

## PRACTICE PEARLS

### Create a wallet-sized medication list

**P**atients often have a hard time remembering the names and dosages of all their medications, and they don't always have the opportunity to bring all their medications with them, making it difficult for their physicians to compile a complete medication history. A simple solution is to instruct patients to go to their medicine cabinet when they get home, write the name and dosage of each medication they are taking on a little piece of paper, fold it up, and then put it in their wallet. In the future, they can simply pull out their medication list whenever they visit a doctor.

Bernard Harris, MD  
Coatesville, Penn.

### Eat a meal with your staff

**O**ne of the best ways I know to improve teamwork and employee satisfaction is to have a potluck every month involving the staff. Sitting down together and sharing a meal somehow makes everyone feel more important and more a part of the clinic.

Deepthi Buddha, MD  
Charleston, W.Va.

### View the family as an ally in treatment adherence

**T**reatment failures due to patients neglecting to take their medications as prescribed, ignoring dietary and exercise advice, or abandoning other recommended therapies can be frustrating. Patients' lack of adherence may stem from a variety of complex issues, such as low literacy, low mental status, lack of self-motivation, or unrealistic fears. I have found that aligning myself with the patient's family members is paramount to overcoming these barriers.

## Q&A

### Follow up on a patient's bad behavior

**Q** One of my patients is consistently rude to my staff and borderline verbally abusive. I have discussed this behavior with the patient, but I am not quite ready to dismiss her from my practice. What additional steps should I take?

**A** You have done the right thing in talking to your patient about her inappropriate behavior. A good next step is to have your office manager or medical director send a follow-up letter documenting the conversation you had and reinforcing any consequences if the behavior does not improve. Mail the letter through certified mail to ensure the patient receives it, and put a copy in the patient's chart. View a sample letter below, or download a template at <http://www.aafp.org/fpm/2012/1100/fpm20121100p32-rt1.doc>.

Renae Moch, MBA, CMPE  
American Academy of Family Physicians  
Leawood, Kan.

#### SAMPLE LETTER

Dear Mrs. Jones:

I am writing this letter to follow up with you regarding the discussion Dr. Smith had with you to address disruptive behavior during the office visit on Oct. 29, 2012.

We value you as a patient and appreciate you choosing our clinic for your care, but as Dr. Smith stated, disruptive behavior will not be tolerated. In order for our physicians and staff to maintain therapeutic and productive relationships with our patients, they must be treated respectfully. Disruptive or threatening behavior is not acceptable. If this type of behavior continues, Dr. Smith will refuse to serve as your primary care physician and you will need to seek care elsewhere.

Please contact our office if you have any questions regarding this incident.

Sincerely,  
John Doe  
Medical Director  
Main Street Family Medicine

For example, a patient may present with poorly controlled diabetes and claim strict adherence to treatment recommendations and glucose self-monitoring. Yet when a family member such as a spouse or adult child is in attendance, whether voluntarily or by my request when I suspect problems, the patient may

admit to making up the sugar readings or not taking medications for weeks or even months. I am constantly amazed at how the patient's family member can serve as a powerful motivator and reliable cross-check. Thus, for patients I suspect may not be adhering to their treatment regimen, I subtly suggest that

family members attend all meetings, or I ask permission to contact them for their invaluable assistance.

Hien Nguyen, MD  
Fairfax, Va.

## Stop seeing your colleagues' patients

**R**esearch has consistently shown that when a patient and primary care physician have continuity with one another, good things happen: quality of care increases, costs go

down, and patient and physician satisfaction improve. To encourage continuity in your practice, consider the following steps:

1. Make sure all patients have been assigned to a physician, if they haven't already chosen one themselves. If a physician has too many patients assigned to him or her, you may need to reassign some of them to ensure that continuity is possible.

2. Require physicians to work a minimum number of hours per week or to spread their time over

four or more days of the week to ensure their availability to their patients. Part-time physicians can share a panel of patients to cover one full-time-equivalent shift.

3. Train front-desk staff to offer patients an appointment with their own physician first. Only if their physician is unavailable should patients be scheduled with another physician. Physicians should be encouraged to work in their own patients when needed, but not the patients of other physicians.

4. Measure how well you're doing. Look at your data after six or eight months, and aim for having at least 70 percent of visits scheduled with the patient's own physician.

Source: Willard R, Bodenheimer T. *The Building Blocks of High-Performing Primary Care: Lessons From the Field*. Oakland, Calif: California HealthCare Foundation; April 2012.

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## WE WANT TO HEAR FROM YOU

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