

## LETTERS

### Medication adherence

**T**hank you for the superb article “Medication Adherence: We Didn’t Ask and They Didn’t Tell” [March/April 2013, <http://www.aafp.org/fpm/2013/0300/p25.html>]. The article offers a practical discussion of a care challenge that embodies all the complexities of working with people in all their diversity.

One thing I have found useful is to begin the discussion by acknowledging that there are valid reasons why patients may not be taking their medicines as prescribed. My goal is to make them comfortable telling me what their barriers to medication adherence are and why. It gives me permission to suggest strategies for overcoming their individual barriers so they can experience a greater benefit from their medications.

Martin Sepulveda, MD  
Southbury, Conn.

### Embrace change

**T**he article “Envisioning New Roles for Medical Assistants: Strategies From Patient-Centered Medical Homes” [March/April 2013, <http://www.aafp.org/fpm/2013/0300/p7.html>] mentions using a team-based approach, empowering medical assistants and nurses, and creating computer-based reminders of needed chronic care and preventive care. These may be buzzwords of the “new” family medicine practice, but this approach works. My office has been implementing these practices, and our performance measures have improved, and we have consistently captured meaningful-use dollars and other incentives that are out there. These bonuses account for 25 percent of our revenue. I suggest that everyone should embrace these changes.

Thomas Smith, MD  
Cadillac, Mich.

### Use templates for procedures

**T**he article “12 Errors to Avoid in Coding Skin Procedures” [January/February 2013, <http://www.aafp.org/fpm/2013/0100/p11.html>] is excellent. I recommend that offices use a template that describes the steps involved in selecting the correct codes and documenting the service. Consider also including a diagram of how you want the tray organized. Using a template ensures that your policies and procedures are adhered to, speeds up the process for the clinician, aids in memory, and eases the training of new staff.

John Hanna, MD  
Galion, Ohio

### Long-term relationships

**D**r. McBride’s article “The Relational Soul of Family Medicine” [March/April 2013, <http://www.aafp.org/fpm/2013/0300/p40.html>] has captured the true essence of the value of practicing comprehensive, patient-centered family medicine. I would add that any physician, from any specialty, can function in this role if he or she has a long-term relationship with the patient. These concepts should be a core part of any medical school curriculum and certainly any family medicine residency training.

H. Andrew Selinger, MD  
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