

PRACTICE PEARLS

Dealing with hard-of-hearing patients

When someone is completely deaf, it is often quite evident. However, many patients who have hearing disabilities do not identify themselves as “deaf” and simply nod when they receive instructions. It can be illuminating to ask patients at the end of the visit to repeat what they understood. This simple technique can prevent serious errors.

Hogai Nassery, MD
Atlanta, Ga.

Encouraging creative ideas from staff

Every business, including medical practices, can benefit from operational and customer service innovation. Getting staff members to come up with those ideas can be a challenge, and some employers use financial or other types of incentives.

Studies are mixed on whether this is a good approach, with some finding it gives employees a “me-first” mind-set and reinforces the notion that innovation isn’t their job.

Instead, experts say, companies should create a culture that encourages innovation. To do that, they recommend initially explaining the importance of developing new ways to serve customers, become more competitive, or grow the business. Also, they suggest making innovation part of performance management, detailing what it means, how it will be measured, and that it’s considered a part of managers’ and employees’ everyday duties.

Lastly, leaders should find and

Q&A

Incorporating HMO, PPO patients in panels

Q Should my primary care practice differentiate between patients with HMO and PPO insurance plans when calculating panel sizes?

A This is a part of a standardized method of calculating panel size. It is simpler to assign patients with an HMO plan because they are required to select one particular primary care physician in the practice as opposed to patients with a PPO plan who are allowed to see any physician. Differentiating between the two allows for a more accurate panel size calculation for each physician.

For more details on how to calculate panel size and why it is important, see “Panel Size: How Many Patients Can One Doctor Manage?” [*FPM*, April 2007, <http://www.aafp.org/fpm/2007/0400/p44.html>].

Asia Blunt, MBA, CPC
American Academy of Family Physicians
Leawood, Kan.

highlight early examples of innovative thought, focusing both on good results and lessons learned from unsuccessful attempts. They should recognize those who developed the idea and communicate that they want more of this type of behavior.

Source: Ashkenas R. Even good employees hoard great ideas. *Harvard Business Review* Blog Network. April 21, 2014. <http://bit.ly/1oXjArY>. Accessed on May 16, 2014.

Managing expectations for antibiotics

We all know and dread those acute visits for upper respiratory tract infections (URIs) that “just won’t go away.” Simply telling patients that they do not need an antibiotic for their viral URI can lead to anger and frustration.

A recent qualitative study¹ in the United Kingdom found that most

family doctors prefer to indirectly explore these patients’ expectations. They conduct their physical examination as a running commentary and reassure the patient of the viral, and ultimately benign, nature of the illness. This helps steer the patient away from antibiotics and toward supportive care.

Personally, I also find it helpful to give patients the most information I can, explaining why starting an antibiotic right now will not resolve their symptoms faster and could lead to detrimental side effects. In addition, I give them a realistic expectation of how long the symptoms will last. Lastly, I tell them what I will prescribe (i.e., benzonatate for cough) for symptomatic improvement, and many patients walk away satisfied because they don’t feel like they’re going home empty handed.

Megan Janson, MD
St. Petersburg, Fla.

1. Mustafa M, Wood F, Butler CC, Elwyn G. Managing expectations of antibiotics for upper respiratory tract infections: a qualitative study. *Ann Fam Med*. 2014;12(1):29-36.

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