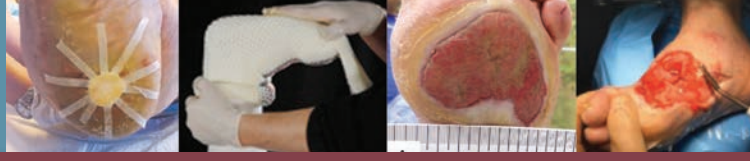

Diabetes and Practice Management: A Plethora of Pearls

Experts from IPED provide practical advice on treating your diabetic patients.

INSTITUTE FOR PODIATRIC EXCELLENCE & DEVELOPMENT

BY MEMBERS OF IPED

Tips from the Trenches is a new every-issue column featuring practice management issues, and is written exclusively for PM by members of the Institute for Podiatric Excellence and Development (IPED). IPED's mission is to motivate, inspire, and synergistically bridge the gap between students, residents, new practitioners, and seasoned veterans in the field of podiatric medicine. They are committed to the idea that mentors with passion to share and mentees eager to learn make a powerful combination that allows IPED to bring and renew a full life to podiatric physicians, their practices, and their well-being throughout the U.S. and beyond. Visit www.podiatricexcellence.org.

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The Institute for Podiatric Education and Development's (IPED) core mission is to reach out to our colleagues every chance we can to educate in the areas of practice and people management. We asked some of our members and board members to share their wisdom on running a successful surgical practice. We bring this article to you and look forward to future opportunities to share knowledge.—Hal Ornstein, DPM, IPED Chairman

The Podiatrist's Role in Diabetic Education

By Cindy Pezza, PMAC

DPM's have the opportunity to educate in a way that can impact the lives of their patients, staff and community.

Every day in practice, podiatrists have the opportunity to educate in a way that can impact the lives of their patients, staff and community. During most clinic sessions, a newly-diagnosed diabetic patient is referred by a primary care physician either to establish a relationship with you—the foot and ankle specialist—or to treat some sort of complication. It is in the podiatric treatment room that so many patients become aware of the importance of preventative care and of how many symptoms that present in the feet, ankles and lower legs can be indicative of another seemingly unrelated systemic issue such as pitting edema, intermittent claudication, or discoloration of the lower legs. Day in and day out, podiatrists give their customized version of the "diabetes and your feet" spiel without even realizing the effect it may have on the patient sitting in the treatment chair, the family member beside them, or the neighbor they will have coffee with tomorrow as they share their own version of your educational visit. Something as simple as instructing a neuropathic patient to check his/her feet every day could be the one thing they remember that ends up saving their limbs or their life.

In addition, your team members, including both front and back office staff, can become valuable resources

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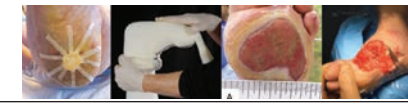

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if you take the time to properly educate them. As each staff member is hired and trained, a period of education should be provided in which commonly treated podiatric conditions are explained thoroughly. This will allow your reception staff to effectively triage according to medical necessity—such as when a patient presents not experiencing pain, but having noticed an open sore or blood on their sock. It will also allow your clinical staff to assist in the process of treating wounds as well as relaying the importance of compliance (e.g., keeping the feet clean and dry and presenting for regularly scheduled appointments). Obtaining positive outcomes, especially when treating patients with diabetes-related complications, takes a group effort, and the podiatric physician is in the position to lead with confidence. **PM**

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Being Prepared

By Ryan D'Amico, DPM

Treating diabetic patients in your office means being prepared. With the large numbers of diabetic patients we see each day, there is bound to be an emergency situation when a blood sugar level drops or is too high. Both you and your staff must be capable of recognizing these problems and responding to them calmly and effectively to insure the best outcome for your patients. Hold regular meetings to be sure every staff member can recognize symptoms of a drastic change in blood sugar and to be certain staff members are comfortable testing a patient's blood glucose. Have the office stocked with small juices, soda, and little candies. Have written protocols on how your office staff is to respond when sugars are low or high. Be sure everyone knows when they need to call 911 to send a patient to the hospital for further treatment. After your staff has proven they are fit to handle such situations, have monthly five or ten-question quizzes that keep their skills sharp and confidence high. **PM**

With the large numbers of diabetic patients we see each day, there is bound to be an emergency situation when blood sugar drops or is too high.

Internal Marketing and Your Diabetic Patients

By Alec Hochstein, DPM

Studies continue to support the growing diabetes epidemic throughout the United States, as well as the global population. The increase in morbidity and mortality related to uncontrolled diabetes is daunting. As podiatrists, we have an opportunity on a daily basis to help decrease these sequelae for our patients and save an overburdened health care system from the rising costs of managing these patients. At the same time, there is a practice management opportunity to create an ongoing revenue stream. This makes internal marketing to our patients a win-win proposition for all involved.

As podiatrists, we have an opportunity on a daily basis to help save an overburdened health care system from the rising costs of managing these patients.

The obvious way to increase the effects of excellent care is by delivering it on a consistent basis. We all know that the diabetic patient population can often be resistant when you try to impress upon them the severity of their condition and the potential for disastrous outcomes. It is for this reason that offices should generate a list on a monthly basis of their diabetic patients along with the date of the patient's last visit. This list can be utilized to reach out to this group on a regular basis with consistent focused internal marketing in the form of emails, newsletters and appointment reminders. These simple non-obtrusive reminders often trigger an appointment to offices for either a regular check-up or a visit that the patient was avoiding. A "gentle nudge" may prompt the return visit to the office and the avoidance of a potentially dangerous, missed appointment for the otherwise apathetic patient. By implementing this process, you are capitalizing on marketing to already established patients, which is too often overlooked. These are people who already know you and trust you. The ice has already been broken and your efforts will be appre-

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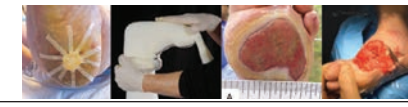

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ciated and prove to be fruitful.

If your practice participates in the Medicare DME diabetic shoe program, add an internal marketing reminder for when patients with diabetes should have their current shoe gear evaluated, as well as their yearly protective shoes sized and ordered to protect them for the coming year. As patients all enter the program at different times, this should be done on a rolling basis.

Offices should generate a list on a monthly basis of their diabetic patients along with the date of the patient's last visit.

By instituting simple internal marketing techniques such as those mentioned above, your podiatry practice can ensure happy, well-informed and cared-for patients who understand the relevance of their podiatrist to their ongoing diabetic condition. **PM**

In-Office Dispensing and Your Diabetic Patients

By Hal Ornstein, DPM, FASPS

Over-the-counter products sold in our office targeted for our diabetic patients have provided a significant benefit to their foot health. Below is a discussion of products we recommend and dispense from our office. The comprehensive approach that in-office dispensing can offer is aptly illustrated, as the products we dispense address the dermatological, neuropathic, and functional components that complicate the overall foot health of our diabetic patients.

A number of dermatological problems plague the diabetic patient. We have found in practice that ankle and lower extremity skin dryness for patients with venous stasis and associated discoloration (purpura) is present in almost all middle-aged and elderly diabetic patients. Lotions that decrease

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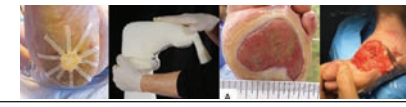

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skin dryness help reduce scratching and related venous stasis ulcers. Patients using the lotions we dispense are consequently symptom-free and are pleased with the improved appearance of their lower extremity with decreased discoloration and inflammation of the skin. Lotions that also carry anti-fungal, anti-microbial, and anti-inflammatory properties are particularly successful to manage the fragile skin of diabetic patients. Lotions that are dimethicone-based have the added benefit of being placed in web spaces without worry of maceration or tinea pedis.

For dry, fissured, and scaly skin, crèmes containing keratolytic and exfoliative properties such as urea (20% or higher) have proven useful for our diabetic patients. They like the creams we dispense because they say it absorbs well and "works so much better than all those creams I have tried in the past." For fissured heels, we recommend that patients use exfoliative crèmes in conjunction with feet buffing pads instead of the traditional pumice stone.

The orthotics we dispense are fairly priced, visually appealing, and provide significant support and comfort for our patients.

Hyperhidrosis is seen in many diabetics and if not treated, can lead to various complications. We treat this problem with drying agents containing solutions of formaldehyde, depending on the severity, at either a 10% or 20% concentration for six weeks to significantly reduce excessive moisture around the feet. This is followed by maintenance on a daily basis with a lotion or spray that moisturizes and controls sweating.

To address the component of foot function in diabetic patients, we recommend well-priced, prefabricated orthotic devices to all young diabetic patients and Medicare patients who do not qualify for diabetic shoes and insoles, but who are being treated for non-biomechanical-related problems with provided support to prevent future chances of Charcot. Our diabetic patients who wear them seem to always purchase multiple pairs and relate how much better their feet feel in general by wearing them daily. The orthotics we dispense are fairly priced and visually appealing, and provide significant support and comfort for our patients.

Our practice also makes great use of products that help to protect and cushion all parts of the feet and ankles. Most common are pads to re-

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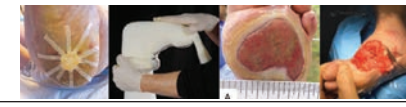

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duce pressure on corns, hammertoes, exostosis, bunions and plantar lesions. Again the products we dispense differ from what is typically available in local stores, are packaged nicely and are very well-priced.

The non-custom-made comprehensive stocking/hosiery that we dispense in our practice has been incredibly well accepted by our patients, because it addresses the three main reasons why patients do not want to wear compression stockings: comfort, appearance, and price. We recommend these to all age groups with any degree of edema, mild spider veins and varicose veins who are not in need of custom stockings. The majority of diabetic patients fall into this class. We now have many young patients who are on their feet for many hours daily, and this product has helped to relieve their leg fatigue.

As an in-office-dispensing product, diabetic socks are not reimbursable under insurance plans. Because of the high level of comfort and protection, diabetic patients will frequently replace all of their other socks with the protective ones dispensed by their podiatrists. Patients should be dispensed a starting supply of six pairs of socks. From a practice management standpoint, diabetic socks can expand the profitability of your footwear program by as much as 35%-40%. We put a pair of socks and lotion in each box of diabetic shoes so when we dispense the shoes the patient is reminded that s/he may purchase and begin use if they need to. **PM**

Dr. Hochstein is a 1997 graduate of the New York College of Podiatric Medicine, and is currently in Private Practice in Great Neck, NY on Long Island's North Shore where he lives with his wife and two children. Dr. Hochstein is Board Certified in Foot Surgery by the American Board of Podiatric Surgery, he is a member of the American Podiatric Medical Association (APMA) as well as the New York State Podiatric Medical Association (NYSPMA).

Dr. Ornstein is Chairman of the Institute for Podiatric Education and Development and a national and international lecturer and author on practice management topics. He serves on the editorial advisory board of Podiatry Management and has been inducted in the PM Podiatry Hall of Fame. He is managing partner of Affiliated Foot & Ankle Center, LLP in Howell, NJ and President and CEO of the New Jersey Podiatric Physicians and Surgeons Group, LLC.

Cindy Pezza is President and CEO of Pinnacle Practice Achievement, LLC (www.pinnaclepa.com)and serves as Chief Operating Officer for Podiatric Super Group Management, LLC. Cindy continues to utilize her experience and expertise in promoting treatment specific protocols, including ethical maximization of ancillary services, to consult with physicians and staff, improving the quality of patient care, while significantly increasing practice revenue.

Dr. Ryan D'Amico completed his undergraduate studies at LeMoyne College in Syracuse, NY. He then attended the New York College of Podiatric Medicine for 4 years, moving on to complete his 3-year residency at Western Reserve Care System from 2007 to 2010, where he specialized in Podiatric Medicine and Surgery.