

PRACTICE PEARLS

Understand how patients present themselves

How patients present themselves, and how we as doctors present ourselves, can be quite different from day to day depending on our mood, the people we are with, the situation, etc. Ignoring the different identities we bring to clinical encounters can cause communication problems.

The mnemonic ABCDE can help us remember these potential identities and tailor our messages and communication style accordingly:

- A: “I Am.” The patient is seeking meaning, and the physician can help by demonstrating respect and providing hope where possible.
- B: “I Belong.” The patient is seeking community, someone to help deal with his or her condition and potentially provide support or other resources.
- C: “I Can.” The patient is seeking agency, or the belief that change is possible.
- D: “I Dread.” The patient is experiencing anxiety, typically because of the fear of sickness.
- E: “I Exist.” The patient is focused on his or her physical existence and how well (or poorly) his or her body is functioning.

Remembering that patients are typically exercising one or more of these identities when they visit our offices – as are we – physicians can do a better job of communicating and creating a more effective therapeutic partnership.

Source: Ventres W. ABCDE in clinical encounters: presentations of self in doctor-patient communication. *Ann Fam Med.* 2015;13(3):276-278.

Help patients find credible information online

I continue to have patients who get much of their medical information from the Internet. This can obviously be a problem. For exam-

ple, when I went to look up “vaccine safety” on Google, the top suggested links were all to antivaccination (or “anti-vaxxer”) websites.

I have amassed a list of trusted links on my practice website (<http://www.acaciamed.org/links.htm>), which I regularly point patients to when they have questions. In the case of concerns about vaccines, I recommend patients go to the Centers for Disease Control and Prevention website (www.cdc.gov/vaccinesafety/index.html). In discussing supplements, I recommend patients look at the MedlinePlus website (<http://www.nlm.nih.gov/medlineplus/complementaryandalternativemedicine.html>). I also recommend the list of 100 top websites amassed by the Medical Library Association (<http://caphis.mlanet.org/consumer/index.html>).

I explain to patients that a lot of websites that advocate for specific disease treatments are backed by and slanted toward particular interests, such as pharmaceutical companies. I point out that academic or government websites are more likely to be neutral. In any event, I suggest that my patients consider whether a group supporting a website has something to gain in recommending the treatment or medication.

I also often advise patients that searching for specific symptoms online is not yet a great way to diagnose their health problems.

Finally, I recommend they take advantage of their family physician’s experience to help find a specialist

or procedural provider, as opposed to relying on online reviews that are still in their infancy and may not adequately represent quality, cost, or service.

Sumana Reddy, MD
Salinas, Calif.

Know your cost per visit

Knowing your practice’s cost to provide care is important in determining its profitability. To do that, take the total operating expense for a given amount of time, not including provider compensation, and divide by the number of patient encounters during that period. This is a simplistic approach, but it can be helpful in monitoring the amount of labor, vaccine, medical supplies, and other materials that go into the average patient visit.

For example, if your practice spent \$90,000 in operational expenses last month and recorded 1,000 patient visits, the average cost of each patient encounter would be \$90. You can further analyze this amount by looking at staff pay, the cost of supplies, and general overhead. Comparing your average cost with your average revenue for those visits can show you how much you have left to pay physicians and other providers, which is helpful when you’re considering whether to hire another one.

Source: Vanchiere P. Cost per encounter. Pediatric Management Institute website. <http://bit.ly/1ihhAxi>. Accessed on Sept. 10, 2015.

FPM

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/2015/1100/p40.html>.