Optimizing Care for the Whole Person—An Intervention to Promote a Holistic Approach to Patient Care

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Setting and Problem

The electronic health record (EHR) encourages standardization, but this impedes physicians from contextualizing patients' health care needs. Physicians often struggle to balance data entry with deep listening and connection to patients during visits, yet these latter concepts are what motivated many physicians to go into medicine, and they may mitigate burnout.[1] The purpose of our intervention is to leverage the EHR to help physicians better connect with patients and tailor plans to individuals. Our vision is to utilize the EHR as a tool to facilitate the creation of more meaningful and effective relationships and treatment plans rooted in each patient's values, goals, and determinants to ultimately enhance patient and physician fulfillment.

Intervention

We created a Whole Person Care clinical note template that encapsulates patients' goals, values, and social determinants of health in a simple-to-use format (FIGURE). The template was incorporated in the "Assessment and Plan" portion of the clinical note so that it could be more easily tied into the patient's treatment plan. Residents and faculty were told about the goals in creating the template and shown a demonstration of how to employ it at a total of 5 residency and clinic faculty meetings. Residents were instructed to reference and address relevant parts of the template at every visit.

Our template was implemented in our Johns Hopkins Bayview Medical Center internal medicine resident primary care clinic. We tracked the number of times the template was utilized. Residents were surveyed before and after the 3-month intervention period, specifically asking (1) what they liked about the intervention; (2) if they used the template and whether it helped with creating connections with their patients; and (3) how much time they spent on various activities during the clinic visit. We also administered the Work and Meaning Inventory Scale as a measure of well-being.[2]

Outcomes to Date

Our original template was used 23 distinct times by 10 of our 48 residents in the 3-month period. There was a nonsignificant increase in time spent discussing patients' values and goals but a decrease in time spent discussing social determinants of health. There was a positive, although not statistically significant, increase in all Work and Meaning Inventory Scale measures, including the composite Meaningful Work Score after the intervention (44.83 from 41.12, P=.07 on 2-tailed paired t test). Resident physicians reported an improvement in connections with their patients with our intervention, noting that it helped bring important topics to the forefront to tailor treatment plans to each patient. On preliminary review of the open-ended questions, residents noted "person centered care" ("*It allows you to step back and think about the 'whole person' rather than just their medical problems*") as the most frequently cited benefit of the template while "length of template" ("*Not sure how to incorporate the spirit of the smartphrase*

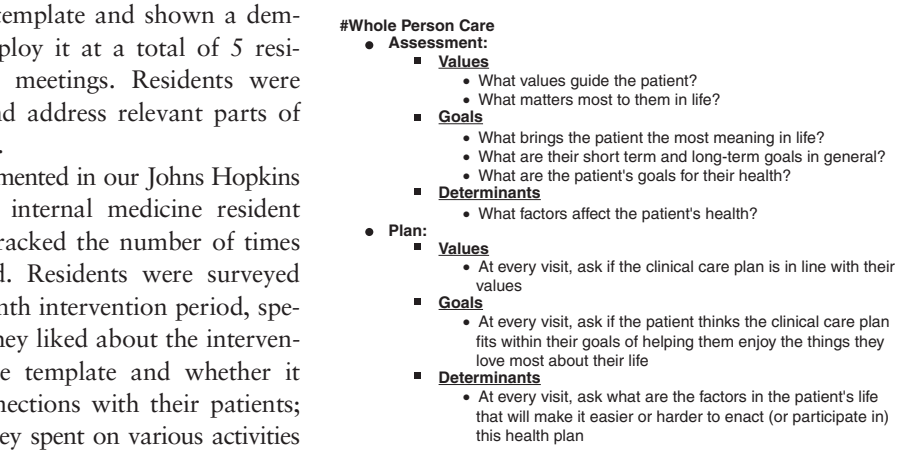

FIGURE
Whole Person Care Clinical Note Template

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while not adding to the workload of residents") was the predominantly cited barrier to utilizing the template more. Limitations of our study include a small sample size at a single institution and a short period of data collection. Additionally, we were unable to track edited versions of the template, which may underestimate its use by residents. In conclusion, our pilot Whole Person Care clinical note template demonstrated patterns toward improved connections between resident physicians and patients as well as improved Work and Meaning scores, but future iterations will need to be shorter. This pilot will inform future interventions designed to utilize the EHR to better connect with patients and tailor treatment plans.

References

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