

7 Steps to a Dynamic Podiatric Medical Practice

Being successful means being pro-active.

BY MARK TERRY

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Podiatric physicians—all medical practitioners—are facing unprecedented challenges in terms of reimbursement and regulation. Regardless of how you feel personally about the Accountable Care Act—Obamacare—the Republicans’ and President Trump’s stated plans to immediately repeal the ACA in January, whether they have a replacement plan or not, will create an enormous amount of uncertainty. With turbulent times in mind, here are seven steps that podiatric physicians can take to weather the future’s stormy seas.

Taking Care of Business

Most of these steps fall under this umbrella advice. Some would apply to any type of business, while some are more applicable to the unique business that is a medical practice. John Guiliana, DPM, MS, managing director of Collaborative Practice Solutions, says, “I think the first thing that comes to mind is we need to start preparing ourselves to look at our practices much more as a business enti-

ty than we ever have before.” So, with that in mind...



STEP #1: Cut Costs

Guiliana points out that for the most part, there’s nothing that can be done about reimbursement issues; they are largely out of the physician’s control. “Our practices have much greater leverage than we think in

the cost containment conversation. It can not only lead to greater negotiation power, but more scalability and economies of scale.”

That’s a very large move, but something to be considered when evaluating the fu-



Dr. Guiliana

“If you understand your business and understand your costs, you will arrive at your cost-compliance balance to participate to whatever extent your unique practice demands.”—Guiliana

terms of remaining profitable if we focus on costs. And we have so much waste in a typical podiatry practice.”

In the current environment, that could mean consolidation, joining into more efficient, functional groups of podiatrists, or into so-called super groups. These, Guiliana says, “play right into

ture of your practice. On a more general level, the government is implementing MACRA, MIPS and APMs, which is outside the scope of this article, but suffice it to say, a push toward quality metrics for reimbursement. Guiliana notes that, “It’s some-

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thing we need to look at, not from an emotional perspective. We need to look at the patient in MACRA and MIPS as purely a business decision.”

Guiliana finds there to be a broad spectrum of responses to the fee-for-quality as opposed to fee-for-procedure shift, with some physicians doing everything possible to comply while ignoring the costs, while others are saying they’re not going to do anything, they don’t want to participate at all.

“The reality is,” Guiliana says, “there is a huge middle ground that needs to be considered uniquely by each practice...what I call a cost-compliance balance. If you understand your business and understand your costs, you will arrive at your cost-compliance balance to participate to whatever extent your unique practice demands. And this way, you’re not completely getting hammered with penalties, nor are you struggling to comply at a cost that exceeds those penalties.”

Factors to consider: costs, staffing levels, your knowledge base, automation ... and then find the middle ground that your practice can handle without a complete breakdown in your fee schedule.

STEP #2: Market Your Practice

This is a big component of a business strategy. Rem Jackson, president and CEO of Top Practices, says, “Don’t just wait for the patients who walk in the door. Be proactive. Have a marketing plan that has four pillars that you focus on. And those should be a good, solid, well-thought-through Internet marketing plan focused on the kinds of conditions that you’d rather treat, either because they’re profitable or you just enjoy it.” Those four pillars are:

- **Web-based marketing.** This includes your practice’s website, social media, online videos, review sites, and even Google search rankings.
- **Referral marketing.** Jackson says, “Make sure you have an appropriate and effective referral program for medical and non-medical referral

sources around your practice to help encourage those referrals, because they can be absolutely wonderful. People need to know they can send you patients.”

- **Internal marketing.** Internal marketing includes pretty much everything that occurs the second a patient pulls into your parking lot. It’s your signage, your building, the cleanliness and layout, how your staff greets patients, and how you as a physician interact with them. But it also includes staying in touch with your clientele, follow-up emails, reminders and newsletters.

- **External marketing.** This is traditional marketing, the Yellow Pages, or an ad in your local newspaper, or mailings. Jackson says, “You’re reaching out to the community in a variety of different ways, potentially sponsorships for things that make sense, or health fairs or working with larger employers. Any kind of outreach that can include advertising.”



Rem Jackson

to have a pretty good bus driver, too, but it doesn’t matter if you don’t have any people on the bus, right? We hire for personality and soft skills. My theory is, you can train for skills—you can’t train personality. We have a team here that is building for the future and giving great patient care at the same time. I often tell my team that, ‘I can’t do what I do without you.’”



Dr. Freels

STEP #4: Lead

A podiatric physician in a private practice wears a lot of hats—physician, employer, business person, negotiator, biller, contractor, just to name a few. Being a leader is one of the most important ones. Jackson says, “Most people don’t become doctors because they have scintillating personalities that inspire people to follow them. They did it because they’re scientifically oriented and can

“You can train for skills—
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Jackson continues, “The most important thing you can do in any business, including a podiatry practice, is to create a steady pipeline and flow of patients who need your services filling up your reception room every day. It makes everything else easier.”

STEP #3: Put the Right People on the Bus

This refers to staffing. Anybody who has worked just about anywhere understands how not everybody fits in and not everybody pulls their own weight. It’s a tough nut to crack in any workplace, but it deserves attention.

Nicole Freels, DPM, of Lexington Podiatry, says, “You have to have the right people on the bus, they have to be in the right seat, and they need to want to go in the same direction. You have

handle complicated, complex ideas and they like helping people. They’re people-oriented as podiatrists, but your staff is the secret to your success. Be a coach, a mentor, not a tyrant, and manage through patience, not irritation and anger.”

He goes on to mention a famous expression made about the football coach Bear Bryant—he could beat you with his guys, and he could beat you with your guys. Jackson says, “Inspire, mentor, coach, lead, develop your people and you will find yourself having fewer and fewer worries.”

STEP #5: Brand Yourself

Technically it falls under #2, but it goes beyond it as well. Who are

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you? How do you and your practice differentiate yourselves from everybody else?

Freels says, “Hospitality is our niche. It used to be the norm—great bedside service and all that—but now if you practice with a servant’s heart and work by those standards, you’re actually setting yourself apart. Our goal is to get the most word-of-mouth patients as possible and that can’t happen if we’re not living our mission statement. We truly do consider our patients a part of our podiatry family.”

Guiliana agrees, referring to them as “non-clinicals.” And in fact, he says, “MACRA, MIPS, meaningful use, etc., have often been counterproductive to those nonclinical things. What are the nonclinical things I’m referring to? The development of patient-physician rapport, right? That’s been completely disrupted by the whole PHR meaningful use concept. They’re looking at their laptops, not even making eye contact, the first fundamental building block of rapport. So, that’s one of my top things that I think is important for all healthcare providers to focus on—building that patient rapport of trust and credibility so we can be more effective healthcare providers.”

STEP #6: **Embrace Change**

As mentioned in the introduction, everyone in healthcare is expecting change. Jackson says, “Every one of us in this industry is undergoing rapid, accelerating, and in some cases, infuriating, change. The government and the CMS aren’t going to get any better. Understand your mindset in how you approach and accept that change. Adapt and re-invent yourself instead of sitting around and complaining and whining about how awful it is—it will be the key to survival and success.”

Freels notes that when dealing with change and making decisions, let data drive your decisions. “We analyze first and then when we do

make a move, we always go back and look at the numbers. Adjust, adjust, adjust. Should we do it differently next time? Did that work like we thought?” But, she adds, “We always keep some room in the budget for a ‘spaghetti fund.’ This is for those ideas where we say, ‘Let’s just see if this works. Let’s throw it

contempt for authority; they show disrespect for elders and love chatter in place of exercise. Children are now tyrants, not the servants of their households. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs,

“Adapt and re-invent yourself instead of sitting around and complaining and whining about how awful it is—it will be the key to survival and success.”—Jackson

against the wall and see if it sticks.’ Like spaghetti, get it? If you have a budgeted amount for that, it can’t hurt you since you planned that unplanned expense! You’re not going to lose more than you can afford to and oftentimes you come away with a big win. You always get a learning experience, whether the idea pans out or not.”

STEP #7: **Learn to Love Millennials**

Although demographers don’t seem to have a consensus on when the Millennial generation, sometimes known as Generation Y, actually starts, they were generally born somewhere in the mid-1990s to early-2000s. Some observers feel that individual populations have specific overall personality trends (this writer does not, however). As such, the Millennials tend to be tagged as being entitled and narcissistic, among other things.

Jackson says, “There are 80 million Millennials in the workforce. They’re who you’re going to be hiring. Give up the stereotypes that they’re all entitled and don’t want to work. It’s not true.”

Overall, it’s probably just best to drop preconceived attitudes about any age group. When in doubt about hiring Millennials, consider this following quote from Socrates: “The children now love luxury. They have bad manners,

and tyrannize their teachers.”

Of course, there is some doubt as to whether Socrates actually said that. Other sources believe it was written by Kenneth John Freeman ... in 1907. Either way, you get the point.

People have been complaining about “the younger generation” forever. And the Millennials are probably no different—although relatively inexperienced in the workplace, they nonetheless bring a fresh mindset, energy, and an ease with technology that isn’t often found in older workers—and which should be viewed as an asset rather than a roadblock.

Will these seven steps deal with all the challenges facing your practice today? Of course not. But they’ll go a long way toward keeping you and your practice on target as you’re buffeted by the inevitable waves of change. **PM**



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