



Characterizing Provider Activity

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Rationale: An important component of the Patient Aligned Care Team (PACT) model is to continually assess and improve the work roles and environments for primary care providers (PCP). Increasing primary care (PC) patient loads and decreasing PCP availability have led to staffing pressures across PC in the VA, and have prompted efforts to increase productivity and efficiency within PC. By understanding the typical PCP work day, it will be possible to realign providers' daily activities and distribute tasks amongst PC team members, thereby ensuring that all team members work at the top of their licenses.

Aims: We seek to observe the tasks providers engage in during a typical work day to identify opportunities for PC teams to work more efficiently and effectively.

Methods: We will videotape primary care providers (PCP) across VISN 4 during regular clinic hours in order to identify the discrete tasks providers perform during patient encounters. Upon quantifying the frequency and duration of each task, we propose to classify these activities into categories corresponding to: (1) tasks that only a provider can carry out in the presence of the patient; (2) tasks that only a provider can carry out, but could be done remotely; (3) tasks that could be performed by a provider extender in person; (4) tasks that could be performed by a provider extender remotely; or (5) tasks that could be eliminated entirely.

Stage of Development: We have carefully examined video tapes from 36 patient-provider encounters at the Philadelphia VAMC and Fort Dix CBOC to develop a comprehensive taxonomy of the most commonly occurring PCP activities. We then developed an iPod-based multilayer stopwatch application to measure the frequency and duration of each activity during a patient encounter. Using this taxonomy as a starting point, we are working with a team of PCP consultants to develop algorithms to assess whether each activity from the patient-provider interaction should be performed by a PCP or an extender, and whether it should be performed on- or off-site.

Results: The average visit duration for our patient-provider interactions was 24 minutes. Within these encounters we identified a taxonomy of 15 PCP activities. The most common activities included discussing existing conditions (6:01), prescribing, refilling and adjusting medications (6:01), examining the patient (3:09), writing notes (1:59), and discussing new treatments or conditions (1:36).

Future Plans: We plan to finalize our coding algorithms and train our project coordinators to use them reliably while analyzing patient encounters. We then will expand our recruitment of PCPs to include additional medical centers within VISN 4. Our ultimate goal is to compare the activity profiles of PCPs who work within more advanced PACT teams to those who do not yet function fully within PACT.