

MANAGING YOUR DERMATOLOGY PRACTICE

Sprucing Up the Office

One day last month, I noticed that the plastic carpet protector under my desk chair was disintegrating. When I pulled it up to replace it with a new one I got quite a surprise: The patch of carpet it had been protecting was considerably brighter and cleaner than the rest of the carpeting in my office.

Sometimes it takes a jolt like that to remind us to take a good look at our office furnishings. I discovered that a lot more than a carpet protector needed replacing. We tend not to notice gradual deterioration. Carpets fade and dull with constant traffic and cleaning. Wallpaper and paint accumulate dirt, stains, and damage. Furniture gets dirty and dented.

In particular, you might be surprised by the condition of your waiting room if you haven't been out there for awhile. I certainly was. The wallpaper was smudged behind chairs, where patients had rested their heads. There were stains and pen marks on the chairs' upholstery, and the frames were scratched and worn. The well-trafficked

carpet was stained, faded, and pulled.

Even if you don't find anything obvious, it is wise to check periodically for subtle evidence of age. Find some patches of carpeting and flooring under desks and compare them with the exposed areas.

You also might want to look at the décor itself. Is it dated and just plain old looking? Any interior designer can determine when a space was last decorated, simply by the color and style of the materials used. If your office is stuck in the 1980s, it's probably time for a change.

Your next vacation would be a great time to make those changes. You'll come back to

a new, fresh environment.

Start by reviewing your color scheme, and consider changing it if you're tired of it, or if, as mentioned, it's hopelessly out of date. Wallpaper and carpeting should be long-wearing industrial quality. The paint should have a high-quality "eggshell" finish to facilitate cleaning, and it should be professionally applied.



BY JOSEPH S. EASTERN, M.D.

If you've grown tired of your wall decorations, now would be a good time to replace at least some of them. This need not be an expensive proposition. If you or a family member is an artist or photographer, consider framing some of the best work. Or invite local artists to display some of their work on your walls.

Furniture is another important consideration. You may be able to resurface and reupholster what you have now, but if not, shop carefully. Beware of products that are promoted specifically to physicians, as they tend to be overpriced.

Get recommendations from colleagues and others, and never shop solely on price. If you shop online, factor in shipping costs, which can be considerable for furniture. Don't be afraid to ask for discounts. You won't get them if you don't ask.

Plants, in my opinion, are important in any indoor environment. They help you, your employees, and your patients feel less cut off from the outside world. If you are hesitant to take on the extra work of plant upkeep, a corporate plant service will rent you the plants, keep them healthy, and replace any that begin to wither.

As I've mentioned in previous columns,

consider joining a state or community business/industry association. They maintain lists of merchants willing to give discounts, and they enable you to find other members looking for similar furniture, which could land all of you a big quantity discount.

This is also a good time to clear out old textbooks, magazines, and files you haven't opened in years. And get your building's maintenance crew in to fix any nagging plumbing, electrical, or heating/air conditioning problems that may have developed.

Finally, spruce-up time is an excellent opportunity to take a look at your medical equipment. We've all seen vintage offices containing gadgets that were new when the office opened decades ago, with no modernization in the interim. Would you want to be treated by those physicians? Neither would your patients, for the most part. Patients want cutting-edge technology. Consider replacing your obsolete equipment, even if it "still works okay." ■

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Safety Net Providers Are Being Stretched to the Breaking Point

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Community health centers, public hospitals, and other safety net providers are seeing a steadily growing number of low-income patients, while specialty care for these patients is becoming scarce, according to the results of a biennial national survey conducted by the Center for Studying Health System Change.

"The saga continues with rising demands and expectations on safety net providers. They have, lucky them, solidified their lock on the uninsured market in most of our communities," Robert Hurley, Ph.D., of the department of health administration at Virginia Commonwealth University, Richmond, said at a conference sponsored by the Center for Studying Health System Change (HSC).

For example, despite strong growth in the capacity of community health centers across the country, many still are overwhelmed not only by uninsured patients and immigrants but also, increasingly, insured patients.

"[The number of] private insurance patients [is] growing at twice the rate of the general population growth in health centers," said Daniel Hawkins, senior vice president at the National Association of Community Health Centers.

Health centers have absorbed a 60% increase in patients since 2001 and are now seeing 16 million patients a year.

"The privately insured patient population is over 2.1 million out of those 16 million. It's literally one of every six health center patients," he said.

High-deductible and cost-sharing policies are a big part of that, but so is paltry coverage, Mr. Hawkins said.

Community health centers are also struggling to meet the demand for specialty care, which has grown scarce for low-income patients in the 12 communities surveyed by HSC.

"If you looked at our communities, virtually every one of our communities, and looked at the needs for specialty care for the Medicaid as well as the uninsured populations, if you took away the employed positions in safety net hospitals and the faculty positions in the academic health centers, specialty care would not be available," Dr. Hurley said at a conference to release the findings of the most recent center survey.

The lack of other sources of care is especially acute in mental health. Such visits to community health centers have more than doubled in the last 5 years.

"Wellness care [and] well-child care immunizations are the most common reasons for visits to a health center, but diagnostically, it's diabetes, hypertension, and mental health," said Mr. Hawkins.

"It's all the stress, anxiety, and depression that goes with trying to keep a roof over the family's head and put food on the table when you're making seven bucks an hour," he added. ■

Cost-Sharing Plans Stagnate Even As Companies Tout Healthy Living

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Consumer-directed health plans are popular with companies despite being less so among workers, according to results of a biennial national survey.

"Employers and health plans continue to be ... quite optimistic about the future for these plans despite the fact that to this point enrollment growth has been possibly slower than expected," said Jon Christianson, Ph.D., at a conference sponsored by the Center for Studying Health System Change (HSC).

In an interview-based survey conducted in 12 communities across the country, researchers found cost-sharing arrangements are still popular, though growth in the level of cost sharing is levelling off. In most cases, health care spending is rising at a slower rate than 4 years ago, so there is less pressure to share the pain. Some employers also report they've pushed cost sharing as far as they can.

"We were told by some employers—not a large number, but some employers—that they felt that they had moved deductibles up to the point ... where any further increases they could contemplate probably wouldn't have much of an impact on utilization and in changing people's decision making," said Dr. Christianson, professor of health policy and management at the University of Minnesota, Minneapolis.

However, employers increasingly are encouraging their workers to make lifestyle changes that will improve their health and reduce their need for medical services. Com-

panies also are urging insurers to provide price information so workers can make informed health care decisions.

However, "There's still very little evidence on return on investment" on health promotion and cost transparency, said Debra Draper, Ph.D., associate director at HSC. "Employers really believe that these are the right things to do for their employees. And for some employers, setting up these types of tools is ... an interim step toward implementing tools like consumer-directed health plans."

Insurers simply respond to market demand, said Karen Ignagni, president and CEO of America's Health Insurance Plans, an industry trade group.

"Our job is to be agnostic about what people purchase. Our job is to offer a portfolio of products so that we can be nimble enough to give purchasers the alternatives that they want and consumers the alternatives they want," she said at the conference.

All parties want lower premiums. To get there, health plans are developing strategies to penalize individuals who fail to manage their chronic conditions and rewarding those who maintain good health, Ms. Ignagni said.

"The good news is that health insurance premium growth has slowed for the fourth consecutive year. That is a very significant accomplishment," she said. "And the reason for that is that we've been looking very carefully on plan data on disease management and on care coordination. We can see that plans are now documenting reduced [emergency department] visits and days per thousand in the hospital." ■