As practices’ expenses continue to grow at a faster pace than revenues, physicians are under greater pressure to do more with less. While working harder and seeing increasing numbers of patients each day is an option, finding methods to work smarter is becoming an attractive alternative. One viable strategy for your practice is to increase charges per unit of time. Performing more procedures is a simple and successful way to achieve this goal.

As you are probably aware, not all procedures are created equal. Some procedures (e.g., flexible sigmoidoscopy) are reimbursed very poorly considering the time they require. Other procedures (e.g., skin biopsy and excisions, colposcopy/biopsy and exercise treadmill testing), though reimbursed more handsomely, may require significant amounts of physician and nursing time, significant up-front costs to the practice and extensive training. However, there is another category of procedures well worth your time and effort – joint and soft-tissue injections.

Here are some of the benefits of adding joint and soft-tissue injections to your clinical armamentarium:

- Patients appreciate their primary care physicians offering services that traditionally require a referral to a specialist.
- Patients avoid treatment delays.
- Physicians’ satisfaction improves when a variety of procedures are integrated into their daily schedules.
• Practice revenues can improve significantly. Joint injection reimbursement will match or beat any other office-based procedure on the basis of charge per unit of time (see “Comparing office-based procedures,” page 40).

**Joint injections 101**

To many physicians, breaking out of the comfort zone of current practice patterns is difficult. The motivation to learn a new procedure can be maintained only by deriving some genuine satisfaction from performing the procedure regularly. Although performing joint injections will benefit your patients and your wallet, remember that keeping yourself engaged and excited in your practice of medicine is just as vital.

If you’re willing to embark on this new challenge, the first step is to learn the procedure. Attending a workshop or short course that focuses on joint and soft-tissue injection techniques can provide you with the necessary training. (Also see “Suggested reading,” page 40, for additional resources on joint injection.) You can contact your local AAFP chapter to inquire about courses offered in your region. The content of these courses will vary depending on the instructor, the length of the course and the sponsoring institution. I highly recommend seeking a course where at least a portion of the time is dedicated to observing and practicing the actual injection techniques for each of the areas covered. You will need to learn the indications, contraindications, preparation and aftercare for each of the most common injection sites.

Even after you complete a course, proficiency with these techniques will require practice. Optimally, you’ll be able to gain some experience in a supervised setting, with a physician who is competent in performing these procedures. The number of supervised procedures necessary to achieve competency will certainly vary, but most guidelines recommend completing a certain number of injections before attempting to become independent.

**Performing joint injections will benefit your patients and your wallet.**

### KEY POINTS

- Performing simple office procedures, such as joint and soft-tissue injections, is an effective way to increase your revenue, improve patient satisfaction and maintain your enthusiasm for medicine.
- To learn injection techniques, select a course or workshop that includes adequate time for observation and practice.
- When first learning to administer injections, begin with less difficult sites, which is where patients most often present with complaints.

### WHAT THE LITERATURE SAYS

Significant studies have shown that intra-articular and soft-tissue injection therapies play an important role in the diagnosis and management of degenerative joint disease, rheumatoid arthritis, crystalline arthritis, bursitis, tendinopathies and entrapment neuropathies. For several decades, intra-articular steroid injections were common despite the paucity of evidence demonstrating their efficacy for various painful arthropathies and periartopathies. In recent years, however, several controlled studies have been conducted to measure the effectiveness of corticosteroid injections.

Though some studies have demonstrated only short-term benefits from steroid injections, several others have demonstrated long-term benefits, including decreased pain, increased range of motion and improved joint function. In particular, studies have demonstrated the efficacy of corticosteroids for patients with chronic subacromial impingement syndrome and for early disease control in patients with rheumatoid arthritis.

Learning joint injections requires attending a short course or workshop that will allow you to observe techniques and practice them under supervision.

Concentrate on mastering less technical injection sites first, such as the knee joint, before moving on to more complicated sites.

SUGGESTED READING


Learning joint injections requires attending a short course or workshop that will allow you to observe techniques and practice them under supervision.

Concentrate on mastering less technical injection sites first, such as the knee joint, before moving on to more complicated sites.

Reaping the benefits

Learning a new procedure can be a worthwhile investment for you and your practice. Joint and soft-tissue corticosteroid injections have been well studied with positive results. Take a little time to practice the techniques, and your satisfied patients and increased revenue will make you glad you did. (FPM)

Send comments to fpmedit@aafp.org.