



Issue 2

May — June 2008

The NJFMRN on the move.....

Be part of the Network's First Medical Record Survey. An invitation is being sent to your office (via fax) in May, for one clinician at each office to complete and submit.

As a part of our dedication to you and your practice, we have designed a survey that will help us understand your experience with record keeping, EMR (electronic medical records), EHR (electronic health records) and their use in daily practice.

To accomplish this, we have developed a web-based survey that is short, but includes a number of important items that have been developed and used in both national and international surveys. The data we collect via this survey will be analyzed by experts from the NJFMRN and faculty from the Department of Family Medicine at the Robert Wood Johnson Medical School. These results will be shared with you via the NJFMRN website (<http://rvjms.umdnj.edu/njfmrn/>). Contact Terry Falco at 732-743-3387 or falcote@umdnj.edu for additional information.

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Practice Manager Update - - -

Practice manager's blog

Greetings to Practice Managers and Administrators across the Network. The Practice Manager Group has been a valuable resource for many practices in New Jersey. Over the past year we have covered many topics including one on coding that was especially helpful to my office with multiple staff changes. We have had speakers from various agencies; a fellow professional shared her offices "Practice Reference Binder" that we each received a copy of; we addressed the issue of an "Employee Handbook" and other practice related problems. Diane Lee, LPN from a Flemington Practice expressed frustration at one

meeting when she had received notice that LPN's & RN's needed 30 CEU's every 2 years. Terry Falco was able to collaborate with Regina Cunningham, PhD, RN from CINJ to obtain funding to cover a CEU program to be offered to practice nurses.

If you know of an interesting topic that would be helpful to managers please e-mail Terry Falco at falcote@umdnj.edu with your suggestions. With Family Practices struggling this is a great resource to bring managers together to share their thoughts and suggestions on how to run a successful practice. We here at Central Jersey Family Physicians (CJFP) have found the

Information I obtain at each meeting extremely helpful. I look forward to learning from each of you how to sustain and improve our practices. See you at the next meeting on June 4th in Somerset .

Carol Crocker

Central Jersey Family Physicians



Join and share your practice story - - - -

- We would like to hear your input
- Your research ideas are welcomed
- Take time and view our website - <http://rvjms.umdnj.edu/njfmrn>

Phone: (732) 743-3387
Fax: (732) 743-3395

Practice Management Training - - -

Earlier this year, Family Medicine residents at Robert Wood Johnson University Hospital (RWJUH) worked with clinical practices in the NJFMRN. All Family Medicine residents are required to have 100 hours in practice management as part of their residency training. Most outpatient training for the RWJUH Family Medicine residents occurs in an academic practice so residents are less familiar with private Family Medicine practices. Residency faculty wanted third year residents to receive some training in private practices to aid in their transition to being independent physicians. Residency faculty sought the assistance of Terry Falco the NJFMRN Program Administrator and she located two practices that were willing to each host a resident for two weeks.

In January and February, Naomi Grobstein, MD hosted Priya Kalyan, MD at her practice in Montclair, N.J. and in February and March, Catherine Schiano, DO and Michelle Tomlinson, DO hosted Bijal Dave, MD. Both Drs. Kalyan and Dave spoke highly of their practice management rotation experiences. They were able to see first hand what it was like for physicians in private practice as they did not just see patients but managed a business. Dr. Kalyan was impressed at how Dr. Grobstein's practice incorporated multiple computer based programs to provide services to patients including lab reports, referrals, prescriptions, electronic health records, and billing. At Dr. Schiano's and Dr. Tomlinson's practice, Dr. Dave learned first hand how to manage staff shortages and resolved billing issues as they arose in day-to-day practice. Both Drs. Dave and Kalyan were grateful for this experience.

If you would like to participate in hosting Family Medicine residents as they move through their practice management rotation, please contact Maria Pellerano at pellerma@umdnj.edu (phone 732-743-3335).

*Maria Pellerano, MA, MBA
Instructor*



New Project in the pipeline - - -

I have spent most of the last four years using qualitative methods to study how healing relationships develop and are maintained between clinicians and patients. That work has resulted in a conceptual model of healing relationships that has been accepted for publication in the Annals of Family Medicine. The current project is designed to use the information from that model to develop a patient survey to measure the presence and strength of healing relationships with clinicians. The survey items have been developed, and now it is necessary to pilot test the survey with a representative group of primary care patients. Once validated in this way, the survey will be a useful tool to look for connections between healing relationships and patient outcomes.

We will be asking network practices to participate in this pilot test. Participation will require very little effort on the part of practices. We will ask you to allow a research assistant to be present in your waiting room to recruit patients to take the survey. The research assistant will approach consecutive adults who come in for their appointments and will ask them if they are willing to take the survey home, fill it out and return it to us in a stamped, pre-addressed envelope. The goal is 20 patients per practice. We anticipate that we should be able to recruit the necessary patients in just a few days in each practice. The surveys will be completely anonymous, so there will be no way we can connect any patient iden-

tifying information with survey responses. When the results are analyzed, we will give network practices feedback about the results. We hope that this survey will be able to demonstrate in a quantitative way that doctor-patient relationships matter to patients, and that they affect important outcomes.

For additional information please contact my office at: 732-743-3295 ext. 2

**Healing Relationship Index
John Scott, MD, PhD**



Helping Smokers Quit - - -

Brief smoking cessation advice from the family doctor is the single most cost-effective preventive healthcare intervention available. But the trick is how to do it briefly but effectively. Recent research suggests that a few simple questions with a clear offer of help or referral can make a difference. The most basic questions are "Do you ever use tobacco?", followed by, "Roughly how many cigarettes do you smoke per day?". The cigarettes per day gives you a quick guide to how addicted the person is likely to be. Anyone smoking at least 10 cigarettes per day (and sometimes fewer), is likely to be somewhat addicted, and a pack per day or more indicates a high level of dependence. Smoking within a half hour of waking in the morning and waking at night to smoke are also indicators of dependence. Motivation to quit is clearly important, but here the doctor's role is to increase it, rather than just ask about it. So here is a useful way to put it:

"As your doctor I want to tell you that the single best thing you can do for your health right now is to quit smoking completely. I know that sometimes this can be hard, but I want you to know that we

now have effective treatments for smoking and I'd like to help you to quit. Are you interested in quitting?"

If the patient is interested in quitting, they can be informed about the effective medicines that are available (nicotine patch, gum and lozenge over the counter, and nicotine inhaler, nicotine nasal spray, Zyban and Chantix on prescription only). In addition, patients should be informed about New Jersey's three excellent free/low-cost smoking cessation services.

New Jersey Quitline (1-866-NJQUITS) is a free telephone counseling service; New Jersey Quitnet (www.nj.quitnet.com) a free online smoking cessation website with interactive components including chat-rooms and "ask-the-expert" facilities for those who register;



New Jersey Quitcenters are specialist tobacco dependence centers located around New Jersey (go to: <http://www.tobaccoprogram.org/quitcenters.htm> for details). These centers can provide an assessment, measure

exhaled carbon-monoxide, explain the medications, and provide ongoing group or individual counseling. All Quitcenters accept doctor and self referrals, including a direct "fax-to-quit" service. A referral form for the New Brunswick site can be downloaded and copied from: <http://www.tobaccoprogram.org/faxtoquit.htm>.

Family doctors are encouraged to follow a "5A" model of tobacco treatment: Ask, Advise, Assess, Assist, Arrange (follow-up). But in New Jersey with its many treatment services one also has the option of following a "2A and an R" model where you just have to Ask, Advise and Refer.

Contrary to common perception, patients actually appreciate it when their doctor asks about smoking and tries to help them quit. The patients see this as a sign that their doctor cares about their overall health and as an indicator of the quality of the service being provided.

Professor, Jonathan Foulds
Director, Tobacco Dependence Program at UMDNJ-School of Public Health.

Update on the Jersey Girl Study - - -

The Jersey Girl Study aims to evaluate factors affecting the onset of puberty. Research has consistently shown an elevated breast cancer risk for women with an early onset of menarche. Women having their first period before age 12 have approximately double the risk of developing breast cancer. At the same time, the age at initiation of puberty has been declining in the U.S. Breast cancer is a significant public health in New Jersey: over 6,000 new cases of breast cancer were expected in 2007.

We aim to recruit approximately 150 9 and 10 year-old girls for this phase of the study. Currently, 60 girls have completed all study materials. We

would like to thank the family practices that have helped us with the study, RWJ – UMG Pediatrics in Somerset and Hunterdon Family Practice and Obstetrics in Flemington. In the past few months, the study has received lots of press coverage, with articles featuring the study in the Star-Ledger, the Homes News Tribune, the Princeton Packet, the Bergen Records, among others. This generated enormous interest in the study across New Jersey. For example, right after the Star-Ledger article was published we received more than 100 emails and phone calls from people interested in helping with the study from all over New Jersey. We are currently seeking appropriate locations where we can schedule appointments with these participants in Northern New Jersey to collect urine and saliva samples and take their measurements. Please contact us at 732-235-9860 or jerseygirlstudy@umdnj.edu if your

family practice would like to help in providing a room for a few evenings/weekends so that we can accommodate these appointments.

If your practice would like to be involved in the Jersey Girl Study now or in the next phase of the study, please contact us. We would love to hear from you!

Elisa V. Bandera, MD, PhD
The Cancer Institute of New Jersey

May – June 2008



May

CEU Presentation (2credits)
May 20, 2008 6–8:30 pm
Topic: **Diabetes**

June

NJFMRN—June 4, 2008
Practice Manager Meeting
CEU Presentation (2 credits)
June 24, 2008 6 - 8:30 pm
Topic: **Nutrition**

July

NJFMRN—July 10, 2008
Board Members Meeting

September

NJFMRN—Sept. 17, 2008
Practice Manager Mtg.
CEU Presentation (2 credits)
Sept. 30, 2008 6 8:00pm
Topic: **Aging**

October

CEU Presentation (2credits)
Oct. 28, 2008 6–8:30 pm
Topic: **Pediatric**
Immunizations

