LETTERS

Medical assistants

"Envisioning New Roles for Medical Assistants: Strategies From Patient-Centered Medical Homes" [March/April 2013, http://www.aafp.org/fpm/2013/0300/p7.html] does not describe new ideas, despite what the title suggests. We seasoned physicians have worked with our more highly educated nursing staff in the ways described in the article since the beginning. Over the past two decades, tighter profit margins have led to an increase in hiring medical assistants. As the article states, medical assistants recently out of school need additional training and education, which requires additional cost outlays as well as salary. This older doctor would like a little acknowledgment that these "new" ways of working are how we used to do things, when we had a higher educated staff from the start. You can call it anything you want to, but calling it new is a disservice to previous generations.

Ryan Crim, MD
Carlisle, Pa.

Skepticism

I heartily concur with the thrust of the article "HITIOS: Why Cynicism Is Helpful When Working With Health IT" [July/August 2013, http://www.aafp.org/fpm/2013/0700/p40.html]. However, I question the use of the word "cynicism." I believe "skepticism" would be more apt. A healthy dose of skepticism is needed to avoid naive acceptance of optimistic technology promises. Cynicism, which is negative suspicion of the motivations of others, just wears me down.

Anthony Witte, MD
Dansville, N.Y.

Hospital employment

I would like to comment on the article "Making Sense of the Trend Toward Hospital Employment" [July/August 2013, http://www.aafp.org/fpm/2013/0700/p5.html]. Here in my community, the internists at the large hospital in town came to realize in 2006 that they could not sustain adequate income given the economics of running private practices. They approached the hospital en masse indicating that they were considering moving elsewhere because of the financial climate. They had no issue with the hospital itself and the hospital, in fact, had a long tradition of not purchasing practices. Nevertheless, a hospital-financed, physician-directed group was formed and all the internists sold their practices to the hospital. In addition, once the ball was rolling, many family physicians (like myself) followed suit, as did some ob/gyn groups. We all had the same issues – diminishing insurance payments and increasing costs leading to stagnant or decreasing income. All was well initially, and I chose to move on to occupational medicine after six months due to personal issues. Since that time I have learned that the hospital has begun to look aggressively at productivity and expects the physicians to generate more gross income by seeing more patients (the usual approach) or by coding and doing procedures that accomplish the same goal. Some physicians have left the area, but the majority are just "sucking it up" and continuing in the brave new world in which they find themselves, largely because they only plan to practice five to 10 years before retiring. The last word: caveat emptor.

Jonathan R. Dreazen, MD
Reading, Pa.

Correction

The article "HIPAA Again: Confronting the Updated Privacy and Security Rules" [May/June 2013, http://www.aafp.org/fpm/2013/0500/p18.html] mistakenly said the new HIPAA (Health Insurance and Portability and Accountability Act) rules require practices to alert patients in their Notice of Privacy Practices (NPP) if they send automated appointment reminders or communications about treatment alternatives or health-related benefits. In fact, if a practice receives remuneration from patients for sending such communications, it has to get an authorization from the patient to do so. But there is no requirement that these communications be included in the NPP. Also, the article mistakenly said practices must include in the NPP new liabilities associated with business associates under the updated HIPAA rules. This is also not necessary. FPM

WE WANT TO HEAR FROM YOU

Send comments to **fpmedit@aafp.org**; add them to individual articles at **http://www.aafp.org/fpm**; or send them to *Family Practice Management*, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680. Submission of a letter will be construed as granting the American Academy of Family Physicians permission to publish the letter in any of its publications in any form. We cannot respond to all letters we receive. Those chosen for publication will be edited for length and style.