

REINVENTING YOUR PRACTICE

Low-Cost System Handles Patient Phone Calls

BY BRUCE K. DIXON
Chicago Bureau

Patient phone calls are a necessity, and a potential liability, which every practice must deal with, but Dr. S. Germain Cassiere said keeping track of calls is no longer a nightmare.

He has created software, called MessageTracker, to make this process easier.

The receptionist application initiates patient call records. When a call comes in, a receptionist fills out a template that appears on her desktop monitor. The call record is then sent to the respective physician, who sends it to the server computer that houses the database tables.

The nurse application contains a call record grid that resembles a spreadsheet, showing calls waiting for responses. A nurse or physician documents the responses in the call record.

Once completed, the call record is marked "done" and is automatically eliminated from the grid, said Dr. Cassiere, an internist who is in group practice in Shreveport, La.

With the exception of those physicians who still want their call records printed out, the entire process is electronic, Dr. Cassiere explained.

"I don't have to worry about lost phone calls, illegible handwriting, delays in getting calls to a nurse, undocumented responses to calls, and not knowing which calls have or have not been answered," he said.

The system also reduces liability risk associated with missed and unreturned calls.

In addition, any calls logged in a given year or past years can be searched by date or by the name of the patient or physician. "Our practice of six general in-

ternists handles 40,000-50,000 calls each year," he said.

And because MessageTracker can be run without using Microsoft's SQL Server as the database engine, the tracking software adds relatively little to an office's overhead. Instead of the approximately \$15,000 cost of the SQL Server and client licenses for his office, Dr. Cassiere's cost for using the Nexus Database System was about \$1,000.

"The beauty of it is that I can deploy the software and the server without incurring any license fees, [which] would be the case if I wrote this in Microsoft SQL Server, which would have required that we purchase a separate license for each of the 25 people in our practice," he explained.

MessageTracker is not currently for sale, but Dr. Cassiere said he's working on an improved version that will be available for purchase. ■

Reminders Raise Mammogram Compliance Rate

WASHINGTON — E-mail may be a convenient way to remind patients about routine health screening, but when it comes to mammograms, it's no more effective than the good old-fashioned postcard, according to researchers from the Mayo Clinic in Rochester, Minn.

The clinic's primary care unit sent notices to more than 6,600 women over 40, reminding them to come in for a routine mammogram.

The U.S. Preventive Services Task Force recommends that women over 40 years of age receive a mammogram every 1-2 years.

Researchers found that the notices work: Women who had received reminders were significantly more likely to show up for routine screening than were those who had not received a notice. Add in immunizations, lipid screens, and other preventive services, and reminders raised the chances of being fully up-to-date by about 50%.

But e-mail was only marginally better than relying on "snail mail" to prompt a mammogram.

Of women who got their notice by computer, 72% came in for screening, versus 68% who got a postcard.

The difference was not statistically significant, Rajeev Chaudhry and his colleagues reported in a study presented at the annual symposium of the American Medical Informatics Association.

—Todd Zwillich



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Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir. As with other insulins, the timing of hypoglycemic events may differ among various insulin preparations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may require adjustment.

Levemir is not to be used in insulin infusion pumps. Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy. Dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia in patients being switched to Levemir from other intermediate or long-acting insulin preparations. The dose of Levemir may need to be adjusted in patients with renal or hepatic impairment.

Other adverse events commonly associated with insulin therapy may include injection site reactions (on average, 3% to 4% of patients in clinical trials) such as lipodystrophy, redness, pain, itching, hives, swelling, and inflammation.

*Whether these observed differences represent true differences in the effects of Levemir and NPH insulin is not known, since these trials were not blinded and the protocols (eg, diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences in weight has not been established.

Reference: 1. IMS Health, IMS MIDAS [12 months ending September 2005]. Please see brief summary of Prescribing Information on adjacent page. FlexPen and Levemir are registered trademarks of Novo Nordisk A/S. © 2006 Novo Nordisk Inc. 131007 September 2006

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