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EDITOR'S MESSAGE

By Jack Persico, Editor-in-Chief

“Honk if You Love Practice Management”

Recently, I finally learned how to drive a manual transmission car after nearly two decades behind the wheel of nothing but automatics. It required a surprising amount of re-education for me to make the adjustment. As automobile technology has improved, the driver's responsibilities to operate and maintain the car have diminished. Simpler is better, and reducing the possibility of human error—especially on the roads—is always a good thing. But once I got the hang of using the stick shift, I felt liberated. The amount of control it gives you over the vehicle is far superior to that of an automatic, and the “fahrvergnügen” (translation: driving pleasure) this creates is a heady experience.



As I reviewed the responses from readers who took part in our annual income survey, the focus of this month's cover story, I kept thinking of that bumpy road I took in switching from an automatic to a manual transmission. At first, I was set in my ways and afraid of using the clutch pedal. I'd quickly stomp on it and release it abruptly, to get that pesky chore out of the way and get back to the “regular” driving I felt comfortable with. Not surprisingly, the car would lurch and sputter in response to my ungraceful manhandling of the transmission.

What does any of this have to do with neurology? One reader from Florida summed up all the frustration emanating from the pile of survey questionnaires on my desk in just six words: “Love neurology—hate the business B.S.” Like many, he sees clinical care and business tasks as separate entities, a bit similar to my initial efforts with the clutch and the accelerator, rather than as two interdependent elements that must work together. The more adept you become at integrating them, instead of stopping one to deal with the other, the better your practice will perform. And that means more opportunities to provide the clinical care that inspired you to pursue neurology in the first place.

Once I learned to integrate use of the clutch into my driving technique (that extra pedal is never far from reach these days), I started discovering nuances that made the ride smoother and more fuel-efficient, things I wasn't capable of when I had no control over the gearbox. For your practice, too, a little extra diligence could pay dividends—literally. One neurologist from Massachusetts told us, “If my billing and collections were improved, net income could have been \$5,000 to \$10,000 more.” A windfall like that could be reinvested in the practice (e.g., getting specialized training in a new procedure or upgrading your computer system).

It starts by recognizing that every encounter between your practice and a patient has two inextricable elements, one medical and one financial. True, many physicians have reservations about viewing patients as “customers,” feeling it diminishes the profession and introduces conflicts of interest. But being mindful of the business aspects need not imply anything dubious. Smarter patient scheduling, more thorough documentation, up-to-date coding and delegation to ancillary staff can all boost your productivity and earnings while also enhancing the experience for the patient. To help, we once again present a special issue that emphasizes practice management topics. There may not be much fahrvergnügen when managing your practice, but at least you'll be in the driver's seat. **PN**