

Prescriptions *Medical Alert*

Fall 2008

E-Prescribing Makes Writing Scripts Easier

Handwritten prescriptions may soon be a thing of the past as growing numbers of medical practices move toward electronic prescribing systems that allow health care practitioners to send prescriptions directly to pharmacies. While setting up and learning how to use an e-prescription program generally requires an investment of time and money, physicians will likely find that e-prescribing pays for itself in improvements in productivity and efficiency, as well as in enhanced patient safety and patient satisfaction.

Functionality may vary, but most e-prescription systems manage online connections to pharmacies, while also automatically updating formularies, drug databases, and patient information. E-prescribing software can be purchased as part of complete electronic medical record (EMR) packages or as stand-alone applications that are hosted and maintained by software providers. If a medical group already has a practice management program in place, e-prescription software can be integrated into the existing system, enabling the practice to link patient and practice data with prescription writing functions.

There are many advantages to e-prescribing. When prescribing electronically, the physician opens the patient's record, chooses a condition or medication, enters dosage information, checks for any allergies or possible drug interactions, and confirms that the medication selected is included in the patient's insurance formulary. The completed prescription is then sent to the patient's pharmacy, usually directly into the pharmacy's database or, alternatively, by fax. This system is convenient for patients, who no longer have to deliver paper prescriptions to the pharmacy counter and wait for the prescrip-

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tion to be filled. Instead, the medication should be ready for pick-up by the time the patient reaches the pharmacy.

While certain steps of the e-prescribing process may take longer than handwriting a prescription on a pad, having quick access to updated formularies can reduce the amount of time it takes to complete a prescription, especially if the physician is able to refer to the patient's electronic medical record. E-prescribing also eliminates the need to make time-consuming calls to pharmacies to request new prescriptions or prescription refills. And, because the information sent to pharmacies electronically is transferred directly into the pharmacy's dispensing database in an easy-to-understand form, practice staff spend less time fielding calls from pharmacists asking for clarification of a prescription that is illegible or otherwise unclear.

Compared with conventional forms of script writing, medication errors are less likely to occur when e-prescription systems are used. Electronic transmissions eliminate the risk that a handwritten prescription will be misread, and e-prescription systems make it much easier to detect drug interactions, contraindications, and side effects. Physicians can also use the system to monitor whether patients have actually picked up their prescriptions. Some e-prescribing systems provide physicians with access to records of the prescriptions filled by individual patients at local pharmacies, making it easier to track patients' medication histories and to identify patients with possible drug abuse problems. Because e-prescribing systems can reduce the risk of liability,

some medical malpractice insurers will reduce rates for physicians who use the technology.

Most practices already have the hardware necessary to implement an e-prescribing system. The program can run on office desktop computers and notebooks. Some physicians may, however, prefer to use a personal digital assistant (PDA) or even a web-enabled smart phone when e-prescribing. Practices moving to e-prescribing and EMR systems should consider installing Wi-Fi access points throughout the office so that physicians and staff can use a variety of devices when performing administrative tasks electronically.

In addition to having the support of a number of professional organizations, including the American Medical Association (AMA) and the American Pharmacists Association, e-prescribing is being actively promoted by the federal government. To encourage e-prescribing of all types of medications, the Drug Enforcement Administration (DEA) recently announced it is considering altering its regulations to allow physicians to e-prescribe controlled substances, rather than maintaining the current requirement that physicians sign each prescription for a controlled substance by hand. The Medicare Modernization Act (MMA) of 2003 includes a requirement that drug plans participating in Medicare Part D support e-prescribing. In 2009 and 2010, Medicare will give physicians who use e-prescribing an additional 2% bonus on top of their usual fee. Smaller bonuses for e-prescribing will be available from 2011–2013. *P*

Dealing with Difficult Patients

Nearly all physicians who practice medicine have been confronted with patients who could be classified as "difficult." They may exasperate health care providers with their seemingly excessive demands or apparent unwillingness to follow medical recommendations, but they likely still have a legitimate need for a physician's care, and should therefore be offered treatment.

Physicians who find that they are frequently confronted with "difficult" patients may want to ask themselves what they could be doing to contrib-

ute to the problem. Patients may become difficult because they feel that their needs and concerns have not been adequately acknowledged and addressed. Studies have shown that less-experienced doctors are more likely than their older colleagues to complain that their patients are hard to deal with. Findings such as these suggest that over time, more experienced physicians develop techniques for relating to patients that tend to reduce patient anxiety and the chances that patients will become demanding or angry.

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Appraising the Fair Market Value of Your Practice

There are many reasons why physicians may want to assess the value of their practices, including intentions to sell or merge with another group or hospital, or when a new associate is buying into a practice or a senior partner is retiring. Assigning a dollar value to a practice may also become necessary in cases of divorce or litigation, or for estate planning or insurance purposes. Physicians may also simply want to know the value of their practices to better understand their positions in the marketplace, which can, in turn, help them to craft strategies for improving competitiveness and profitability.

An appraisal of the fair market value of a practice is only a snapshot of the group's approximate worth at a given point in time. Depending on the assumptions they use and the factors they take into account, different valuation experts can often come up with very different estimates of a practice's worth. It is, therefore, important that physicians understand the methods appraisers may use in determining the value of their practices.

When determining the value of a practice, valuers will generally look at tangible assets, such as the current market value of property, equipment, and location; and intangible assets, or goodwill, such as the demographics of the patient base, relationships with payers, and the age and health of the practitioners. While tallying up the value of a practice's tangible assets is relatively straightforward, estimating the worth of a practice's goodwill is much more complex, especially because it involves making predictions about the impact of future developments, such as the likelihood that Medicare reimbursements will rise in certain increments.

The most basic method for valuing a practice is the market approach, which compares the practice with the prices assigned to similar groups in the area that are for sale or have been recently sold. While this method may be reasonably effective when applied to real estate, it is usually too crude for use in assessing the worth of a medical practice. Relatively few physicians' practices will be sold in a given area in a given time frame. Also, these practices may not, in fact, be similar, due to factors such as the specialties of the physicians, vastly differing revenues and expenses, or reasons that are harder to quantify, such as reputation and patient loyalty.

Most appraisers rely on benchmark reports that allow them to compare the characteristics of one practice against practices with similar features, but such benchmarking efforts are necessarily inexact.

Taking advantage of an approach frequently applied in valuing small businesses, an appraiser may set out to determine the value of a practice by using the discounted cash flow method, which attempts to project future earnings by estimating future cash flows, minus capital expenditures and working capital. Appraisers of medical practices sometimes employ the income approach method, which uses risk-based assumptions about developments in the practice's patient base, the types and volume of services and procedures likely to be performed, and expected reimbursements. But again, these can at best serve as rough guesses of a practice's future profitability and value.



Physicians may rely on referrals from trusted professional advisers or colleagues when hiring a consultant or appraiser, but they should always check the appraiser's references, credentials, and resume before disclosing the practice's financial details. Reputable appraisers generally belong to one or more recognized professional associations, such as the Institute of Business Appraisers or the National Association of Certified Valuation Analysts. The appraiser should have specific knowledge of, and experience in, determining the value of medical practices, not just in valuing businesses. To ensure that the valuation is as accurate as possible, valuers should be well-informed about issues that could affect physicians' revenues in the future, such as new legislation and developments in the health care industry. *P*

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Even when the time available for visits is short, physicians should make an effort to greet each patient politely, listen attentively as the patient explains the problem, and respond as thoroughly as possible to the issues raised. When the patient seems upset or disturbed, the physician should open a discussion about the reasons why. If the patient is refusing to take prescribed medication or follow a treatment plan, the physician should talk to the patient about the motivations behind the non-compliance and attempt to allay any fears or concerns the patient may have that are preventing him or her from complying with medical advice.

If time is running out, the doctor can ask the patient to set up another appointment for a later date or arrange to see a nurse practitioner, social worker, or other medical or mental health specialist who may be able to help. In some cases, the physician may also ask the patient to e-mail or phone the practice with any unresolved issues.

When conflicts occur or tension in the doctor-patient relationship becomes obvious, the physician may wish to ask the patient directly if he or she is dissatisfied with their interactions, and elicit suggestions from the patient on how these negative exchanges might be improved. If the patient is making demands that are unreasonable or is intruding upon the professional or personal lives of practitioners, physicians must be prepared to set firm boundaries, explaining as precisely as possible what types of behavior are unacceptable. Physicians should always record or otherwise document conversations of this nature.

In dealing with difficult patients and their families, physicians should keep in mind that miscommunication is most frequently at the root of the problem, and that additional efforts to communicate effectively and empathetically can defuse most conflicts, eventually turning difficult patients into satisfied patients. *P*

More Practices Add Alternative Therapies

According to a survey conducted by staffing firm Jackson & Coker, growing numbers of physicians are incorporating complementary and alternative medicine (CAM) into their practices, referring patients to alternative health practitioners or even using alternative therapies to improve their own health and well-being.

The survey of more than 300 health professionals, most of whom are physicians, showed that 44% occasionally use CAM approaches in their own medical practices, while 4% do so frequently and 22% do not do so at all. Meanwhile, 30% of respondents said they plan to incorporate more CAM therapies into their practices, 28% said they might add more alternative therapies, and 31% indicated they would probably not add CAM procedures.

When asked to identify the areas in which they thought CAM modalities, such as acupuncture and reflexology, might be most beneficial to health, 19% cited stress relief; 15.6%, improving general health; 13.3%, pain management; 11.4%, improving mental alertness; 9.3%, weight reduction; and 8.2%, reducing hypertension.

Among those health practitioners surveyed who are using CAM therapies, the leading reasons they gave for doing so were their personal belief in the effectiveness of alternative medicine, growing numbers of requests from patients, a desire for additional sources of revenue, and a more favorable view of CAM therapies by insurers. *P*