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Micro practice makes perfect?

Smaller, efficient doctors' offices appeal to patients

Your health By Kim Painter

Family physician L. Gordon Moore routinely answers his own office phone. When patients call his cellphone number — given to all — he usually answers that, too, day or night, weekday or weekend.

He also sees most patients the day they call and spends 30 minutes with each.

Moore does it all with the aid of one nurse and a computer system loaded with state-of-the-art electronic patient records and practice-management software. The doctor, who used to work in a typical group practice, complete with receptionists, billing clerks and rotating on-call doctors, says his newer way of doing business "is not just delightful" for him and his patients, "it's also operationally efficient."

One patient, Anne Marie Gefell, 41, says, "I'm spoiled now. I wish more doctors would do this."

Moore's two-room, Rochester, N.Y., practice is, in fact, attracting imitators. It is one of many experiments launched by physicians attempting to fix a system gone wrong for patients and doctors alike.

We all know the problems: impersonal, rushed visits, long waits for appointments, and errors and oversights that arise from paperwork and bureaucracy run amok.

"A lot of people are trying to see what we can do to make this better," says James Martin, a family physician from San Antonio who is a former president of the American Academy of Family Physicians.

Some, like Moore, are going to extremes, stripping away traditional barriers between doctors and patients. His design is dubbed "ideal micro practice." (A partial list of doctors trying it is at idealmicropractice.org in the "Newsletter" section.)

But some of the same ideas are under study in more mainstream practices. Martin's group, representing 94,000 physicians, just launched a 36-practice study of a program he chairs, called TransforMED (view a list at news.usatoday.com). Among strategies being tested:

•**Easier, quicker access for patients**, by phone, on the Internet and in person.

•**Increased use of electronic records** that track patient progress and provide automatic reminders when patients need follow-up care or tests.

•**Group visits for patients** with complex, chronic conditions, including diabetes and obesity.

One major goal: increasing meaningful, productive patient contact — without necessarily reducing the number a doctor cares for, something that would worsen physician shortages, Martin says.

The changes also might attract more young physicians to primary care, proponents say.

But one problem is that insurers are not yet paying for many of the innovations, says Susan Andrews, a family physician who practices with her husband and two other doctors in Murfreesboro, Tenn., and is part of the TransforMED study.

For example, her practice just introduced online appointments for non-urgent patient concerns. The practice charges a reduced fee for these virtual appointments, but insurers don't cover them.

Martin says: “If physicians are happier, patients are happier” and costs fall, insurers will eventually pay.

But will patients be happier?

Lisa O'Kelley, who had a first appointment with Andrews recently, says she enjoyed filling out her medical history on a computer while she waited. But she's not sure she'd like an online appointment. “It might seem impersonal. I don't think elderly people would like it.”

But Yvonne Rimmer, a Murfreesboro patient with five kids and a job, is sold: “I've had to leave other doctors because I could never get through.”

Truth in labeling: Many readers probably guessed last week that I never drink light beer. If I did, I might have known that alcohol labels can, in fact, list calories and sugars, though most don't. As I noted, consumer groups want to mandate such labels.

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