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ACCESS

A publication for the physicians and providers of the Health Care District

FROM THE DESK OF THE CHIEF MEDICAL OFFICER

Benefits of Cervical Cancer Screening

Cervical cancer is an example of one disease that can be largely prevented through a detection program of periodic screenings. Studies provide evidence that the use of Pap smears for screening has been associated with reduction in morbidity and mortality due to cervical cancer.

The recommended frequency of Pap smears varies from organization to organization and depends on the population being screened. Healthy Palm Beaches serves a population that is at higher risk for cervical cancer than the general population.

The recommended guidelines for screening this population adopted by the Health Care District of Palm Beach County from the Health Care Effectiveness Data and Information Set Specifications - Level I Preventive Services *(Must assess the need and offer to each patient)* are the following:

- **Age 19 to 39 years**
  No screening before age 21 regardless of age or onset of sexual activity. Screening every 2 years between ages 21-29 and every 3 years after age 30, after 3 consecutive normal Pap tests.

- **Age 40 to 64 years**
  Every 3 years, after 3 consecutive normal Pap test.

- **Age 65 Years and Older**
  Stop screening between ages 65-70, if no abnormal Pap tests in 10 years.

Over the next year, we would like to increase the number of eligible women who receive an annual Pap smear. As providers you can assist us by:

1. Offering Pap smears to all new members who meet the screening guidelines.

2. Assisting members in obtaining the services they need.

We appreciate all of your efforts to improve the health of our members. Screening and early detection of cervical cancer is an important part of this work.

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Chief Executive Officer
Chief Medical Officer

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Health Care District
PALM BEACH COUNTY

Physician/Provider Bulletin

Subject: Evaluation and Management Service Guidelines	
Plan: Coordinated Care	**Bulletin Date:** November 14, 2013
Bulletin Number: 13 - 07	**Effective Date:** N/A

The purpose of this bulletin is to assist participating providers in distinguishing between new and established patients.

New versus Established Patients

CPT definitions clearly state:

- A ***new patient*** is "one who has not received any professional services from the physician, another physician or an ancillary provider (including ARNP's and P.A.'s) of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years".

- An ***established patient*** has received professional services from the physician, another physician or an ancillary provider (including ARNP's and P.A.'s) of the exact same specialty and subspecialty who belongs to the same group practice, within the prior three years.

Key Points:

To determine if your patient is new or established, you must understand two terms used in CPT's definition of a new or established patient; "professional service" and "group practice".

- **Professional Service** = Face to face services rendered by a physician and reported by a specific CPT code (s).

- **Group Practice/Ancillary Providers** = Single specialty or multiple specialty practices are considered a single "group" if they have the same tax identification number.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659 -1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.

We will be sharing *Provider Risk Resolution Tips* in future Newsletters

Provider Risk Resolution Tips - Risk Management

In this issue we will concentrate on Communication Between Patient and Physician, part 2.

What Not to Say to the Patient

Developing good communication skills is essential to the delivery of good care. The following are some suggestions of things you should not say to the patient.[1]

- **Avoid saying to your patient "Don't worry about that now. Let's just focus on getting you better".** Patient's need to feel their concerns are valid. This type of statement comes across as dismissive and a sign of disrespect.

- **Don't be critical of patients who have researched their symptoms on the internet.** Instead you should respect the patient as a partner in the treatment decision-making process. Dismissing a patient's research may run the risk of overlooking something important.

- **Don't be the "Calm down" guy** - Many normally calm people can quickly reach a boiling point when they are not feeling well. While keeping calm can be a challenge, don't get angry in return. If you have any sense that the patient is showing signs of becoming upset or angry, you must quickly take action to help the patient vent his feelings in a productive manner. Keep some distance between you and the patient and don't respond until the patient is done. Remember your body language. Don't stand with your hands on your hips or crossed. Empathize with them and acknowledge their feelings. Make an inquiry as to what it is the patient actually wants. Not every patient will calm down. For those that become angry and threatening, then do not hesitate to call for security or the police. You could also establish a code word amongst your staff, which would prompt them to alert the police.

- **Don't say "Do you understand"** - Most patients will respond by saying "yes" whether they understood or not. As an alternative, have the patient repeat back to you their understanding of what you have told them.

- **Don't say anything in a dominant tone of voice** - The manner in which you speak can be as important as what it is you have to say. Being harsh transmit a lack of empathy.

- **Avoid sarcastic comments** - Sarcasm is actually hostility disguised as humor and is a subtle form of bullying. Not all sarcasm is bad, but use it sparingly if you want to add an element of humor.[2] Humor has a positive effect on relieving anxiety while sarcasm has the opposite effect.

- **Avoid the use of medical jargon** - Using medical jargon such as BMI, LDL and the phrase pre-diabetes leads to miss information. The patient's understanding of the terms you're using may be very different than the actual meaning. For example instead of using fatigue, use tired; instead of edema, use swelling; instead of chronic, use it happens again and again.

- **Slow down and listen** - Sit down during patient encounters. Don't rush to respond. Instead, allow the patient to finish, pause for 2 seconds to make sure they are done speaking, and then respond. Patient's measure quality on how well you listened, validated their complaints and acknowledged their concerns.

In summary, there is a great deal of evidence linking physician-patient communication to important outcomes such as patient dissatisfaction, doctor shopping, poor adherence to medical directions and poor health outcomes.

[1] Westgate, A. The Top Ten Things Doctors Should Never Say to Patients Physician's Practice February 19, 2014
[2] Lazarus, C. Think Sarcasm is Funny? Think Again. Psychology Today Think Well June 26, 2012

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Physician/Provider Bulletin

Subject: URGENT NOTICE - HIPAA VIOLATION	
Plan: Coordinated Care, Option 1	**Bulletin Date:** February 5, 2014
Bulletin Number: 14-002	**Effective Date:** Immediately

The purpose of this bulletin is to inform all participating providers of a HIPAA violation.

URGENT NOTICE - HIPAA VIOLATION

PLEASE DOUBLE CHECK THE FAX NUMBER WHEN SENDING AUTHORIZATION REQUEST REFERRAL FORMS

Several providers are routinely faxing authorization referral forms to the wrong fax number. Each time your office does this there is a HIPAA Violation. The Violation is sending PHI to a non-authorized recipient.

To avoid this and ensure that your referral form is addressed timely, please carefully check the fax number before you send the form. **THE CORRECT FAX NUMBER IS (561) 835-8606.**

One suggestion is to use the stored fax number feature on your fax machine. Doing so can eliminate the error in dialing if the full number is being dialed each time a fax is sent.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.