I know I may not finish my day's work and leave till 10 PM or later, the pleasure of being able to give one patient the attention they really need outweighs the pain that I know will come later. Now that I am leaving, these last, last visits seem even more precious – and, alas, longer. I have to spend additional time telling patients and apologizing that I will be leaving and discussing the process of finding a new PCP. I try to tie up loose ends and get in my last shot at encouraging behavioral changes.

Perhaps this is just self-indulgence, at the expense of my free/family time. Luckily, my kids are now grown and my wife is tolerant. But it can make a difference for patients, too. Last week, one of my last, last visits was with a young man with severe mental illness who was fired by his psychiatrist months ago over a billing dispute. He only manages to come every few months, at most, and I have been trying to get him connected with a new psychiatrist, so far unsuccessfully. I have been renewing most of his psychiatric medications in the interim. When I got to him, it took about 10 minutes to work through his anger at my lateness; anger is a major issue for him. So is abandonment. Yet, as we were finishing almost an hour later, he thanked me and said that talking with me (not just this time) had helped him more than any of his therapists or psychiatrists had.

The push for ever higher volume/revenue, the additional time burden of our bad to abysmal EHRs, and the fact that, despite lip service to becoming "patient-centered medical homes," almost none of our quality measures reflect patient-centered care all contribute to a hurried style of practice. This in turn leaves providers unhappy, promotes burnout and mindless rather than mindful practice, and makes it difficult to address the needs of many of our patients. One friend told me that there is actually a sign in the waiting room at his family doctor's office saying, "Only one problem per visit" and "No medical problems will be addressed at preventive visits". (Those are the messages but those may not be the exact words; I didn't get a picture of the sign, though I am hoping to). It fits the pressure for greater productivity, but is that remotely patient-centered?

We need to provide care to adequate numbers of patients to survive financially. But our current payment systems and quality measures foster high-volume, reflexive medicine with overreliance on testing and referrals, rather than mindful, reflective, patient-centered medicine. Every patient deserves a “last visit” when they need one. Every provider needs to be able to provide one, when needed, without its being a volunteer “hobby” coming out of his or her free time.