



IMPROVE YOUR SPIEL ABOUT UNNECESSARY ANTIBIOTICS

Working in an immediate care center, I sometimes feel bombarded by patients who want me to prescribe an antibiotic for their viral cold. Lately, I have added a new twist to my usual spiel explaining why I cannot prescribe one. If I am absolutely certain they do not need an antibiotic, I first reassure them that their own body is going to be able to take care of this illness and that they will be fine by next week. I even offer medication to relieve their symptoms. For patients who are still determined to receive an antibiotic, I then explain that, by avoiding an unnecessary antibiotic, they do not have to worry about getting antibiotic-associated diarrhea or developing antibiotic-resistant organisms that can hurt them later. If they continue to protest, I emphasize that, based on my medical knowledge, I truly believe they don't need an antibiotic, and I say, "If I give a patient medicine to treat a condition I don't think he or she has, that is kind of like malpractice, isn't it? Neither of us wants me to do that." They usually give me a funny look and stop asking.

Lianne Holloway, MD
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MANAGE YOUR ONLINE RATINGS

Patients increasingly are turning to the Internet to find doctors and rate their medical care, and practices cannot ignore this information — especially when the feedback is negative. I have turned off the ability for patients or other visitors to post on my clinic's Facebook page, so I don't have to monitor reviews there. Google reviews are more important, so I respond to negative reviews with comments such as, "We work hard and appreci-

ate your feedback, which has helped us grow."

To help neutralize negative feedback, I encourage more patients to post reviews. I do this by periodically posting a notice in the waiting room window with a QR code patients can scan with their mobile device and link to the Google review page for our clinic. I also offer a \$5 gift card to a local café to anyone who leaves a review (positive or negative, although we request that patients let us know directly if they have a concern). Our clinic has a very high "star" rating on Google because there are many more positive reviews than negative ones, and most of my new patients say they came in because of our positive reviews.

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EASE THE SWITCH TO A NEW EHR SYSTEM

Moving from one electronic health record (EHR) system to another is never painless, but several steps can make it easier:

1. Get as much data moved from your existing EHR to your new EHR in a coherent format and in the correct location. Your new EHR vendor should help with this. For data that absolutely cannot be migrated, such as X-rays, make sure you will have ongoing access to it.

2. Take control of your training. The EHR vendor often will try to focus on the system's flashy features when what you need to know is how to get key tasks done. Tasks like creating clinical notes and writing prescriptions will probably be at the top of your training list, especially if your system's process is confusing, but don't forget to also ask for training on the tasks carried out by your clerical team. Focus on function over features.

3. Consider getting help. Your vendor will be able to provide EHR guidance and backup — but only to a point. It's often worth the investment to hire a consultant or information technology business analyst to assist with planning and EHR implementation.

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MAKE STAFF MORE AWARE OF DATA SECURITY

Practices are often targets of computer hackers and others seeking inappropriate access to patients' data. But your employees probably weren't hired for their online security savvy. Although awareness campaigns can be helpful, you ultimately need employees to change habits that make the practice more vulnerable. One method is using "teachable moments," such as calling attention to attacks or "near misses" at other organizations. You can also remind staff about your data policies at moments when mistakes are most likely. For example, post a notice by the exit asking if employees remembered to log off before leaving.

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