

# Think Again

**Sometimes the first step toward change is to reconsider what we think we know.**

**A**t first blush, the articles in this issue don't seem to have much in common. You'll find one on improving medication adherence, one on preparing for office emergencies, one on redefining the role of medical assistants (MAs), and one on redesigning work spaces to promote teamwork. Yet each article asks us to challenge our assumptions. When it comes to medication adherence, we typically assume that patients take their medications. After all, they seem to appreciate our efforts and say they are doing what we suggested. Think again. Patients commonly fail to take their medications as prescribed. Read Brown and Sinsky's enlightening article (page 25) on just how common this problem is and what we can do about it.

Your MA's role is to help you be more efficient and productive, right? Your job is to do the clinical stuff. Think again. Yes, the medical assistant's role is to, well, assist you. But MAs are also capable of helping your patient clinically. Practices that use MAs to do things like medication reconciliation, health coaching, and ordering studies based on disease management protocols perform better on a variety of clinical metrics. Read the article by Naughton et al. (page 7) to learn about envisioning a new role for MAs. Yes, you are still the captain of the ship. But the old notion that all clinical success stems from the physician's skill, commitment, and compassion should be questioned. Increasingly, health care is a team sport.

You've practiced for years and never had a life-threatening patient emergency occur in your office. If you do, you figure you'll just call 911. Think again. While rare, sometimes patients do suddenly become unresponsive or even die in their doctor's office. How would you and your staff handle that panic-inducing situation? A recent controversy notwithstanding, the Boy Scouts have a great motto: "Be prepared." (Full disclosure: I was a Boy Scout.) If you learn just one thing from Rothkopf and Wirshup's article (page 13), it should be this: Do your best to prepare for the unexpected.

How well a medical office works depends primarily on its people and processes, right? Think again. Perhaps architecture is important too. The article by McGough et al. (page 20) challenges a number of our assumptions about how staff and physicians should be physically located in a medical office and how architecture can promote or hinder teamwork. You may not agree with everything recommended, but the concepts are provocative.

Don't assume. Be willing to delegate. Be prepared. Be open to change. These are good habits of mind that will serve you and your patients well. We are all used to doing things a certain way and don't usually give a lot of thought to alternative routines. When it comes to leading your team to be the best it can be, re-examine your own habits and assumptions first.



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