



Prescriptions

Medical Alert

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Improving Productivity with Nonphysician Providers

Adding a nonphysician provider (NP) to your busy practice can lighten your workload, increase patient satisfaction, and boost your bottom line. These medical professionals can be especially helpful in managing the care of patients with chronic conditions and in handling routine forms of care. But, while hiring a nurse practitioner, physician assistant, or other mid-level medical practitioner may seem an attractive alternative to adding another MD, it is essential to consider in advance what role a nonphysician provider would play within the practice and to think about issues such as billing, prescriptions, and the types of care the NP would provide.

Numerous studies comparing the outcomes of patients assigned to a nurse practitioner or a primary care physician have found no significant differences in health status or satisfaction levels. Some research has even suggested that patients seen by an NP are more satisfied with their care because of the additional time and attention they receive from nurse practitioners and physician assistants. The evidence indicates that, within the scope of the responsibilities for which they have been trained, NPs can offer patients nearly the same level of service and often better access than a full medical doctor.

There are, however, built-in limitations to the role that must be taken into account when considering how to integrate an NP into your practice. The degree of autonomy NPs are permitted in practicing medicine varies from state to state. Nurse practitioners and physician assistants are licensed by state boards of medicine, which have different requirements for education and certification. NPs have some authority to prescribe in

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Leadership: Building Stronger Practices

Motivating the people in your practice to perform at top levels is most likely an ongoing objective. Once you attract the best and the brightest, the challenge becomes keeping them and effectively utilizing their skills to enhance and grow your business. Competitive benefits and compensation are great retention tools, but what about influences that transcend an individual's bottom line, like leadership? As a strong leader, you can enhance both commitment and performance, as well as define the work culture of your practice.

Leadership plays an essential role in all successful organizations, from governments to Fortune 500 companies to baseball's World Series champions. And, it has a place in your practice. Professionals who are highly skilled rarely benefit from heavy-handed management, but strong leadership can inspire them. And with motivated people working with you, you position yourself to more effectively sustain your daily operations and affect positive change for the future of your practice.

Charisma is often the most notable trait of a leader, but not necessarily the most effective. You may achieve powerful results by tapping the following qualities:

- **Vision.** Defining short- and long-term objectives establishes direction for the practice. When you communicate your vision, you create a culture of inclusion. People feel they have a stake in the future and a role to play in the practice's success. In this atmosphere, it is much



easier to tap your human resources and develop strategies to accomplish your goals.

- **Humility.** While leaders benefit from having confidence in their abilities, arrogance can have an eroding effect on morale. In contrast, humility cultivates respect and fosters an environment where self-interest takes a backseat to shared objectives, where one person's accomplishments are everyone's success.
- **Integrity.** It is easier to motivate people when they trust your motives. One of the best ways to lead is by example, holding yourself to the same standards you set for others. People tend to thrive when they feel supported, when they feel you are rooting for their success rather than

waiting for their failure. Make a concerted effort to acknowledge the contributions of others, maintain a consistent sense of fairness, and take responsibility for your actions and decisions.

Leadership styles vary, and success-

ful strategies will run the gamut from practice to practice. The challenge often lies in recognizing and addressing the psychological aspects of the workplace. Energizing and mobilizing the people in your practice with strong leadership will inevitably have a favorable impact on profitability and growth. *P*

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most states, though certain prescriptions, especially those for potentially addictive pain medication and other controlled substances, may require a co-signature from the supervising physician.

While physician assistants can carry out a wide range of tasks, such as conducting examinations, diagnosing, and ordering and interpreting tests, they are generally licensed to practice medicine only with physician supervision. Nurse practitioners, on the other hand, are permitted to practice and prescribe independently in some states, though not in others. As legislative activity can alter the requirements for NPs,

it is important for practice owners to keep up-to-date on changes in the law.

Practices that employ NPs must ensure that mid-level providers do not exceed the limits of the law when administering care. Also, before recruiting an NP, the physicians in your practice should also clarify what responsibilities you feel comfortable delegating to an assistant or nurse practitioner. To minimize confusion about where the NP's duties begin and end, the boundaries of the clinical role should be thoroughly discussed with candidates for NP positions before they join the practice.

Offering Patients a Medical Home

The concept of patient-centered care is hardly new, but primary care physicians often struggle to provide comprehensive, accessible, and coordinated health care services to patients while still covering their own expenses. Contending that traditional health care delivery models are increasingly ineffective at controlling costs and ensuring quality care to patients over the long term, several influential physicians' associations and the federal government are calling for a new approach to the delivery and reimbursement of primary care known as the medical home.

In practices that have adopted a medical home model, patients are encouraged to develop a personal relationship with their primary care physician, who provides them with not only routine preventive care and treatment for acute illnesses, but also advice and assistance in maintaining a healthy lifestyle and obtaining needed services from other health care providers and the community.

Many primary care practices in the U.S. are already following the principles of the medical home concept, but without adequate reimbursement for their efforts. Physicians concerned about the well-being of their patients frequently perform services outside the bounds of the traditional office visit, such as making referrals, communicating with patients by phone or email, contacting pharmacies, or arranging additional health care services on behalf of individual patients. But taking on these responsibilities on top of their already substantial clinical and administrative duties can become a drain on the resources of primary care providers.

Billing is an issue that should be resolved before a mid-level medical provider joins your practice. Whereas some states allow NPs to bill as primary care providers, others do not. Depending upon the types of services provided and the level of supervision, Medicare generally pays between 85% to 100% of the full physician schedule amount for services performed by NPs. Reimbursements for NPs by private insurers can be more complex. If you discover that one of your payers does not routinely credential NPs and reimburse for their services, you may have to renegotiate your contract with the insurer.

To make adopting this holistic approach to practicing medicine a realistic option for physicians, several initiatives are testing the effectiveness of different methodologies and technologies that may prove useful in implementing the medical home model.



In June 2006, TransformMed, a not-for-profit practice redesign initiative of the American Academy of Family Physicians (AAFP), launched the National Demonstration Project (NDP), a two-year patient-centered care pilot project involving 36 family practices from across the United States. Researchers expect that evaluation and analysis of the results of this project will lead to the development of processes and tools that can be used by any family practice interested in trying this approach.

The goals of the NDP project are wide-ranging: Physicians are expected to create a personal medical home for each patient that ensures access to comprehensive and integrated care, while patients are encouraged to become active participants in their care. The project also demands that practices develop a multidisciplinary team approach to delivering care and directs practices to remove barriers of access through open scheduling, expanded office hours, and addi-

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Nonphysician practitioners should not be viewed as replacements for physicians, but as highly trained professionals who offer skills and knowledge that complement those of the doctors on staff. While it may not be feasible to recruit a physician who speaks Spanish or another foreign language prevalent within the community, your practice may be able to hire an NP who has those skills. Recruiting the right non-physician provider to your clinical team can improve access for patients, expand the range of services offered, and, ultimately, enhance the profitability of your practice. *P*

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tional means of communication between patients and practice staff. To achieve these goals, organizers recommend that practices implement an IT system that includes electronic health records (EHRs) and other online tools to facilitate monitoring and scheduling, including patient registries and secure email systems.

The federal government is also investigating ways to improve the provision of primary care services. The Tax Relief and Health Care Act of 2006 created the Medicare Medical Home Demonstration (MMHD), a three-year medical home pilot program tentatively scheduled to begin in September 2008. While the project is still under development, the MMHD is currently set to involve primary care physicians in urban, rural, and underserved areas in up to eight states.

According to the Centers for Medicare and Medicaid Services (CMS), the MMHD will pay care management fees to personal physicians implementing a care plan and coordinating services for high-need Medicare beneficiaries with multiple chronic

conditions or prolonged illnesses, and it will offer incentive payments to participating physicians. In particular, the CMS said, physicians taking part in the demonstration will be rewarded for providing care that is evidence-based and clinically appropriate, and for using clinical decision support tools, health assessments, and health IT systems.

These and other projects will help determine whether the medical home model is more useful than traditional forms of primary care delivery in meeting the ongoing health care needs of patients through enhanced disease management and preventive care, while also lowering expenses for insurers, patients, and providers. The widespread adoption of the medical home approach could produce fundamental changes in the way primary care physicians are reimbursed, with remuneration reflecting not just the volume of medical services provided, but also the full range of patient-centered activities family physicians perform every day. *P*

Physicians Advised to Greet Patients with a Handshake

Most patients want physicians to greet them with a handshake and an exchange of names, according to a study on greetings in medical encounters published in the June 11 issue of *Archives of Internal Medicine*, a JAMA/Archives journal.

Researcher Gregory Makoul, Ph.D. and his colleagues at Northwestern University Feinberg School of Medicine, Chicago surveyed 415 adults regarding their expectations as patients and preferences for greetings by physicians. In addition, the authors analyzed videotapes of 123 new patient visits in the offices of 19 different physicians.

The survey revealed that 78.1% of patients want physicians to shake their hands, while just 18.1% do not expect a handshake. Results further showed that 50.4% of patients want physicians to call them by their first name during greetings, 17.3% prefer their last name only, and 23.6% want physicians to call them by their first and last names.

When asked how they would like physicians to introduce themselves, 56.4% of those surveyed said they want physicians to use their first and last names in introductions, 32.5% indicated they prefer physicians to use their last name only, and 7.2% said they want the physician to use their first name only. *P*