

# Best Run Practices

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# The Old Adage...



# Before You Start Growing

- Analyze your current practice
- Have you mastered the main points of efficiency that will assure the success of your practice as it gains momentum?
  - Education and Training
  - Office Flow/Time Management
  - Financial Aptitude and Responsibility
  - Delegation
  - ***Mental status***



# Lets Begin with the Patient Experience...



# ...Without This, All Else is Destined To Fail



# Internal Marketing

- Working with TEAM members to positively influence the patient experience, will prove to be your best internal marketing strategy.
- Training
- Development of Protocols
- “Customer” Satisfaction Ratings
- Positive Patient Retention

# The “First Impression” of your Practice Starts with the Phone

- Scripted Phone Greeting
- Wait for a response before placing a patient on hold (“May I please place you on hold?”)
- Always smile when answering the phones
- Explain the importance of the initial phone call
- The “3-Ring Rule”
- Thank your patients for calling

# When First Greeting a Patient...

- Spend 15-30 seconds talking about something non-medical
  - *I see by your hat you're a Steelers fan...How about that game Sunday night?*
  - *Hey Mrs. Greenberg, how have you been? How was your trip to Florida?*
  - *Etc.*
- Always begin the conversation with a compliment

**Make the patient feel like a person,  
not an ankle sprain, bunion, wart,  
etc.**



# Put Yourself in the “Patient’s Shoes”

- Sit in areas throughout your office where you typically would not
  - *Waiting room*
  - *Treatment room*
  - *Checkout*
  - *Enter through front door*
  - *Patient bathroom*
- Utilize “Mystery Shoppers”
- Use this information proactively

# Your Office TEAM

- Matching scrubs
- Incorporate positive practice challenges
  - (the pocket change exercise)
- Name tags
- SMILE!



# Effectively Communicating With Your Existing Patients

- Are you recalling your existing patients?
  - *Heel Pain*
  - *Orthotics*
  - *Diabetes*
  - *Onychomycosis (toenail laser)*
  - *Etc.*
- Product/Service/Physician Updates
- Monthly E-Newsletters

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# Practice Website

- Resource for education and information
- The first impression of your practice
- The “core” to Your online presence
  - Social media
  - Directories
  - Videos
  - Etc.



# Where Are Your patients Coming From?



# If You Build It, They Will Come

- Through effective marketing, management of referral sources, and creating the right image in your community, the patient volume will increase. . .dramatically.
- This could backfire if you are not ready!

# Tracking New Patients Begins at the Initial intake

- During the new patient intake (over the phone), your TEAM should ask the patient how they heard about your practice
  - *Patients should be asked general and specifics*
  - *Utilize a “mystery shopper” to ensure this is being done*

# So, How Do We Keep Track of that Data?



# Generating a Custom Report with the “Referral Data” Collected

- Report will have to be custom through your EHR company
- Custom “referral-report” should be able to be generated by date parameters
- Report should include:
  - *Date of visit*
  - *Name of new patient*
  - *Referral category*
  - *Referral specifics/details*

**Tracking, Whether Manual or Through EHR, Will Not Work Unless Your TEAM is Educated, Trained and Managed**



# Patient Treatment Update Form

- Send within 24 hours
- Appeals to referring physicians
- NO COST (some EHRs have the ability to compose a formal letter directly from your chart note)
- Follows the rule of **Presence**...You will stay in the mind of the referring office.



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### PATIENT TREATMENT UPDATE

New Patient     Existing Patient

TO: \_\_\_\_\_ Fax #: \_\_\_\_\_

Office Location: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE OF VISIT TO OUR OFFICE: \_\_\_\_/\_\_\_\_/\_\_\_\_

They presented with the following problem(s):

- Ingrown Toenail with Paronychia
- Heel Spur Syndrome / Arch Pain / Plantar Fasciitis
- Infection: \_\_\_\_\_
- Hammertoes / Bunion / Toe Deformity
- Warts / Tinea Pedis / Dermatitis
- Neuroma / Capsulitis / Forefoot Pain / Bursitis/ Tendinitis
- Ulcer: \_\_\_\_\_
- Foot / Ankle Injury: Sprain / Fracture \_\_\_\_\_
- Bone Spur: \_\_\_\_\_
- Excessive Pronation / Collapsing Arch
- Diabetes / Peripheral Neuropathy / Peripheral Vascular Disease
- Fungal / Mycotic Nails/ Elongated Nails/ Callouses
- Post-op update
- Other: \_\_\_\_\_

### TREATMENT PLAN:

- Cast Applied    Custom Ankle-Foot-Orthosis    Callouses debrided    Corticosteroid Injection
- Custom Orthotic Devices    Diabetic Foot Care    Diagnostic Ultrasound    Fracture Management
- Matrixectomy    Nail Avulsion    Nail Debridement    Skin Biopsy    Physical Therapy
- Post-op Visit    Prefab. Ankle-Foot-Orthosis    Nail Biopsy for PAS Stain    Strapping
- Surgery consult    Vascular Testing    Wart/Lesion Destruction

Other: \_\_\_\_\_

MEDICATIONS GIVEN:    Topical Antifungal for Onychomycosis    Topical Anesthetic

Your confidence is very much appreciated. Please call with any questions or concerns you might have or if you would like a more detailed report.

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**START WITH THE BASICS**



# 1. Education/Training

- This applies to every member of your TEAM (podiatric assistants- front and back office, billing staff, managers, associate doctors, and YES even senior DOCS!!
- Everyone works together- because there is NO I IN TEAM. . .

# The Training Process

- Basic podiatry terms and anatomy.
- The common reasons patients are seen
- Triage questions to assess the difference between urgent/non-urgent and emergent patients (over the phone).
- The appropriate questions involved in evaluation of patients
- How much time is needed to treat

# TRIAGE 101

## Urgent/Non-Urgent /Emergent Visits

- Medical Necessity vs. Practice Impact
- Doctors should take the time to differentiate and train staff, but many do not.
  - Let's try some. . .

Toenails are elongated (without pain) and patient is going on vacation in two weeks



# Diabetic patient with red, hot, swollen foot



Factory worker jumped out of the back of his truck this morning and heard a “crack.” His heel is extremely painful since. Bruising is visible and increasing.



Four year old girl referred by pediatrician for gait analysis. Toes seem to go out when walking and she trips all the time.



Newly diagnosed diabetic was referred by PCP for foot check up, dry skin and brittle nails





Teenage boy with painful, draining, ingrown toenail – just showed his mother today after it worsened to the point of being unable to wear closed shoes



Recurrent ingrown (fourth time)  
irritation and slight redness began at  
corner of right great toenail this morning



Heel pain for the past 8 months. The pain increased slightly over time and now is so “annoying” that the patient wants to come in today



Borderline diabetic patient famous for “I think I may have an ingrown.” Usually right around the time of leaving for a cruise/vacation or extended visit with family



Patient with self diagnosed “plantar wart” that has recently doubled in size- very painful



Patient not seen in 5 years, history of heel/arch pain, thinks orthotics are starting to wear and causing discomfort when running



Elderly woman complaining of ankle weakness. She has seen 3 other DPMs and didn't like the "quick fix" of putting her in a brace. "I'm not wearing one of those things."



# Thorough evaluations can be performed by staff

- Staff should be able to:
  - Establish the “true” reason for visit/most pressing issue if there are multiple complaints
  - “Weed out” unrelated information provided by patients
    - Prepare doctors for what they are about to treat

THUS. . .

**Allow doctors to efficiently derive diagnosis and treatment plans**



# But First . . .

- We have to teach staff members how to evaluate (without diagnosing)
- This includes both initial and follow up visit evaluations and the right questions to ask. . .

(2<sup>nd</sup> visit heel pain)

- This takes TIME and PATIENTS

# Have you Ever Reviewed?

- **Nature**
- **Location**
- **Duration**
- **Onset**
- **Characteristics**
- **Aggravating or Alleviating Factors**
- **Treatment to date**

Try some with your staff and see what you have missed...

## Reason for visit:

- “My right heel is killing me”

# Possible Questions (customized):

- Where is the pain? (point)
- How long have you had it and is it getting worse?
- What have you tried to get relief?
- Have you had this before?
- Was there an injury that you can recall?
- **Do you have bad pain in the morning?**
- Do you wear any type of shoe insert?

# Reason for Visit

- “I feel like my sock is bunched under my toes, and I feel a clicking between my middle two toes”

# Possible Questions:

- How long ago did this condition begin?
- Have you ever felt anything like this before?
- **Do you have tingling or numbness in your toes?**
- **Do you wear high heels often?**
- What types of physical activities do you do?
- Do you wear any type of insert?
- What have you tried to relieve the problem?

# Cross Training

- There should be no such thing as “That’s not my job.”

**TEAMS WORK TOGETHER**

# Capturing Required Information

- Staff and doctors should all be aware of the essential information to capture as well as the proper documentation of each UNIQUE patient encounter.
- Height, Weight, BMI
- Blood Pressure
- Smoking Status
- Medications, Allergies, Medical and Family history
- Race, ethnicity, language
- Insurance ID #s, subscriber
- Primary care physician, etc.



# It Has to be Done

- The more that staff and doctors work together to input the correct information and capture required information the easier life becomes.
- This requires every staff member and doctor involved in patient data input to be educated.

# Systems and Protocols

- Do you have systems in place for:
  - Training of new hires
  - Preparing for the patient day
  - Setting up procedures
  - stocking treatment room drawers
  - evaluation of new patients
  - Sterilization of instruments
  - compliance documentation?
- Does your policies and procedures manual have more than 1 inch of dust on it!?

# Pictures are worth 1000 words

- Anyone can duplicate a picture, so start taking them and incorporating into your training manual.



# Your Systems in Writing

- If you have systems in place and protocols developed, are they formally recorded, or are they swimming around in your mental waters?



# Just do it!

- If you have not taken the time to write out these systems/protocols. . . .



# Encourage help

- You don't have to go it alone.
- Ask for the input of your “seasoned” team members.



# Start with the most commonly treated conditions.

- Heel pain
  - Initial visit
  - Follow up visits with choices . . . .
    - Condition improved/worsened/unchanged

Document that all conservative methods of treatment have been exhausted prior to surgical correction.



# Use Universal Language

- Written protocols are to be used for training of doctors and podiatric assistants (new and “seasoned”) and should be easy to follow and understood by (almost) anyone.





## 2. Office Flow is Next



# Are you Adequately staffed?

- How many staff members do you currently have?
- Do you feel as if you are understaffed/overstaffed?
- How do you determine this?
- Let's take a look. . . .



# Are you *really* ready?

- Analyze average day
- Average time running behind
- Cause of delays/bottlenecks

# Are you stressed right now?



Do you Feel Like this By  
Wednesday...



# Is Something Not Quite Right?



# Scheduling Patients

- Your “scheduler” holds the power.
- The art of positive flow requires:
  - Highly trained staff members
  - Doctors in constant motion
  - Appointments scheduled according to patient types and needs (NOT JUST BLOCKED AMOUNTS OF TIME THAT ARE FILLED IN).

# Reason Codes are a beautiful thing

- Example:

New Patient (30 minutes- Yellow) scheduled across from Corns and Calluses- RFC (15 minutes-gray) and laser treatment of plantar wart (15 minutes-blue)



# Table turnover theory



# Non-Verbal Communication

- Rest assured, Your team will tell you where to go!



# Time Management

- Every member of your team's time is equally valuable. . . With one exception. . .



# Time Vampires

- Stop wasting time playing “Candy Crush” and see some more patients. . .



# 3. Financial Matters

- Preparing for growth and achieving your goals costs money.
  - Hiring of additional staff, associate doctors
  - additional rents/overhead
  - Purchasing of additional equipment, computers
  - Hiring of consultants, marketing costs, etc. Investing in the future of your practice.

# The Current Situation

- Do you know and understand your PVV (Patient Visit Value)?
- Is the A/R situation in your practice within normal limits?
- Are you paying too much for a billing service?
  - Are they chasing after deductibles, co-insurances, etc.

# How much are you “Writing Off?”

- Are you collecting what is owed to you?
- Are you collecting copays at the time of service?
  - Is your staff asking for past due amounts in a firm yet empathetic manner?
- Do you have policies in place for patients who present without required information, copays and other owed monies?

Think about it...





# Everyday expenses..

- Do you/your manager have a good grasp on your payables?
  - Payroll/overtime
  - Medical supplies
  - Durable medical equipment
  - Stationary, business cards, brochures
  - Office supplies
  - Equipment maintenance and repair

# Don't Assume



# 4. Delegation

- Delegation is an art form that is often under-utilized by DPMs.
  - “It’s just easier if I do it myself”
  - “My patients will complain”
  - “It’s only a few extra minutes”
  - “But they don’t care, it’s not their practice”

# Trust in your TEAM

- Highly trained and well-educated team members are fully capable of performing many tasks that do not require the DPM credentials.
- Start making a list of tasks you perform on a daily basis (as a DPM) that are tedious or not worth your time.

# Just for Starters

- Casting for orthotics and custom braces
- Evaluating patients thoroughly
- Inputting of history, chief complaint, services performed and products dispensed
- Dispensing of all DME
- Running an efficient and lucrative diabetic shoe program

# There's more

- Nail care
- X-Rays
- Assisting in procedures
- Performing vascular testing
- Removing sutures
- Bandage changes
- Ordering supplies
- Filling out disability forms

# Electronic Delegation

Improve efficiency through electronic/outsourced delegation.

- Automated reminder systems
- Collection agencies
- Patient Portals
- Payments received through website
- Digital and improved digital x-ray systems

# 5. Compliance

- Compliance regulations have significantly changed over the past few years.
- Medicare DME compliance is one of the most misunderstood and least followed programs in practices throughout the country.
- DME audits are not an if but a WHEN



# Compliance Officer

- Designated “compliance officer”
- Compliance documentation is required for all DME dispensed to Medicare patients (shoes, custom devices and pre-fabricated AFOs)

# Other Compliance Issues

- HIPAA, OSHA, and other government regulated programs which require employee trainings, posted information and documentation of incident must be taken seriously and abided by to avoid costly fines to the practice.
- If you are not confident of compliance, contact an expert and have a mock audit performed.

# 6. Mental Status

- Finally, we enter the last area of preparing your practice for growth. . .
- Mental Status



# If your well-oiled machine is ready to grow

- It is time to start looking for a permanent addition . . .
  - Don't be aloof
  - Seek out the right fit
- 
- Take your time . . .



# The “Total Package”

- Academic performance
- Surgical experience/technique
- Eagerness to learn from you
- Accepting of constructive criticism
- Team player mentality
- Self-motivated
- **Personality**
- **Empathy**



# Hire SLOWLY and fire...

- Invest to find out as much as possible about your potential hire
- Take them out to dinner (and lunch and coffee)
- Meet their spouse
- Beware of the “God complex”

# Shadowing

- Treatment styles vary but protocols should be consistent
- Your reputation can easily be tarnished
- Set high expectations with a realistic learning curve
- Remember when. . .

# Allow them to succeed





# A Specialty within a Specialty

- Use your associate to improve the areas of your practice that are lacking or that you wish to develop
  - Wound Care
  - Fall Prevention Program
  - Pediatrics
  - Complicated surgical correction

# Don't spoon feed

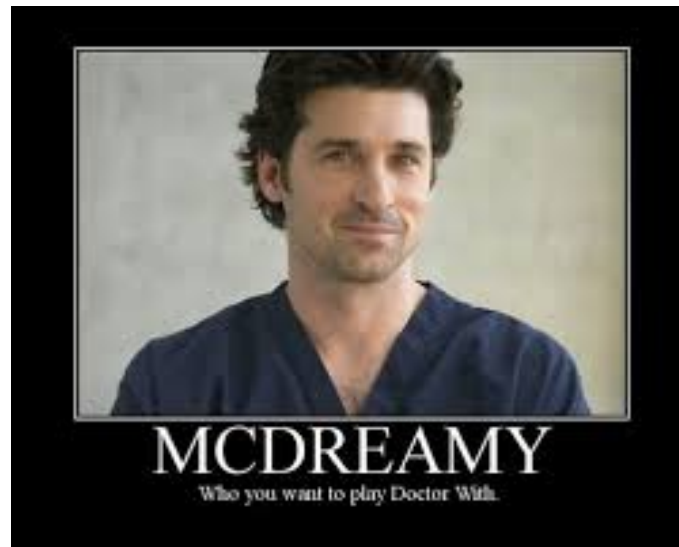
- Get them out into the community
  - Meeting new and existing referring providers
  - Giving lectures at local events
  - Having lunch in the hospital after surgery
  - Providing gait analysis at health clubs
- Provide them with a marketing budget

# Two for me, One for you

- Train staff to schedule new patients according to doctor/time/location request AS WELL AS seniority!!
- Proudly introduce your existing patients to your associate without calling him/her “NEW DOCTOR”
- Mrs. Smith, I would like you to meet the most recent addition to our team, Dr. \_\_\_\_\_”

# The Glamorous Life...

- Remind your associate that surgery isn't everything
  - There is gold in fungal toenails . . .



# Don't Jump the Gun!

- Discuss partnership during the interview process (if this is in your plans)
- Wait until the honeymoon period is over to explore this further

# Be a mentor, a teacher and a leader

- Monitor and compare performance
- Watch for signs of complacency/frustration
- Be approachable
- Meet frequently and stay engaged



# If you get burned . . .

- Hire a better attorney next time
- Look at your mistakes as education (expensive education)
- Give yourself time to “heal” and try again

# “The Hardwood Floor Theory”

- Obtaining estimates
- Acclimation process
- Installation
- Residual dust after installation
- Adjusting to the new look of your space
- Maintaining the shine
- Felt on the furniture legs
- Dents/scratches and scrapes happen
- Return on investment



# Thinking Forward/Forward Thinking

- “Big Picture”
- Focus on the important aspects of building your practice today and everyday to achieve your goals.
- Theory of Compound Interest

# Be Wise with your Money

- Negotiate and save where appropriate (supplies, equipment) and invest where is most valuable (education, hiring and training of staff, electronic health records, digital systems).
- Use caution when cutting corners.

# Do unto Others



- Remember what your mother taught you. .

.

**Treat your team and your patients with respect and show them appreciation everyday.**

# Listen!



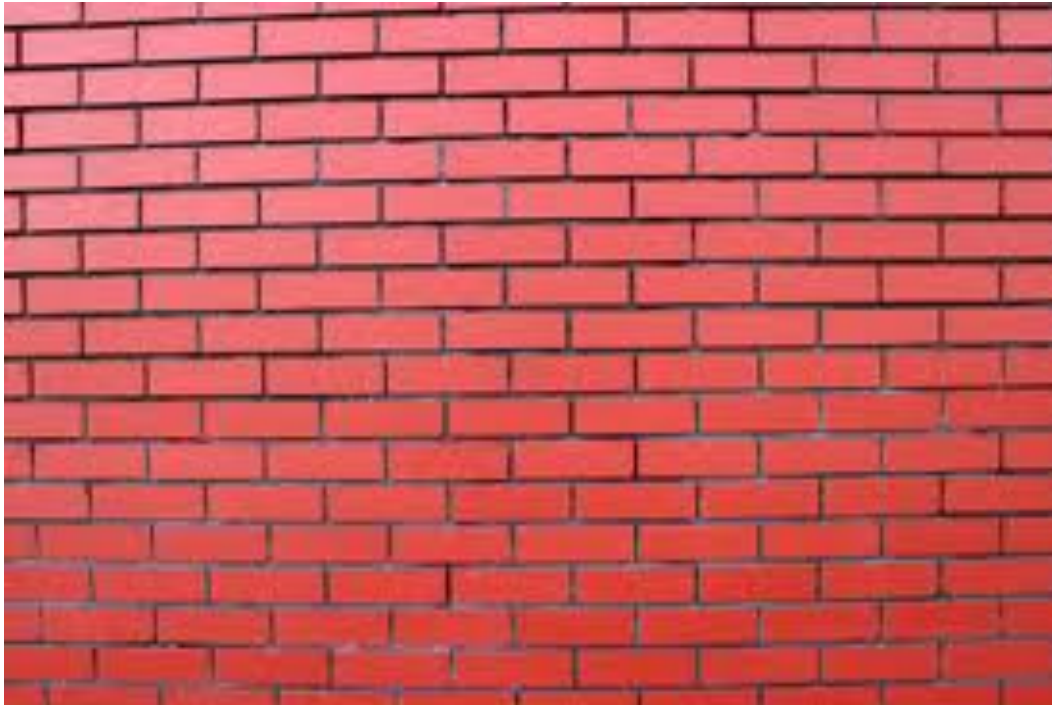
- If you take the time and invest the money to hire outside consultants, marketers and the like to grow your practice, make the most of your experience and follow the plans that are made for you and your practice.

# Talk to your Peers

- Communicate with doctors who have been through similar experiences.
- Learn from their mistakes and share your own.



# Build your Brick Wall



# Thank You!!!



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[www.pinnaclepa.com](http://www.pinnaclepa.com)