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PRACTICAL
Dermatology
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Practical Pearls In This Issue

According to David M. Duffy, MD, measuring veins prior to sclerotherapy will help you and your patients set realistic expectations: "If they're under 0.3mm, assume there will be several treatments—at least three." If the veins appear dark purple and the patient is older and has had the veins for a significant amount of time one treatment at a low concentration will suffice. p. 52



Allow pediatric patients undergoing procedures to participate in decisions, such as the color of suture or dressings. In addition to providing patients a sense of control, the "cool" factor may further enhance patients' satisfaction with the procedure. p. 57

For better sclerotherapy results, immediately after administering sclerosant solution, Marlene J. Mash, MD uses a 26-gauge needle to inject several cc's of 0.9% sterile saline solution into the tissue surrounding the vessel. She continues to flush the area until the patient no longer experiences burning and then wipes the area clean with a gauze pad before applying the dressing. p. 51

Change or "evolution" in size, shape, symptoms, surface, and shades of color warrant attention from patients and physicians. Evolution may be especially significant in the early identification of nodular melanoma (NM) and superficial spreading melanoma (SSM). p. 55



An easy but effective internal marketing strategy raises awareness of the PA and avoids any possibility of perceived "slighting" by patients with long waits for the physician. Simply state whom the patient is going to see when they are called from the waiting room: "Mrs. Smith for [PA Name]." Don't be surprised if some patients who have had a long wait for the physician ask the receptionist if they can see the PA next time they come in. p. 33



Develop individual training plans for each staff member and update on a regular basis. Solicit input from employees and make every attempt to incorporate their goals and objectives for personal development into the training plan. Plans will vary by employee. p. 12

As a major change in the payment rules for 2005, injection and infusion codes may now be charged along with an E/M code if there is a significant, separately identifiable E/M service provided on the same day. If you received denials for claims made with CPT codes that have been replaced, resubmit the claims using the appropriate G Code. p. 14

Track the progress of each employee to help ensure he or she is meeting desired objective(s). Schedule regular training review meetings with staff to discuss results and update training plans as needed. In some cases, you may offer salary increases or job advancement to employees who have successfully completed a designated curriculum. p. 13

Consider creative measures for distraction for pediatric patients. Blowing bubbles is helpful for distraction of younger children. Videos, headphones, radios, and hand-held video games are great distracters for older children and adolescents. p. 56



To avoid potential problems from the start, referring physicians must know that the practice is adding a PA and that new patients may be seen by the new hire. Simply handing off referred patients to a PA or NP without the referring physician's knowledge — no matter how well qualified the PA or NP is — may be viewed as a breach of trust. p. 32