

PRACTICE PEARLS

Assess patient experience

Having members of your care team “shadow” a patient through the process of receiving care can help identify ways to improve the patient experience and increase efficiency. Direct, real-time observation from check-in to check-out can help team members gather both quantitative information (such as the time spent on interactions during the visit or the amount of resources used) and qualitative information (such as redundancies, inconveniences, and other sources of patient frustration). Your team and patients can also use this information to find ways to change processes, improve patient outcomes, and reduce waste and cost.

Mitchell K. Patient shadowing: how to reduce costs while improving the patient experience and outcomes. Institute for Healthcare Improvement blog. Nov. 11, 2015. <http://bit.ly/1N9OTzN>. Accessed Nov. 17, 2015.

Test patients' medication adherence

Just because a patient was prescribed a medication doesn't mean he or she is taking it as directed. Whenever medication adherence is in question, it's wise to ask patients not only *if* they are taking their medications but also *how* they are taking them.

Patients may also forget to include medications on their list. The Agency for Healthcare Research and Quality toolkit, “Medications at Transitions and Clinical Handoffs,” offers examples of questioning and rephrasing that can stimulate recall:

- Ask about providers: “What medication does your kidney doctor prescribe? What about your heart doctor?”
- Ask about diagnoses: “Are you taking any medication for your heart condition? For your arthritis?”
- Ask about frequency (because patients often forget to include medications with infrequent dosing): “Are there any medications that you take daily, weekly, or monthly?”
- Ask about route (e.g., oral medications, patches, eye drops, injectables, and topical medications): “Is there any medication that you put on your skin?”
- Ask about location, perhaps using a mental tour of the home to guide you: “Do you have any medications in your kitchen, on your nightstand, or in your bathroom?”
- Ask about medication changes: “Did you recently start taking any medications, stop taking any medications, or change medications?”
- Ask about over-the-counter medications for common conditions: “What do you take when you get a headache? Do you take anything to fall asleep? Do you use laxatives? What do you take for allergies? Do you take any pain medication?”

Catherine Miller, RN, JD
Los Angeles

Tips from FMX

During the American Academy of Family Physician's 2015 Family Medicine Experience (FMX) in Denver, speakers shared a variety of tips for improving practice. Here is a sampling:

• **Ask about nutritional supplements:** Find out what nutritional supplements patients are using, not only to see if they are using something potentially dangerous but also to better understand their health concerns. For instance, if a patient is taking a supplement for heart health, you can begin a conversation about heart care, exercise, or even prescribing statins.

Lisa Soldat, MD

• **Answer seven questions for each patient.** What patients really want to know about their condition: What is this thing I have? What will it do to me? Am I crazy or alone? What might help me get better? What might make me worse? What might help me live with it? How do I live well with my illness?

Jamie Heywood

• **Map your process:** Have everyone on your care team map out the process for a typical patient visit, including who they think is responsible for each step and where they see delays and inefficiencies. Compare maps and use them to discuss which steps might need to change.

Talley Holman, PhD, MBA

• **Change your approach to stress.** Some of the greatest sources of stress – work, family, relationships, and goals – are also the greatest sources of satisfaction and happiness. If you develop a more positive view of stress and think about its meaning, you are more likely to experience a healthy stress response and have fewer “bad” physiological reactions.

Kelly McGonigal, PhD

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