

# SERIOUS ABOUT PAIN RELIEF?

## Guest editorial

### Practice management

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*Darryl is a UCT graduate with qualifications from South Africa, the United States and Canada. In 1993 he left a promising research career in North America to return to the 'new' South Africa. He has extensive experience in general and specialist practice with a passion for practice efficiency (as early as 1994 Darryl's obstetrics and gynaecology practice was paperless and completely automated). In 1996 he started one of the first electronic obstetrics and gynaecology CME programmes. Darryl sits on the ASTM international committee, tasked with standardising medical communication and has previously chaired the HIV subcommittee.*

This edition of *CME* is devoted to practice management; a subject which receives insufficient attention at medical school, with the result that many physicians enter private practice ill-equipped and often daunted.

Efficient practice management has long been my passion and, as such, I feel privileged to share some thoughts with you. As a surgeon, I have a deep-seated abhorrence at doing the same task more than once, or doing it inefficiently. For most of us, our most precious resource is time; the practice should run as efficiently as an operating theatre – well-managed practices should require minimal additional paperwork once the last patient has left the rooms.

In the broadest sense, practice management can be divided into three categories: financial, office management and logistics, and management directly affecting patient care.

This short series of articles attempts to address some of the more important issues. We are fortunate, in southern Africa, to have access to excellent systems which facilitate the financial management of our practices. This *CME* includes articles from some of the leaders in this field.

Dimitri Tzitzivacos is the founder of EMD, one of the profession's fastest growing practice management systems. His approach to ICD-10 is particularly effective and we are therefore grateful to him for agreeing to write the article on the ICD-10 system.

Gary Tainton is the medical director of MedEDI which, like EMD, combines a practice management system with claims submission. Dr Tainton received considerable assistance, constructive criticism and input from, among others, Peter Kennedy of DHS. The intent of the article is to help practitioners select the optimal means to submit claims to medical aids.

Selwyn Moskovitz, the founder of Healthfocus, has written an insightful article about practice administration.

While a private practitioner's livelihood (and therefore his or her ongoing ability to care for patients) depends upon managing cash flow, practice management encompasses much more than finance. Organisation of clinical information, respect for patient privacy and effective communication with other physicians, are all important and often neglected aspects of practice management. In fact, optimal management of the clinical aspect of one's practice is arguably the most important factor in providing quality care and suboptimal

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management is responsible for much of the cost escalation (for example, it has been shown that 30% of lab tests are re-ordered because the original result could not be found!). In the article on confidentiality I describe one of my own errors, one that caused me considerable stress, yet could easily have been prevented if I had had the foresight to implement a simple audit system.

The fact that so much important clinical information is buried, forever, in paper files and will never be accessible to academic audit is one of the major impediments to the advancement of clinical medicine. It has been shown that patients receive the recommended care less than 60% of the time. This is no longer acceptable – we have the tools to improve the situation and, if we are to offer our patients the care they deserve, we must find the courage to embrace technology.

Trevor Gertholtz, the developer of BART (an electronic medical record for nephrologists) and Marcus van Heerden, a gynaecologist in private practice, have kindly shared their unique insights regarding documentation of the patient encounter. Since clinical documentation is such an important consideration in medico-legal cases, a short article from Canada, giving guidelines for improved medical records, is also included.

It is my belief that in years to come we will look back at our current, somewhat cavalier, approach to patient confidentiality in dismay. A short article looking at how paper laboratory reports routinely jeopardise patient privacy is therefore also included.

The widespread, inexpensive, availability of broadband internet connections heralds the dawn of a new online era. The ability to securely organise and store confidential patient information and to have it accessible from anywhere, is truly revolutionary. Already, up-to-date clinical guidelines are instantly available – watch this space for the next evolutionary leap, real-time assistance with clinical decision making!

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