

# Essay on family practice management two different views

[Health & Medicine](#), [Disease](#)



## **Abstract**

There are as many ways to run a private family practice as there are physicians. Some physicians like to get their patients involved in the management of their own diseases, while other physicians prefer to get more involved in their patients. The following two reviews offer examples of these two views.

Donald Denmark, MD. " Patient-Physician Partnering to Improve Chronic Disease Care" *Fam Pract Manag.* 11. 5 (2004): 55-56.

In the traditional clinical setting, a patient relies on his healthcare providers for therapeutic care. The patient views clinical visits as the time and place to receive medical instructions. However, clinicians now know that there is a high correlation between patient involvement and the successful management of their disease. Patients who are involved in their own treatment, learn more about their disease, and can make better, informed decisions about their treatment protocols.

The author of this article is a physician with a family practice. A large number of his patients are being treated for Type 2 diabetes mellitus, a chronic disease that requires constant monitoring by both the physician and the patient.

In his article, Dr Denmark describes the step-by-step system he developed to encourage his diabetic patients to become more involved in the management of their disease.

As a first step, he created a database of all the patients he was treating for type 2 diabetes. In all, he was able to identify 73 patients that fit this

category.

Next, he developed a Patient-Physician Partnership Agreement, which the patients could download (at: [http://www. aafp.](http://www.aafp.org/fpm/2004/0500/fpm20040500p55-rt1.pdf)

[org/fpm/2004/0500/fpm20040500p55-rt1. pdf](http://www.aafp.org/fpm/2004/0500/fpm20040500p55-rt1.pdf)). He also compiled a list of reading materials for his patients on type 2 diabetes.

The program was a great success, with most patients enrolled in the Physician-Patient Partnership Agreement. A significant increase was seen in patient compliance, and most met their self-defined goals when they followed the action plans they had developed on their own with the help of the agreement.

Jean Antonucci, MD. " Is Busy Good?" *Fam Pract Manag.* 15. 8 (2008): 52.

Dr Antonucci is a physician who gave up her busy family practice in favor of a smaller more patient-centered clinic. In this article she discusses how the downsizing of her clinic transformed her into a better doctor while providing higher quality and more personalized care for her patients.

The first step she took was to get rid of her staff, her expensive office machinery, and of course, her large office, and opened a much smaller, better planed, and more efficient clinic.

The first thing she noticed in the course of her new practice was that she had began to cut down dramatically on her referral of her patients to physicians with specialized care. Instead, she took the time to evaluate her patient's disease and manage the treatment of the disease on her own; that is, she stopped " outsourcing" her patients' organs. This approach called for a

greater use of her medical skills, which brought her a great deal of professional satisfaction, while making her patients feel that they were getting better treatment. There was also a financial upside to her investing more time with her patients: more time, meant higher reimbursement.

Another change in her practice of medicine was that she felt that she was more proactive about her patients' care, more involved with them as human beings; she got to understand them better, she took her time with them, and this helped her assessment of their medical condition.

This change has led Dr Antonucci to take a closer look at her profession, and to wonder whether slowing down, and taking the time to evaluate a patient's condition would not in the end result in safer and more valuable primary care.