

Practical Tips for Improving Office Efficiency

'Patient satisfaction plus personal satisfaction equals fun. And I'm having more fun . . . than I ever had.'

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO — Optimize patient interaction, staff training, professional relationships, and office setup to increase office efficiency and personal satisfaction, Roger I. Ceilley, M.D., said in a presentation at the annual meeting of the Florida Society of Dermatologic Surgeons.

"Patient satisfaction plus personal satisfaction equals fun. And I'm having more fun in my practice now than I ever had," said Dr. Ceilley of the department of dermatology at the University of Iowa, Iowa City.

Ask patients about their personal lives on the basis of a few words written in the record, look directly at patients when you speak—"some older patients have a component of lip reading"—and sit down with patients whenever possible, Dr. Ceilley suggested. Have a warm handshake and touch patients reassuringly, he added. "Laying on of hands lets the patients know that you care."

Always review the chart before entering the room. It is okay to enter a room quickly, but always leave slowly, Dr. Ceilley said. "Look at the patient before you leave.

Ask: 'Is there anything else you need?'"

Other factors that increase patient satisfaction include:

► Patient registration forms available on the practice's Web site, so patients can fill them out ahead of time if they desire.

► Dedicated check-in and check-out areas.

► Absorbable sutures when indicated. "Patients who travel a great distance really appreciate not having to return for suture removal," he said.

► Good handouts and oral and written postoperative instructions. Advice on acceptable postoperative activities is critical. Emphasize the use of ice packs at home after surgery, Dr. Ceilley said. He suggested that patients use bags of frozen vegetables from their freezer.

► Free medication samples, and a prescription with enough refills to last until the next office visit.

► A sense of humor. "Humor is very important," Dr. Ceilley said.

In addition, patients appreciate receiving letters ahead of time outlining a surgery or procedure. Physicians must give patients realistic expectations.

Always make a follow-up call to ascertain how patients are faring after an in-office procedure, he added.

When it comes to office assistants, it is critically important to train your own staff, Dr. Ceilley said. "When I used to have someone else train them, I realized after a few years that I was doing things the way my staff wanted, not the way I wanted." He added that there are only two criteria for good office employees—intelligence and a positive attitude.

Another tip is to develop a close relationship with other physicians in the community. "That way, you don't call them only when you are in trouble," Dr. Ceilley said.

He offered a wide range of practical tips for improving office setup. For example, a communication center separate from a patient reception area does not take front desk people away from the patients to answer the telephone. It is also a good way to meet the privacy requirements of the Health Insurance Portability and Accountability Act (HIPPA).

The communication center staff can make appointments and referrals, and recall patients. Dr. Ceilley has a dedicated pharmacy line in his communication center and encourages refills via fax. "The biggest waste of office time is medication refills and the time it takes to call in refills," he said.

A sheet of preprinted labels in a patient chart can save time as well, Dr. Ceilley explained. Use a label maker to print out cur-

rent patient information, including critical data, contact numbers, and insurance information, he suggested. "Just stick them on [documents] when needed, such as pathology requests."

Track patients carefully; in his office, an oversized orange sheet is placed in the patient file. The sheet can be removed only by the physician. "That way, no one falls through the cracks."

Standardization and organization are key to managing equipment in the office.

"We have each room in all three offices set up the same way for materials and supplies," Dr. Ceilley said. He suggested limiting the number of different suture types in the office. "For the rare cases where you need a different suture, keep them in a separate bin," he said.

Arrange the surgical tray in a standard fashion. "We color-code instruments by room. This saves us time after autoclaving," Dr. Ceilley said. Consider a piece of sterile foam rubber for storing sharps before and after use, he added.

Keep a dressing tray in each room, he advised. "We use a lot of Micropore tape, which is just as effective as Steri-Strips, and a lot less expensive."

Trim and place dressings carefully, Dr. Ceilley said. "Send patients home with a couple of days' worth of dressing material and information on where to buy more if needed." ■

Online Tools Can Answer Point-of-Care Clinical Questions

BY MARY ELLEN SCHNEIDER
Senior Writer

SAN FRANCISCO — Finding key clinical information at the point of care has never been easier thanks to e-mail alerts and online search tools, Scott M. Strayer, M.D., said at the annual meeting of the American Academy of Family Physicians.

A robust industry has developed to make clinical decision support available by computer or PDA, said Dr. Strayer, of the department of family medicine at the University of Virginia Health System, Charlottesville.

The new tools come in two categories—"foraging" tools allow physicians to keep up to date on the latest research and clinical guidelines and "hunting" tools allow them to search for specific clinical information.

Taken together, the tools not only provide physicians with information during a clinical encounter, but, if used widely, are likely to move evidence into practice faster as well, he said.

"Without both, you really don't know that new information is available, and you can't find it when you do," Dr. Strayer said.

Some examples of available foraging tools include:

► **InfoPoems** (www.infopoems.com). This product, which offers "patient-ori-

ented evidence that matters," includes e-mail alerts with new research findings 5 days a week. It costs about \$250 a year for an individual subscription.

► **Journal Alerts** (www.globalfamilydoctor.com/journalalerts/journalalerts.asp). This free online service from Global Family Doctor-WONCA Online includes summaries of research from major journals.

Hunting tools include:

► **InfoPoems** (www.infopoems.com).

This product also includes a hunting function called InfoRetriever, which allows clinicians to search databases for clinical topics.

► **Up to Date** (www.uptodateonline.com). This product provides clinical topic reviews to physicians online, by CD-ROM, and on the Pocket PC. This tool is somewhat limited because it does not have a coordinated foraging tool nor does it label the levels of evidence, Dr. Strayer said. A 1-

year individual subscription costs about \$495.

► **DynaMed** (www.dynamicmedical.com). This product contains disease summaries designed to be accessed at the point of care. Individual subscriptions cost about \$200 a year, or physicians can earn access to the product by authoring or reviewing disease summaries.

Dr. Strayer, who did not disclose any financial relationships with the products

discussed, said physicians should be aware that not all of these tools are created equal.

When evaluating clinical decision support tools, it's important to see how the information is filtered. Is the information patient oriented or disease oriented? Is it specialty specific? Is it comprehensive? Which journals does it scan? Will the information change your practice or is it simply news?

Physicians also need to consider whether the information provided is valid, he said.

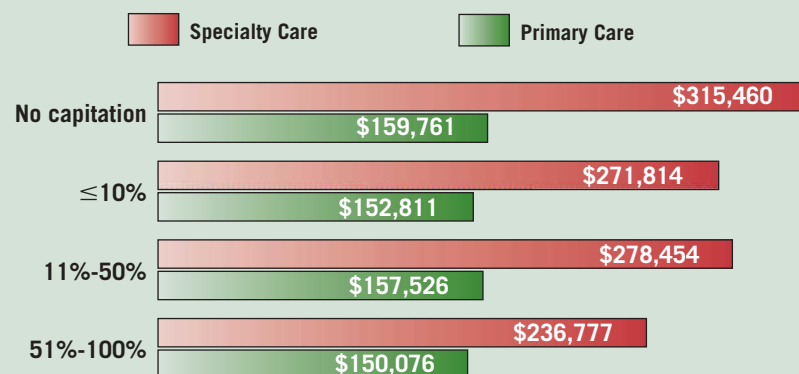
Dr. Strayer recommended looking for labels with the level of evidence used.

And physicians should beware of "Trojan horse" sites that look independent but are sponsored by drug companies, for example. When using these tools, physicians should be aware if there is any bias to the information, he said.

Before committing to a product, physicians should also determine how well the information is summarized, Dr. Strayer said. The summary should be accurate, provide context, and be more comprehensive than just an abstract. ■

DATA WATCH

Percentage of Capitation Tied to Median Physician Compensation



Note: Based on responses from 1,876 medical group practices in 2003.
Source: Medical Group Management Association