

## PRACTICE PEARLS

### Give patients a “timeout” when necessary

I recently saw a patient with perirectal itching and a mass. As soon as I entered the exam room, he told me his diagnosis, what I must do, and what he would do if I didn't. When foul language started flying out of his anxious lips, I said, “Timeout!” I looked him in the eye and calmly acknowledged his anxiety and fear. I asked him if we could start over, and then I left the exam room for about five minutes. When I returned, he was sitting down, calmly reading the newspaper. Without losing eye contact, I shook his hand, introduced myself again, and reminded him that I was there to help him. We went on to have one of the best patient encounters I've ever had.

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### Create a medication list for patients to take home

In my experience, patients who lack knowledge of their medications (for example, they don't understand that Coumadin may also be referred to as warfarin or what the drug is for) are less likely to take their medications as prescribed. Conversely, patients who are educated about their medications tend to be more compliant, have better results, and be more involved in their care.

Medication	Frequency	Reason for use
Glucophage (metformin) 500 mg	Twice daily with food	Diabetes
Lotensin (benazepril) 10 mg	Once daily	Hypertension
Elavil (amitriptyline) 25 mg	Once daily at bedtime	Leg pain

## Q&A

### Accepting more than the Medicare allowable amount

**Q** A patient's son recently requested that one of our physicians make a house call to see his mother. We declined the request because the patient's home was too far away. The son then offered to pay \$350 more than what Medicare would pay because this would be cheaper than calling an ambulance to drive his mother to an urgent care clinic. We again declined the request because we thought it would be illegal to accept extra payment for a Medicare-covered service. Were we correct? Can patients pay more than the Medicare-allowed rate if they do so voluntarily – as a tip, essentially?

**A** It depends on several factors. If you participate in Medicare, then you agree to accept the Medicare allowable amount for covered services. You may not charge or accept more for those services. This is why concierge practices make sure that the extra money they collect is not for a covered service. If the house call was not medically necessary, then it would not have been a covered service, and you could have charged the patient for it.

If you are a non-participating physician, you may bill the limiting charge (115 percent of the Medicare non-participating allowable amount) for a covered service unless your state has passed a statute prohibiting balance billing of Medicare patients, in which case you cannot charge more than the allowable amount.

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To enhance medication compliance in my practice, I provide patients with a printed list of the names of all medications they are taking, including the frequency and indication. (See the example.)

This printed copy can be placed conveniently in a wallet or hung by the medication cabinet. It is particularly helpful to elderly patients and those with cognitive disorders. Frequently, the medications a patient takes at home do not coincide with the clinician's list of medications, and this list enables medications to be reconciled or even eliminated. The medication list could even note drug allergies and reactions. This would be

invaluable if the patient were to seek care at an unfamiliar medical facility where such information is not readily available.

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