



## REDUCE TIME SPENT DOING OTHER PHYSICIANS' PAPERWORK

Family physicians often get asked to fill out patient documentation and other forms that should be handled by specialists or other health care professionals. Here is how I have avoided these tasks, which reduces my work after clinic:

- If a home health agency asks me to sign the nursing orders for a recently discharged patient of mine who I didn't know had been hospitalized (often for a hip replacement or other surgery), I ask who ordered the nursing care and then recommend the agency contact that person. I explain that the ordering physician or other provider is more familiar with the patient's case and should have that responsibility. I add that I can assume responsibility once I see the patient again and become familiar with his or her care.

- If a cardiologist is managing my patient's atrial fibrillation with warfarin, I make sure that physician is also managing the patient's international normalized ratio testing. Some have complained, but they generally acquiesce when I point out that I shouldn't have to manage the labs when I am not handling the underlying condition.

- If a patient sees a specialist for a disability, I do not fill out the disability papers. I point out that the specialist can best determine the extent of the patient's disability, likelihood of recovery, need for future care, etc.

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## SEND PREVENTIVE SERVICE REMINDERS ACCORDING TO BIRTH MONTHS

When managing population health efforts, such as reminding patients to schedule preventive services like physicals, Pap smears, or colon cancer screenings, send out your reminders according to the patients' birth months. This can help to more evenly distribute demand for these types of appointments throughout the year rather than sending all of the reminders at once.

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## HELP PUT PATIENTS AT EASE DURING VISITS

When interacting with patients, I have noticed that friendly comments can help make patients feel more relaxed and have a more positive experience. Here are three simple ways I practice this:

1. If I am running late, I always apologize when I enter the room where my patient is waiting and acknowledge that his or her time is valuable. It shows respect and appreciation for the patient and can quickly resolve any tension the patient may be feeling as a result of having to wait.

2. Going to the doctor is a big deal for a lot of patients, particularly older patients, and they often dress nicely. If I notice something nice about their attire, I compliment them.

3. When I am listening to a patient's normal breath or heart

sounds, I will often comment that their lungs or heart sound good. Because I often have to discuss negative findings during the visit, such as an increase in weight, blood pressure, or glucose, I am always looking for positive things to say to encourage my patients and make their encounter more positive.

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## IDENTIFY PATIENTS' UNMET SOCIAL NEEDS TO FACILITATE REFERRALS

A simple patient survey can help you identify patients' unmet social needs and possibly how your practice could help.

Researchers asked patients in general internal medicine and in an emergency department waiting room to fill out a 4×6-inch card that asked whether they had needed help in the previous 30 days with a number of key social needs. These included food, housing, utilities, transportation, day care, legal assistance, employment, education, substance abuse, safety, or domestic violence. They could also list other needs or indicate "no assistance needed." The process took about one minute, and only 7 percent declined to participate.

More than 60 percent reported at least one unmet need. The three most commonly listed were transportation, food, and housing.

Using this information, the health system approached relevant community partners to provide necessary assistance. Primary care practices could pursue a similar strategy, adding the survey to front desk paperwork or the rooming process.

Source: Reves SR, O'Neal JP, Gonzalez MM, McHenry C, Favour M, Etz RS. A 60-second survey to identify patients' unmet social needs. *Ann Fam Med*. 2019;17(3):274.

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