

REINVENTING YOUR PRACTICE

Readers Find Ways to Enhance Their Practices

By Bruce K. Dixon, Chicago Bureau

Earlier this year, we invited readers to tell us how they are dealing with the challenge of practicing in the era of information technology and performance measurement. Our goal was to learn about innovative ways to improve patient care or make medical practice more efficient.

After careful consideration of the dozens of contest entries that we received, the three members of our editorial board who served as contest judges identified the six contest participants who submitted the most practical and creative ideas.

The six physicians who submitted the winning entries are Dr. Richard B. Gremillion of Sandy, Utah; Dr. Arnold Jay Simon of Palm Springs, Fla.; Dr. Mukesh Bhargava of Sanford, Maine; Dr. Alan Brush of

Cambridge, Mass.; Dr. Jonathan D. Krant of Pittsfield, Mass.; and Dr. Randolph J. Swiller of Coral Springs, Fla. Each of these contestants will receive a video iPod.

This month, we're presenting the first two winning contest entries—the two innovations that earned the highest marks from our contest judges.

AS INTERNAL MEDICINE NEWS heads into 2007—the year that we'll be celebrating our 40th year of publication—you can continue reading about the practice-enhancing strategies that readers submitted during the contest. In addition to the ideas described on this page, we heard about patient education techniques, prescription refill systems, home visits to enhance patient care, the use of voice-recognition software, and many other innovations.

Although we're awarding prizes to six physicians, we also heard from other readers who deserve credit for submitting useful ideas. We'd like to express special thanks to the runner-up contestants:

- ▶ Dr. Asif Ali of Houston, Tex.
- ▶ Diane Atkinson, Office Manager for Dr. John P. Papp and Dr. John P. Papp Jr. of Grand Rapids, Mich.
- ▶ Dr. Ace Barash of Ukiah, Calif.
- ▶ Dr. S. Germain Cassiere of Shreveport, La.
- ▶ Tammy Cleary, on behalf of Dr. Kevin G. Cleary of Depew, N.Y.
- ▶ Dr. Roger C. Dunham of Santa Barbara, Calif.
- ▶ Dr. John Guzek of Scranton, Pa.
- ▶ Dr. Ronald Hirsch of Elgin, Ill.
- ▶ Dr. L. Allen Kindman of Oxford, N.C.

- ▶ Dr. Stephenie Lucas of Detroit, Mich.
- ▶ Dr. Sanyu Pawar of Oklahoma City, Okla.
- ▶ Dr. Timothy Rodgers of Bryn Mawr, Pa.
- ▶ Dr. Gerald Saliman of Hillsborough, Calif.
- ▶ Dr. Kenneth Stark of Tavares, Fla.
- ▶ Dr. Sharad Swami of Clinton, Okla.
- ▶ Dr. Rod Tanchanco of Middletown, Del.
- ▶ Dr. Anthony John Tarasenko of Summit, N.J.
- ▶ Dr. Benson W. Yu of Fairfax, Va.

The "Reinventing Your Practice" column will appear in the Practice Trends section in the first issue of each month. We hope you'll find ideas here that you can put to work in your own practice. ■

Out With the Clipboard,
In With the Computer

Dr. Rich Gremillion had a problem: His practice was spending so much time on patient data entry that patient education was being shortchanged.

"Over half of my time as a physician was being spent with data input. Patients were routinely presenting at appointments without historical intake forms being completed, and the front office staff was spending 10-15 minutes per patient completing and transferring personal and insurance data into our network," said Dr. Gremillion, who is in practice in Sandy, Utah.

So he decided to update his three-physician practice by replacing the traditional intake form with an electronic form.

It seemed reasonable to have patients input the information themselves, so the three rheumatologists set up a Web site with personal access codes for all patients, who then could use the site to provide information about insurance, medications and dosages, medical history, allergies, and other important data.

Some patients complete their data feeds from home; those who don't are asked to come in about a half-hour before their appointments to use dedicated terminals in the waiting room. If patients complete the forms in advance, "when they arrive at the office, the forms are already in the system and are quickly reviewed for accuracy by the nursing staff and are immediately available to the physicians," Dr. Gremillion said, adding that the waiting room terminals also let patients update their data at follow-up visits.

In the exam room, the physician can use a terminal to review health evaluation questionnaires, pain scales, and other data. Pa-

tients with certain conditions are taught to enter this information at every visit after checking in at the front desk.

The new procedures allow Dr. Gremillion and his colleagues to spend more quality time with their patients.

Although patients benefit greatly from the additional educational time, Dr. Gremillion concedes that there are a few wrinkles to iron out with regard to HIPAA compliance. Data entry through the office terminals does not require Web encryption, and so patient narratives could be accessed by others. "There is no access to doctors' notes or lab data. We feel we're HIPAA compliant, but someone with bad intentions could challenge us on the issue of security," he said in an interview. "We're continuously fine-tuning the system and adding upgrades to make it more secure without compromising its ease of use."

Physicians considering a system of their own should be prepared for a significant initial financial investment, especially if they need to set up new computer equipment. "A small practice may need only a single terminal in the waiting room, but the more doctors in the group, the more computers you'll need," Dr. Gremillion said. If you don't have in-house networking expertise, you'll have to hire an expert. "I recommend that most people begin with a waiting room-based system and hold off on setting up a Web site until their staffs and patients get accustomed to the office system," he advised. "And be aware that, based on our experience, at least 25% of patients will not want to use the system." ■



Richard B. Gremillion, M.D.

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Issuing 'Medication
Passports' for Patients

It began as one patient's request for a list of his medications.

It has since evolved into a medication awareness program for patients and the health care professionals who treat them.

It's what Dr. Arnold Jay Simon calls a "medication passport."

The idea came to Dr. Simon after that initial patient inquiry in 1990. "I was putting my notes on a word-processing program at the time. So I programmed a shortcut key that would allow me to print out a copy for any given patient along with a billing list," said Dr. Simon, a solo-practice internist specializing in geriatrics in Palm Springs, Fla.

That effort evolved into a simple record-keeping system using WordPerfect that Dr. Simon updates during each patient's visit. The medication history is recorded in each patient's chart along with other information such as medical history, physical exam findings, laboratory results, and vital signs.

"With the help of multiple macro keys, or a shortcut key combination, I can automate the process of printing out a personalized medication sheet," Dr. Simon explained. "I can easily include the purpose of each medication and, in the case of the visually impaired, enlarge the font."

When a patient has an accurate list of his medications—including dosages and frequency of administration—this

improves communication and meets an important goal of good patient care, he said.

"Instilling in each patient an awareness of his or her medications in terms of their names and functions is an important educational goal for every primary care physician," Dr. Simon added.

Physicians seeking to provide such information can use a variety of methods

to maintain each patient's medication list and share it with the patient, he noted.

The medication passports have gotten favorable responses from doctors and nurses—and especially from emergency room nurses.

"ER nurses are ecstatic when one of my patients comes in and has everything written down. In a geriatric practice, if you know the patient's medications, you know 90% of what's going on," he said.

His patients take it seriously when Dr. Simon reminds them to keep their medication lists with them at all times.

"Several weeks ago, a patient came in with a tattered and discolored medication sheet. It turned out that she was a patient I had seen 3 years ago when I was covering for a colleague, and that was the original sheet I had printed out for her," Dr. Simon recalled in an interview. The woman had crossed out the medications that she was no longer taking, and had added new ones.

"When her doctor retired and she came back to me with that old list, my jaw dropped," he said. ■



Arnold Jay Simon, M.D.

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