

# CONNECTICUT FAMILY PHYSICIAN

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*“I assure you that I fully intend to commit all my energy to the mission and strategic objectives of the AAFP over these final 15 months...”*

## 5 Ways to Improve Practice Efficiency

By Kate Freeman, MPH, Quality Improvement Strategist, AAFP

Primary care in the United States is becoming increasingly complex. The compiling evidence-based medicine practices, along with increased and disparate reporting requirements of quality measures to multiple payers, task family physicians with seemingly insurmountable responsibility during each patient visit and oftentimes leads to work after clinic (WAC). This can result in burnout, which is a critical concern as family physicians suffer from

significantly higher rates of burnout than physicians in most other specialties. While there is no magical pill that increases physician wellbeing, improves practice efficiencies, and immediately generates a return on investment, here are five strategies you can consider implementing to whack the WAC!

**Agenda Setting** – Physicians see many patients with multiple complex chronic conditions daily. Physicians’ time is already limited during

the patient visit, and the number of tasks family physicians are expected to cover in an office visit continues to grow. Best practices suggest setting a mutually agreed upon agenda between the physician and the patient at the beginning of the appointment allows for an effective visit. Here are five steps to help you **AGREE** on the visit agenda:

1. Acknowledge patient’s list of concerns
2. Get on the same page
3. Recap top priorities
4. Ensure no additional concerns
5. Execute plan for next visit

**Inbox Management** – A physician’s inbox can be unruly and difficult to manage during the work day, resulting in multiple hours of WAC to complete burdensome clerical work. Most inbox messages can be handled by other team members in between patient visits, thereby reducing the administrative burden and WAC that physicians experience. Consider the three following categories when determining how to redistribute inbox workload:

1. Requests that require direct physician management
2. Messages that can be routed to other care team members, such as refills, referrals, patient questions, and portal messages
3. Messages that are not related to patient care or practice business and can be deleted

*(Continued on page 3)*

## Dr. Douglas Henley, AAFP EVP, Announces His Resignation

Today I informed my Board of Directors of my intent to resign as EVP/CEO of the AAFP effective August 1, 2020 – a date which will mark my 20th year in this position. This will allow for an effective national search for my successor and an appropriate period of executive leadership transition. I anticipate that our Board will approve a plan for the search process at its July meeting and begin the search this fall. I feel certain there will be many qualified candidates from whom to choose.

I assure you that I fully intend to commit all my energy to the mission and strategic objectives of the AAFP over these final 15 months that remain in my tenure with the AAFP as we continue this important journey of a better health care system based in

foundational family medicine and primary care.

Please know that I have thoroughly enjoyed working with each of you (as well as many of your predecessors) over these past 18+ years. And I look forward to continuing to do the same in the coming months. I do not yet know what my next adventure will be, but I look forward to exploring potential opportunities.

Douglas E. Henley, MD, FAAFP  
Executive Vice President/CEO  
American Academy of Family Physicians

*Note: See Letters to the Editor on page 2*

## Letters to the Editor

*From Art Schuman to Dr. Henley*

You have been the conscience of the Academy and your vision is responsible for what the Academy is today. I certainly valued the years I worked with you. As is always the case, time waits for no one. If this is the right time for your retirement, enjoy this special time. You deserve many happy and healthy days.

Regards,  
Art Schuman

*From Dr. Henley to Art Schuman*

Great to hear from you and hope you are doing well!

I very much appreciate your kind words. But please know that your feedback, support, and mentorship as a chapter executive and friend have all been helpful to my success in the AAFP over these many years – both as a member and as CEO. I truly value both the professional relationship and friendship with you and Mark – thank you both.

Best,  
Doug

### CAFP Mission Statement

The mission of CAFP is to promote excellence in health care and to improve the health of people of Connecticut through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

## 2019 Family Medicine Advocacy Summit

Family Physicians from around the country joined together to represent Academy members, patients and the profession of Family Medicine on Capitol Hill. Over the course of the two day event, they were educated on issues facing family medicine and best practices to share these issues with our elected officials. The CT delegation in attendance learned about payment innovations, way to modernize graduate medical education, healthcare in the media, and rural health disparities.



Pictured are Drs. Sabesan Karuppiah, Stacy Taylor, Domenic Casablanca, and Harold Phillips, who represented the CAFP at the Family Medicine Advocacy Summit in Washington, D.C.

## 5 Ways to Improve Practice Efficiency

(continued from page 1)

**Expanded Rooming** – Expanded rooming protocols allow physicians to delegate tasks that an MA or nurse can do and frees up precious time during patient visits to focus on higher priority patient and physician concerns. Based on state-specific scope of practice laws, an MA or nurse may:

1. Help the patient prioritize their list of concerns and begin the agenda setting process
2. Perform medication reconciliation
3. Screen for conditions or social needs based on practice protocols

4. Update medical, family, and social history
5. Provide immunizations per standing orders
6. Identify and arrange preventive care based on gaps through standing orders
7. Ensure room is prepared with necessary medical equipment for visit

**Team Member Co-Location** – Effective communication between care team members is essential to delivering high quality care, but many important conversations in traditional practices often must occur at the end of the day. Co-location of care team members is a strategy that allows for verbal

communication between the team in real time and results in a decrease in inbox clutter from electronic communication that would otherwise occur. Even if this strategy is not a reality for your current clinic layout, you may be able to implement other non-inbox communication tactics to increase efficiency. Some practices use walkie-talkies, instant messaging, or secure text messaging services to allow more rapid responses to questions that may arise during triage, rooming, and scheduling.

**Team Documentation** – Team documentation, or “scribing,” is a care model where a staff member assists a physician in real-time during an examination by documenting notes, orders, and referrals, and by queuing up prescriptions, thereby allowing the physician to be face-to-face with the patient. This model allows physicians to use their medical expertise to focus on patients while members of their team work at the top of their training and capabilities. Team documentation may be a solution for your practice.

## Match Day 2019

Family medicine, which recognized its 50th anniversary as a specialty in February, has another reason to celebrate this year. On March 15, more students than ever matched into the specialty, marking a decade of year-over-year growth for family medicine.

While the numbers are mostly positive, a decline in the match rate of U.S. seniors at allopathic medical schools raises some concern. The AAFP has published a [news article](#) and a [detailed analysis](#) that delve into the 2019 results and historical trends.

Highlights from the 2019 Match include:

- 3848 medical students and graduates matching into family medicine, 313 more than in 2018
- 474 more family medicine residency positions offered in 2019 than 2018
- 1617 U.S. MD seniors matching into family medicine programs, 31 fewer than last year

All numbers reported are based

on data provided by the National Resident Matching Program. The NRMP data do not report the number of seniors from osteopathic medical schools who matched, nor do they include data on students who matched through the Supplemental Offer and Acceptance Program, which runs through Match week. The AAFP publishes updated data on Match results each year as they become available later in the year.

Looking ahead, the AAFP is championing major reform to achieve more rapid growth for the specialty in the decade to come. Through the [America Needs More Family Doctors: 25x2030 Collaborative](#), the AAFP and the family of family medicine are calling for 1 in 4 medical students in the US to match into the specialty. Today, approximately 1 in 8 of these students enter a family medicine residency each year. Achieving the goal of 1 in 4 would mean more cost-effective, life-saving, accessible care for patients in the U.S., and it will take major cultural and systemic shifts for this outcome to be realized.

## Of Note...

- Dr. Tim Fignar, CAFP President-Elect, moderated a panel at the Presidents/President-Elect luncheon at the ACLF Conference.
- The DeWitt C. Baldwin Jr. Award, in its third year, is presented to sponsoring institutions by the ACGME and the Arnold P. Gold Foundation to recognize institutions with accredited residency/fellowship programs that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care, which leads to the personal and professional development of learners. **Middlesex Hospital was one of three recipients this year. Congratulations!**

## New CAFP Members Welcome!

Thomas Kornelia, MD  
*Wilton, CT*

Ravi Mangal, MD  
*Manchester, CT*

Mark DePonte, MD  
*Lisbon, CT*

David Henderson, MD  
*Hartford, CT*

Andaleeb Shariff, MD  
*Winsted, CT*

Erica Waddington, DO  
*West Hartford, CT*

Jeffrey Goodsell, MD  
*Glastonbury, CT*

Joseph Wakim, MD  
*Darien, CT*

## Family Medicine Action Network (FMAN)

A single person can move a boulder; an entire group can move a mountain. Have you joined FMAN? The AAFP grassroots program unites family physicians under one goal: advancing family medicine. Learn how you can easily and meaningfully represent family medicine from your home or office. Join today at: <https://www.aafp.org/advocacy/involved/fman.html>

## Dr. Karuppiah Named to AFMRD Board



Dr. Sabesan “Saby” Karuppiah, 2nd from right in top row, was elected to the Board of the Association of Family Medicine Residency Directors. He is the program director and DIO at Easter Connecticut Family Medicine Residency in Manchester, CT. Dr. Karuppiah is an Assistant Professor at Frank H. Netter School of Medicine at Quinnipiac University.

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