

POLICY & PRACTICE

MedSpa Bill Fails in California

A bill that could have shuttered a huge number of medical spas in California essentially expired after a failed floor vote in the state Senate and protracted negotiations over a competing bill in the Assembly. Introduced in February, AB 2398 made its way through the legislature with the support of the American Society for Dermatologic Surgery Association, the California Society of Dermatology and Dermatologic Surgery, and other groups. The bill would have revoked the licenses of any physician who practiced for a "business organization" that provided outpatient cosmetic procedures, because it would be considered a violation of the prohibition against the corporate practice of medicine. The California Medspa Management Association, the International Medical Spa Association (IMSA), and the Manufacturers of Equipment for Light-Based Aesthetics said the law would amount to restraint of trade and would "undermine a physician's right to make a living," according to a letter sent to Gov. Arnold Schwarzenegger by IMSA.

FDA Warns on Laser Brush

The Food and Drug Administration has warned Sunetics International Corp. of Las Vegas that it is illegally marketing its Laser Hair Brush and Laser Skin Brush. The company advertises the products as laser devices that can grow hair and treat skin conditions such as acne and dyspigmentation, according to the FDA. The devices have not received premarket approval, which is required for any product making a claim to affect a structure or function in the body, according to the agency's warning letter. Sunetics did submit an approval application in January of this year, but it is still being reviewed, the agency said.

PQRI Frustrating, But Not Costly

A total of 90% of physicians answering a Medical Group Management Association survey said that they had trouble accessing their confidential 2007 Physician Quality Reporting Initiative (PQRI) reports from the Centers for Medicare and Medicaid's secure Web site. Overall, 70% sought CMS help in getting the reports; of those, 11% rated the help as not satisfactory. The PQRI reports received average marks for clarity and slightly lower ratings for providing guidance on improving outcomes. Even so, 90% of the practices said they would participate in the 2008 PQRI program. Survey responses were taken from 295 practices who said they had reported on PQRI measures from July to December 2007. When asked why they participated, the largest weight was given to preparing for the future, when quality reporting is anticipated to play a bigger role in Medicare reimbursement. Overall, 61% of practices earned a bonus from 2007. Most practices said that participation had not led to the need for more staff or higher expenses.

Genomics Collaboration

Pharmacy benefit manager Medco

Health Solutions Inc. and the FDA have partnered to study genetic testing and the effect of genetics on prescription drug efficacy, according to Medco. The agreement extends to Aug. 31, 2010. Over the next 2 years, Medco will deliver a series of reports to the FDA that will address the safety of prescription drugs, physician participation in pharmacogenomics testing, the usefulness of the tests in prescribing, and the quantifying of prescription information that contains genetic information. Medco said its reports will be derived from clinical settings, including one that will examine whether physicians are willing to change the dose of a prescription based on a genetic test result. "Studying this field can advance pharmacy care to remove some of the trial and error in how medications are prescribed," Dr. Robert Epstein, Medco chief medical officer, said in a statement.

Uninsured Spend \$30B on Care

Americans who lack health insurance for any part of 2008 will spend \$30 billion out of pocket for health services, and also will receive \$56 billion in uncompensated care while uninsured, according to a study in the journal *Health Affairs*. Government programs will pay about \$43 billion for the uncompensated care, the researchers reported. Compared with people who have full-year private health care coverage, people who are uninsured for a full year receive less than half as much care but pay a larger share out of pocket, the authors reported. Someone who is uninsured all year would pay 35% (or \$583 on average) out of pocket toward average annual medical costs of \$1,686, the study said. In contrast, the annual medical costs of the privately insured average \$3,915, with 17% (or \$681 on average) paid out of pocket, according to the study.

Health Searches Level Off

The number of adults going online for health information has plateaued or declined, according to a Harris Interactive poll. According to the pollster, a total of 150 million people (66% of all adults and 81% of those who have online access) said they obtained health information from the Internet in 2008. That represents a slight drop from 2007, when the poll found that 160 million people reported obtaining health information online. The researchers noted that the slight differences from 2007 to 2008 are within the possible sampling error. But they pointed out that, as opposed to other years, it appears that there has been no increase in the total number of people with Internet access or in the number of people searching for health information—those the pollsters called "cybercondriacs"—which indicates that a plateau or even a slight decline was underway. Just under half of cybercondriacs said that they had discussed the information they obtained online with their doctors, and 49% had gone online to look for information as a result of discussions with their doctors, the survey found.

—Alicia Ault

MANAGING YOUR
DERMATOLOGY PRACTICE

Don't Keep Your Patients Waiting

Consumer Reports surveyed its readers last year regarding their satisfaction with their medical care and found that the "overwhelming majority ... were highly satisfied with their doctors." Of course, they did have some complaints.

As you might expect, their top complaint about doctors was the time spent waiting to see them: Twenty-four percent said they frequently waited 30 minutes or longer.

I've written about punctuality before, but this is such a ubiquitous problem that it bears repeating.

Here are some suggestions that can help to keep you on track:

► **Start on time.** That seems obvious, but I'm always amazed at the number of doctors who admit to running late who also admit that they start late. If you're in the hole before you even start, you can seldom dig yourself out.

Sometimes an on-time start is the solution to the entire problem. If you doubt me, try it.

► **Book realistically.** Everyone works at a different pace. Determine the number of patients you can comfortably see in an hour, and book only that number. If you want to see more patients, the solution is working longer hours or hiring physicians or physician extenders (or both), not overloading your schedule.

► **Time-stamp each chart.** Every office should have a time clock, not only for employees, but for patients as well. As each patient arrives, have your receptionist time-stamp the "encounter form" that goes to the back with the chart. As you take each chart off the door and enter the exam room, one glance at the time stamp will tell you exactly how long that patient has been waiting for you.

► **Schedule all surgeries.** If you haven't scheduled the time necessary for a surgical procedure, don't do it. It's tempting to "squeeze in" an excision because you feel guilty that the patient has already had to wait for you, but every unscheduled surgery puts you that much further behind. And hurrying through a procedure increases the risk of mistakes.

Explain to the patient that surgery requires extra time and it cannot be rushed, so you will have to schedule another appointment.

► **Work-ins come last, not first.** Patients with urgent problems should be seen after scheduled patients.

This may seem counterintuitive. Receptionists often assume it's better to squeeze them in early, while you're still running on time, but doing that guarantees you will run late, and it isn't fair to patients who have appointments and expect to be seen promptly.

Work-ins, on the other hand, expect a wait because they have no appointment. We tell these patients, "Our schedule is full today, but if you come at the end of hours, the doctor will see you. But you may have a wait." Far from complaining, they invariably thank us for seeing them.

► **Seize the list.** You know which list I mean: "No. 16: My right big toe itches. No. 17: I think I feel something on my back. No. 18: This weird chartreuse thing on my arm. . . ." One long list can leave an entire half-day schedule in shambles.

When a list is produced, the best option is to take it and read it yourself. Identify the most important two or three problems and address them.

For the rest of the items on the list, I will say, "This group of problems deserves a visit of its own, and we will schedule that visit."

Then I will ask if I can place the list (or a photocopy) in the patient's chart. It is, after all, important clinical information.

All of the problems on the list are important to the patient and should be addressed—but on your schedule, not on the patient's.

► **Avoid interruptions.** Especially phone calls. Unless it's an emergency or an immediate family member, my receptionists say, "I'm sorry, the doctor is with patients. May I take a message?" Everyone—even other physicians—understands. Just be sure to return those calls promptly.

Pharmaceutical reps should not be allowed to interrupt you, either. Have them make an appointment, just like everybody else.

Don't stop to open the mail, to do paperwork, or to perform any other task that can be delegated.

There will be times, of course, when you run late, but they should be the exception rather than the rule. By streamlining your procedures and avoiding the pitfalls mentioned, you can give almost every patient all the time he or she deserves without keeping the next patient waiting.

Incidentally, the other leading patient complaints in the Consumer Reports survey were: couldn't schedule an appointment within a week (19%), spent too little time with me (9%), didn't provide test results promptly (7%), and didn't respond to my phone calls promptly (6%).

Now would be an excellent opportunity to identify and address any of those problems as well. ■



BY JOSEPH S.
EASTERN, M.D.

DR. EASTERN practices dermatology and dermatologic surgery in Belleville, N.J. To respond to this column, write Dr. Eastern at our editorial offices or e-mail him at sknews@elsevier.com.