



Voices of Medicine



By Del Meyer, MD

Re-scripting medicine, successful Electronic Health Records, a plea for the hearing impaired.

I am happy being a doctor, I am well compensated, I am...

Kate McCaffrey, DO, discusses "Re-scripting Our Profession" in the President's Message column of *The Bulletin* of the Humboldt-Del Norte County Medical Society, March 2008:

I have been re-scripting my self-talk lately. It helps being around optimistic medical students who aren't jaded by the storms of practice and the insurance sharks.

Instead of saying, it's hard practicing medicine I say to myself, I am happy being a doctor, my patients and colleagues respect me and I am being compensated well for my efforts and expertise. I have committed to re-scripting my thoughts for one month. As a scientist, I like to test my hypotheses. I'll let you know how the re-scripting goes and what changes, if anything!

On the larger scale, I think our profession needs to re-script itself. The public still has the highest regards for doctors. When we complain, we erode this reputation. If any of you has had the unfortunate experience of being injured or ill, you know how important the opinion of your physician can be...

As the Touro University medical students arrive in Humboldt and Del Norte this June, I will think about how I am portraying our profession with my words. Yes, it is broken, but am I living in the problem or in denial or am I living in the solution? Am I calling and emailing my representatives?

Am I involved locally? I will become aware of my version of the torch I am passing on to the next generation. How can I involve them in the local and state political process early in their careers? What hope and reassurance can I give them that they still entered one of the most important and revered professions in the world?...

The entire column can be read at
www.humboldt1.com/~medsoc/images/bulletins/MARCH%202008%20BULLETIN_for%20web.pdf

Electronic Health Records

"Nine Strategies for Successful EHR Adoption" by John C. Whitham and Steve Davis, DO, appears in the January 2008 issue of *Vital Signs*, published by the Fresno-Madera Medical Society and Kern County Medical Society:

If you are going to implement an EHR system, following are 9 guidelines to managing the art of successful system adoption:

1. **It is imperative to minimize the impact to a physician practice's cash flow...**
Regardless of how well the system works or how spectacular the other components are, if income to the practice stalls, the physician's perception is that the whole implementation is a disaster. Practices will always assume it is the implementer's fault, no matter the circumstances...
2. **Include an evaluation of the practice's billing, business, and clinical processes and practices in your preimplementation evaluation.** Each practice has its own unique processes and business and clinical practices, and the practices need to understand that a new system will not allow them to always do things the way they have always been done...
3. **Make sure that the practice's lead physicians are "leading" staff and other physicians to effectively manage change and that their motives are understood.** Each practice needs to have good leadership to get the rank-and-file to follow and be enthusiastic...
4. **The practice management system is a tool for billing, not a system that "does" the billing...**
5. **If an office is unreliable and difficult in the training and implementation process, then they will be unreliable and difficult in using the new system...**
6. **Find the reliable and enthusiastic individuals within the practice to be the super-users for the practice...**
7. **Allow adequate opportunities for "practice" between training and go live...**
8. **Develop a post-implementation follow-up process for both the practice management system and the electronic health record...**
9. **Understand that the electronic health record implementation is difficult...**

John C. Whitham is a partner who chairs the Clinical Integration Practice in the JHD Group. Dr. Steven Davis is medical director of Physician Associates Clinical Integration Services (PACIS), and a Board Member of Physician Associates, an 800-member IPA based in Pasadena, California.

Details of the nine strategies appear at www.fmms.org/pdf/Jan08_VS_FINAL.pdf

Can You Hear Me Now?

Basil Meyerowitz, MD, who is hearing impaired, writes "A Plea to the Hearing Intact: Advice to the Auditory Challenged," in the San Mateo County Medical Association *Bulletin* of March 2008:

...Those that don't have this disability often don't recognize our plight and do not try to alleviate the problem...and some treat the hard of hearing as if they are intentionally plotting to not hear (although, in some circumstances, it may be an advantage not to hear some things, but this is rare indeed).

We sufferers are able to recognize that hearing aids do help, but they are not a panacea, particularly in areas that have poor acoustics or are occupied by large crowds. And sometimes, hearing aids work a little too well! For example, wind noise is greatly enhanced, and raindrops falling on an unfurled umbrella sound very loud indeed.

A hearing aid's basic principal is to maximize sound waves as they reach the ear. However, hearing aids accentuate ALL sound waves (even extraneous ones), which frequently overwhelm the voices of those one wishes to hear. It is possible to adjust one's hearing aids to try to pick up selected sounds, but this is difficult to engineer: For example, when sitting in a restaurant, background noise is impossible to filter out.

At public meetings or lectures, if the sound system is good - although most often it is not - it is relatively easy to follow the speaker. However, some lecturers and lay speakers are not always familiar with the proper use of microphones.

Moreover, even in normal discourse, too many people are careless with their speech. A good many speak softly or indistinctly; some speak very quickly without enunciating their words. At mealtime, speech is often garbled by food in the mouth of the speaker...

Tips for the Hearing Impaired...

When conversing in person or by telephone, it's a good idea to immediately announce that one is hard of hearing and to request the speaker to please speak louder and a little slower.

Conversations on cell phones, even in the best of circumstances, are often awkward. Instead, request using a landline phone.

A speakerphone permits the listener use of both ears at the same time...

There are innumerable web sites that offer advice to the hearing impaired...or for those that want or need to have a sensible dialogue with somebody that is hard of hearing. One that I found... [is] The Hearing Exchange (www.hearingexchange.com)...

Perhaps my plea should be directed to unite those of us with hearing problems (and it appears there is no shortage of fellow sufferers) instead of those that do not. We need to have our disability taken more seriously.

The complete article is at
www.smcma.org/Bulletin/BulletinIssues/March08issue/BULLETIN-0803_Meyerowitz.pdf

DelMeyer@MedicalTuesday.net

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved