



COORDINATE CARE OF HIGH-RISK PATIENTS WITH REGULAR TEAM CHECK-INS

Our health system, University of Wisconsin Health, started a registered nurse care coordination program in 2018 to reduce hospitalizations, emergency department visits, and readmissions for high-risk patients. Registered nurse care coordinators were assigned to each primary care clinic and selected a panel of patients that met predetermined criteria. Two years in, we have some clear indications of what has worked well: deliberate and structured communication between all three parties (the patient, the primary care doctor, and the care coordinator).

We recommend that the care coordinator and the primary care doctor schedule time to communicate about their shared panel of patients and possible referrals. Regular check-ins create a trusting partnership and help care coordinators feel like they are part of a team working toward shared goals.

We also created a flag in the electronic health record (EHR) that denotes which patients have a care coordinator assigned to them. That way, all phone or portal messages go to the care coordinator instead of the traditional triage nurses, which improves continuity of care. This approach has proved satisfying for patients. Once they know whom to contact if something is going wrong, successful care coordination is much easier.

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RESPOND TO POSITIVE AND NEGATIVE ONLINE REVIEWS

Online reviews from customers are becoming an important aspect of marketing in all indus-

tries, including health care. You may be tempted to ignore reviews, but marketing experts recommend businesses respond to all of them.

Positive reviews should garner a short, standard response like “Thank you.” Longer responses take more time and can be viewed as overly self-promotional. If possible, delay responding to positive reviews until they’re listed on a second page of reviews. That way the reviewer knows you responded, but potential customers who are browsing the most recent reviews won’t see your response.

Negative reviews should garner immediate responses to show your practice is on top of complaints and working to resolve them. Unlike the generic responses to positive reviews, responses to negative reviews should be tailored to the specific complaint.

Source: Manis KT, Wang Y, Chaudhry A. 5 principles for responding to customer reviews. *Harvard Business Review*. May 14, 2020. Accessed Feb. 11, 2021. <https://hbr.org/2020/05/5-principles-for-responding-to-customer-reviews>

CONSULT THESE GUIDELINES TO HELP PATIENTS WITH DIABETES FAST SAFELY

Fasting during daylight hours is an important part of the Muslim holy season of Ramadan, which is April 12-May 12 this year. There are potential health pitfalls for all patients who fast, but especially for those with diabetes.

Fasting can affect the pancreas

and insulin levels. It can exacerbate diabetes, causing hypoglycemia, hyperglycemia, ketoacidosis, dehydration, or thrombosis.

But there are ways to make fasting safer, outlined in a guide developed by the International Diabetes Federation and the Diabetes and Ramadan International Alliance, available at <https://www.idf.org/our-activities/education/diabetes-and-ramadan/healthcare-professionals.html>.

The guide explains how to manage a patient’s food intake and diabetes medications during fasting. For example, if a patient with Type 2 diabetes takes metformin three times daily, the guide recommends taking the morning dose as scheduled with the pre-dawn meal, fasting during the day, and then combining the afternoon and evening doses and taking them together with the post-sunset meal.

Certain high-risk patients with diabetes (e.g., those who are pregnant or have Type 1 diabetes) should be advised to not fast, and all patients with diabetes should be advised to break their fast if they have symptoms of hypoglycemia or if their blood sugar falls below 70 mg per dL or rises above 300 mg per dL. But with an effective fasting plan, clinicians should be able to successfully adjust medications for most patients and keep them healthy.

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