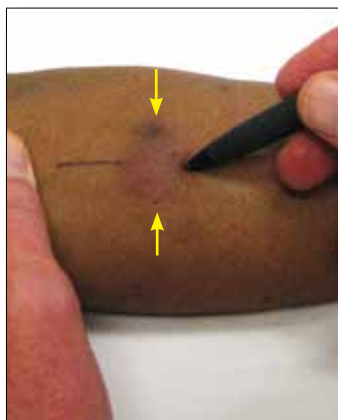


ERRATUM

A photo in the article “Tuberculosis testing: Which patients, which test?” (*J Fam Pract.* 2015;64:553-557,563-565) incorrectly depicted how the induration that arises from a tuberculin skin test should be measured. According to the Centers for Disease Control and Prevention (<http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>), the induration should be measured across the forearm, perpendicular to the long axis (elbow to wrist), as indicated by the yellow arrows above.



I will click those boxes, but first, I will care for my patient

I am a member of a large primary care group certified as a level 3 patient-centered medical home; we are in the midst of certifying for Meaningful Use Stage 2. Recently, my first patient of the day was a 65-year-old widowed man who used tobacco, had diabetes, hypertension, and elevated lipid levels, and hadn't seen me in 2 years. He came in for a Medicare Advantage comprehensive physical examination.

To meet all Meaningful Use Stage 2 expectations during his physical exam, I had to:

- check the box to document discussion of body mass index (his was 26 kg/m²),
- check the box for functional status assessment,
- check the box to indicate that his blood pressure was under 140/90 mm Hg (the threshold for a previously diagnosed hypertensive patient),
- generate annual care guides for the “clinically important conditions” of hypertension with diabetes, tobacco use, and hyperlipidemia,
- review the quality information stoplight for lab tests to be ordered,
- remind the patient to complete his annual eye examination,
- identify hierarchical categorical coding to maximize the accurate morbidity determination of my patient and,

therefore, funding for our medical group,

- click on the code for annual prostate examination screening,
- click on the code to bill for tobacco cessation counseling, and
- generate a visit summary.

Naturally, all of this was in addition to giving my patient my full, undivided attention, providing him with the opportunity to express

his concerns, and then pursuing a careful examination of his health problems.

Documentation expectations, coding, billing, and the like degrade the clinician-patient relationship, and I'm not going to redirect my attention away from the patient's concerns and toward these activities. I will continue to listen and respect what my patients have to say and engage with them, and *not* my keyboard. I will strive to identify and meet their health needs.

Click the boxes? Yes, I will click all the right boxes; my livelihood and my medical group's future success depend on that. But how much congruence will there be between what I “click” and what I “do”? Well ...

We are challenged by good intentions but crushingly poor execution—and it's taking its toll.

H. Andrew Selinger, MD
Bristol, Conn

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LETTERS SHOULD BE 200 WORDS OR LESS. THEY WILL BE EDITED PRIOR TO PUBLICATION.

➤ How much congruence will there be between what I “click” and what I “do”? Well ...