

How to Take the Paper Out of a Medical Practice

BY JENNIFER SILVERMAN
Associate Editor, Practice Trends

SAN FRANCISCO — There is a cost-effective way to go paperless and make a profit for your group practice, Jeffrey P. Friedman, M.D., said at the annual meeting of the American College of Physicians.

Dr. Friedman, an internist and founding partner of Murray Hill Medical Group in New York, increased office appointments—and saved \$238,000 annually in staff pay and benefits—by installing an electronic medical record (EMR) system and integrating the new technology on a gradual basis, cutting down on staff and phone time.

Patient registrations grew rapidly (currently at 18,000), and salaries for the group's internists and subspecialists in 2004 were two to three times the national average, Dr. Friedman said.

Murray Hill started out in 1992 with just a few partners and associates, one exam room per physician, and no ancillary help, using a local, small electronic billing package. Over the years, the practice filled its space, adding more subspecialty partners, associates, and equipment, and in 1998 acquired an EMR system. The practice added online bill paying this year.

The practice now has 35 doctors, an office lab, and a technician who oversees the fully automated practice. "Our employee/doctor ratio is very low," he said.

Installing an EMR system does cost money, "but a major thing physicians need to understand is that you have to spend money to make money," Dr. Friedman said.

When considering software vendors, it's important to visit practice sites that are using installed systems. He advised physicians to look at big vendors that are likely to be in business at least 10 to 20 years down the road. "This is a big investment, because whatever one you buy you're going to live with for a long time," he noted. In researching vendors, Dr. Friedman learned that the per-doctor cost to install an EMR system, "including the whistles and bells," was \$30,000-\$50,000, including training.

Training should ideally take place during the slow season, from the end of June through early September. Murray Hill physicians went through 3 months of formal training during such a period. The practice hired college and medical students to preload diagnoses, medicines, and vaccines into the new EMR system.

Conversion to an EMR system should take place gradually, he cautioned. A staff

of two physicians, for example, should take turns going online. "You should have cross coverage so physicians are not out seeing patients while they learn how to use the system," he advised.

It's crucial to practice with the software before going live with the system. Within 1 to 2 weeks, Murray Hill's physicians had learned the system and regained or surpassed their usual level of efficiency.

Besides handling appointment scheduling (see box), the system helps automate prescription refills. Physicians using an EMR can check drug interactions when

looking at their patients' prescriptions. Also, online preventive notices can remind physicians of what needs to be done for each patient. "And any work you do provides income," Dr. Friedman said.

An EMR also can point out errors in coding. "A lot of times we find out that the doctor has been undercoding. It's not fair to give back to carriers and the government. That's a lot of lost income," he said.

"It continues to amaze me that 90% of physicians are not" paperless, he said. People traveling on planes "would never put up with a pilot navigating by the stars." ■

Go Online for Appointment Scheduling

Patients favor online systems that provide a 24/7 service for appointments. "By integrating with the Internet you get patients to do things for themselves without staff," Dr. Friedman said.

His practice, Murray Hill Medical Group, developed its own software so patients could sign in online, make their appointments, refills, or referrals, or pick a physician or location. Dr. Friedman is now marketing the software for physicians who use compatible electronic medical record systems.

Patients get a tracking number plus three e-mail reminders about their visits. For annual exams, the e-mail will remind them not to eat or drink for 8 hours prior to the visit.

If it's a Sunday night, a patient who has forgotten the time of a Monday appointment can look up the visit instead of becoming a "no show," he said. The practice estimates that 35%-45% of all of its appointments are made online,

and the no-show rate with those appointments is less than 1%.

Murray Hill Medical Group has open-access scheduling, so most appointments are scheduled within 24 hours. "We always add on more hours. Patients can always get in because that's how we make a living. We're not going to make them wait 3 weeks." The electronic system makes it easy to fill up slots when patients drop out of appointments.

Physicians have long struggled with patients having online access to their practice, Dr. Friedman said. "They have a problem with letting patients see their open schedule slots." In addition, "they think patients are too dumb, they'll abuse the system, [or] they don't know what they're doing." But patients are smarter than you think, he said. Of Murray Hill's patients, 95% have Internet access. A 2003 Harris poll found 80% of all patients go online to get information.

Rx ONLY

Ovace® (Sodium Sulfacetamide 10%) Cream, Foam, Gel, Wash

FOR DERMATOLOGIC USE ONLY—NOT FOR OPHTHALMIC USE

DESCRIPTION:

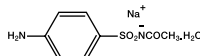
Each gram of Ovace® (sodium sulfacetamide 10%) Wash contains 100 mg of sulfacetamide sodium USP in a vehicle consisting of purified water, sodium laureth sulfate, cocamidopropyl betaine, PEG-150 pentaerythritol tetraacetate, PEG-6 caprylic/capric glycolides, PEG-60 almond triglycerides, methylparaben, edetate disodium, and sodium thiosulfate.

Each gram of Ovace® (sodium sulfacetamide 10%) Foam contains 100 mg of sodium sulfacetamide USP in a vehicle consisting of purified water, PVP/DMAEA acrylates copolymer, povidone, cocamidopropyl betaine, methylparaben, disodium EDTA, sodium thiosulfate, glycerin, quaternium 26/propylene glycol and lactic acid and is dispensed from an aluminum can pressurized with a hydrocarbon propellant (propane/butane).

Each gram of Ovace® (sodium sulfacetamide 10%) Cream contains 100 mg of sodium sulfacetamide USP in a vehicle consisting of purified water, glycerin, mineral oil, cetearyl alcohol/ceteareth 20, cetyl alcohol, glyceryl stearate, PEG-100 stearate, phenoxethanol, dimethicone, methylparaben, disodium EDTA, sodium thiosulfate, quaternium-26 and propylene glycol, propylparaben, and lactic acid.

Each gram of Ovace® (sodium sulfacetamide 10%) Gel contains 100 mg of sodium sulfacetamide USP in a vehicle consisting of purified water, glycerin, xanthan gum, methylparaben, disodium EDTA, sodium thiosulfate, quaternium-26 and propylene glycol, and lactic acid.

Sulfacetamide sodium is C₈H₉N₃NaO₅S₂H₂O with a molecular weight of 254.24. Chemically, it is Acetamidophenylsulfonamide sodium salt, monohydrate, with the following structural formula:



Sulfacetamide sodium is an odorless, white, crystalline powder with a bitter taste. It is freely soluble in water, sparingly soluble in alcohol, while practically insoluble in benzene, in chloroform, and in ether.

CLINICAL PHARMACOLOGY: Sulfacetamide sodium exerts a bacteriostatic effect against sulfonamide sensitive Gram-positive and Gram-negative microorganisms commonly isolated from secondary cutaneous pyogenic infections. It acts by restricting the synthesis of folic acid required by bacteria for growth, by its competition with para-aminobenzoic acid. There are no clinical data available on the degree and rate of systemic absorption of Ovace® when applied to the skin or scalp. However, significant absorption of sulfacetamide sodium through the skin has been reported.

The following *in vitro* data are available but their clinical significance is unknown. Organisms which show susceptibility to sulfacetamide sodium are: *Streptococci*, *Staphylococci*, *E. coli*, *Klebsiella pneumoniae*, *Pseudomonas pyocyanea*, *Salmonella*, *Proteus vulgaris*, *Nocardia* and *Actinomyces*.

INDICATIONS AND USAGE: Ovace® is intended for topical application in the following scaling dermatoses: seborrheic dermatitis and seborrhea sicca (dandruff). It also is indicated for the treatment of secondary bacterial infections of the skin due to organisms susceptible to sulfonamides.

CONTRAINDICATIONS: Ovace® is contraindicated in persons with known or suspected hypersensitivity to sulfonamides or to any of the ingredients of the product.

WARNINGS: Sulfonamides are known to cause Stevens-Johnson syndrome in hypersensitive individuals. Stevens-Johnson syndrome also has been reported following the use of sulfacetamide sodium topically. Cases of drug-induced systemic lupus erythematosus from topical sulfacetamide also have been reported. In one of these cases, there was a fatal outcome.

PRECAUTIONS:

For external use only

General: Nonsusceptible organisms, including fungi, may proliferate with the use of this preparation. Hypersensitivity reactions may recur when a sulfonamide is readministered, irrespective of the route of administration, and cross hypersensitivity between different sulfonamides may occur. If Ovace® produces signs of hypersensitivity or other untoward reactions, discontinue use of the preparation. Systemic absorption of topical sulfonamides is greater following application to large, infected, abraded, denuded, or severely burned areas. Under these circumstances, potentially any of the adverse effects produced by the systemic administration of these agents could occur and appropriate observations and laboratory determinations should be performed.

Information For Patients: Patients should discontinue Ovace® if the condition becomes worse, or if a rash develops in the area being treated or elsewhere. Ovace® also should be discontinued promptly and the physician notified if any arthritis, fever, or sores in the mouth develop.

Drug Interactions: Ovace® is incompatible with silver preparations.

Pharmacology: Ovace® has a bacteriostatic effect against Gram-positive and Gram-negative microorganisms commonly isolated from secondary cutaneous pyogenic infections.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies for carcinogenic potential have not been performed on Ovace® to date. Studies on reproduction and fertility also have not been performed. One author detected chromosomal nondisjunction in the yeast, *Saccharomyces cerevisiae*, following application of sulfacetamide sodium. The significance of this finding to the topical use of sulfacetamide sodium in the human is unknown.

Pregnancy Category C: Animal reproduction studies have not been conducted with Ovace®. It also is not known whether Ovace® can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Ovace® should be used by a pregnant woman only if clearly needed or when potential benefits outweigh potential hazards to the fetus.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Ovace® is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children under the age of 12 years have not been established.

ADVERSE REACTIONS: Reports of irritation and hypersensitivity to sulfacetamide sodium are uncommon. The following adverse reactions, reported after administration of sterile ophthalmic sulfacetamide sodium, are noteworthy: instances of Stevens-Johnson syndrome and instances of local hypersensitivity which progressed to a syndrome resembling systemic lupus erythematosus; in one case a fatal outcome has been reported. (See WARNINGS)

OVERDOSAGE: The oral LD₅₀ of sulfacetamide in mice is 16.5 g/kg. The LD₅₀ for topical administration of sulfacetamide has not been determined. Oral overdosage may cause nausea and vomiting. Large oral overdosage may cause hematuria, crystalluria, and renal shutdown due to the precipitation of sulfate crystals in the renal tubules and the urinary tract. For treatment, contact Local Poison Control Center.

DOSE AND ADMINISTRATION:

Seborrheic dermatitis including seborrhea sicca-

Ovace® Wash: Wash affected areas twice daily (morning and evening), or as directed by your physician. Avoid contact with eyes or mucous membranes. Wet skin and liberally apply to areas to be cleansed, massage gently into skin working into a full lather, rinse thoroughly and pat dry. Rinsing with plain water will remove any excess medication. Repeat application as described for eight to ten days. If skin dryness occurs it may be controlled by rinsing cleanser off sooner or using less frequently. Regular shampooing following Ovace® Wash is not necessary, but the hair should be shampooed at least once a week.

Ovace® Foam: For proper dispensing of foam, can must be inverted. Shake well before use. Remove clear cap. Gently break the tiny plastic piece where the back of the nozzle connects to the top. Invert can and dispense small amount of Ovace® Foam onto hand. The exact amount needed will vary according to the size of the affected area. Hair should be towel-dried or dry before applying to scalp. With fingers, gently massage Ovace® Foam into affected areas of the scalp until foam disappears. Use twice daily or as directed by your physician. Wash your hands after applying the foam. Allow the treated area to air dry. Do not wash the treated area immediately after applying the foam. Hair styling products can be used as usual after the foam has been applied. Repeat application as described for 8-10 days.

Ovace® Cream and Gel: Apply to affected areas twice daily (morning and evening), or as directed by your physician. Avoid contact with eyes or mucous membranes. Repeat application as described for eight to ten days. As the condition subsides, the interval between applications may be lengthened. Applications once or twice weekly or every other week may prevent recurrence. Should the condition recur after stopping therapy, the application of Ovace® should be reinstituted as at the beginning of treatment.

Secondary Cutaneous Bacterial Infections—Apply up to four times daily if necessary. See above directions for use.

Occasionally, a slight yellowish discoloration may occur when an excessive amount of the product is used and comes in contact with white fabrics. This discoloration, however, presents no problem, as it is readily removed by ordinary laundering without bleaches.

HOW SUPPLIED:

Ovace® Wash is available in a 6 oz. (170 mL) (NDC 0064-4000-06) and a 12 oz. (340 mL) (NDC 0064-4000-12) bottle.

Ovace® Foam is available in 100 gram (NDC 0064-4101-00) and 50 gram (NDC 0064-4100-50) aluminum cans.

Ovace® Cream is available in 30 gram (NDC 0064-4300-30) and 60 gram (NDC 0064-4300-60) tubes.

Ovace® Gel is available in 30 gram (NDC 0064-4200-30) and 60 gram (NDC 0064-4200-60) tubes.

Store at controlled room temperature 20°-25°C (68°-77°F). Do not freeze.

Ovace® Wash: Protect from freezing and excessive heat. Ovace® Wash may tend to darken slightly on storage. Slight discoloration does not impair the efficacy or safety of the product.

Ovace® Foam: WARNING: FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING USE. Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 49°C (120°F)

HEALTHEPOINT®

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PATENT PENDING Healthpoint, Ltd. DPT Laboratories, Ltd.
REORDER NO. Fort Worth, TX 76107 San Antonio, TX 78215
1-800-441-8227

Ovace® Wash 0064-4000-06 (6 oz. bottle) and 0064-4000-12 (12 oz. bottle)

Ovace® Foam 0064-4101-00 (100 gm can) and 0064-4100-50 (50 gm can)

Ovace® Cream 0064-4300-30 (30 g tube) and 0064-4300-60 (60 g tube)

Ovace® Gel 0064-4200-30 (30 g tube) and 0064-4200-60 (60 g tube)

HSAs May Make Consumers Try Harder to Stay Healthy

BY MARY ELLEN SCHNEIDER
Senior Writer

Health savings accounts and other consumer-directed insurance products can help lower health care utilization and encourage better health behaviors, according to an industry expert.

Consumers begin to recognize that their behaviors can lead to a health outcome that might cost them money in the long run, said Doug Kronenberg, chief strategy officer for Lumenos, an Alexandria, Va.-based company that sells health savings accounts (HSAs). And so they begin to think about changing their behavior, he said.

When an employer or insurer combines an HSA with a program that also shows consumers the financial benefits of changing their behavior and offers support tools, consumers really become engaged in their health care, Mr. Kronenberg said during a teleconference sponsored by the Kaiser Family Foundation.

HSAs were authorized under the

Medicare Modernization Act of 2003 and are portable accounts that consumers can use to pay for certain qualified medical expenses. The accounts are generally offered in conjunction with a high-deductible insurance plan, and both consumers and employers can contribute.

HSAs and similar accounts, such as health reimbursement accounts, can also create big savings for employers, Mr. Kronenberg said. With these types of plans, consumers tend to see the money as their own, and utilization of health care services typically drops.

But Mila Kofman, J.D., assistant research professor at the Health Policy Institute at Georgetown University, Washington, said that HSAs coupled with high deductible plans are just shifting the cost burden for health care from the insurer and the employer to the consumer.

And one of the possible pitfalls of the plans is that consumers who are facing deductibles of \$1,000 or more each year will simply forego needed medical care. ■