

# Check Your Practice Pulse Annually by Doing a Practice Assessment

By **Margie Satinsky, M.B.A.**

When is the last time you stepped back and objectively assessed all aspects of your medical practice? If you are like most busy physicians who are managing increased patient loads and day-to-day operations, you haven't made that effort recently.

## What Is a Practice Assessment and Why Do It?

A practice assessment is an objective evaluation of the current status of a medical practice. A thorough practice assessment focuses on organization and management, financial management, marketing (including Website), information technology (including software systems, hardware and IT support), quality measurement, human resources and compliance (HIPAA and other government regulations) and the way in which all of these areas impact workflow.

Well-run practices conduct a practice assessment every year. They use the findings to identify aspects of practice management that work well and those that need improvement. The assessment may be used as the first step in a formal strategic-planning process. The first practice assessment takes the most amount of time. Subsequent efforts require less time and effort.

### Suggested Steps

**1. Seek external expertise.** Although it's possible to designate an internal member of the practice as the individual who is responsible for designing and executing a

practice assessment, it makes more sense to engage someone outside the practice. Outsiders can be more objective than insiders. They don't need to worry about office hierarchy and politics or the potential impact of the assessment project on their jobs. Insiders are more candid with someone who is outside the organization than they are with a colleague or co-worker. Outsiders also have the advantage of offering the practice practical suggestions that may have been effective in other similar situations.

### 2. Designate an internal point person.

Effective practice assessments combine good questions and recommendations developed by the external consultant with thoughtful input by the practice. An internal point person can smooth the way. In a private practice environment, the physician owner is usually the most appropriate person to serve as the liaison with the external consultant.

### 3. Solicit input from many people.

Maximize the number of clinical and administrative staff that provides input to the assessment questions. Different people have different perspectives on each issue, and the goal is to solicit as much information as possible. Inevitably, some of the information will conflict; everyone has his/her own opinion on a given situation and remedial action. Many practices solicit information from patients as well as from workforce members.

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### 4. Design and execute the game plan for the assessment.

We recommend a face-to-face meeting to begin the fact-finding process. Once the consultant has basic knowledge about the way in which the practice works and some of the perceived issues, he/she can develop a draft customized list of questions to share with practice leaders in order to obtain their input.

After the assessment questions have been finalized, solicit input from all or selected clinical and administrative staff and possibly from patients. For workforce members, we like to send an electronic version of the project and the assessment questions, offering each person the opportunity to read the information prior to the all-important face-to-face interview.

A candid and confidential one-on-one conversation reveals far more than a computer-generated survey. With respect to patient input, effective tools are small focus groups, brief online surveys and, less frequently, one-on-one interviews.

**5. Combine the results of the assessment questions.** After everyone has

responded to the assessment questions, combine the answers, respecting confidentiality and preserving the anonymity of the responses.

#### Use Assessment Results

The assessment may be used as the foundation for a formal strategic plan. Or the practice may decide to act on particular urgent

suggestions, postponing the development of a strategic plan until a later date.

Consider the first independent practice assessment as a baseline. Repeat the process again within a year, taking the opportunity to note progress and items still to be addressed.

# Pediatric Care Is More Than Skin Deep

By **Eric D. Challgren, M.D.**

A dermatologists treating pediatric patients must overcome a unique set of complications when treating children. Even innocuous skin conditions on a child can have a massive impact on his or her wellbeing.

While all health care includes significant emotional aspects, it is particularly important in dermatology to consider the self-confidence and self-perception of patients. This is because skin carries with it a unique set of psychological aspects.

Our skin is inextricably connected to how people perceive us and how we perceive ourselves. It even goes beyond the patients themselves, such as parents, who are concerned about the health (and perceived health) of their children.

For example, parents of children with neonatal acne have to deal with feelings of guilt and insecurities about the future, compounded by glances from other parents. Although the acne will most likely clear up on its own, a doctor must navigate between the physical and psychological wellbeing of patients and family. Deciding on treatments can quickly become complex.

Doctors also must consider the more

immediate psychological impact on children who will have to undergo multiple uncomfortable treatments. If a child comes in once and experiences pain, she will likely begin to resist future treatments. As a result, the treatment process can become much harder for both the parents and the doctor.

Of course, there is no easy way to prepare a patient for discomfort and even pain. So a doctor must try to maintain the trust of the patient and accompanying caretakers. That means having an honest dialogue – even if the patient is a child – on what to expect.

Today, a doctor's responsibility when treating children goes beyond proper diagnosis and prescription. It not only involves designing treatment plans, but proposing them and effectively educating parents or caretakers on successful continuation outside of the doctor's office. When treating teenagers, tenable solutions will include methods to help them accept, actively participate in and remember treatments.

There is a lot at stake when we talk about pediatric dermatology. Children's confidence is perhaps the single largest factor for success.



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As a result, being a dermatologist treating children can be both intimidating and rewarding. It involves recognition of the deep-seated emotional lives of both children and parents. The rewards are the thanks we get for our work – even if it sometimes isn't until five years down the road – when parents return for their own treatments and tell us that coming here was one of the best things they ever did for their child.