

## PRACTICE PEARLS

### Use your EHR to better prepare for appointments

If you have an electronic health record (EHR), review the day's appointments early and electronically set up the office visit as much as you can. For example, if you anticipate renewing a patient's medications or ordering a mammogram and a Pap smear for a physical, enter those orders ahead of time. This can be a time-saver. Just make sure you don't finalize the orders until the patient has actually come into the office.

Darla Grossman, MD  
Evansville, Ind.

### Don't let injection supplies play hooky

If you give cortisone shots for various orthopedic conditions, consider keeping all of your supplies in one place. I have a fishing tackle box (bought at a local sporting goods store for about \$10 several years ago) in which I keep alcohol pads, adhesive bandages, gauze, extra needles, syringes, a topical antiseptic, and vials of lidocaine and cortisone for injection. When it is time to give an injection, I just pick up my tackle box and have everything I need.

John Metz, MD, CAQSM  
Edison, N.J.

### Recognize good and punctual performers

At our private group practice, we have instituted a successful, fun, and pragmatic merit program that has greatly enhanced employee attendance, decreased tardiness, and improved service metrics. We allocate points to physicians and staff members based on these measures as well as scores based on patient surveys, patient compliments, or input from employees. The highest-ranked physician and staff member are

## Q & A

### Defining "smoking" for EHR meaningful use rules

**Q** In terms of the incentives for meaningful use of EHRs, how should I designate the smoking status of a patient who uses an electronic nicotine delivery system, such as an e-cigarette?

**A** Meaningful use is more than a little ambiguous at times. The codes and terms related to "smoking" originate from the Centers for Disease Control and Prevention, which intended the codes to collect data on "cigarette" smoking, leaving a number of tobacco/nicotine behaviors off the table. From a clinical and informatics perspective, I would recommend setting a policy for your practice defining "smoking" (perhaps including cigarettes, cigars, pipes, e-cigarettes, hookahs, snuff, etc.) and then applying it consistently. As long as the policy has clinical relevance to your patients and your practice, I don't think the Centers for Medicare & Medicaid Services will give you any trouble.

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American Academy of Family Physicians  
Leawood, Kan.

announced at a monthly department meeting. While the financial value of that recognition may not be high (a dinner coupon, gift certificate, or movie ticket), the accolades are highly sought and promote higher performance from everyone.

Hien Nguyen, MD  
McLean, Va.

### Use your technology powers for good, not evil

**C**ommunication technology, including email and social networking, can help managers keep a closer eye on their operations and maintain or improve efficiency. But it can also enable micromanagers to

meddle even more in their employees' work, bringing down morale and hurting results.

Curious where you stand? Look at your last 100 emails, texts, LinkedIn postings, or other network communications and determine which messages could be considered management, mentoring, or micromanagement. Also ask whether you're using the technology to reduce trust in your workers or to improve your management style.

Source: Schrage M. Is technology making you more (or less) of a jerk? Harvard Business Review Blog Network. Nov. 7, 2012. <http://blogs.hbr.org/schrage/2012/11/is-technology-making-you-more-of.html>

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