

Clinicians' FORUM

From time to time, the editors of *Menopause Management* field interesting clinical questions and dilemmas. In this forum, our Editorial Advisory Board members, experts in a range of fields related to midlife women's health, tell readers how they handle these situations.

Participants

JoAnn V. Pinkerton, MD
Director, Midlife Health
Professor of Ob/Gyn
University of Virginia Health System
Charlottesville, Virginia

Cynthia A. Stuenkel, MD
Clinical Professor of Medicine
Division of Endocrine-Metabolism
University of California, San Diego

Peter F. Schnatz, DO, FACOG
Assistant Professor of ObGyn and Internal
Medicine
Director of Medical Student Education;
Department of ObGyn
The University of Connecticut School of Medicine
Director of the Women's Life Center
(Menopausal Medicine Clinic)
Hartford Hospital

Question: What are the two most important time-saving suggestions you have for the average gynecologist?

Answers:

Efficient, personable, holistic, individualized, patient centered—these are the goals of

modern menopause practices trying to meet the challenges presented by an increasingly educated group of women. Healthcare providers face daily pressures to increase productivity and see more patients per hour while facing growing financial strains. The goal of providing excellent patient-oriented care with maximum education and individualization runs counter to pressures to be more productive and efficient. Lack of time for physician-patient communication is a common complaint today, made by physicians and patients alike. In fact, as Kenneth Ludmerer points out in *Time to Heal*,¹ lack of time for communication is the major problem facing medicine today. Office visits are often rushed, and the patient who tries to communicate with his or her physician by telephone encounters many barriers (call center, answering services, answering machines, etc.).

My practice is primarily office-based within a busy Midlife Health Center at the University of Virginia, where over 8,000 patient visits occur per year. The most important change I made in my practice was learning to ask about major health issues, concerns or family issues at the *beginning* of the appointment. This not only increased patient satisfaction, but it avoids the “Oh, by the way” questions that would inevitably occur when I thought the appointment was over. Many times the need for the visit has to do with stress, depression, loss, grief or help navigating health care, and not just the original symptom that brought the patient in. For example, patients may present with a “breast lump” that is found to represent fibrocystic change. Reassuring the patient about her breast exam while asking about other concerns may lead to a discussion of more hidden issues.

Another change in my practice has been to schedule bone density studies in advance so that the results can be discussed during



JoAnn V. Pinkerton, MD

If a problem phone call with a patient takes more than 5 minutes without being resolved, a scheduled appointment is considered. Some issues are better resolved face to face.

the office visit. This will avoid the need for additional phone calls following the visit and improves decision making and discussion in the office.

Reducing Phone Calls

Anything that cuts down on the number of phone calls saves time and energy. Often a major issue in a medical practice—particularly with menopause practices—is figuring out how to deal with patient phone calls. Phone calls should be returned promptly without interfering with the flow of the clinic. In our practice this has necessitated a dedicated nurse on phone triage who follows approved triage protocols. We also mail test results to patients, and give patients a time frame within which to expect the results. This, it is hoped, prevents the phone calls about test results that are not urgent requests. If a problem phone call with a patient takes more than 5 minutes without being resolved, a scheduled appointment is considered. Some issues are better resolved face to face.

E-mail

E-mail may be another option for some practices. It is well suited for prescription refills, appointments, billing/insurance questions, nonurgent medical advice and nonurgent medical follow-up (including some types of test results).²⁻⁴ Issues *not* well suited for e-mail include urgent medical problems, mental health issues, drug- and alcohol-related disorders, information about HIV and other sexually transmitted diseases and work-related injuries or disabilities. Reimbursement is not currently

available for e-mail consultation. If e-mail is used in your practice, it is important to print out responses with a copy of the original question or request. E-mail is considered part of the medical record, and thus should be considered as discoverable in any type of legal action brought against you. Potential concerns associated with e-mail consultation include lack of confidentiality, potential start-up costs, additional workload and inappropriate use by patients.

Group Visits

An innovative solution to also consider is group visits for medical problems that lend themselves to mind-body approaches in which the same advice might benefit a group of patients.⁵⁻⁷ These are generally 90-minute appointments co-led by a physician and an additional health professional, and are often held at a designated time every week. The group visits allow improved understanding of a condition or health issue while imparting information and allaying anxiety. The potential also exists for a therapeutic dynamic to take place in which patients share information with one another that opens discussions of psychosocial issues related to their health. Group visits may increase physician productivity and decrease the practice's cost per visit. Group visits may also reduce backlogs in schedules and improve care, compliance and satisfaction for patients. It is important to note that these are care visits, not educational sessions.

In summary, preventive medical care is becoming increasingly office-based.⁸ With a rapidly changing field of knowledge, the ability to educate patients and offer preventive services during office visits allows us to meet the goal of patient-centered, holistic care and improved health care for menopausal women.

—JoAnn V. Pinkerton, MD

References

1. Ludmerer KM. *Time to heal: American medical education from the turn of the century to the era of managed care*. New York, NY: Oxford University Press, 1999.

2. Spicer J. Getting patients off hold and online. *Fam Pract Manage* 1999;6:34-8.
3. Roter DL, Hall JA. *Doctors talking with patients/patients talking with doctors: Improving communication in medical visits*. Westport, CT: Auburn House; 1993.
4. Kane B, Sands DZ, for the American Medical Informatics Association (AMIA) Working Group Task Force. *Guidelines for the clinical use of electronic mail*. http://www.amia.org/mbr-center/pubs/email_guidelines.asp [Accessed November 30, 2005]
5. Houck S, Kilo C, Scott JC. Group visits 101. *Fam Pract Manage* 2003;10:66-8.
6. Masley S, Sokoloff J, Hawes C. Planning group visits for high-risk patients. *Fam Pract Manage* 2000;7:33-7.
7. American Academy of Family Physicians. *Group visits (shared medical appointments)*. *Practice management series*. 2005. (<http://www.aafp.org/x14713.xml>) [Accessed November 20, 2005]
8. Davis K, Schoenbaum SC, Audet AMJ. A 20-20 vision of patient-centered primary care. *J Gen Intern Med* 2005;20:953-7.

In my opinion, the most time-consuming aspect of an office visit is the time spent tracking problems, laboratory results, medications and discussing/explaining new developments to patients (such as in hormone therapy for menopausal symptoms).

Flow Sheets

As gynecologists assume a broader role in women's primary care, your patient management responsibilities extend far beyond ensuring that an annual Pap smear and mammogram have been completed. As they age, women should be monitored for cardiovascular and osteoporosis risk factors, and cancer of

In addition to an active problem list with start and stop dates, a flow sheet for medications that lists dosages and medication start and stop dates also provides critical information to providers who cover your patients in your absence.

the colon, as well as cancer of the breast and pelvic organs. Immunizations need to be updated and medications need to be monitored. Depending on the medical record system in your office, tracking vital signs, tests results and procedures might be very straightforward (just click here) or involve a tedious shuffling through the patient's chart ("Madge, did we receive these test results yet?"). If available, an electronic medical record system provides data at your finger tips. Want to see the trend in the patient's high-density lipoprotein cholesterol level since menopause? Just click here. Want to see the last bone mineral density result and compare it to prior examinations? Just click here. What are the medications Mrs. Jones is taking and when did she start taking them? Another click. (You get the idea).

In the absence of an electronic system, it is essential to have some sort of "flow-sheet" system in a prominent place in the chart. In addition to an active problem list with start and stop dates, a flow sheet for medications that lists dosages and medication start and stop dates also provides critical information to providers who cover your patients in your absence. A lab flow sheet that lists the dates that tests were conducted will give you a quick look at the last screening and give you a sense of how far to dig through the chart for the results. Better yet, also include the test results in your flow sheet. These flow sheets can all be updated in real time as part of each visit. Women like seeing their "progress," and copies of the flow sheets can be given to your patient to encourage her, for example, as her low-density lipoprotein level responds to her new diet and exercise regimen. The initial time spent assembling these flow sheets will be more than compensated with time saved in the future, not to mention enhancing the quality of your patient care.



Cynthia A. Stuenkel, MD

Updating and educating your patients with recent medical findings and new developments

Education Resources

Updating and educating your patients with recent medical findings and new developments

The most practical advice for effective time management is to acknowledge what things are important to you, your family, your career, and your practice.

is another vitally important role you play. As you are well aware, women have discovered the Internet and look to it to provide information. It behooves you, then, to be familiar with accurate, balanced and unbiased sources to recommend to your patients. For menopause questions, The North American Menopause Society (NAMS) provides an unparalleled array of learning options. Some women will prefer to visit the NAMS Web site (www.menopause.org). The section of the Web site that reviews new publications with expert “translation” is excellent, especially when the news media might not give the full story. If you’re comfortable with e-mail, you can rapidly communicate your interpretation of medical news to your patients using e-mail bulletins. Depending upon how much time you wish to dedicate (this article is about saving you time), be certain to convey to your patients that your e-mail bulletins represent a “one-way street” in terms of communication. For women who would rather read from three-dimensional pages than surf the Web, NAMS offers helpful publications on induced and natural menopause. Either of these options gives women the chance to go back and reread, highlight their questions, and be one step ahead of the game when they get in the door to see you. Your time during your patient’s visit can then be confined to tailoring new findings to her individual situation, rather than launching into a general recitation for the umpteenth time.

– Cynthia A. Stuenkel, MD

The practice and teaching of medicine is extremely time-consuming. However, it is an

honor and a privilege to play such important roles in the lives of our patients, colleagues and students. Most of us knew that we were signing on to a very busy lifestyle, but it seems that more time-consuming tasks and requirements continue to enter our day-to-day practices. With mounting paperwork, more time needed to document medical-legal concerns, and a constant need to keep up to date with medical information and technology, there is limited time to do the things we want to do as physicians. While there are many techniques and strategies geared toward effective time management, I have come to several realizations in my own practice and life, which I share below.

The most practical advice for effective time management is to acknowledge what things are important to you, your family, your career and your practice. Chapter 3 of Stephen Covey’s *The Seven Habits of Highly Effective People*,¹ and Will Edwards’ article *The Seven Habits*² remind us that one strategy for keeping the priority items in focus is to categorize work, tasks, requests and opportunities as important or not important, and to subcategorize them as urgent or nonurgent. By doing this, items that are important and urgent would obviously take highest priority, while those that are neither urgent nor important will have low priority.

Especially for those coming through the rigorous training of medical school and residency, where we are rewarded for showing our extraordinary enthusiasm, it is not easy to say “no.” Regardless, the ability to say no is an important and essential skill.³ We must learn to politely decline offers that pull us from our focus, responsibilities and mission. There are countless numbers of opportunities that have value and importance, but may not be in line with one’s own priorities. While you may opt to accept an offer due to your relationships with, or commitments to, the people involved, it is important to understand the motivation for



Peter F. Schnatz, DO, FACOG

Make time for physical, mental and spiritual rest. We often feel that if we take any time away from being “productive” we will be wasting time or will be inefficient, but too much stress and pressure can cause fatigue, burnout, and even illness.

saying yes. You should not say yes because you are uncomfortable saying no.

Find creative ways to minimize time-consuming paperwork and develop ways that tasks can be handled by others. Having ancillary staff handle as many of these tasks as possible can be extremely effective. Some practitioners have patients fill out questionnaires to minimize the number of questions they need to ask during the office visit and to allow more time to talk about concerns. Dictating notes and having them transcribed can be a big time-saver. It can also be extremely helpful to have your staff do as much of the paperwork as possible during the visit, and for you to try to complete it prior to moving on. If this is not possible, you may want to schedule a catch-up appointment several times during the day.

This provides a segue into my second recommendation, which is to make time for physical, mental and spiritual rest. While scheduling a “time-out” during your busy office day can be very helpful, it is also important to do this in a more global sense. On page 287 of his book, Stephen Covey¹ asks his readers to imagine walking through the woods and stumbling upon a lumberjack who is busy and stressed about his onerous task of cutting down a large tree:

“You look exhausted!” you exclaim. “How long have you been at it?”

“Over five hours,” he returns, “and I’m beat! This is hard work.”

“Well, why don’t you take a break for a few minutes and sharpen that saw?” you inquire. “I’m sure it would go a lot faster.”

“I don’t have time to sharpen the saw,” the man says emphatically. “I’m too busy sawing!”

We often feel that if we take any time away from being “productive” we will be wasting time or will be inefficient. Although some stress and pressure are helpful in motivating us to be productive, too much can cause fatigue, burnout and even illness. It has been said that Martin Luther was once asked how much time he spent on a daily basis praying. He replied: “About two hours, unless I’m very busy. Then I pray for three.”⁴ While it seems like a counterproductive task, it is extremely important to exercise, to have quiet time, to be with family and to engage in the hobbies and extracurricular activities that we enjoy.

Don’t lose sight of the reasons you chose to practice and teach medicine. I recently took the time to write a mission statement and goals for my academic career, so I would not lose focus. I suggest that you do this, to keep focused on the things that are important. This may help motivate you to take steps to allocate some of the other time-consuming duties to others. Remember to make time for yourself. Although the word “self” is in that statement, it is not a selfish concept, but one that will make you more rested, healthier and more productive in the long-run.

– Peter F. Schnatz, DO, FACOG

References

1. Covey SR. *The seven habits of highly effective people*. First Fireside Edition. New York, NY: Simon and Schuster, 1990.
2. Edwards W. *The seven habits*. Available at: <http://www.whitedovebooks.co.uk/7-habits/7-habits.htm>. Accessed 12/08/05.
3. Dittmann M. Learning to say “no.” Available at: <http://gradpsych.apags.org/mar05/cover-sayno.html>. Accessed 12/10/05.
4. HePrayed.com. Available at: <http://www.heprayed.com/Quotes.htm>.