MANAGING YOUR DERMATOLOGY PRACTICE

How to Run Effective Office Meetings

"What do you discuss at office meetings?" a colleague wrote me recently. "We used to hold them monthly, and I never thought we accomplished anything. So now we don't bother anymore."

It's a comment I hear fairly often. Doctors and employees alike frequently dread staff meetings. Four common complaints about them are: Too much time is spent dwelling on trivia with no time left to address important problems; any important issues that do get covered are seldom if ever resolved; no one acts on any constructive suggestions made; and all too often they degenerate into petty gripe sessions. The problem, though, is not with meetings themselves, but with improper (or complete lack of) planning. Avoiding meetings is not the answer; structuring them effectively is.

BY JOSEPH S. EASTERN, M.D.

First, call meetings only when necessary. No rule says you must have one every month if there are no issues worth meeting about, or that you must wait until the next month if an urgent problem arises. My office manager keeps a list of "meeting topics" contributed by everyone in the office. When she accumulates enough to warrant a meeting (from three to six, depending on their complexity), she calls one.

She then prepares an agenda, ranking the topics of discussion in order of importance, and determines whether the meeting will require attendance by the entire staff or certain subgroups only. I am a firm believer in including at least one "positive" item in every agenda. Most meetings are grim affairs that deal exclusively with problems needing fixing, and that contributes significantly to the hatred most people have for them. Positive items may include recognition of specific professional or personal achievements, displays of photos of new babies or pets, examples of positive patient feedback, etc.

The agenda should be typed and distributed in advance of the meeting to all staff members who will be expected to attend it, to allow them time to prepare questions, comments, and suggestions.

Put the phones on service. Order in lunch if the meeting is at lunchtime, refreshments if not. Start on time. Waiting for latecomers penalizes those who have been courteous enough to be prompt. Stay on time and end on time.

The primary objective of the meeting itself should be to follow a well-planned agenda. Assign someone to keep everyone on track and make sure all agenda items are addressed.

Someone else should take notes summarizing each agenda item, any and all suggestions for resolving the issues raised, and proposed strategies for implementing those suggestions.

Allocate a specific amount of time for each item. A common problem is failure to get through the entire agenda. Stay on track, and don't get stuck on any one problem. If you can't resolve an issue in the allotted time, make a note to continue discussion at the next meeting, or appoint a "task force" to study the problem and report back at the next meeting.

All of the above is for naught, however, without follow-up. Within a day or 2 of the meeting, your manager should distribute a written follow-up document outlining the agenda items covered, proposed solutions, tasks assigned toward accomplishing those solutions, and deadlines for each task.

This last is most important. Someone once wrote, "a task without a deadline is only a discussion." Without a completion date in mind, the assignment may never even begin. A deadline emphasizes not only the importance, but also the *urgency* of the action that needs to be taken.

Running well-structured, effective meetings is a bit difficult at first, but the more you do it the easier it gets. And it provides a good foundation for a policy of open and honest communication that is a vital part of any efficient practice. ■

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Many Group Practices Stand By Their Trusty Paper Records

BY MARY ELLEN SCHNEIDER
Senior Writer

Most group practices are still using paper medical records and charts, according to preliminary results from a survey by the Medical Group Management Association.

"Paper is still the dominant mode of data collection," William F. Jessee, M.D., president and CEO of the Medical Group Management Association (MGMA) said in a webcast sponsored by the group.

But the scale is tipping, he said. About 20% of group practices report that they have an electronic health record of some kind. In addition, 8% have a dictation and transcription system for physician notes, combined with a document imaging management system for information received on paper.

"We're seeing a steady movement toward a paperless office," Dr. Jessee said.

The preliminary findings are based on responses from about 1,000 group practices that responded to an electronic questionnaire. The second stage of the survey will include mailing more than 16,000 printed questionnaires to a sample of group practices across the country. Complete results from the survey are expected this spring.

The survey is part of a contract from the Agency for Healthcare Research and Quality to MGMA's Center for Research and the University of Minnesota. The purpose of the contract is to provide a baseline that describes the use of new information technologies in medical groups.

Some of the challenges physicians face in making the transition to an electronic health record include knowing which product to buy, how to go about buying it, and how to implement the system, said David Brailer, M.D., national health information technology coordinator for the Department of Health and Human Services.

"Many groups stumble at every point along the way," Dr. Brailer said.

The private industry is working to create a voluntary certification process for electronic health record products.

The American Health Information Management Association, the Healthcare Information and Management Systems Society, and the National Alliance for Health Information Technology have formed a nonprofit group—the Certification Commission for Healthcare Information Technology—that is planning to pilot a first-step certification process this summer.

Dr. Brailer also plans to explore interoperability issues. It's not enough to have every practice using an electronic health record, he said, they also have to be able to share data with other providers and institutions.

HHS has already asked the industry for comments on how to design a mechanism that would allow physicians and other health care providers to share information across the health care system.

The agency is now reviewing the more than 500 responses on how to address the legal, economic, privacy, and technical concerns involved in creating an interoperable system, Dr. Brailer said. ■