

PRACTICE PEARLS

Acknowledge, reward high-performing staff

Our practice created a form that staff members can use to give “shout outs” to other employees, and it has proven to be an awesome motivator. Staff members can congratulate or give special thanks to any other employee for doing their job with attention to detail or for any other exceptionalism by writing a brief note on the form. The completed form is handed out and posted in the staff lounge

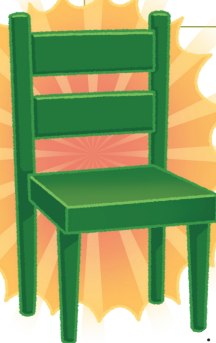
or at the recipient’s desk. It is especially rewarding when the providers in our office give “shout outs” to office staff members.



Dolores Schafer
Medina, Ohio

Take a seat

A recent study suggests that taking time to sit down during patient encounters may improve patients’ perceptions of their visits. Researchers had a neurosurgeon meet with 120 of his postoperative patients in their hospital rooms, alternately spending the entire visit



standing or sitting. Following the visit, a researcher asked patients how long they believed the visit had lasted. Patients perceived visits during which the doctor

sat down to be almost five times longer than they really were. Standing visits were perceived to be about two and half times longer than they were.

Patients who experienced a sitting doctor also expressed a greater degree of satisfaction with their care and greater understanding of their treatment than patients whose doctors stood.

Source: Swayden KJ, Anderson KK, Connolly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Educ Couns.* 2012;86:166-171.

WE WANT TO HEAR FROM YOU

Practice Pearls presents readers’ advice on practice operations and patient care, along with tips drawn from the literature. Send us your best pearl (250 words or less), and you’ll earn \$25 if we publish it. We also welcome questions for our Q&A section. Send pearls, questions, and comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2013/0100/p34.html>.

Q&A

Managing multiple fee schedules for Medicare patients and others

Q Our Medicare carrier recently issued a reminder that we may not bill a non-Medicare patient a lesser fee than a Medicare patient. It noted that we may have different fee schedules for our privately insured and Medicare patients, as well as a lower fee schedule for uninsured patients because it applies to a specific type of patient, according to section 1128(b)(6) of the Social Security Act (http://www.ssa.gov/OP_Home/ssact/title11/1128.htm). Managing these various fee schedules is potentially confusing. Would the government actually enforce this?

A If the government determined that a provider was intentionally billing Medicare more than his or her usual charge on a regular basis, it could enforce the provision you cited. To avoid this problem, many practices have a single fee schedule for all patients, regardless of their insurance status. Discounts or write-offs to that schedule may vary, depending on the practice’s contracted rates with each payer, including Medicare, or other practice policies (e.g., discounts for the uninsured). The provision in question applies to billing more than the usual charge, not to what is ultimately accepted as payment. Medicare accepts that practices may be subject to different fee schedules for specific types of patients, as long as there is a clear definition of how and when each fee schedule is applied. Contracts with other insurers, which spell out how and when their fee schedules apply to their members, essentially serve this function.

Kent J. Moore
American Academy of Family Physicians
Leawood, Kan.