

Midlevel Practitioners Help Drive Bottom Line

BY ROBERT FINN
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SAN FRANCISCO — Physician assistants and nurse practitioners can enhance the bottom line of a dermatology practice, but it is important to take a hard look at the numbers before hiring a midlevel practitioner.

At the annual meeting of the Pacific Dermatologic Association, Janet McLaughlin, a certified health care business consul-

tant in San Francisco, discussed some of the things dermatologists should consider when hiring a physician assistant (PA) or nurse practitioner (NP).

“This is a way to enhance profitability,” Ms. McLaughlin said. “Most dermatologists are about as busy as they can be, so the solution is not simply to see more patients or add more appointments in the day. Aside from the financial issues, many physicians find that [delegating routine cases to a PA or an NP] allows them to

treat more of the more interesting and challenging cases.”

To determine whether hiring a midlevel practitioner would be worthwhile, direct staff to monitor all new-patient calls, she advised. How many are being received each day? Are prospective patients making appointments? Or are they going elsewhere because they couldn't get appointments within a reasonable period of time?

Hiring someone on a part-time basis—perhaps 2 full days or 4 half-days—can be

a good way to test the waters with minimal risk before plunging in with a full-time employee.

“One of the most common mistakes I see once these individuals are hired is not to monitor their productivity and their profitability,” Ms. McLaughlin said. “It's not all about the profit, but certainly you don't want to be losing money.”

Doing this is not as straightforward as it might seem. It's not a matter of simply subtracting the practitioner's salary and benefits from his or her gross receipts. To get a true picture of profitability, one must also subtract a realistic share of the practice's operating expenses.

The next question is deciding how to compensate the practitioner. In general,

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there are three possibilities: a straight salary, an incentive formula based on productivity, or a base salary supplemented by incentives.

If this is a new position one should start with straight salary, Ms. McLaughlin recommended,

because it's impossible to predict how much revenue the midlevel practitioner will generate. Someone expecting substantial incentive income will be disappointed and might well leave after a short time if reality doesn't match expectations.

It will be more obvious after a year or so whether switching to an incentive program will work, but employees shouldn't be switched unless it's clear that they will be earning more money.

When considering an incentive program, one has to decide whether to base it on the practice's gross revenues or on departmental profit. Ms. McLaughlin expressed a strong preference for using gross revenues. Although basing compensation on departmental profit does give NPs or PAs some responsibility for keeping operating expenses down, there are many expenses that they cannot control. “You can end up with problems if you want to purchase a piece of equipment and they think, ‘This is going to cut into my take, so I'm not so interested in doing it,’” she said.

It is important to compare the practitioner's billings with patients' medical records. Physician assistants and nurse practitioners are rarely trained in the art of third-party compensation, and there is a danger that they will underbill.

In commenting on Ms. McLaughlin's presentation, Dr. Ronald L. Moy, a dermatologist in private practice in Los Angeles, noted that upcoding can also be a problem, and to partly reduce that temptation, he always compensates his midlevel practitioners with a straight salary.

Dr. Moy had one final tip for working with these practitioners: “They [should] never see a new patient, because I think the biggest danger we all have is missing a melanoma or something.”

METROGEL®

(metronidazole gel), 1%
BRIEF SUMMARY

Rx Only
For topical use only. Not for oral, ophthalmic or intravaginal use.

INDICATIONS AND USAGE

METROGEL® (metronidazole gel), 1% is indicated for the topical treatment of inflammatory lesions of rosacea.

CONTRAINDICATIONS

METROGEL® (metronidazole gel), 1% is contraindicated in those patients with a history of hypersensitivity to metronidazole or to any other ingredient in this formulation.

PRECAUTIONS

General: Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local skin irritation occurs, patients should be directed to use the medication less often or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of, or history of, blood dyscrasia.

Information for Patients: Patients using METROGEL® (metronidazole gel), 1% should receive the following information and instructions:

1. This medication is to be used as directed.
2. It is for external use only.
3. Avoid contact with the eyes.
4. Cleanse affected area(s) before applying METROGEL® (metronidazole gel), 1%.
5. This medication should not be used for any other condition than that for which it is prescribed.
6. Patients should report any adverse reaction to their physicians.

Drug Interaction: Oral metronidazole has been reported to potentiate the anticoagulant effect of coumarin and warfarin, resulting in a prolongation of prothrombin time. Drug interactions should be kept in mind when METROGEL® (metronidazole gel), 1% is prescribed for patients who are receiving anticoagulant treatment, although they are less likely to occur with topical metronidazole administration because of low absorption.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats, but not in studies involving hamsters.

In several long-term studies in mice, oral doses of approximately 225 mg/m²/day or greater (approximately 37 times the human topical dose on a mg/m² basis) were associated with an increase in pulmonary tumors and lymphomas. Several long-term oral studies in the rat have shown statistically significant increases in mammary and hepatic tumors at doses >885 mg/m²/day (144 times the human dose).

Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-related increase in the frequency of micronuclei was observed in mice after intraperitoneal injections. An increase in chromosomal aberrations in peripheral blood lymphocytes was reported in patients with Crohn's disease who were treated with 200 to 1200 mg/day of metronidazole for 1 to 24 months. However, in another study, no increase in chromosomal aberrations in circulating lymphocytes was observed in patients with Crohn's disease treated with the drug for 8 months.

In one published study, using albino hairless mice, intraperitoneal administration of metronidazole at a dose of 45 mg/m²/day (approximately 7 times the human topical dose on a mg/m² basis) was associated with an increase in ultraviolet radiation-induced skin carcinogenesis. Neither dermal carcinogenicity nor photocarcinogenicity studies have been performed with METROGEL® (metronidazole gel), 1% or any marketed metronidazole formulations.

Pregnancy: Teratogenic Effects: Pregnancy Category B. There are no adequate and well-controlled studies with the use of METROGEL® (metronidazole gel), 1% in pregnant women.

Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral administration of metronidazole in rats or mice at 200 and 20 times, respectively, the expected clinical dose. However, oral metronidazole has shown carcinogenic activity in rodents. Because animal reproduction studies are not always predictive of human response, METROGEL® (metronidazole gel), 1% should be used during pregnancy only if clearly needed.

Nursing Mothers: After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels taken after topical metronidazole application are significantly lower than those achieved after oral metronidazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother and the risk to the infant.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Geriatric Use: While specific clinical trials in the geriatric population have not been conducted, sixty-six patients aged 65 years and older treated with METROGEL® (metronidazole gel), 1% over ten weeks showed comparable safety and efficacy as compared to the general study population.

ADVERSE REACTIONS

In a controlled clinical trial, 557 patients used METROGEL® (metronidazole gel), 1% and 189 patients used the gel vehicle once daily. The following table summarizes adverse reactions that occur at a rate of ≥ 1% in the clinical trials:

System Organ Class/Preferred Term	Metronidazole Gel, 1%	Gel Vehicle
	N= 557	N=189
Patients with at least one AE	186 (33.4)	51 (27.0)
Infections and infestations	76 (13.6)	28 (14.8)
Bronchitis	6 (1.1)	3 (1.6)
Influenza	8 (1.4)	1 (0.5)
Nasopharyngitis	17 (3.1)	8 (4.2)
Sinusitis	8 (1.4)	3 (1.6)
Upper respiratory tract infection	14 (2.5)	4 (2.1)
Urinary tract infection	6 (1.1)	1 (0.5)
Vaginal mycosis	1 (0.2)	2 (1.1)
Musculoskeletal and connective tissue disorders	19 (3.4)	5 (2.6)
Back pain	3 (0.5)	2 (1.1)
Neoplasms	4 (0.7)	2 (1.1)
Basal cell carcinoma	1 (0.2)	2 (1.1)
Nervous system disorders	18 (3.2)	3 (1.6)
Headache	12 (2.2)	1 (0.5)
Respiratory, thoracic and mediastinal disorders	22 (3.9)	5 (2.6)
Nasal congestion	6 (1.1)	3 (1.6)
Skin and subcutaneous tissue disorders	36 (6.5)	12 (6.3)
Contact dermatitis	7 (1.3)	1 (0.5)
Dry skin	6 (1.1)	3 (1.6)
Vascular disorders	8 (1.4)	1 (0.5)
Hypertension	6 (1.1)	1 (0.5)

The following table summarizes the highest scores of local cutaneous signs and symptoms of irritation that were worse than baseline:

	Metronidazole Gel, 1%	Gel Vehicle
	N= 544	N=184
Sign/Symptom		
Dryness	138 (25.4)	63 (34.2)
Mild	93 (17.1)	41 (22.3)
Moderate	42 (7.7)	20 (10.9)
Severe	3 (0.6)	2 (1.1)
Scaling	134 (24.6)	60 (32.6)
Mild	88 (16.2)	32 (17.4)
Moderate	43 (7.9)	27 (14.7)
Severe	3 (0.6)	1 (0.5)
Pruritus	86 (15.8)	35 (19.0)
Mild	53 (9.7)	21 (11.4)
Moderate	27 (5.0)	13 (7.1)
Severe	6 (1.1)	1 (0.5)
Stinging/burning	56 (10.3)	28 (15.2)
Mild	39 (7.2)	18 (9.8)
Moderate	7 (1.3)	9 (4.9)
Severe	10 (1.8)	1 (0.5)

The following additional adverse experiences have been reported with the topical use of metronidazole: skin irritation, transient redness, metallic taste, tingling or numbness of extremities, and nausea.

OVERDOSAGE: There are no reported human experiences with overdosage of METROGEL® (metronidazole gel), 1%. Topically applied metronidazole can be absorbed in sufficient amount to produce systemic effects.

DOSE AND ADMINISTRATION: Areas to be treated should be cleansed before application of METROGEL® (metronidazole gel), 1%. Apply and rub in a thin film of METROGEL® (metronidazole gel), 1% once daily to entire affected area(s). Patients may use cosmetics after application of METROGEL® (metronidazole gel), 1%.

HOW SUPPLIED: METROGEL® (metronidazole gel), 1% is supplied as follows:

60 gram tube – NDC 0299-3820-60
60 gram tube with complimentary 4 oz Cetaphil® Gentle Skin Cleanser – NDC 0299-3820-04
Keep out of the reach of children.

Storage Conditions: Store at controlled room temperature: 20° to 25°C (68° to 77°F), excursions permitted between 59° and 86°F (15°-30°C).

Prescribing Information as of February 2007.

Rx Only
US Patent No. 6,881,726

Manufactured by:
Galderma Production Canada Inc.
Baie d'Urfé, QC, H9X 3S4 Canada
Made in Canada.

Marketed by:
Galderma Laboratories, L.P.
Fort Worth, Texas 76177 USA
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