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In-Office Dispensing and Ancillary Services in Podiatry

It's much more than
just selling products.

BY MARC HASPEL, DPM

Given today's tough economic climate, and the changing nature of healthcare, podiatric physicians are now turning to additional means of treating patients, while generating additional business revenue for their practices. Ancillary services such as diagnostic vascular and nerve testing, cosmetic treatments, and physical therapy, as well as the in-office dispensing of foot care products and footwear are just a few examples of the directions towards which podiatrists are turning in order to contend with these challenging times.

Savvy podiatrists are also training and involving their staffs in these new ventures as well as finding ways to alert the public that new services and items are available for consumption in their practices.

Podiatry Management has invited several forward-thinking podiatrists to discuss this relatively recent

paradigm of thinking geared towards expanding the practice of podiatric medicine. Their insight should be enlightening to those considering enhancing their practices by including such innovative lines of business.

Marybeth Crane, DPM is the managing and founding partner of Foot and Ankle Associates of North Texas in Grapevine and Keller, Texas. She specializes in sports medicine and has been in private

In-office dispensing allows patients to have one stop shopping and guarantees that they get the correct items that they need to treat their problems.—Crane

Joining this month's round table panel are:

Bruce Blank, DPM is president of Achilles Foot and Ankle Surgery, PC and is in private practice with offices in Ohio and West Virginia. He is board certified in Reconstructive Foot and Ankle Surgery by ABPS and in podiatric orthopedics by ABPM, and is past president of the Ohio Foot and Ankle Medical Association.

practice for seventeen years. She lectures extensively on practice management topics, and until recently was on the Board of Trustees of the AAPP.

Jeffrey Frederick, DPM is a national lecturer on coding and practice management. He practices within a group practice in Berkley, MI. He is the president of the American Acade-

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my of Podiatric Practice Management, and is chief executive officer of TRAKnet.

David Levine, DPM practices in Frederick, MD with the Foot & Ankle Specialists of the Mid-Atlantic. He is also the owner of Physician's Footwear, an accredited pedorthic facility, and Walkright, a retail shoe store.

Andrew Schneider, DPM is in private practice in Houston, TX. He is a member of the board of directors of the American Academy of Podiatric Practice Management. He writes and lectures extensively on practice management topics.

can determine how effective conservative treatment is in these cases. I am confident they are getting the correct pads, correct shoes, excellent topical medications for dry and cracking skin, etc.

Crane: I agree that in-office dispensing allows patients to have one stop shopping and guarantees that they get the correct items that they need to treat their problems. I feel we also get more compliance when they don't have to go out of their way to

benefit to the practice when products are stocked and dispensed in-house.

Q PM: How do you go about deciding which products to dispense and how to display them?

Levine: Everything dispensed in the office must be directly related to the care provided. The products available should help to solve patients' problems. That way there is no selling. The products available

We try not to dispense products that patients can find at the local drug store.—Frederick

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Q PM: Describe the benefits of in-office dispensing to your practice and your patients.

Blank: Since utilizing in-office dispensing, I have noticed much improved patient compliance. For example, in the past, I would prescribe a topical prescription anti-fungal to a patient for treatment of mycotic nails, have the patient back in a few months to evaluate if there was any noticeable improvement, only to find out that the patient didn't fill the prescription due to expense. Likewise, I'd recommend digital pads to protect a painful hammertoe, and the patient would return with poor quality ones, or none at all, offering excuses such as forgetting to buy them or being too busy to get them.

In similar scenarios, prior to offering therapeutic shoes in the office, I would recommend to non-diabetic patients a particular brand and style of shoes with a wide toe box and extra-depth to fit orthotics. These same patients would often return, after having spent large sums of money, with a more stylish shoe of the same brand, which would be one of the non-supportive styles, without ample room for not only the orthoses, but also their feet. With the advent of in-office dispensing in my practice as well as participation in the Diabetes Therapeutic Shoe Program, I now know the patients are receiving what I recommend, and I

purchase an item. As for the practice, the revenue is helpful in bridging the gap in declining reimbursements.

Schneider: In-office dispensing provides significant benefit to my patients also. The products that I carry in my office have been vetted by me, and I know they do what they claim. I hold the products to a high standard and am always on the lookout for something new, or better, to add or replace my current offerings. Most of my dispensing products are used as part of my treatment protocols and help my patients get better sooner. Also, since I started dispensing products from the office, I have been noticing greater compliance and faster results than when I instructed my patients to purchase items in the pharmacy. In some ways, this is due to higher quality products, but mostly it is a removal of the barrier to purchasing those products. The patients walk out of my office with what they need. When they had to make a stop at the pharmacy or store, many just didn't do it.

The benefit to my practice is greater patient satisfaction. Patients are happier to have the convenience of getting what they know I want them to have at the point of service. They also use the items more consistently, knowing we're going to follow up. Of course, there is a financial

should enable the patients to follow directions more efficiently. The easiest way to do this is to demonstrate them in the office prior to their departure. In addition, I feel the doctor should be personally very familiar with every product. Intimate knowledge of the products available helps when explaining to the patients why and how they work.

Frederick: Each product we dispense in the office is tested by one of our staff for quality and results. The cost of the item and its availability in the community are important. We try not to dispense products that patients can find at the local drug store. We try not to carry more than one item per category, so that we are only endorsing one choice. The actual display of the items is always done in a quality manner, usually in a clear display case, either in the reception room or right along the check-out area for patients.

Crane: We started with the top ten items we were sending people out of the practice to purchase, as well as our most commonly used durable medical equipment items. Then, we added a few each month. We currently have approximately sixty over-the-counter items and twelve durable medical equipment

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items that we dispense in the office. We have a glass display case with common items and a catalog of over-the-counter items. The durable medical goods are not displayed. We also have a separate shoe store attached to our lobby that has virtually everything on display.

Blank: We try to use products which are better than the over-the-counter items they may be able to find at the pharmacy or grocery store. We may only dispense one item in each category. Silipos digital pads, bunion shields, and posterior heel sleeves can be very helpful for relief of hammertoe or bunion pain, or retro-calcaneal bursitis/exostosis pain, which may provide enough relief to make surgery unnecessary. Furthermore, if the patient's pain continues and the option of surgery is chosen, it is understood that con-

servative care was tried before deciding upon surgical intervention.

On the other hand, if we find an item that doesn't work for a significant number of our patients, we will discontinue recommending that prod-

to carry a product based on cost or reimbursement. That never comes into play when I decide about bringing in a new product. If I don't believe in a product, it doesn't come in. Another main factor is how well it

**Having a pedorthic facility
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enables coverage of all aspects of lower extremity care
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uct, even if it means absorbing the cost of un-dispensed products, while trying to find better substitutes.

Schneider: My main criterion for deciding what products to dispense from my office is whether or not I believe in them. So often I am approached by companies advising me

fits into my treatment protocols and how it will fill a need to get my patients better more quickly.

I also offer products that are hard to find in the marketplace or are very expensive. For instance, Lamb's Wool is hit and miss in the pharmacy for some reason, so I offer packets in

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the office. It may not be a big money-maker, but patients appreciate not having to search for it. I also offer tolinaftate cream. This is a product that I often write a prescription for; however, I am finding that insurance is either not covering it or covering it with a very high copay. I let them know that I offer the product so they can have an alternative if faced with a high cost at the pharmacy.

I stand behind the products I dispense and work with companies that do as well. If a patient is not pleased with a product, I accept the return and refund the cost of the product. I even offer to allow the patient to keep the product. Many companies will refund the money to the patient directly through a toll-free number, which I find preferable. Returns and requests for refunds happen less than five times a year, however.

I have a small office with little

room for a store or dispensing center like many others have. I had clear plastic cabinets constructed for each of my treatment rooms which house my most commonly dispensed products. They are at arm's length for me and my team to grab and are also visible to the patients. I also have a catalogue of all of our dispensed items made and have copies in each treatment room and in our reception room. So often, patients ask about products for friends and family members. Some will even buy a supply of a favorite cream as stocking stuffers at holiday times.

Q *PM: What ancillary services—from in office vascular or ultrasound diagnostic services to vein sclerosis, aethetics-only treatments, sudoscan nerve testing, or foot reflexology—are you most commonly offering to your patients? Discuss the advantages over sending patients elsewhere for testing or treatment.*

Levine: In addition to having a podiatry practice, my office is also an accredited pedorthic facility, which includes a specialty shoe store, shoe lab, and orthotic lab. Therefore, all the products available fit with this concept. Shoes, over-the-counter orthoses, socks, and foot aids that complement the services I provide. Having a pedorthic facility intimately associated with a podiatry practice enables coverage of all aspects of lower extremity care from conservative to surgical means.

Crane: I perform vascular studies, laser toenail treatments, and EPAT in the office. The vascular studies are done as a convenience for the patients. These services are not readily available elsewhere in my community.

Frederick: There are two mainstays of ancillary services that we
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provide in the office that have a direct effect upon patient care; these are peripheral arterial disease testing and durable medical equipment dispensing items. Both these categories can rapidly expedite patient treatment and outcomes. Quite often, sending patients out for these services results in delay of patient treatment, which diminishes the quality of care.

Schneider: We do offer some in-office ancillary services to our patients. We provide non-invasive vascular testing, including ABI, TBI, and segmental pressures. This allows us to ensure that a patient whom we suspect has vascular compromise will be diagnosed and referred for appropriate treatment. When we would refer patients for vascular testing, we often would not see follow-through. Now we have partnered with vascular surgeons, interventional cardiologists, and radiologists to refer our patients when further imaging, such as angiography, is indicated and to provide revascularization. These specialists often refer patients to our office for wound care after revascularization, if they are not seeing a podiatrist or wound specialist already. It makes for a great referral relationship.

We also offer Keryflex nail restoration. This cosmetic procedure is done as an adjunct to treatment for mycotic nails or for toenails that are dystrophic due to trauma. A keratin resin is used to rebuild an artificial, but flexible, toenail to give it a more cosmetic appearance. At first, we expected women to be the most interested in this product, but it turns out that forty percent of patients who ask for it are men.

Q PM: *How do you go about informing the public that you provide in-office dispensing and ancillary services in addition to your regular practice?*

Frederick: We publish all services and items in our quarterly newsletter that is distributed to all patients. We also have brochures and

signage in our reception area that clearly discuss these items and tests.

Crane: We actually have a retail space and a catalogue as well as advertising on our website. Most purchases come from existing patients at my recommendation.

Levine: There are a number of ways to inform the general public, but that is not nearly as important as informing new and existing patients who enter the office. Separate from

magazines. I find the Internet has provided a better return for my practice.

Q PM: *Discuss how you involve staff in your ancillary service programs.*

Blank: My staff is knowledgeable about the majority of the in-office dispensing items utilized in my offices. They most often will have the items available in the treatment room before I enter to see the patient. In this way, if the item is appropriate,

I typically build my products and services into my treatment protocols.—Schneider

my office, I have a retail shoe store called Walkright. Retail mentality is different from podiatric mentality. When people with foot pain shop for shoes, they may think that they have a shoe problem, when in reality they have a foot problem. I believe it is the podiatric physician's job to educate and inform them about what their problems are and how they are to be managed.

There is a huge population of people who have never been to podiatrists or even understand what podiatrists do. Educating people about their feet, how their problems can be helped, and the products that are consistent with this is the best way to inform the public.

Schneider: Again, I typically build my products and services into my treatment protocols. I also recognize that people who are not yet patients are interested in products and services and need to know where to get them.

Many of the products I dispense are mentioned on my website. I often create a page on my website dedicated to a particular product or service. This makes it easy to be found when potential patients are searching the web. If a product is detailed in the news, or reviewed on a television show, I also try to embed that video on my website.

Although I have done it in the past for some services, I rarely take out ads in the local newspaper or

it's already available for dispensing. My staff is also well versed at instructing the patient on how and when to use these items.

Crane: I agree that the staff is integral in the process and can explain and dispense all of the items. I lead focused training on why and the how all items are to be used.

Schneider: It is essential that our office team understands every product and service that we offer. We extensively and regularly train them on dispensing items and services, so they can answer any questions that the patients pose to them. We want to avoid a prospective patient calling about a service and the team member on the phone not knowing the correct information. If a team member gets stumped by a patient question, we maintain a list and add that into our future training.

We also offer any product to our staff at no charge. This is a worthwhile investment that builds team allegiance, increases staff member product knowledge, and also improves staff credibility when patients learn that staff members use it themselves. There are no limits to this, other than team members letting us know so we can adjust our inventory appropriately.

Frederick: Staff is actually the cornerstone to a successful ancillary

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service program. Each staff member undergoes training in the services and items available. Quite often, the staff member is the first contact with the patient to provide education on these services. The staff member is also responsible for detailing these services to patients once the doctors decide these items are options for a patient.

Levine: It is absolutely imperative that staff be involved. These services have to be delegated. Having a manager overseeing the in-office dispensing or store is the best way to not only stay on top of the inventory, but also to provide service to those seeking it. Entering the retail world is challenging. Inventory management is difficult. Software to track sales as well as see what is on the shelves is critical for a successful venture. One must remember that inventory must turn over in order to be successful.

Q PM: *What are your feelings on and/or experience with using in-office ancillary personnel—e.g., pedorthists, orthotists, physical therapists, or nail techs?*

Levine: Starting at the ground and working up was my introduction into this aspect of podiatry. I became a certified pedorthist and realized that I, as a podiatrist, was missing out on a large population of patients who needed help. There are many patients out there who have had failed triple arthrodesis or are non-operable, yet still can receive good foot care. There is so much more available to help that person function better. Once I realized this fact, the pedorthic portion of my practice expanded. I decided that I needed to direct care to other personnel rather than going at it alone. As a result, I hired and trained an employee to become a C Ped, an orthopedic shoe technician, and a manager. This ultimately led to the expansion and the opening of a retail comfort shoe store.

Crane: I agree with that thought process. We also have a pedorthist, as well as a physical therapy partner

and a medical nail technician. They all function as physician extenders to allow more comprehensive care and availability for our patients.

Frederick: Overall, anything that can improve and enhance the patient's outcomes and experience can only be a positive addition to patient care.

Q PM: *What recommendations do you have for podiatrists seeking to add ancillary services and in-office dispensing to their practices?*

Frederick: I recommend always starting small in providing services, adding one service or item at a time. I advise heavily involving staff in harnessing their contributions in improved

tice, or patients, then I recommend avoiding adopting that service. Patients can always tell the difference, and forcing a particular service or item on them will only serve to violate one's personal ethics.

I recommend asking trusted colleagues for recommendations of products that work for their patients. Also, I suggest contacting representatives and asking for samples to provide to patients in order to test the market. I feel that visiting exhibitors in conferences and learning about the different products are also musts. When confronted with similar products that provide equal results, I recommend integrating the product from a company that supports podiatry as a profession.

I believe that products should seamlessly integrate into the office

My recommendation to practices not yet dispensing is to just get started.—Blank

care for the patients. Obviously, having a fully educated staff on what one is trying to do and why, with the improved outcomes as the objective, goes a long way. Also, always, and without exception, when adding an in-office dispensing program, I believe one must stand one hundred percent behind whatever product is provided to a patient. Lastly, one must be prepared to give a full refund to any patient experiencing a problem with any product.

Blank: My recommendation to practices not yet dispensing is to just get started. I, too, recommend starting slowly by choosing one or two items at a time, creating a protocol that the doctor and staff are to follow for using such items, then evaluating success rates, before continuing to add further items.

Schneider: My top recommendation for my colleagues looking to start to dispense from the office, or to add to their current dispensary, is to only consider products in which they believe. While certain colleagues may be making lots of money with a particular service, if a doctor doesn't feel it is a good fit for the physician, prac-

tice, or patients. I certainly recommend avoiding hard-sell tactics, which will almost assuredly annoy any patient. If a patient decides not to purchase a product, one should never take it personally. Finally, as with any treatment recommendation, I recommend documenting what was offered and that it was refused.

Levine: I agree wholeheartedly—the only possible way this concept can work is to for the doctor to believe in what is being dispensed. If increasing the bottom line is the primary goal, then the venture will surely fail. Patients will see right through financial motives, and business will suffer when poor inventory doesn't move. I always recommend heeding the simple phrase, "Do good by doing good." **PM**



Dr. Haspel is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.

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