

## The Practice Management Fellowship

Think of it as training program for success.

By Ellen R. Delisio

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Is there a place in podiatric medical education for a training program that combines the clinical and the business aspects of practice? Dr. Jonathan Moore, DPM, director of the Central Kentucky Diabetes Management Fellowship thinks so, and he firmly has made this his mission. "With so many residents leaving their training programs with little to knowledge in how to start a business, get a loan, or even code an office visit correctly, I thought there should be an opportunity to learn all of those things and more," he said.

So, convinced of the need for better post-graduate practice management training, Moore established a one-year fellowship that provides candidates with a unique year of the most advanced approaches to providing comprehensive care while growing and building a successful practice. Affiliated with the residency program at Jewish Hospital in Louisville, Kentucky, the Central Kentucky Diabetes Management Fellowship Program affords its candidates a wide variety of clinical and surgical training, including two months at Jewish Hospital under the oversight of Dr. Timothy Ford.

As an adjunct faculty member in the department of Practice Management at Ohio College of Podiatric Medicine and as board member and fellow of the American Academy of Podiatric Practice Management (AAPPM), Moore found himself in the perfect position teach new practitioners.

Applications are now being accepted for the 2010 position that will start on Aug. 1, 2010. "Last year was our first year, and so far the experience has been fantastic for the fellow, my partners, and me." I am really looking forward to start interviewing for this year's position," Moore told *Podiatry Management* magazine.

Fellows receive a \$50,000 stipend plus medical insurance and professional liability insurance. According to the Council of Podiatric Medical Education (CPME), there are fewer than 10 approved podiatric fellowships in the country, not including a handful of non-accredited fellowships like the Central Kentucky Diabetes Management

Fellowship. "We have explored all the avenues for becoming an accredited program with the CPME, and though we meet most all of the criteria, and would love to someday become accredited, we've decided to remain non-accredited to be able to provide more innovative and diverse opportunities for the fellow that would be difficult for us to maintain as an accredited program," Moore explained. Though not accredited through the CPME, Moore's program offers rotations that are not typically found within most podiatric fellowships.

#### Bridging the Chasm

"There's a pretty big chasm between residency training and creating a thriving, successful practice. We're simply trying to better bridge that gap," Moore said, in explaining his passion for the program. Moore added that as a former Diabetic Foot Fellow at the University of Texas, he wanted to give more residents that type of clinical opportunity combined with the kind of advanced practice management skills that were lacking in his training. "Compared to other fellowship programs out there, ours is very unique" said Moore.

In addition to completing a fellowship at the University of Texas Health Science Center under the direction of Dr. Larry Harkless, Moore completed an M.S. degree in medical education because of his desire to someday teach.

"A lot of our residents are getting out of training and making big mistakes, which in some cases, could have been avoided if they knew more about business plans, contracts, hiring and firing, etc.," Moore went on. "Our goal is that after a year in our program our fellow will be able to step into his or her practice and have success from the very beginning, able to avoid the kind of mistakes that often set new practitioners back."

#### Clinical Aspects

The clinical aspects of the fellowship range from training in vascular assessment and testing, to the use of the most advanced topical and biological wound products on the market. From training in pedorthics in the practice's own shoe store (Cumberland Foot Wear Solutions) to learning the most advanced physical therapy techniques from the in-office physical therapy center (Cumberland Rehab Solutions), the fellow gets a well-rounded approach to patient management.

The fellow not only is trained in neurological and vascular testing using the latest equipment but also learns how to properly code and document according to the local carrier determinations. Peri-operative surgical management of the diabetic patient is a fundamental component of the program, but in addition to this, the fellow is taught how to evaluate and cast for foot and ankle orthosis among many other types of custom and non-custom durable medical equipment.

Dr. Pamela Jensen-Stanley, CWS, one of Moore's partners, provides oversight and teaching at two local wound care centers where she serves as the Lower Extremity Wound Care Director. In addition, Dr. Christopher Miller, DPM, and Dr. Keith Card, DPM, provide additional surgical training opportunities for the fellow, covering four counties.

Moore is very hands-on in running the program. "The fellow doesn't leave my side for the first two months," Moore said. "I teach them first how to treat patients like a member of the family and then the rest is all about practicing smarter."

Fellows also spend considerable time learning skills for in-depth medical and surgical management of diabetes patients. Over the course of the fellow's year, he or she will learn to perform and interpret vascular and neurological studies, apply all types of offloading tools, perform in-office orthotripsy for plantar fasciitis, and become familiar with every aspect of the billing and collections process.

"In our efforts to teach the fellows how to run a practice, we expose them to everything from staff meetings to staff performance reviews. We essentially allow them to look under the hood of a large practice and be able to understand how it all works. We also want them to learn how to use technology in their practice. From using electronic medical records to the implementation of ancillary services like physical therapy, we want the experience to be comprehensive" Moore said. "The most successful physicians are those who understand how to merge great clinical and communication skills into smart practice management strategies that always put the patient first." "We're trying to teach physicians how to practice smart," Moore continued.

Since Dr. Moore and his staff are involved in writing and performing research, it is mandatory for the fellow to conduct one clinical research project during the year and

write one practice management article for publication in *Podiatry Management*.

#### EMR

On the practice management side, fellows immediately will learn how to use electronic medical records, as well as receive instruction in general office management, coding and billing for procedures, and individual mentoring from other management experts in the AAPP. During the year in Kentucky, each fellow is given a one-year membership to the AAPP which allows the fellow to access to other mentors, written materials and the many meetings offered by the AAPP.

Upon completion of the fellowship, placement assistance and mentoring are provided by Moore and his team to help the newly-minted podiatrist make a smooth transition into practice. "This is, in my opinion, the most valuable thing you can offer a young practitioner entering practice. Support, guidance and mentoring," Moore noted.

The program's first fellow, Dr. Phillip Dowdy, DPM, learned about the fellowship at a residents' meeting, and said the combination of advanced training in diabetic foot care and instruction in practice management and running a business appealed to him. "Those are things you don't get a real handle on in residency," Dowdy said. His work in the fellowship program has improved his skills and knowledge as a podiatric physician and future manager, Dowdy said. "I've become more efficient in seeing patients in a clinical setting. I've been able to do more hands-on work, seeing patients on my own, and learning more about the care of diabetic patients."

#### New Insights

The business and practice management instruction has given him new insights into the demands of operating a practice, Dowdy continued. "I always knew I would have to run a business if I went into practice, but I thought it really couldn't be that bad or that complicated -- but it really is," Dowdy noted. "It's definitely more challenging than I thought it would be. I never really understood how much time went into the business itself; handling employees, deciding whether to own or lease a building and the large amount of paperwork." While Dowdy is not yet certain if he will go into practice on his own or join a practice after he completes his fellowship in July, he said his fellowship program has given him valuable resources for whatever type of setting in which he chooses to work. "I

feel much more prepared to work on my own," he added. "It's been a great learning experience."

The fellowship is designed to give the new practitioner multiple tools for success, Moore said. "It is really fun to have the opportunity to take someone under your wing who never saw themselves as being able to grow a really successful practice and then see the person grow and become more and more confident," he explained.

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*Resumes now are being accepted for the 2010 fellowship opening. Applicants must complete a two-year CPME approved residency in order to be considered. For more information and to request an application, e-mail Moore at [jmoore@aappm.org](mailto:jmoore@aappm.org). The deadline for applications is May 1, 2010.*