Patient Care Outside of Office Visits

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Author Reply:— Dr. Schattner raises a different issue than what was addressed in our article. The concept of the amount of “time per task” during an office or hospital visit is important and likely contributes to patients’ perception of quality and satisfaction. We attempted to address the quantity and quality of management that takes place outside the patient encounter and the time investment involved in a patient population who are generally chronically ill with multiple active problems. Time management is important in both cases and both may contribute to physician burn out.

Patients with advanced age and/or multiple chronic diseases represent considerably more effort and time on the part of the physician than does an otherwise healthy patient with an acute illness. Compare these two common patient scenarios. One is an otherwise healthy 30-year-old with cough, congestion, fever, a detailed enough history including smoking history, past medical history and a review of systems, in-office CXR showing a small infiltrate and a send-out CBC, is diagnosed as “walking pneumonia” and managed with outpatient antibiotics. The second is a 75-year-old diabetic with coronary disease, hypertension, hyperlipidemia, arthritis with uncontrolled pain, stage II CKD who presents for follow up with multiple uncontrolled problems requiring diagnostic testing, management changes, and counseling to make sure the patient understands the diagnoses and treatment regimens. Often later test results necessitate further changes in diagnoses and/or therapy between visits. Both of these patients can meet CPT code 99214 requirements.¹ But is a 99214 reimbursement level really appropriate if the patient is elderly with six uncontrolled problems requiring 50 minutes? The complexity and time involved in physician dialogue with patients

and their families with multiple diseases and psychosocial issues is an important and substantial time investment.² New data from multiple sources between visits often require new dialogues and care coordination. While these frequent highly complex office-based decision-making and communication processes are highly valued by patients, they are currently poorly reimbursed in primary care. New patient care issues addressed outside of an office visit are presently given no value. Time to task (or reimbursement to effort and time) is not adequately addressed in today’s system. Our aging population needs a flood of new primary care physicians instead of the current diminishing trickle. A better system of recognition of elements of care is clearly needed.

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