

Appendix 26: Research Agenda

Waste
<ul style="list-style-type: none">• Determine time physicians and staff spend on specific tasks: prescription renewal, results reporting, signing in, entering and signing orders, documenting visit, managing inbox. For most of the practices we visited there was 1-2 hours of indirect work for every 4 hours of direct patient care. In non-transformed practices we believe this number is even higher, resulting in a great deal of waste. (Direct care can be phone, e-mail or clinic visit.)• What are the most efficient and effective means of messaging? Our results suggest synchronous verbal messaging between physician and nurse are best.
Messaging
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Training
<ul style="list-style-type: none">• What are the services a population of patients require that a single physician can be trained to provide?• Is there a mismatch between training and need?• Do areas of the country with abundant two year RN training programs correspond with increased quality and decreased costs?
Continuity
<ul style="list-style-type: none">• Is continuity at the level of the practice equivalent to continuity at the level of the personal physician associated with better quality, cost, and satisfaction outcomes?• How does continuity across inpatient and outpatient impact physician long term skill retention, career satisfaction, patient satisfaction, mishaps over the transition, global costs of care.• What are the implications for de-skilling when a physician does not provide hospital care?
Team care
<ul style="list-style-type: none">• Is it better to divide up the clinical elements of care (pt sees different providers for URI, prevention appt, sick visit, hospital care) or to divide up the clerical work (pt sees a well supported physician for all of her needs. This physician has two or three clinical assistants in the office who scribe, manage prevention, inbox and paperwork and a portion of an NP at the hospital who manages documentation, results, orders.)
EHR
<ul style="list-style-type: none">• The negative impact of the EHR may be under-recognized. What are differences in patient and physician satisfaction when the interaction is oriented around the EHR, with the patient to the side vs oriented around the patient, with the EHR off to the side.• How can the EHR be made to serve the physician rather than the physician serve the EHR?• How can the EHR be designed and implemented in a way that enhances rather than discourages professionalism?
Physical Space
<ul style="list-style-type: none">• What is the optimal layout of the exam room?• How does the proximity of co-workers impact working relationships?