

PRACTICE PEARLS

Use a glove as a mini tourniquet

When removing part or all of a toenail, you can take the finger from an exam glove and tie it or wrap and clamp it at the base of the affected toe. This will cut off enough blood flow to provide a nearly blood-free field for the procedure.

Ben Brown, MD
Santa Rosa, Calif.

Prioritize phone calls and emails

We use the priority numbering feature of our electronic health record (EHR) messaging system to help us make sure patient calls and emails get answered as promptly as possible – and in the correct order.

Our front office and nursing staff simply assign one of the following priority codes:

- 3 is the default (nonurgent) and is answered within 24 hours;
- 4 is answered by the end of the day;
- 6 is answered before the end of the half-day;
- 9 is answered within 15 minutes, and staff are told to interrupt the physician if he or she hasn't seen the message in the EHR (the message button turns red for priority 9 messages and stays red until the message is opened).

True emergencies, such as a patient saying he is suicidal, are immediately dealt with without taking a message.

Web portal messages are considered nonurgent and are answered within 24 hours. We explain our messaging policy on the landing page of the web portal before a patient logs into the system and in the mobile app for our practice.

Floyd "Tripp" Bradd III, MD, FAAFP
Front Royal, Va.

Manage conflicts of interest as a group

As more physicians go to work for health care organizations and large groups, there is a risk that physicians' primary interest to protect patient welfare may be compromised by competing interests of the organization, such as profits or external pressures.

To effectively and consistently manage conflicts of interest, the organization should view this as a group responsibility rather than leaving it up to the individual physicians. This responsibility extends beyond simply establishing a policy but also includes actively making sure it is understood and followed. Oversight by a board of directors or other governance body, as opposed to just management, and ongoing staff education and feedback are all critical.

To make it easier for physicians to understand and follow the conflict of interest policy, especially in emergencies, organizations should be clear that patients' interests are primary.

Source: Wesson DE. An organizational approach to conflicts of interest: lessons from non-health care businesses. *JAMA Intern Med.* 2013;173(16):1489-1490.

Control the focus of patient visits

Like many primary care physicians, my group has struggled with patients who schedule a visit for a single problem, then bring up several more problems during the visit,

often as we are wrapping up. This extends the visit, leads to physicians running late, and complicates our schedule. Yet, these patients' afterthoughts do reveal valid concerns and are important to their well-being.

To attempt to deal with this, at check-in we give every patient an "agenda-setting form." The form says the following:

- *What is the main reason for your visit today?*
- *Do you have any other medical conditions or concerns you would like addressed today?*
- *List any medications that you need refilled today.*

Please keep in mind that we will do our best to address your medical concerns today. If you have a complicated condition or several conditions, you may be asked to make another appointment so that we can give each concern the time and attention it deserves.

The form doesn't promise that we will have time to address everything, but it helps our physicians set the agenda at the start of the visit. It also helps the physicians plan how much time they can allocate to any particular issue. As a result, we are getting far fewer last-minute requests from patients, which helps to keep our physicians on time while ensuring high-quality care. Most of our patients appreciate it as well.

Tiffany Nelson, MD
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