

Improving Continuity in University Internal Medicine Resident Clinic

Sarah Barbina, Dominque Bultsma, Garrett Cole, Stephen Fuller, Ray Hardy, Kevin (Chandler) Graf, Prarthana Jain, Kolby Johnson, Samiha Karim, Christina Kearse, Afifah Khan, Courtney Kramer, Brandon Miller, Andrew Nesmith, Ellen Nielsen, Saloni Patolia, Riddhi Ramanlal, Jacob Read, Shenia Singleton, Robert Stroud, Alex Drohan, Michael Byrd, Susan Evenhouse and Cara Litvin

ABSTRACT

Continuity of care is a pillar of outpatient medicine that allows patients to develop a trusting relationship with their doctor over time by having visits with the same provider. Studies have shown that continuity leads to lower patient mortality, better patient health outcomes and higher satisfaction among patients and providers. Continuity of care is often difficult to achieve in residents internal medicine clinics due to the complicated nature of a resident's schedule. Currently, the rate of continuity in our University Internal Medicine (UIM) Clinic is 30%. We define continuity as the percentage of each providers' completed visits that are with patients where that provider is listed as the primary care provider (PCP). The national average for continuity in resident clinics is approximately 50%

AIM STATEMENT

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We aim to improve continuity in our resident clinic by 10% (for a total of 40%) by March 31st, 2022.

MUSC Pillar: Quality

METHODS

We define continuity as the percentage of each providers' visits that are completed with patients where that provider is listed as the primary care provider (PCP).

Data was obtained by running monthly reports in EPIC. These reports are run by Chole Cooper, who works for the Department of General Internal Medicine.

RESULTS

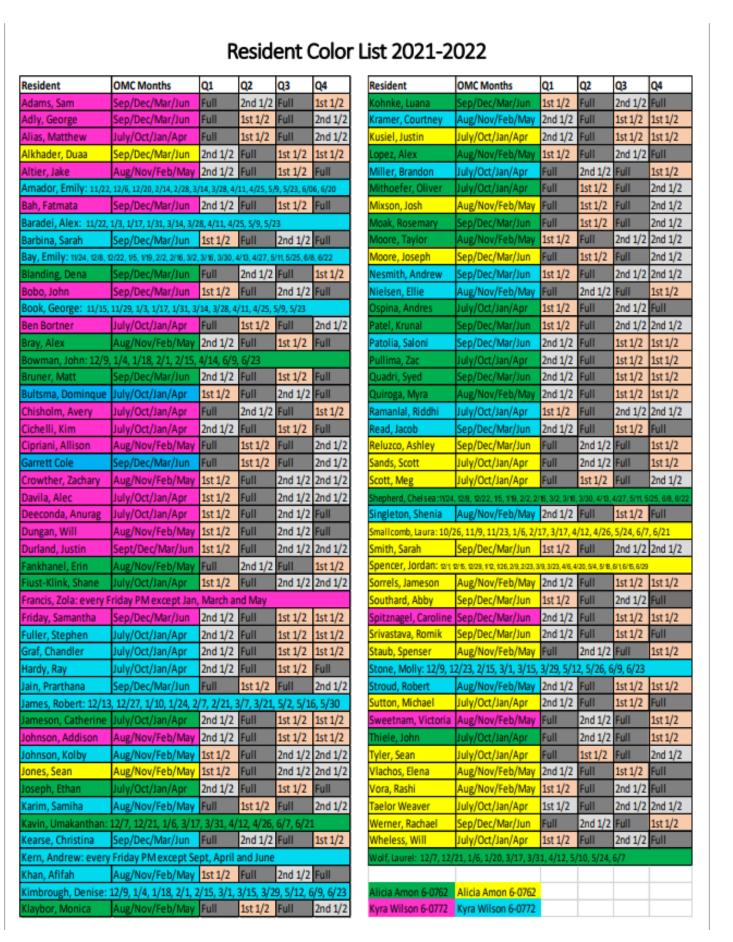


Figure 1. Primary care physician appointment availability by color team

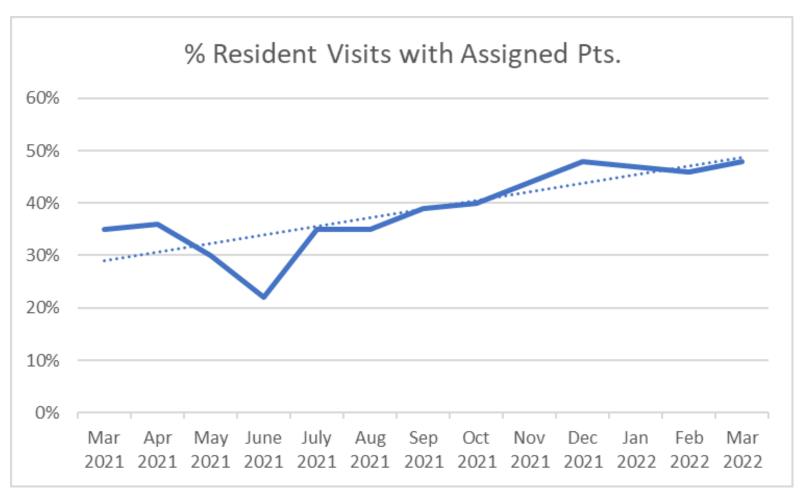


Figure 2. Percent of resident visits in UIM clinic with assigned patients who are under their primary care physician panel from February 2021 to March 2022

INTERVENTIONS

- Improved the existing resident color sheet (Figure 1) and posted the color sheet in all patient rooms and physician work areas.
- The improvements to the resident color sheet included specific clinic dates for combined residents, as this had been identified as a significant barrier to continuity since combined residents rotate through clinic on a different schedule than categorical residents.
- Educated residents and attendings on how to use the color sheet and incorporated discussing PCP follow up when the resident would check out to the attending.
- Discussed the updated color sheet with registration staff to make sure they knew how to use the new document for scheduling.

BARRIERS

- Some patients require visits more often than every 3 months (PCP is only in clinic every 3 months)
- Not enough patients on a single PCP's panel to fill an entire month of appointments
- Some patients prefer AM or PM appointments or specific days of the week, which a PCP may not have those appointments available
- · Residents in combined programs have limited availability
- Residents may decided to take vacation during a clinic rotation which may result in any of their PCP patients that were previously scheduled being moved to another resident's template

NEXT STEPS

- Continue updating the color sheet for new classes of residents
- Creating a dot phrase in the follow up instructions to automatically fill in that patient's PCP
- Implement automatic quarterly scheduling, so that each patient is scheduled with their PCP 4 times per year.