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My personal experiences at the BEST Medical Center: A day in the clinic—the morning

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Abstract Dr. Ida Lystic is a gastroenterologist who trained at the OTHER (Owen T. Henry and Eugene Rutherford) Medical Center, after having completed her MD degree at the prestigious Harvey Medical School (recently renamed the Harvey Provider School). She accepted a faculty position at the BEST (Byron Edwards and Samuel Thompson) Medical Center. Dr. Lystic shares her experiences on a typical morning in gastroenterology clinic. Although her clinic start date was delayed by 2 months after becoming sick following a mandatory flu shot and having to complete more than 70 hours of compliance training modules, she is now familiar with the BEST system. Clinic scheduling priorities include ensuring that the staff can eat lunch together and depart at 5:00 PM. It is a continual challenge to find time to complete the electronic medical record after BEST changed from the SIMPLE (Succinct Input Making Patients Lives Electronic) system to LEGEND (referred to as Lengthy and Excessively Graded Evaluation and Nomenclature for Diagnosis by her colleagues). To maintain clinic punctuality, a compliance spreadsheet is e-mailed monthly to the Wait Time Committee. Their most recent corrective action plan for tardy physicians included placing egg timers on the doors and having nurses interrupt visits that exceed the allotted time. Administrative decisions have resulted in downsizing personnel. Patients are required to schedule their own tests and procedures and follow-up appointments-causing low patient satisfaction scores; however, the money saved lead to a large year-end bonus for the vice president of BEST Efficiency, who holds "providers" accountable for the poor patient experience. Although Dr. Ida Lystic and the gastroenterology clinic at "the BEST Medical Center" are creations of the authors' imagination, the majority of the anecdotes are based on actual events.

Introduction

I, Dr. Ida Lystic, am a board-certified gastroenterologist. I received my MD degree at the prestigious Harvey Medical School (which has recently been renamed the Harvey Provider School). I completed my residency in internal medicine and my fellowship training in gastroenterology—in addition to receiving the outstanding fellow award—at the OTHER (Owen T. Henry and Eugene Rutherford) Medical Center before accepting a position at the BEST (Byron Edwards and Samuel Thompson) Medical Center; however, before I could begin to work, it was necessary for me to complete several checklists to ensure that I fulfilled the employment requirements.[1]

The work prerequisites at the BEST Medical Center have changed my life. I have donated most of my open-toed pumps to the homeless, because toes are in grave danger in the clinic, and, hence, these shoes are not permitted when providing

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patient care. Also, I no longer visit the nail salon, because only short fingernails are allowed. I have become obsessive in my efforts to avoid secondhand cigarette smoke, because the Center prohibits smoking not only at work but also outside of the employment setting and randomly performs sensitive blood and urine nicotine screenings.[1]

Clinic schedule

It took me more than 2 months to complete all of the mandatory compliance training classes before I could be scheduled to see patients. I currently see patients 3.5 days each week. I am goal driven, ambitious, and hard working. I originally thought 3.5 days in clinic was an excellent arrangement that would provide me with ample opportunity to pursue my academic research involving clinical trials aimed at discovering novel treatments for inflammatory bowel disease. Unfortunately, I was mistaken; I did not realize that the remaining time—and a good portion of each evening and weekend—would be allocated to completing clerical responsibilities (mostly calling in prescriptions, helping patients schedule themselves, and, most importantly, completing the electronic medical record).

I thought I had trained to be a physician and to practice medicine. Again, unfortunately, I was mistaken; indeed, I am regularly informed that I am a "provider" and that I "provide" the medical care set and approved by the standards of the BEST Medical Center. This seems somewhat contradictory due to the Center's new advertisements trumpeting its emphasis on personalized care, but the administration has explained that care that follows identical, preset standards for each patient is indeed personalized, as each "person" gets care.

As a "provider" of medical services, my patient schedule is arranged by a clinic nurse manager (Ms. Martin), who answers to the director of patient satisfaction (one of the 220 directors in the administrative division), who in turn answers to the vice president of patient satisfaction (one of the 85 vice presidents at the medical center). The clinic schedule has been optimized by one of the 20 consultant groups hired by the medical center, in particular the highly esteemed Maximum Consultant Group. Although Maximum is expensive, and several misguided faculty have suggested that the millions spent on Maximum's advice might be better used in providing staff for the clinic, the administration understands that the consultant group's guidance for improvement in the Press Ganey patient satisfaction scores is integral to government reimbursement.

At the recommendation of the Maximum consultants, no faculty should have input into the scheduling process of the clinic, as this is clearly an administrative process, best managed by someone who has no conflict of interest by virtue of having patient care responsibilities. Key considerations in creating my schedule include the following:

1. All of the nurses must be able to eat lunch together from noon to 1:00 PM.
2. The clinic must close at 5:00 PM so that all of the support staff can clock out on time.

8:00 AM—Mr. Arthur Jones: Colonoscopy

Mr. Jones' wife accompanied him this morning, because a family member must be present to take the patient home. They arrived 15 minutes early to complete the final paperwork. That created the first problem. I was reprimanded for having a patient arrive before the 8:00 AM starting time.

I planned to first introduce them to the anesthesiologist; however, the procedure had to be cancelled. There was no anesthesiologist because the patient had not scheduled an anesthesiologist to be present. As you might expect, Mr. and Mrs. Jones were irate and then disappointed. Ms. Martin (the gastroenterology clinic nurse manager) was frustrated and let me know that my lack of responsibility led to a lost hour of relative value unit (RVU) earnings that could affect her bonus.

The reader might wonder why the patient was doing his own scheduling. Several years ago, the manager of BEST efficiency, who answers to the director of BEST efficiency, who in turn reports to the vice president of BEST efficiency, on the advice of the previous external consultant group Optima Efficiency, eliminated all of the schedulers and assigned this responsibility to the patients as a cost-saving innovation. They reasoned that, if customers can scan their own credit cards and bag their own groceries at checkout counters at the local supermarket, they should be able to perform an analogous function—that is, scheduling their own medical tests and procedures. The cost savings, as tabulated by the vice president of BEST efficiency, resulted in his receiving a large year-end bonus and, more recently, a promotion to vice provost for BEST efficiency.

The patients are given instructions on scheduling as they leave the clinic. It is then their responsibility to organize all of their future appointments, laboratory tests, and special procedures—for example, a colonoscopy—with additional arrangements to ensure that an anesthesiologist is also present. Unfortunately, the patient may fail to be compliant or, worse yet, misunderstand. As an example, Mr. Jones did not realize that the services of the anesthesiologist were not optional for a colonoscopy and thought it was better to keep the colonoscopy on the schedule after he could not get through to the anesthesiology service, even after multiple attempts. Because system failures such as these result in deep frustration for patients, they are reviewed regularly by the vice president for BEST patient satisfaction, together with the vice president for BEST efficiency, who generally identify these problems as being a result of the provider neglecting to be clear in giving instructions.

9:00 AM—Mrs. Betty Updike: Irritable bowel syndrome

Mrs. Updike is a delightful 45-year-old woman with a 10-year history of irritable bowel syndrome. During the past decade, she