



Prescriptions

Medical Alert

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Empowering Patients with Chronic Illness

Patients with chronic illness often experience more than physical symptoms. Depending on the severity of the illness, it may also affect emotions, relationships, and finances. Consequently, you may find it beneficial to explore care management strategies that improve quality of care, reduce health care costs, and encourage patients to comply with their prescribed treatment protocol.

According to a recent study released by the Center for Studying Health System Change, the care management tool that doctors use most frequently in treating patients with chronic illness is educational materials. While such materials can help patients better understand their illness, as well as symptom management and medication protocols, they seldom empower patients to adopt the lifestyle changes needed to effectively manage their condition.

Although health care professionals supervise the care of their patients with chronic illness, the patients are responsible for most of the work. It is their responsibility to take medication as prescribed; to plan and adhere to an appropriate exercise program; to stick to dietary guidelines; and to monitor symptoms and overall health status. Depending on the type of illness, as well as its severity, patients may also be responsible for adhering to daily procedures, such as blood sugar testing or self-injecting medication, or learning to properly use assistive technology or medical devices.

Because patient involvement and adherence is critical, health care professionals may find it more effective to treat such patients as active partners in the management of their own health. If, for example, you find that a patient is failing to adhere to recommended

Continued on Page 4

Inside This Issue:

2 *Tips for Greening Your Practice*

3 *Optimizing Call Coverage Arrangements*

Tips for Greening Your Practice

We are all aware of the need to protect our environment and minimize our carbon footprint. Fortunately, there are many simple steps you can take to green your practice—and save some money, too.

A good place to start is in the office. Computers, mobile phones, faxes, and printers can use considerable amounts of electricity, and some electronics contain substances that can be detrimental to both human health and the environment. The Electronic Product Environmental Assessment Tool (www.epeat.net), a project of the Environmental Protection Agency (EPA) and the Green Electronics Council, can help you assess the energy consumption of your office equipment, as well as the environmental impact of manufacturing and disposing of such equipment.



If you find that some of your equipment is wasteful or potentially harmful, replacing it right away may not be the most appropriate solution. Instead, consider strategies for minimizing the use of equipment, such as reminding staff to turn off computers when they leave their desks for long periods and setting all equipment to switch automatically into sleep mode when not in use.

When the time comes to replace office or medical equipment, look for devices that are energy-efficient and manufactured with minimal toxic materials. Your practice can conserve money and protect the environment by purchasing refurbished

equipment. Look for opportunities to donate older equipment that is still functional. If equipment can no longer be used, send it to a recycler with the capability to disassemble or discard it responsibly. Keep in mind that even small items like thermometers can contain mercury or other hazardous substances, and should be disposed of properly.

Your practice may also be able to reduce the amount of paper it currently consumes, even if you have yet to adopt an electronic health record (EHR) system. Ask office personnel to create strategies to minimize the use of paper and to only print when necessary. Other ways to reduce paper consumption may involve switching from paper gowns and drapes to cloth alternatives. While this will require extra laundering, cloth may prove less expensive and less environmentally harmful. As an added benefit, your patients may find cloth gowns more comfortable than paper. Look for other opportunities to reduce the amount of waste. For example, consider replacing disposable dishes or utensils with reusable alternatives. Besides maintaining separate bins for medical waste, consider implementing a trash disposal system that separates paper, glass, and plastic for recycling.

Medical practices require a lot of cleaning products. While cleanliness is always a priority, you can choose cleaners and disinfectants that contain fewer toxic chemicals. When choosing paint, carpet, and furniture, look for nontoxic and sustainable alternatives to conventional products. In many cases, not only are these green alternatives better for the environment, but they are also less irritating to the skin and lungs.

Physician practices must be responsible when disposing of medications that could contaminate the water supply. If possible, return unused medication to the pharmaceutical company that distributed it. Encourage patients to return unused prescriptions to the pharmacy or medical office, and avoid flushing drugs down the toilet. Your practice may also consider donating unused medication to third world countries through humanitarian aid organizations.

Heating and cooling consume considerable amounts of energy, as well. Employees can help control the temperature by closing doors and turning

Optimizing Call Coverage Arrangements

In practices with several physicians, managing after-hours call coverage can be challenging. If associates or junior partners are expected to handle heavier call coverage than senior partners, they may feel overworked and become resentful. If your practice's call coverage arrangement is creating friction, look for ways to modify it, while continuing to provide patients with the same quality of service.

Your choices for call coverage may depend on the number of physicians who are available and their willingness or ability to participate in the arrangement. To reduce the potential for misunderstandings over call coverage, discuss expectations with all physicians before they join the practice and outline the commitment that will be required in the employment contract. Of course, as circumstances change, the practice may need to revisit call coverage arrangements.

Doctors who cannot take call duty may be permitted to compensate their colleagues for covering their hours. In some cases, for example, a junior partner may opt to take on more call duties in order to build his or her practice, or earn extra money. The practice may also seek to minimize the number of calls to which the on-call physician must respond by having a nurse practitioner or other provider field patient calls, referring only cases that merit the attention of a physician. If your after-hours call volume becomes unmanageable, consider hiring another physician, partnering with another group to share coverage, or establishing an after-hours clinic with its own staff to handle the heaviest call periods.

Solo or small medical practices may choose to form a call group with other physicians in the

community. While this type of collaboration often works well, establishing a call group of physicians from different practices may present problems, especially if some members of the group are not credentialed with the health plans of all the patients.



In some cases, it may be possible to renegotiate provider contracts to ensure that patients are covered when an out-of-network physician takes their call. In addition to sorting out insurance-related issues, it is important that the physicians sharing coverage have the necessary qualifications to meet the needs of all the patients. Ideally, they will also share similar approaches to treatment. Establishing and streamlining procedures for billing, recordkeeping, and exchanging information between physicians from different practices may also prove helpful.

Strive to keep the call schedule as simple as possible. Occasionally, meet with participating physicians to discuss any issues involving coverage for vacation, holidays, or unexpected sick leave. Such meetings will also provide doctors with an opportunity to discuss any problems and ideas for optimizing call coverage. *P*

Continued from Page 2 Tips for Greening Your Practice

down the thermostat at night. Shades, fans, and natural ventilation can help cool indoor spaces. Consider other ways to conserve electricity. For example, install motion sensors instead of turning on all lights every morning, and rely whenever possible on natural light. Switch from incandescent to compact fluorescent lighting (CFL) where appropriate, but make sure all CFL bulbs are disposed of safely.

Going green is not a passing trend. It is our responsibility. Be sure to seek suggestions and feedback from office staff and other physicians to determine how your practice can lessen its environmental impact. Besides benefiting the environment, greening your practice can also benefit your patients, your staff, and your bottom line. *P*

EHR/EMR Systems on the Rise

The number of physicians using electronic health or medical record (EHR/EMR) systems appears to be rising, with more than 4 out of 10 office-based physicians now reporting that they have at least a basic EHR/EMR system in place, according to an annual survey by the National Center for Health Statistics (NCHS), a program of the Centers for Disease Control and Prevention (CDC).

Preliminary results of the most recent National Ambulatory Medical Care Survey (NAMCS) showed that 43.9% of physicians were using all or partial EHR/EMR systems in their practices in 2009, up from 41.5% in 2008 and 34% in 2007. The definition of EHR/EMR systems used in the survey excluded systems used solely for billing.

The survey defined basic systems as those that include patient demographic information, patient problem lists, clinical notes, orders for prescriptions, and the ability to view laboratory and imaging results. Systems defined as fully functional include medical history and follow-up, orders for tests, electronic prescription and test orders, warnings of drug interactions or contraindications, highlighting of out-of-range test levels, and reminders for guideline-based interventions.

Preliminary results of the 2009 survey have shown that 20.6% of physicians use systems that meet the criteria of basic systems, and 6.3% have fully functional systems. The comparable figures were 16.7% and 4.4% in 2008, and 11.8% and 3.8% in 2007, respectively. *P*

Prescriptions

Continued from Page 1 Empowering Patients with Chronic Illness

treatment, an open and honest discussion may reveal an underlying issue, such as financial problems, depression, fatigue, or conflicts at home or in the workplace. Any of these obstacles, along with countless others, can hinder an individual's ability to take or maintain an active role in his or her health care.

If you are convinced that the patient fully understands the need to be proactive and involved, yet noncompliance continues, the patient may need to be encouraged and empowered to meet such responsibilities. Perhaps a candid discussion about the obstacles to self-care, such as pessimism, self-doubt, lack of time or energy due to caring for others, etc., may help you and your patient to recognize, and work toward overcoming, specific obstacles.

Of course, managing chronic illness can be complex and time-consuming. You may not have the time to discuss secondary or tertiary issues with every patient. In these situations, consider referring your patients to a nurse practitioner, a social worker,

or a local support group. Sometimes, connecting with others who are experiencing similar challenges can be extremely beneficial. It can also minimize a patient's feelings of loneliness and isolation.

Some medical practices are experimenting with an innovative "group visit" approach. This involves scheduling appointments for a number of patients with the same chronic illness on the same day. First, each patient will meet with the doctor individually, followed by an educational group program and discussion designed to educate patients and reinforce the need for self-care and adherence to treatment. Such group programs may be facilitated by a physician, a nurse, a dietician, or a social worker.

If many of your patients are diagnosed with a chronic illness, consider modifying or enhancing your treatment strategies, and don't hesitate to try an innovative approach. If you aren't sure how to empower your patients, talk to them. After all, you are partners in health management. *P*