

Simple Changes Can Improve Office Efficiency

Choose and train your staff wisely, give patients clear instructions, and keep your sense of humor.

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO, FLA. — 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.

Always review the chart before entering the room. It is okay to enter a room quickly, but always leave slowly, Dr. Ceilley advised. "Look at the patient before you leave. Ask: 'Is there anything else you need?'"

Other factors that increase patient satisfaction include:

- ▶ Having patient registration forms available on the practice's Web site, so patients can fill them out ahead of time.
- ▶ Dedicated check-in and check-out areas.
- ▶ Good handouts and oral and written postoperative instructions. Advice on acceptable postoperative activities is critical. Emphasize using ice packs at home after surgery; Dr. Ceilley suggests that patients use bags of frozen vegetables.
- ▶ 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 commented.

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," he said.

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

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

Track patients carefully. Dr. Ceilley said that 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. ■

Telemedicine for Treating Acute Infections Cut Costs

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Using telemedicine to manage approximately one patient per week with acute infection at home instead of in the hospital netted \$128,000 in savings in 1 year, Lawrence J. Eron, M.D., said at the annual meeting of the Infectious Diseases Society of America.

Telemedicine more commonly is used to help manage rural patients with chronic health problems.

In this study, Dr. Eron of the Kaiser Moanalua Medical Center, Honolulu, and his associates used telemedicine in a more urban/suburban setting for home-based monitoring of 34 patients with pneumonia, 8 with cellulitis, 3 with urinary tract infection, 2 with bacterial endocarditis, and 1 with cholecystitis.

Most patients were treated for 2-3 days in the hospital before being discharged home with telemedicine, but 15 required no hospitalization. The telemedical care lasted a median of 5 days per patient.

Figuring that each day avoided hospitalization costs of \$1,000, telemedicine reduced costs by \$240,000 for the 48 patients. Subtracting the costs of telemedicine—for equipment, personnel, and technical consultations—netted a savings of \$128,000, he calculated.

The medical center plans to grow its telemedicine program to handle four patients with infections per week. "That's not a great number of patients, but that would save us \$747,000 per year, we calculate. That's real money," Dr. Eron said.

All but six patients were cured. Three of the six required rehospitalization. A

subanalysis of 25 telemedicine patients matched to patients treated only in the hospital found much shorter convalescent periods with telemedicine. The telemedicine group returned to normal activities of daily living in 8 days, compared with 21 days for the hospitalized patients.

"Convalescence is more rapid at home," but it can be hard to get anxious patients to leave what they consider the safety of the hospital to go home, he said.

Patients in the study were skeptical of the telemedicine arrangements initially. At the end of their time with the telemedicine unit, however, many were reluctant to give up the technology, Dr. Eron added.

The telemedicine unit connected the patient with health care providers over regular telephone lines that allowed them to see and speak with each other via video cameras and screens. The equipment included a stethoscope, blood pressure cuff, and pulse oximeter.

"The transmission of the heart sounds is as good, if not better, than if you're standing by the patient with your own stethoscope," he said.

Dr. Eron has no relationship with the company that makes the telemedicine unit, American Telecare Inc., Eden Prairie, Minn.

Many issues still must be addressed before this becomes the standard of care, he added. During the study, there were problems with "freeze-ups" of the technology and disconnections of the phone lines.

Reimbursement will be a challenge for many physicians who already face difficulties being reimbursed for telephone consultations, he predicted. ■

Online Tools Offer Physicians Clinical Decision Support by Computer, PDA

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 information during a clinical encounter, but, if used widely, the tools are likely to move evidence into practice faster as well, Dr. Strayer said.

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

Some examples of foraging tools are:

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

In the evaluation of 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, Dr. Strayer said. He recommended looking for labels with the level of evidence used.

And doctors should beware of "Trojan horse" sites that look independent but are sponsored by drug companies, for example. Before committing to a product, determine how well the information is summarized, he said. The summary should be accurate, provide context, and be more comprehensive than just an abstract.

Dr. Strayer did not disclose any financial relationships with the products that he discussed. ■