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A WEEKLY REPORT ON PRACTICE
MANAGEMENT

Here is your copy of *Physicians Practice Pearls*®, a free weekly newsletter from the publishers of Physicians Practice, America's Leading Practice Management Journal. *Physicians Practice Pearls* provides an insider's perspective on the latest issues affecting medical practices. To review the current issue of the journal or to read archived articles, visit www.PhysiciansPractice.com.

THIS WEEK'S FEATURES:

- 1) **Presentation is sooo important**
- 2) **Partnering with PAs**
- 3) **Pssst! What's the password?**
- 4) **Passing the bucks**

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1) Presentation is sooo important

What has happened to the pristine and professional appearance once expected in the medical office? These days, I visit medical practices that have taken a relaxed, casual environment to the extreme in terms of dress codes, attitudes, and environment.

Take a fresh look at the image you are projecting. Is it time to shift into a higher gear?

For starters, cast a critiquing eye on the **appearance** of those that represent you -- staff! I see way too many jeans, tennis shoes, and front-office staff in scrubs that look more like slept-in pajamas. You may deem it fine for clinical staff to wear scrubs, as long as they are clean and pressed, but I vote to have front-office staff dressed in business casual attire. This means absolutely no jeans, bare midriffs, t-shirts, flip-flops, or tennis shoes. Add to this the *sensible* use of jewelry and make-up. State all this very clearly in the practice office policy's dress code, and reinforce it when hiring new staff. And doctors, you set the tone. If you want more respect, dress the part.

How about the **attitude** projected by your practice? "May I help you?" goes a long way in building both patient relations and a positive image. Get rid of the sign-in sheet. Instead, have staff actually greet each patient with a smile while offering assistance. I rarely see this when I am conducting mystery patient visits, and it's so easy to fix.

Finally, what does your practice **environment** say about you? It should be as cozy and well-maintained as a room in your home. Good lighting and comfortable furniture are "must haves." Any carpeting should be in good repair; if not, replace it. Also, take a good look at the reading material you're offering. You might have your own airplane, but don't flaunt it with a barrage of aviation magazines in the reception room. The magazines should be current and reflect the interest of your patients. And while you're at it, get rid of the television. Who wants to listen to someone else's favorite soap opera or a program that is not age appropriate? Make sure your furnishings are well-maintained and in vogue. Recently, I visited an office where the color and theme was reminiscent of the '70s (and not in a "retro chic" way). This can lead people to wonder if perhaps the physicians' skills haven't been updated either. And of course, your office should always be able to pass a "white glove" test.

Your office and staff are an extension of you and how your patients view you. Give these important issues the attention they deserve. Then make a commitment to keep it that way. You'll be glad you did.

Judy Capko is a healthcare consultant with more than 20 years of experience. She is also the founder of Capko & Company (www.capko.com). Her

the top-selling book "Secrets of the Best-Run Practices," Greenbranch Publishing. Judy has received national recognition in her field, working with both small and large practices, as well as major academic faculty practices from coast to coast. She is a popular speaker for major healthcare conferences and healthcare executive summits. She can be reached at judy@capko.com or 805 499 9203.

OPTIMIZING THE CARE OF PATIENTS WITH ALLERGIC RHINITIS: An Evidence-Based Approach to Diagnosis and Treatment (Part 1 of 2) - A Complimentary CME/CE Newsletter

Approximately 20 to 40 million people in the US suffer from allergic rhinitis (AR). Many patients however, are undiagnosed. This newsletter provides several tools to help simplify the diagnosis and treatment of AR.

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2) ASK THE EXPERTS: Partnering with PAs

QUESTION: I plan to open a clinic in which I can get a physician assistant (PA) involved as part owner of the company. I don't want to just pay a salary. I would like the venture to be fair for both of us.

ANSWER: I suggest you start working through this issue by meeting with an accountant who knows the rules relevant to physicians in your state.

One reason most physicians don't partner with nonphysicians is that then they can't incorporate as a professional company (PC), which has big tax implications. PCs tend to be defined as physician-owned organizations.

If you do decide to proceed with a PA partner, you'll also want some legal help to work out a very detailed partnership agreement. It needs to be crystal clear regarding how you will divide profits and what will happen if one partner decides to leave. Would that person have to buy out? How would the value of the practice be calculated? What would happen if you added another partner?

Work out these details now so there isn't any confusion down the line.

Also ask yourself why you're against paying a salary. It's hardly unfair to compensate someone well for work performed, and for a higher-than-average fee you can look for someone who can help with managerial-level tasks. Why dilute your equity? Keep in mind, too, that you may not find a PA with enough cash to invest in your practice. If your buy-in cost is low, that's fine; just make sure you don't cut yourself short for no reason.

-- Pamela Moore, PhD

Read more [questions and answers](#) from our experts on the [Physicians Practice Web site](#).

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3) HELPFUL HINTS: Pssst! What's the password?

It's important to keep the patient data in your office safe and secure. Here are some basic steps to take:

- Don't focus on electronic security at the expense of more mundane issues, such as locking the record room door.
- Create unique passwords for each staff member. Ideally, passwords should include numbers and letters and should be changed every 90 days, as well as whenever a staff person leaves. But don't make memorization so hard that staff resort to posting passwords on their monitors.
- HIPAA is the biggie for medical practices, but also pay attention to compliance rules meant to prevent identity theft. How are you protecting credit card and Social Security numbers?
- Be ever-vigilant for problems, and take corrective actions immediately.

Want to learn more? Read "[Technology: Data Security for Non-Techies](#)" in the NOVEMBER issue of [Physicians Practice](#).

C. DIFFICILE - STEMMING THE EMERGING EPIDEMIC

Despite the best efforts to prevent *Clostridium difficile*-associated disease (CDAD), these infections are more widespread than ever before.

Get the expert assessments of Drs. Rob Owens, L. Clifford McDonald, and Karl Weiss to remain current on the transmission, clinical features, prevention, and treatment of the most common cause of nosocomial infectious diarrhea in recent years.

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Download the complimentary CME/CE e-newsletter and Webcast online at www.CDiffCME.com.

4) DATA DIGEST: Passing the bucks

Behemoth managed-care organizations are gradually shifting greater portions of healthcare costs from employers to employees, which unfortunately presses physicians into the role of collection agencies. Consider that since 2000, the average member contribution to employer-provided healthcare premiums has risen 143 percent. Also, 2006 employee contributions for family health plans averaged \$3,000 annually -- a 10 percent increase since 2005.

For more details, read [Cost Versus Profit in Managed Care Today](#) on [The Verden Group's Web site](#).

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