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Doctors get the time they crave with patients

Systems work with insurance to let primary care providers focus on people instead of numbers

By [VANESSA HO](#), Seattle PI, 12/21/08

Patricia Boiko became a family doctor because she liked the connection with patients -- she enjoyed delivering babies and knowing people into their old age -- but she wanted to quit. The practice had become a dismal treadmill, with too many patients and not enough time, double-bookings and harried visits, and paperwork lugged home every night. "It was an assembly line of people," said Boiko, a doctor of 28 years. "You were just slammed. You had to tell yourself, 'It's really OK to take one minute to go to the bathroom.' "

But that was 10 years ago. These days, Boiko, who practices at **Group Health Cooperative's Factoria center**, does medicine the way she intended. Vivacious and funny, she now often spends a leisurely 30 minutes with patients, treating not just the problem at hand, but other things that might be going on. She e-mails her patients. She talks to them on the phone.

"Hello, it's Dr. Boiko!" she said during a recent call, during which she burst into laughter when her patient wryly joked about whiskey and chemotherapy. "I was born to be a family doctor," Boiko said later. "It's a joy, it's a passion. I like the relationship with patients. I hear people's stories. Every day, I learn so much." Boiko is part of a two-year experiment at Group Health to transform primary care with a seemingly counterintuitive idea: Doctors see fewer patients, and patients are healthier.

"It is one of the biggest changes and most hopeful things I've seen in my time in medicine," said Claire Trescott, Group Health's medical director for primary care and a doctor of 30 years. "This is truly the way to save primary care." Trescott is referring to a much buzzed-about concept in health care called "**medical home**," which refers to two things: The goal that every patient should have a primary-care doctor, and a way to make primary care more efficient and satisfying for everyone.

Health care reformers say the need for medical home is huge. Primary care, considered the backbone of American medicine, is crumbling nationwide from an increasing demand of aging boomers and a decreasing supply of physicians. A survey this year found that

only 2 percent of all graduating medical students plan on doing primary care, because of the grinding hours and relatively low pay. At the **University of Washington Medical Center**, the number of students entering primary care plummeted by 40 percent in the last decade.

"The result has been that health care is much less accessible for everybody," said Roger Rosenblatt, a professor and vice chairman of the Department of Family Medicine at the UW School of Medicine. Many patients, including those with adequate insurance, cannot find a doctor. They end up in emergency rooms with costly visits, or bounce from specialist to specialist with no one to oversee their care -- a particular challenge for older people.

Group Health found its medical home pilot project in Factoria so successful that it is rolling the idea out to all 26 of its medical centers. Trescott describes it as old-school values combined with modern technology. What that means to patients is fewer, but longer, face-to-face visits; more emphasis on preventive care; and more access to doctors via e-mail and phone. So when a patient calls for his doctor, the call doesn't end with a secretary taking a message. It ends with the doctor, or a health-care provider on the doctor's team.

A similar concept will guide a new family-medicine residency clinic that **Swedish Medical Center** is opening next year in Ballard. Like at Group Health, it will allot 30 to 60 minutes for a visit, instead of 15 minutes. And while some family doctors oversee 2,000 to 2,500 patients, doctors at the new clinic will have a panel of only 1,700 to 1,800 patients. "It almost sounds impossible," said Carol Cordy, Swedish's medical and residency-site director of the new clinic. "How can you see 10 patients a day instead of 25, and still make ends meet?"

That is the question. **The challenge for medical-home advocates is the country's fee-for-service system, which pays doctors for visits and procedures, but not for phone calls, e-mails or time to research a condition.** "There's this motivation to see more patients so you make more money," Cordy said. Swedish's new clinic bypasses that problem by working with insurance providers who have agreed to pay monthly fees, instead of fees per service. Group Health circumvents the issue because it does payments in-house.

Advocates say medical home pays for itself by reducing emergency room visits and preventing chronic conditions from worsening. It also makes the practice more attractive for doctors. "If we don't burn out our doctors, they'll go into family medicine, they'll stay in the practice, and they won't retire at 50," Cordy said.

That's true for Boiko, the Group Health doctor, who still takes work home. But the pace is more sustainable, and on a recent evening, after a long day seeing patients, it allowed her to do a home visit for an elderly couple dying on hospice care. The couple's daughter, Jan Holler, had been anxious. As she watched Boiko examine her parents in their cozy living room, she was grateful and comforted, and considered Boiko part of her family.

"How many doctors come at 6:30 at night?" she said. In primary care, fewer and fewer.



Dr. Patricia Boiko, right, laughs with John and Marjorie Holler during a Friday visit to their Bellevue home. The "medical home" concept includes visits to patients.