Primary Care and the Perioperative Surgical Home

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**Keywords**
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**Comments**
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PRIMARY CARE PHYSICIAN SURVEY

**Objective:**
Primary care physicians (PCP) were surveyed to understand how the surgical teams can better coordinate care with primary care.

**Methods:**
- Email request to UMMHC primary care physicians to complete a survey on Survey Monkey
- 38 Primary Care Clinicians completed the survey
- Responses were aggregated, analyzed and shared with the PSH Pilot Team

**Survey Question #1:**
What is the current level of communication in perioperative care with you, specifically in regard to pre-operative and post-operative communication about your patient’s planned surgery and the outcome of the surgery?

**Survey Question #2:**
What would be the best way to communicate information to you about your patient’s surgery and outcome?

**Survey Question #3:**
When would you prefer to see your patients after major urologic surgery?

**Survey Question #6:**
When do you prefer to see your patients after major urologic surgery?

**Survey Question #8:**
As part of the Perioperative Surgical Home, pre-operative communication will be streamlined and post-operative communication and appointments will be established before discharge from the hospital. How valuable do you think this will be toward maintaining continuity of care?

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**PCP Suggestions From the Survey:**
- "I think that there needs to be clarity on whose job it is to do what. That involves reaching out and asking PCPs about their opinions on this."
- "Do not make all contact formulaic or a check box, please, one personal communication from the surgeon at least after the operation would be fantastic, and very much appreciated."
- "This is a good start. Some urologists are much better keeping us in the loop and I think tasking will streamline this and a very brief summary, as opposed to a multi-page document of data, would be most helpful."

**RESULTS SUMMARY**
- Concise, useful communication about mutual patients is important to PCPs
- No need for immediate follow-up appointments with PCPs unless necessary; suggest appointments 2–4 weeks post-discharge
- Defining roles of PCP and surgeon is important

**QUALITY IMPROVEMENT INTERVENTIONS:**
- Communication
  - Pre-operative: PCP is notified about patient’s upcoming surgery
  - Post-operative: Discharge note sent to PCP
- Patient Education
  - Provided at pre-op and post-op
  - Patient packet created so patient can carry materials throughout PSH stages
  - Calls from Urology Department at 2 and 30 days post-discharge to identify patients’ issues and answer questions
- Follow-up Appointments
  - Prior to discharge, PCP follow-up appointments are made for 2 weeks after discharge

**NEXT STEPS**
- New survey will be sent to PCPs who have patients involved in the pilot
- Questions will be more focused, based on findings from this initial survey
- Continue interventions and measure changes over time
- Add PCP involvement in the Pilot Steering Committee