



BY JANE M.
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er. That means if a patient calls at 3 p.m., I'll see that patient that day.

THE OFFICE

Open Access Scheduling

In my practice, the open access scheduling system allows a patient to be seen the same day they call for any reason whatsoever.

Patients obviously love this because they have their needs met quickly and efficiently. There are no hoops for them to jump through to get an appointment. And when you see them, they still have the problem that prompted their call for an appointment. How many times have you seen a patient who says that the problem they called about last week has gone away? My theory is that these patients keep their appointments because there is a general

sense that physician appointments are difficult to get. Open access systems eliminate this sense of scarcity, while at the same time make it easier to meet the needs of our patients.

I love this system because it virtually eliminates the no-shows that cost a practice money. Revenue increases as the workload decreases. How does this occur? When today's work gets done today, there's no backlog, which all too often creates its own set

of inefficiencies that lead to extra work. The advantages carry over. In seeing a patient for strep throat, you may notice that his prescription for Lipitor is about to run out. Writing that script when the patient is in front of you prevents phone calls and chores later.

Of course I set limits. I don't do physicals at 10 p.m. I make sure that I have a life after work hours. Most patients don't call late in the day, but often I can see such folks. This prevents unnecessary emergency department visits, which cost more and waste time as well as money. The patient who calls after 5 p.m. can often be managed by a telephone consultation. The goal is to give my patients unfettered access to me, and 99% of the time I am able to meet their needs one way or another. If a patient needs to be seen after 5 p.m., I have found that it's always easier to do so than to put it off until the next day. Doing "today's work today" ultimately decreases a physician's workload.

I do tend to work longer hours during the flu season, but I'm not in burnout mode. And when patient volume is lighter in the summer months, I have a shorter day, which I prefer.

The key to doing open access scheduling is figuring out supply and demand. About 0.75% (or a bit fewer than 1%) of patients in a practice's panel will call on any given day to request an appointment. If the practice does not prebook more than a third of the schedule ahead of time, then patients who call to be seen that day can be easily accommodated.

The trick is knowing when to close the practice to new patients. This requires a look at a number of factors: How many providers are in the practice? What is their practice style? Do they tend to take a lot of time with patients, or are they highly efficient? Is there a staff to whom tasks can be delegated? What percentage of the panel population has complex, chronic conditions that are likely to require longer visits?

I micromanage my practice. I answer the phone and listen to my voice mail during specific breaks in the workday. As a result, I'm able to assess the amount of time a visit is likely to take, and my patients have grown confident that I will get back to them to meet their needs. I have a simple, reliable system that builds confidence. This eliminates the need for patients to make multiple calls to see if their requests were met. In addition, the system can provide better continuity of care, which is higher quality of care. My patients see me—and only me—and they see me on time.

Larger practices have different issues in setting up open access scheduling, but there are many references about successful implementations in various settings.

Open access scheduling and unfettered access to doctors is paradigm-busting work. By reducing waste, we can increase revenues, increase access for patients, decrease time on the phone and evening calls—and, oh yeah, it is really wonderful to be nice to patients. ■

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LIDODERM® (Lidocaine Patch 5%)

Brief Summary (For full Prescribing Information and Patient Information, refer to package insert.)

INDICATIONS AND USAGE

LIDODERM is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to intact skin.

CONTRAINDICATIONS

LIDODERM is contraindicated in patients with a known history of sensitivity to local anesthetics of the amide type, or to any other component of the product.

WARNINGS

Accidental Exposure in Children

Even a used LIDODERM patch contains a large amount of lidocaine (at least 665 mg). The potential exists for a small child or a pet to suffer serious adverse effects from chewing or ingesting a new or used LIDODERM patch, although the risk with this formulation has not been evaluated. It is important for patients to **store and dispose of LIDODERM out of the reach of children, pets, and others.** (See HANDLING AND DISPOSAL)

Excessive Dosing

Excessive dosing by applying LIDODERM to larger areas or for longer than the recommended wearing time could result in increased absorption of lidocaine and high blood concentrations, leading to serious adverse effects (see ADVERSE REACTIONS, Systemic Reactions). Lidocaine toxicity could be expected at lidocaine blood concentrations above 5 µg/mL. The blood concentration of lidocaine is determined by the rate of systemic absorption and elimination. Longer duration of application, application of more than the recommended number of patches, smaller patients, or impaired elimination may all contribute to increasing the blood concentration of lidocaine. With recommended dosing of LIDODERM, the average peak blood concentration is about 0.13 µg/mL, but concentrations higher than 0.25 µg/mL have been observed in some individuals.

PRECAUTIONS

General

Hepatic Disease: Patients with severe hepatic disease are at greater risk of developing toxic blood concentrations of lidocaine, because of their inability to metabolize lidocaine normally.

Allergic Reactions: Patients allergic to para aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to lidocaine. However, LIDODERM should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Non-intact Skin: Application to broken or inflamed skin, although not tested, may result in higher blood concentrations of lidocaine from increased absorption. LIDODERM is only recommended for use on intact skin.

Eye Exposure: The contact of LIDODERM with eyes, although not studied, should be avoided based on the findings of severe eye irritation with the use of similar products in animals. If eye contact occurs, immediately wash out the eye with water or saline and protect the eye until sensation returns.

Drug Interactions

Antiarrhythmic Drugs: LIDODERM should be used with caution in patients receiving Class I antiarrhythmic drugs (such as tocainide and mexiletine) since the toxic effects are additive and potentially synergistic.

Local Anesthetics: When LIDODERM is used concomitantly with other products containing local anesthetic agents, the amount absorbed from all formulations must be considered.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: A minor metabolite, 2, 6-xylydine, has been found to be carcinogenic in rats. The blood concentration of this metabolite is negligible following application of LIDODERM.

Mutagenesis: Lidocaine HCl is not mutagenic in Salmonella/mammalian microsome test nor clastogenic in chromosome aberration assay with human lymphocytes and mouse micronucleus test.

Impairment of Fertility: The effect of LIDODERM on fertility has not been studied.

Pregnancy

Teratogenic Effects: Pregnancy Category B. LIDODERM (lidocaine patch 5%) has not been studied in pregnancy. Reproduction studies with lidocaine have been performed in rats at doses up to 30 mg/kg subcutaneously and have revealed no evidence of harm to the fetus due to lidocaine. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, LIDODERM should be used during pregnancy only if clearly needed.

Labor and Delivery

LIDODERM has not been studied in labor and delivery. Lidocaine is not contraindicated in labor and delivery. Should LIDODERM be used concomitantly with other products containing lidocaine, total doses contributed by all formulations must be considered.

Nursing Mothers

LIDODERM has not been studied in nursing mothers. Lidocaine is excreted in human milk, and the milk: plasma ratio of lidocaine is 0.4. Caution should be exercised when LIDODERM is administered to a nursing woman.

Rx only

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CHADDS FORD, PENNSYLVANIA 19317

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Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Application Site Reactions

During or immediately after treatment with LIDODERM (lidocaine patch 5%), the skin at the site of application may develop blisters, bruising, burning sensation, depigmentation, dermatitis, discoloration, edema, erythema, exfoliation, irritation, papules, petechia, pruritus, vesicles, or may be the locus of abnormal sensation. These reactions are generally mild and transient, resolving spontaneously within a few minutes to hours.

Allergic Reactions

Allergic and anaphylactoid reactions associated with lidocaine, although rare, can occur. They are characterized by angioedema, bronchospasm, dermatitis, dyspnea, hypersensitivity, laryngospasm, pruritus, shock, and urticaria. If they occur, they should be managed by conventional means. The detection of sensitivity by skin testing is of doubtful value.

Other Adverse Events

Due to the nature and limitation of spontaneous reports in postmarketing surveillance, causality has not been established for additional reported adverse events including:

Asthenia, confusion, disorientation, dizziness, headache, hyperesthesia, hypoesthesia, lightheadedness, metallic taste, nausea, nervousness, pain exacerbated, paresthesia, somnolence, taste alteration, vomiting, visual disturbances such as blurred vision, flushing, tinnitus, and tremor.

Systemic (Dose-Related) Reactions

Systemic adverse reactions following appropriate use of LIDODERM are unlikely, due to the small dose absorbed (see CLINICAL PHARMACOLOGY, Pharmacokinetics). Systemic adverse effects of lidocaine are similar in nature to those observed with other amide local anesthetic agents, including CNS excitation and/or depression (light headedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting, sensations of heat, cold, or numbness, twitching, tremors, convulsions, unconsciousness, respiratory depression, and arrest). Excitatory CNS reactions may be brief or not occur at all, in which case the first manifestation may be drowsiness merging into unconsciousness. Cardiovascular manifestations may include bradycardia, hypotension, and cardiovascular collapse leading to arrest.

OVERDOSAGE

Lidocaine overdose from cutaneous absorption is rare, but could occur. If there is any suspicion of lidocaine overdose (see ADVERSE REACTIONS, Systemic Reactions), drug blood concentration should be checked. The management of overdose includes close monitoring, supportive care, and symptomatic treatment. Dialysis is of negligible value in the treatment of acute overdose with lidocaine.

In the absence of massive topical overdose or oral ingestion, evaluation of symptoms of toxicity should include consideration of other etiologies for the clinical effects, or overdosage from other sources of lidocaine or other local anesthetics.

The oral LD₅₀ of lidocaine HCl is 459 (346-773) mg/kg (as the salt) in non-fasted female rats and 214 (159-324) mg/kg (as the salt) in fasted female rats, which are equivalent to roughly 4000 mg and 2000 mg, respectively, in a 60 to 70 kg man based on the equivalent surface area dosage conversion factors between species.

DOSAGE AND ADMINISTRATION

Apply LIDODERM to intact skin to cover the most painful area. Apply up to three patches, only once for up to 12 hours within a 24-hour period. Patches may be cut into smaller sizes with scissors prior to removal of the release liner. (See HANDLING AND DISPOSAL) Clothing may be worn over the area of application. Smaller areas of treatment are recommended in a debilitated patient, or a patient with impaired elimination.

If irritation or a burning sensation occurs during application, remove the patch (es) and do not reapply until the irritation subsides.

When LIDODERM is used concomitantly with other products containing local anesthetic agents, the amount absorbed from all formulations must be considered.

HANDLING AND DISPOSAL

Hands should be washed after the handling of LIDODERM, and eye contact with LIDODERM should be avoided. Do not store patch outside the sealed envelope. Apply immediately after removal from the protective envelope. Fold used patches so that the adhesive side sticks to itself and safely discard used patches or pieces of cut patches where children and pets cannot get to them. LIDODERM should be kept out of the reach of children.

Store at 25°C (77°F); excursions permitted to 15°-30°C (59°-86°F). [See USP Controlled Room Temperature].

Manufactured for:

Endo Pharmaceuticals Inc.
Chadds Ford, Pennsylvania 19317

Manufactured by:
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Japan

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Rev. April, 2007
6524-10 E1

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LD-1486/JULY 2007

1-800-462-ENDO

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