

Profitability, Where Art Thou?

Here are ten tips for keeping your practice humming in the new year.

BY LYNN HOMISAK, PRT

To Our Readers: There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.

RE: Profitability, Where Art Thou?

Dear Lynn,

I feel like I've hit a stone wall and not generating the revenue that I should be after 11 years of practice. I'm sure there are things I could be doing to "up" my profit while still practicing ethically. Any suggestions?

There are, in fact, a number of specific, yet ridiculously simple strategies (and a forward-thinking mindset) that should be in place in your practice which lead to increased functionality, productivity, efficiency, and profitability. Sometimes it's not about doing more. Often it is adjusting your focus or fine-tuning the things you are doing right now.

1. Create solidly-written clinical protocols and don't overbook your schedule.

Maybe you're thinking, "but the more patients I can see means more profit." Not necessarily. The more patients you see, the harder you will work. Do you want to work harder or smarter? Overbooking your schedule

likely leaves you less time to treat your patients as comprehensively. It seems you're always trying to play catch-up. You're exhausted and you are missing opportunities. Written protocols serve a number of objectives. By creating a visit-to-visit treatment plan, you (the physician) are less likely to overlook procedures (as well as associated DME, supplies, and products that effectively pair with that procedure) which you have determined to be most successful in the care delivered to your pa-

er, seeing as how they are the lifeline of any business, it will serve you well to keep your finger on the pulse of your practice by knowing more about them. When did you last review your Account Receivables or profit and loss, or benchmark your numbers and study the trends? This should be done on a monthly and annual basis. While monitoring data can be part of a manager's job description, doctors are negligent if they are not monitoring their managers. Monthly meetings (at

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tients. Creating and following protocols for each condition helps keep you on track. They prevent you from missing important components (and capturing lost revenue) because you may be rushed, too tired, sidetracked—or just forgot. It also allows staff to anticipate your next steps and they become more efficient and productive. They are able to forecast proactive room and patient prep, which results in better patient flow, fewer interruptions, and an on-time schedule. It almost runs itself. Plan the work, work the plan. Start by creating a protocol for heel pain—and go from there.

2. Review financial reports on a regular basis.

Reviewing your financial reports is not going to up your profit. Howev-

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3. Invest in a patient recall program.

Have you ever stopped to think why it is that dentists have such success with their recall? The typical dental hygienic recall is every six months and, for the most part, patients comply. According to practice-analytics.com, "most dental prac-

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tices average between 60-70% hygiene recall rates.” Who created the dental six-month recall? Dentists did. Podiatry patient recall should be as important as in dentistry—at the very least when dispensing a pair of orthotics or an AFO. Six months to one year later, patients should receive notification from your office coupled by a survey on the continued effectiveness, comfort, stability, and condition of their orthotics to re-evaluate their feet in the name of “good foot health”. A successful recall program starts with educating patients, followed by a consistent recall program. If you don’t have the time or internal resources to dedicate to proper recall, consider outsourcing. One such company to look into is mylocalbeacon.com. All recall is done via digital marketing after initial set up—no hassles. (Disclaimer: I have no financial connection to this company.)

4. Refrain from being your patient’s financial advisor.

You’re only shooting yourself in the foot by making financial decisions for your patients. They are usually poor ones. You’d like to dispense a custom-made prescription orthotic,

can afford the treatment based on their age, the clothes they are wearing or the car they drive. Maybe they can afford it, maybe they can’t. It is not for you to decide. Let patients make that judgment. Share your financial policy with them and if they cannot afford it, or choose not to accept the treatment plan you present

(for whatever reason), offer them the next best option. Just don’t make the next best option your first one.

5. Perform falls risk assessments on all patients with symptoms of instability.

While tending to the condition your patient is scheduled for is uppermost in your mind, don’t ignore or dismiss the obvious. If they demonstrate difficulty when rising from a chair, have a slow, tentative pace, wobble, rely on walls or walking aids for steadiness, or experience an over-



to their doctor. Once in the treatment room they can even do a simple “Get Up and Go” test to further confirm some instability issues. When the doctor enters the room, he/she could follow up by having a conversation with the patient, conducting a falls risk assessment, then introducing and recommending an appropriate device that will help their steadiness. The objective, of course, is to offer the support they need to prevent a fall that could result in a broken hip, or worse. Of course, while ethical use of AFOs may offer financial rewards for the practice, the real value exists in knowing you’ve improved your patient’s quality of life. The patient will thank you.

6. Perform CDFEs on all your patients with diabetes.

The comprehensive diabetic foot exam (CDFE) is another opportunity to provide quality comprehensive care for your patients with diabetes and is an annually covered service by Medicare. With diabetic neuropathy an ever-present concern in these patients, performing the CDFE may uncover maladies they might not even be aware of. At the very least, it opens up an educational discussion on preventative care. Because podiatrists are an integral part of the healthcare team, they are responsible for providing their patients (with or without diabetes) a thorough examination and comprehensive foot care. Since patients with diabetes

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but because you’ve pre-determined that your patient might not be able to afford orthotics, you decide instead to dispense an OTC accommodative insole for a fraction of the price. If they would do better with an insole, dispense it. If they would do better with a custom orthotic, why wouldn’t you at least offer it? Overall, if your best treatment involves a device, service, or surgery that their insurance won’t cover, it is still your obligation as their physician to recommend it. Don’t second-guess whether or not a patient

all lack of balance, it is in the patient’s best interest to address it. Since the DPM generally doesn’t see the routine care patient until the patient is in the exam chair, the doctor may not be immediately aware of any walking difficulties. However, certain clinical findings, e.g., severe HAV which may be causing an imbalance, warrant further evaluation. Besides, staff DO see patients walk. As they escort the patient from the reception area to the treatment room, they can be trained to observe these very obvious signs and if noted, relay this information



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are more prone to breakdown, ulcerations, toe, foot or limb loss, this extended evaluation is a no-brainer. It is unlikely that these “at-risk” patients will get this same treatment elsewhere, so your role as their foot-care provider can make a real difference in their life. CDFE is all-around beneficial for patients and practice—don’t overlook it.

7. Use your time wisely.

The physician’s time can be looked at in a number of different ways. Doctors can be productive by focusing on physician-specific tasks—those granted to them by their DPM license. They can delegate their time and assign some appropriate patient care tasks to skilled, competent staff. Or, they can simply waste their time by doing many of the everyday jobs that should be assigned to lower-paid employees. You are the principal contributor of profit to the practice. It only makes sense to use that valuable time wisely and simply delegate tasks according to the lowest paid person that can do them well. A recent podiatry-specific study indicates that the average DPM minute is valued at around \$5.00. Minutes matter.

8. Utilize staff more as physician extenders.

There’s a trend in medicine to push tasks off physicians if they can be performed by less costly, properly trained individuals. Trained staff are the best kept secret, it seems. Even though they have the ability to actively generate revenue alongside the physician, oftentimes they don’t get the opportunity. Effective training remains a low priority in many practices. Most staff are still not being utilized to their potential. There are many excuses why doctors fail to delegate hands-on care, none of which hold water if the individual they delegate the task to is appropriately trained and capable of producing a satisfactory outcome. Medicare makes clear that delegation is acceptable, provided:

- Unlicensed staff be under the supervision of the DPM and the DPM

MUST be on the premises;

- The supervising physician accepts responsibility for services provided by the extender;
- Patients’ health and safety are always ensured, and;

you might consider the integration of a professional clinician, such as a C-Ped, to manage those patients who would benefit from shoes and AFOs that you are currently outsourcing. After you’ve evaluated and diagnosed

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- There must always be an opportunity for the extender to access the physician if desired for consultation.

9. Don’t under-code your services.

There was a recent post on *PM News* regarding under-coding (E&M services) by Karen Zupko of Physicians Practice which deserves a nod, particularly because under-coding can directly affect profitability. The fear out there is that you run more of a risk when you over-code than under-code, when, in fact, under-coding can set off just as many alarms to the adjudicating powers that be. Neither is an acceptable practice and both are equally fraudulent. As Ms. Zupko points out, (under-coding) a “revenue AND audit risk if done consistently...(and)...falling outside the bell curve of your peers’ coding patterns can make you a potential audit target.” Coding appropriately involves assuring that you’re not minimizing (or over-exaggerating) the services you provided and that your documentation is accurate and reflective of these services. You’ll sleep better at night if you are coding-compliant. If you are uncertain, ask for help from coding experts, such as Codingline.com.

10. Consider the integration of in-house ancillary services into your practice.

If you do not have trained staff to assist with some patient care tasks, or feel that these tasks take too much of your time, you may have given up on some beneficial and profitable patient services—for example, the Diabetic Shoe Program. If this is the case,

these patients, the qualified C-Ped can follow through by casting, fitting, and dispensing these products while your parallel patient schedule remains uninterrupted. The outcome of this side-by-side model is both financially and patient-interest based. Revenue remains in-house and patients receive convenient, effective care that is delivered by professional technicians and overseen by their trusted physician. When you start quantifying how many patient conditions go unnoticed or untreated because your schedule is so cramped, a little space in the schedule is an opportunity to be more sensitive and observant.

Most physicians do not go into practice just to make money. Even though exceptional patient care remains your primary goal, you must still run that practice as a business. Businesses thrive on profitability. There is absolutely no reason you can’t do what you enjoy, provide great health service, and be profitable at the same time. **PM**



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