

PRACTICE PEARLS

Help patients avoid a fungal outbreak

Tinea pedis, sometimes called “athlete’s foot,” spreads easily from the feet to other areas of the body. To help patients avoid spreading tinea when they’re getting dressed, I recommend that before they put on their underwear, they first put medicine on their feet and put on their socks. That way, they don’t accidentally catch their toes in their underpants and spread the fungus farther up their body.

David Mittman, PA, DFAAPA
Livingston, N.J.

Reduce scar tissue from a skin biopsy

I have found that using a 3 mm or 5 mm disposable biopsy punch to make the incision for draining a skin abscess creates a neat opening and heals well. If the punch is angled properly, you can leave the top of the circle of skin (the 12 o’clock position) attached. This opening allows you to remove the purulent material, and then it closes on its own, leaving only a small defect.

Susan Thompson, MD
Great Barrington, Mass.

Remind patients to control their salt intake

Many patients need to monitor and reduce sodium intake. The Centers for Disease Control and Prevention has recommended a maximum daily limit of 2300 mg, but many patients have trouble remembering this number. So, I take creative license and say their total daily salt intake should not exceed “2345” mg. This seems to be easier for my patients to remember.

Nipa R. Shah, MD
Jacksonville, Fla.

Q&A

Incorporating part-time physicians into panels

Q How do you determine the optimal patient panel size for part-time physicians?

A Although the term “part-time” has multiple meanings and interpretations, the optimal panel size is an objective metric based on each physician’s capacity. It can be determined with an equation:

Panel size = Days provider is expected to work during the next year × Scheduled visits per day ÷ Patient average annual visit rate.

This equation captures all the variables that affect panel size: patients’ annual visit rate (a reflection of patient acuity), prospective work schedule, and visits per day (also affected by acuity). Physicians who work fewer days or have fewer scheduled visits per day have a smaller expected panel, as do physicians whose patients return more often.

If we value continuity of care (which leads to better outcomes, better relationships, shorter visits, and overall better care), then we want to make sure that physicians have the right-sized panels. We don’t want physicians’ panels to be so big that they cannot see everyone and their patients experience delays as they are siphoned off to other providers. We also don’t want physicians’ panels to be so small that they do not create enough value for the practice. Getting the absolute right-sized panel is critical for costs and revenues, for care and outcomes, and for patient and physician satisfaction.

Mark Murray, MD, MPA
Sacramento, Calif.

Have patients visualize the source of their stress

Patients feeling overwhelmed by stress often will spend much of a visit venting. A simple way to help them is to draw a circle and ask them to divide it into three parts: 1) the portion of their time spent working, labeled “W” for “work”; 2) the portion of their time spent being involved in loving relationships, labeled “L” for “love”; and 3) the

remaining portion of time set aside for themselves, labeled “S” for “self.” This can help show patients the lack of balance in their lives as work typically includes more than half of the pie chart. Ask patients how they feel about how their time is divided and how they would like to either change it or better handle it.

John W. Bachman, MD
Rochester, Minn.

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