

MEditorial January 2009

“Maximizing the Value of Your Doctor Visit”

Happy new year!

I will diverge, this January of a new year, away from urologic-specific topics to give you the first of what I hope will be many of my opinions on your health care. I do this not as one who has written treatises on the subject, or is an expert on the economic state of health care in the U.S. However, as a physician who has practiced for over 20 years, I am keenly aware of and interested in what, from the patient’s viewpoint, optimizes health care, especially in the “one-on-one” office visit context.

First, who do you see when you have a problem? In an area such as Newport Beach, where I practice, many patients have several doctors. Unless you are sure what is causing your problem (or are already actively seeing a specialist for a complex matter), it is best to go from the general to the specific, therefore, start with your primary care physician. This could be a Family Doctor, Internist or Pediatrician; or for a perceived emergency, an ER doctor. You are better off seeing someone who will take at least a brief history of the problem and examine you. The inconvenience of getting partially undressed and submitting to a few unpleasanties is more than worth the knowledge gained to help treat you or simply provide reassurance. Those physicians who feel they can properly diagnose “over-the-phone” or by intuitively diagnosing without such basics, are just as likely to be wrong

as right. You should not want or need this. Granted time constraints in your doctor's schedule may not allow an immediate appointment or prolonged office interaction; then you should consider how urgent it is for you to be seen right away, thereby crowding the doctor's schedule and making your visit more cursory. Try to have some consistency in whom you see, so that the provider gets to know you well. Changing doctors often is usually not a good idea. Misdiagnoses, medical errors, and over-reliance on tests/procedures or prescription of medications occur less frequently when there is such familiarity. Most primary care physicians in this area are very competent, and can easily diagnose and treat your condition without resorting to an outside referral; give them a chance to do so, unless you are convinced the problem is very serious or potentially life-threatening.

Referral to a specialist is within the realm of judgment of the primary care doctor--with associated factors, e.g., "pressure" by the patient, insurance/cost issues. As relates to the primary care doctor, experience, self-confidence and rapport with you, as well as the complexity and urgency of the medical problem and specialist availability will help determine the threshold for referral.

The more specialized the doctor, the more you, the patient, should be armed, by the time of your visit, with helpful information.

Unfortunately, the system is imperfect, and communication between doctors is probably not what you envision. Even with the "electronic age" with e-mails, electronic health records, etc., physician conferencing over your care and its coordination may actually be less

than it was 30-40 years ago! For example, doctor primary care “A” may refer you to specialist doctor “B”; but not know the exact date of your appointment and therefore, await word from you on forwarding of pertinent records/x-rays, etc. It may be incumbent upon you to give the referring doctor a week’s notice to prepare and send the pertinent records, or have you pick them up. In my practice, I take it upon myself to forward records or make a phone call if I am referring a patient to another specialist. Especially in surgical specialty practices such as mine as a urologist, x-rays and similar studies which may have been done are important. We like to see the x-rays at the time of your visit, as well as review the report. The films from an ultrasound or CT do not automatically arrive in our office. In fact, when you have such a study done, promises by the radiology facility that these will be delivered to the specialist’s office are often not fulfilled. You are better off asking for a copy (often on a CD disc these days) to hand-carry with you to your appointment.

Think about your visit before you come in; this can be a week or a day in advance--or perhaps upon driving to the office. A few brief “mental” or handwritten “talking points” may be helpful, especially if you are anxious or feel you may forget what you wanted to get across. Some things to consider are the precise nature of your problem, how long you have had the symptoms, whether similar issues have occurred in the past and whether these have to some extent been addressed by another doctor. Do you have records of such assessments? What observations have you made about a pain, pattern of bleeding, or dysfunction? For example if you have a pain, is there any activity which makes it better or worse? Did it come on suddenly, gradually, or

intermittently? How much of a “bother” is the symptom, e.g., on a “1-10” scale? Exactly where is the pain located; and how large an area does it encompass? If you have trouble urinating, what is the relationship between your fluid intake and or use of diuretics, caffeine and alcohol, to urinary frequency/urgency? Is the urinary problem more that of storage of urine (urgency to urinate, often with decent flow) or emptying of urine (poor/intermittent/hesitant flow, perhaps without an urgent sensation)?

If available (such as on my website), fill out the patient medical information form before the doctor visit. Not only will this save time, it will enable you to recall what conditions you have had in the past, and to collect your thoughts about why you are being seen. If you have more than one problem, prioritize them. There may not be enough time to address all in one visit, but they are worthy raising in the order in which they bother you; on occasion, more than one problem, e.g., urination issues, elevated PSA blood test and finding blood in the urine, may be tied together into a unified diagnosis.

If you are hard-of-hearing, or have poor memory or a language barrier, it is most helpful to bring someone with you to the office visit to facilitate your care. It is better to have discussed the issues in advance with the intermediary, so as to avoid using most of the visit time “translating” all your issues in front of the doctor.

It may be helpful not only to ask questions of the doctor; but repeat back your understanding. For example, you may say, “let me be sure I have this right; you want me to have a CT scan, since you suspect I am passing a kidney stone, and you feel this is the best way to detect it. You will decide how to treat this, depending on the results and how I am doing”. Another example would be, “you believe my PSA elevation warrants further evaluation with an ultrasound and biopsy; that doing a biopsy is safe, but there is always some chance I may have pain, bleeding and/or infection; or that the biopsy will turn out normal, despite there actually being an early cancer in my prostate”. You may also choose to ask what might happen if you do NOT take a prescription/have test done; as well as what to expect if you DO follow the advised course of action. A good example would be to question any doctor on why antibiotics are needed, what are the downside risks, how does the M.D. know (or how can he determine from tests done in advance) there is a bacterial infection; and do the mere presence of bacteria ,e.g., in the urine, present a significant risk requiring antibiotic therapy.

Finally, value the doctor who is not always so sure about the diagnosis.

The fact is, many ailments or symptoms are minor, go away by themselves and are not signs of impending health demise. Also, sometimes the physician’s reassurance itself will reset the anxiety level and have a profoundly positive impact on symptoms not being caused by serious pathology. Third, there is always a “next time”, e.g., a follow-up exam or a second opinion, which may be a better way of proceeding, in some cases, than overutilization of medications (such as

antibiotics) or of testing; or zealous insistence on surgery “as soon as possible”.

Resolve to use some of these ideas at your 2009 doctor visits; and see if they do not change your perception of the effectiveness of the encounter!

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