

PRACTICE PEARLS

Use rewards with child patients

I used to give children a reward at the end of their visit for being good. However, I have found that giving it up front wins their trust, gives them something to focus on during the visit, and makes doing exams of the ears and throat easier. I use stickers rather than lollipops – cavity-free and parent-approved.

Hugh Silk, MD, MPH
Worcester, Mass.

Care for patients as a group

While some experts advocate that physicians see only their own patients to foster continuity of care, I share my patients with my two practice partners. When a partner evaluates “my” patient, it is a value-added consultation. Decades of experience with a patient produce a familiarity that may generate complacency. Each partner brings particular strengths and interests, as well as gender, age, or personality differences, to the exam room. When a crisis occurs after hours, the doctor on call is not a stranger, and when I eventually retire, my patients will have continuity of care.

When calling for an appointment, our patients are not asked, “Which doctor do you usually see?” but “Which doctor would you like to see?” Our office brochure tells our patients that we share the rewards and obligations of our practice equally. We do not consider it disloyal for one of our patients to see

one of our partners, and they may freely return to their original doctor at a future visit. But we do advise patients with an urgent need to accept an appointment with the next available partner and not wait until their favorite doctor is available.

Philip Kaplan, MD, FAAFP
Manlius, N.Y.

Recognize savings from patient portal use

Some physicians, concerned about the unreimbursed cost of operating an online web portal, have considered charging patients to use theirs. We offer this service for free. We recognize that there are savings in communicating with patients this way, thereby avoiding the multiple unsuccessful attempts to reach the patient in other ways, such as the telephone. Additionally, meaningful use Stage 2 requires that more than 50 percent of patients must have online chart access and 5 percent must use web portal messaging. Offering it for “free” or as a value-added service will encourage more of them to sign up and use it. But we have limits.

On our practice website (<http://www.myclinicalchart.com>), we advise patients that we may charge for an online visit (CPT code 99444) if the exchange amounts to more than a simple answer to a medical question. The charge is less than the \$20 to \$35 we collect for an insurance copay. Also, in the return message, we may direct them to make an appointment instead if face-to-face

contact is critical. Patient messages submitted via our portal go directly to the physician, and we can record these interactions in the messages section of the patient’s electronic health record. Reducing message hand-offs improves efficiency in many cases.

Floyd “Tripp” Bradd III, MD, FAAFP
Front Royal, Va.

Make changes in your practice to ease physician stress

Of the more than 2,000 physicians responding to a 2011 survey by Physician Wellness Services and Cejka Search, almost 87 percent reported feeling moderately to severely stressed. The top contributors to stress were administrative demands and excessive paperwork, an overload of work hours, and conflicts with coworkers and administrators.

When asked what their organization could do to help them cope with or reduce stress, 63 percent requested more ancillary and staff support to deal with things like charting and other paperwork. Almost 40 percent pushed for onsite exercise facilities or classes, 28 percent wanted wellness initiatives, 24 percent asked for education on dealing with stress and physician burnout, 20 percent wanted “concierge” services, and 19 percent were looking for coaching and mentoring.

The researchers ultimately identified three things practices can do to help physicians: provide physicians greater flexibility and control over their working hours, offer more assistance with wellness and self-care, and increase support from staff, colleagues, mentors, and administrators.

Source: Danielson D, Ketterling R, Rosenstein A. Physician stress and burnout: causes, effects, and impact on performance and behavior. *Group Practice Journal*. 2013;62(3):38-43.

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