

# The Project: The Rationale for the Practicing Physician Education Project

## ***Chronic Conditions, Geriatric Patients, and the Primary Physician***

Physicians in primary care are stressed by increasing pressure to provide more comprehensive and higher quality services for the multitude of common problems managed in office practice. The physician in primary care sincerely wishes to do excellent work but finds that time constraints seem to limit every effort to make substantial change. Primary care physicians find themselves squeezed between patients demanding more service and a funding system looking to control the costs of healthcare.

The problem is compounded in the management of chronic illness. Chronic conditions affect half of the U.S. population, and care for persons with chronic conditions consumes three quarters of healthcare dollars in the United States. The primary practitioner assumes a large proportion of the care of those with chronic health conditions, and increasing numbers of these patients are aged 65 and over. Unfortunately, common chronic diseases that affect older persons are particularly difficult to manage in primary care office practice. These diseases require substantial patient education throughout the diagnostic and treatment process, and decision making is driven as much by the patient's goals and interests as by the medical facts. Dementia, incontinence, falls, depression, diminished vitality, nutritional disorders, health promotion and disease prevention, and the management of common serious organ dysfunction in late life (cardiac, pulmonary, musculoskeletal) are all good examples of conditions with a poor fit to the traditional pattern of office practice.

The clinical methods and approaches recommended in the Practicing Physician Education (PPE) project are designed to address these issues. Each tool kit also provides up-to-date background information, resources, and specially designed tools that make adoption of the processes recommended as easy and efficient as possible for the busy practitioner.

***The Collaborative  
Approach to  
the Patient***

The clinical process described in each PPE tool kit is rooted in the assumption that the best approach is collaborative. Medical care for chronic illness in all adult patients is rarely effective in the absence of adequate self-care. However, medical care and self-care are too often viewed as competing rather than complementary strategies. Healthcare systems and individual practitioners can enhance or impede self-care. There is much to be gained by collaboration between patients and their physicians that is aimed at helping the patient become more informed and effective in his or her self-care.

Best practice in the management of chronic conditions engages the patient in active learning about his or her health problem, its evaluation, and its management. The patient becomes a partner with the practitioner in pursuit of the common goal of the patient's better health. Such learning is facilitated by materials that can be acquired from a variety of sources. Specialists keep on hand current learning aids for their patients on the limited number of diseases they commonly manage, but primary care physicians find it difficult to supply current information specific to all the health problems they confront in practice.

The tool kits in the PPE project offer the physician and office staff an organized approach to common problems that is coordinated with specially designed educational materials for patients. The handouts provided with each tool kit supplement the physician's efforts to prepare the patient and family for their roles in making decisions during the evaluation and in the early stages of the management of any chronic condition.

***Using an  
Organized  
Clinical  
Approach***

This project is based on the belief that in the office of a primary care physician the carefully organized management of chronic disorders offers the best way to meet the needs of the physician, on the one hand, and the patient and family, on the other. The clinical process presented in each tool kit offers...

- An approach that encourages patients to collect and record information relevant to the problem prior to a visit
- The means to shorten the time needed for explanations during visits

- The information that the patient and family need in order to make decisions at follow-up visits
- Ways to engage office personnel in evaluation and management
- The means to record information so that the physician in a Medicare fee-for-service environment can expect sufficient reimbursement to justify the time spent with the patient

For the primary practitioner, one major disadvantage to any organized approach to patient care is the need to modify existing office practice patterns. Each tool kit includes numerous patient handouts, screening instruments, and office forms that the physician and staff can use directly or modify to fit their own and their patients' needs. A computer disk is provided to make such modification easier.

***The Teaching  
Method  
Used in  
This Project***

The tool kits are designed to be delivered by a facilitator in a 1- or 2-hour interactive format with small groups of practicing physicians. The facilitator will introduce conceptual and factual information. Participants will have the opportunity to discuss this practical information and apply it through brainstorming exercises, case discussion, and personal goal setting for their own practices. Office forms and patient handouts are supplied to participants for use in their own offices. Reading lists and directories of resources are supplied for participants' self-directed learning. In addition, facilitators' copies of each tool kit contains supplemental instructional materials.

***Reference***

Von Korff M, Gruman J, Schaefer J, et al. Collaborative management of chronic illness. *Ann Intern Med.* 1997; 127:1097-1102.