“Clinic of the Future:” Using Innovation to Reimagine Primary Care

OAFP Webinar Series

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NOVELLA
INSIGHTS

Agenda

- Review the “Clinic of the Past” and how we got to “Clinic of Today”
- Discuss what is currently not working well in clinics and make case for change
- Explore potential models for “Clinic of the Future” and how we can start evolving towards it

Thesis

Our current model of delivering care via visits in clinic was developed 50+ years ago (post World War II)

Since then, the practice of medicine has exploded in complexity

Tweaks and modifications have been continually grafted on to the model

Stress and burnout grow with each new tweak

Clinic of the Past: A Simpler Time

- Paper charts, prescription pads, sticky notes
- Problem-based and wellness visits, patients called with any questions
- Patients were less sick (lower rates of obesity and metabolic disease)
- Fewer mental health concerns, fewer controlled substance prescriptions [Thank you, opioid crisis]

Clinic of the Past: A Simpler Time

No “Dr. Google”

No MyChart messages

Fewer alternative treatments and “doing my own research”

Trust in experts was higher

Overall behavior was better

Case Example: Ms. Jones in 1995

- 55 year old woman who smokes
- Meds: HCTZ and levothyroxine
- Gets BMP, TSH yearly
- Calls rarely with any questions or schedules visit if sick
- Paps and mammos yearly–no discussion about differing guidelines or risk calculators
- Colon cancer screening with FOBT annually or flex sig q 5 years; lipid panel q 5 years

Audience Participation

Does anyone remember working in the “Clinic of the Past?”

What was your day like?

Clinic of Today: Thesis

Clinic is now a much more complex and challenging environment with much higher requirements for basic functioning of staff, providers, and patients

This contributes to stress and burnout for staff, and dissatisfaction for patients

Case Example: Ms. Jones in 2025

- 55 year-old woman who smokes
- PMH: HTN, hypothyroidism, insomnia, bipolar disorder, fibromyalgia
- Hasn't been seen for 2 years, wants a **pap** and a "**check-up to talk about some things**"
- Meds: **3 meds** for HTN, **seroquel** for "sleep," **Armour thyroid** alternating doses qod, hydrocodone for FM

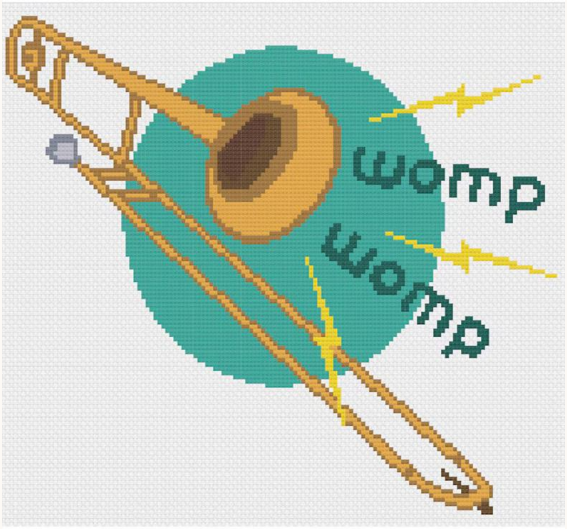
Case Example: Ms. Jones in 2025

- Thinks she has adult ADD, is taking her son's **stimulant meds** but wants her own prescription
- Screenings reveal depression with a **PHQ-9 score of 19** and positive **suicidal ideation**
- Best Practice Advisories in EMR suggest **screening for HIV, Hep C, and lung cancer with low-dose lung CT**

Case Example: What does doctor do?

- This visit: safety plan, refill seroquel, warm hand-off to therapist in clinic
  - Psych referral, labs (BMP, TSH, lipids, Hep C, HIV, UDS)
  - Mammogram, colonoscopy referral
- Next visit: controlled substance agreement, review UDS and lab results, order lung CT, do pap smear, adjust meds, give recommended immunizations

Case Example: What does Ms. Jones do?



- Sends multiple MyChart messages after first visit with further questions about supplements for pain and possible ADD
- Requests hydrocodone rx early, without doing her UDS
- Complains to the clinic manager that she wasn’t able to address all her issues in one visit

Audience Participation

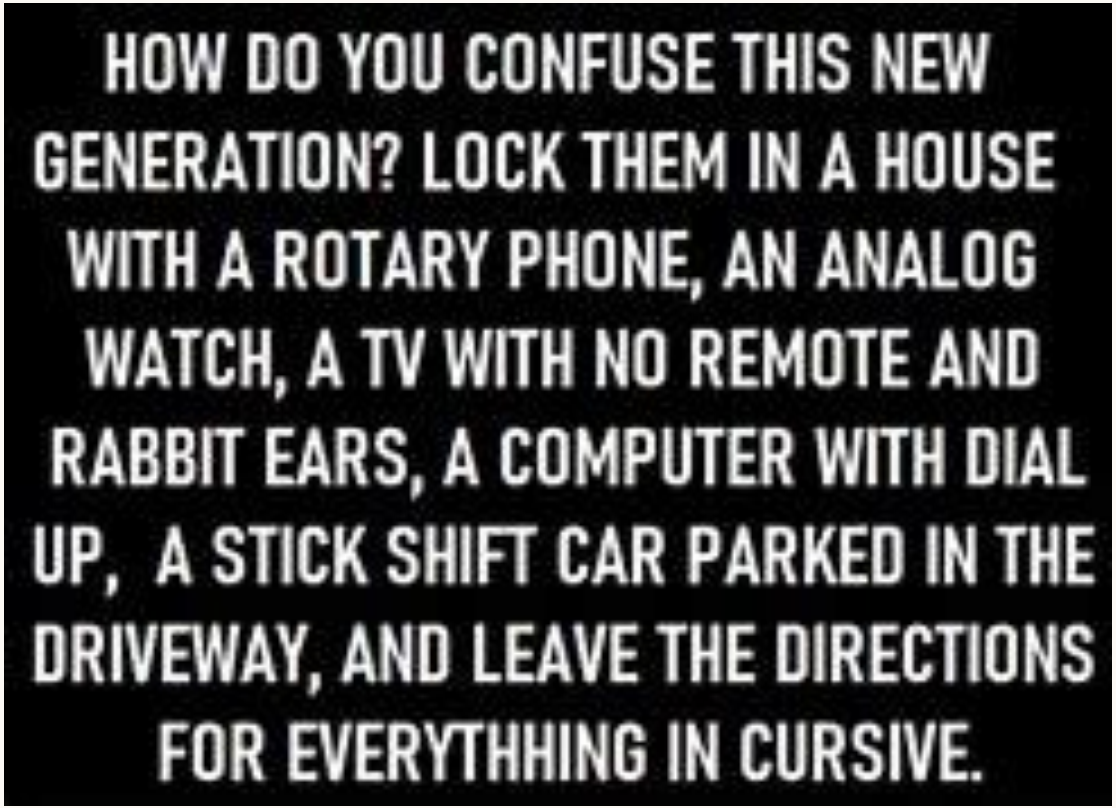
Do you know patients like this?

Joke

How Clinic of Today is More Complicated:

- Sicker patients overall
  - SDOH, poor access
  - Drug use, mental health
- Exploding medical knowledge
  - Tests, treatments, guidelines, “ask your doctor about….,” alternative modalities
- EMR, telehealth, inbox
  - Tech gap among patients
- Pandemic effects
- Quality metrics
- Patients as customers/consumers

Generational Joke



COVID-19 Global Pandemic

- Rising costs, supply chain issues, workforce turnover, unionization
- Patients losing trust in institutions and expertise, including doctors, vaccines
- Standards of behavior worsening, violence against HCWs

Pandemic Joke

Quality Metrics

- Now PCP has to do a good job for the **whole** panel, including patients who rarely come in, or have been assigned by insurance
- Extra meetings to review provider and clinic metrics
- Outreach pushes like mailing FIT cards
- Quality pushes like “pap-apalooza,” or breast cancer/diabetes month

Audience Participation

- How many shots have been added to adult standard-risk immunization schedule since 1995?
- How has “triple aim” been expanded to “quintuple aim?”

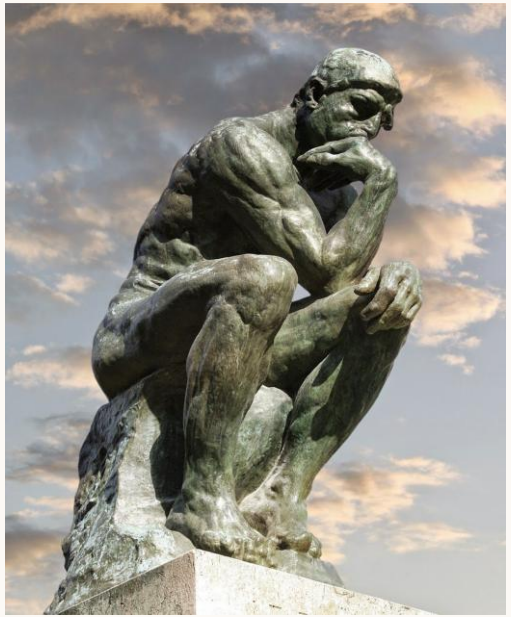
Patients are now Customers (or Consumers)

- Expectations are rising, with demands for speed, convenience, after-hours access
- NPS and Press-ganey surveys create pressure to “delight” patients by giving them the care they **want**, rather than the care they **need**
- Explosion of communication from patients including phone calls, MyChart messages

Dad Joke


When a kid says "daddy, I want mommy" that's the kid version of "I'd like to speak to your supervisor"

Audience Participation

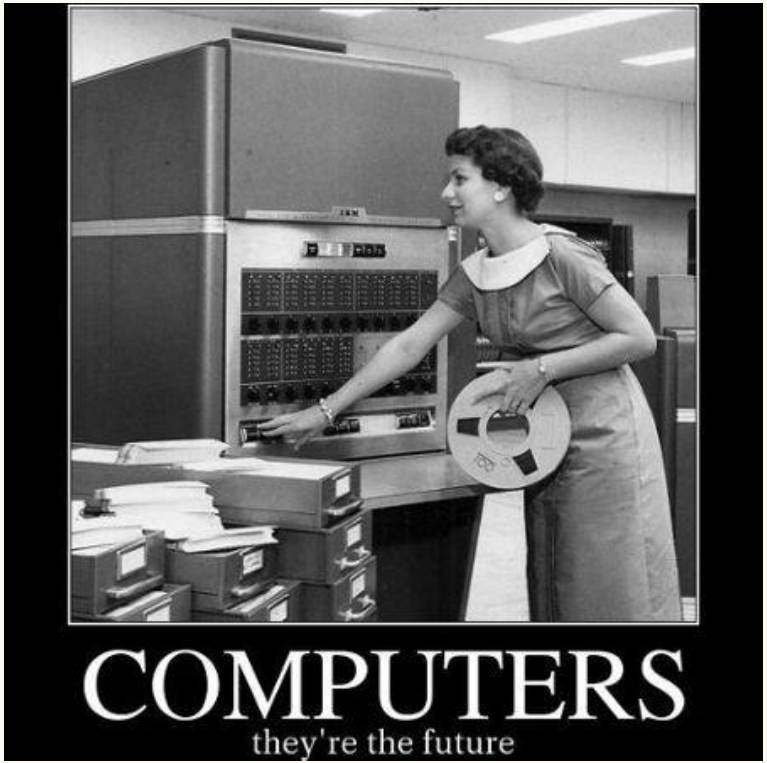


What are your thoughts?

Principles of the “Clinic of the Future”

- Get the patient to the **right place/modality** at the **right time**, for the **right care**
- “Break the Visit…” and build a **care flow**
- “Break the PCP…” and build a **trusted multi-D team**
- “Break the Clinic…” and bring care into the **home, video, or mobile spaces**
- **Tech** + **data**/metrics
- **Protocols** that feel **personalized**

Future Joke



“Clinic of the Future” Elements

1. Trusted Multi-D Team supported by clinical protocols
2. AI Tools
3. Patient Messages and Inbox Management
4. Virtual Care, Extended Hours
5. Remote Monitoring
6. Labs at Home
7. Mobile Clinic
8. Metrics/Outcomes
9. Patient Education/Expectations

Since tech is part of the problem, it needs to be part of the solution!

Right place, Right time, Right care

1: Trusted Multi-D Team

- Instead of legacy model of doctor responsible for panel of patients, usually ~ 1500-2000…
- Rebuild model as a pyramid, with 3-5 APCs seeing 1500 pts each, physician responsible for all 4500-7500 patients
- Patients have a relationship with and trust the whole team
- Keep all the other multi-D professionals

1: Trusted Multi-D Team

- Use **algorithms** to triage complexity
- Team works together through defined protocols
- **Standardize and automate** simple, repetitive care tasks: algorithms for prescription refills, yearly lab orders, physicals, Medicare AWVs
- Make simple tasks more **cookbook**, feels **personalized** via team and AI

2. Artificial Intelligence

- **AI scribes** to reduce documentation burden
- **AI chat bots** to answer and triage patient messages
- **AI clinical decision support** to assist APCs and physician
- What if it listened to the whole visit and provided diagnoses with statistical likelihoods, and treatment plan?

Audience Participation

Who is using AI tools now?

What do you use them for?

3. Patient Emails

- Virtual, asynchronous care via MyChart message is promoted and compensated
- Algorithms/chat bots analyze messages and:
  - Automatically schedule visit or flag provider of the day for certain concerns
  - Convert message strings into visits after predefined point
- Message protocols: Providers trained to use simple language, define options in message
- Standardized approach for next steps

4. Virtual Care

- **Other forms of care** can be just as valid as in-person
- Virtual **front door–video visit first** (ideally supported by AI analysis predicting need for PE)
- Virtual visit **supported** by **remote box** to get vitals, physical exam
- Video access encourages evenings/weekends hours

5. Remote Monitoring

- Remote monitoring to drive care proactively
- Scales, BG machines, BP cuffs, heartrate/EKGs on smart watches to input data into EMR
- Outreach to patients based on their data

6. Labs and Care at Home

- Phlebotomist draws labs in home
- Standardized orders for yearly labs to be drawn at home before the visit
- Expanded home health options including RN, PT, OT, SW, community health worker

7. Mobile Clinic

- Bring clinic to patients
- Park it outside an Assisted Living Facility, school, other locations

8. Metrics and Outcomes

- Proactive rather than reactive data
- Interactive quality dashboards
- AI tools give risk scores for patients (at risk for fall, readmission after hospital discharge), suggest where to focus team’s efforts/resources
- Physician oversees metrics and outcomes of the whole patient panel

9. Expectations for Patients

- Treat adult patients like adults
- Step up their part of the partnership
- Come prepared: bring in what they've done already, do symptom questionnaires in advance (like BrightMD), make question list
- Start and end on time—if there is more to cover, follow up with message or virtual visit
    - Care is a flow, not a packet

Clinic of the Future: Ms. Jones in 2035

- Ms. Jones is part of HTN registry
- Remote BP monitoring with connected cuff flags high values–MA/AI bot monitoring registry proactively schedules evening virtual visit with pharmacist
- Bloodwork drawn in home ahead of time per algorithm, results available at visit
- Pharmacist adjusts meds, refers to health coach to discuss low-salt diet and exercise

Clinic of the Future: Ms. Jones in 2035

- She makes appointment for pap smear
- Pre-visit symptom questionnaire reveals complex rheumatological symptoms
- This is flagged, and she has virtual visit with APC who orders first-line lab work-up and schedules visit with supervising physician
- At pap smear visit, APC is able to focus on health maintenance

Other Possible Futures

- Direct primary care or concierge care–restore a personal, empathetic relationship
- Very individualized attention, longer appointments
- “Going back to basics”
- Cutting out insurance middleman

Aspects of Concierge Care

- Not necessarily scalable across whole population–e.g. Medicaid patients
- Not sure we can practice Medicine in the future without leaning into tech
- Physician may feel more beholden to patient (obligated to give “the care they want,” not “the care they need”)

How Can We Evolve Toward the Future?

1. Trusted Multi-D Team supported by clinical protocols
2. AI Tools
3. Patient Messages and Inbox Management
4. Virtual Care, Extended Hours
5. Remote Monitoring
6. Labs at Home
7. Mobile Clinic
8. Metrics/Outcomes
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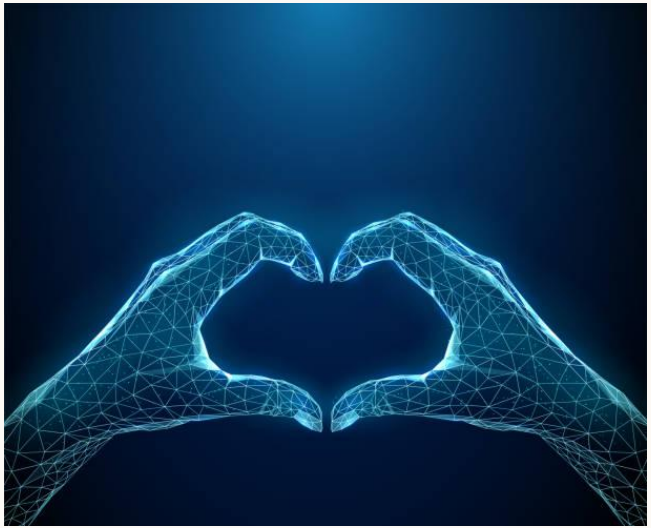
How Can We Evolve Toward the Future?

1. Build trust within your teams, strengthen culture
2. Start discussions about clinical protocols
3. Try out AI tools like ambient scribe
4. Start talking about inbox management
5. Explore virtual care, extended hours
6. Remote Monitoring
7. Advocate for care in the home and mobile clinic
8. Ask what metrics/reports are currently available
9. Start to hold patients accountable, as able

Audience Participation and Questions



What do you think of this vision?

How could we evolve towards this?

What practical steps can we take away from this theoretical framework, and start using in clinic now?

Please share your feedback—THANK YOU