Is Mobile Podiatry for You?

Here are the pros and cons of taking your practice on the road.

BY ANDREA LINNE

Several years ago, when it became difficult for my elderly mother to go to the podiatrist for routine foot care, Florida Family Podiatry, which has offices in Boynton Beach and Delray Beach, sent Patricia Bedoya, DPM, to her home. My mother, as well as my brother, sister, and I were so grateful for this caring service. "We're happy to provide a service that is of great need," Dr. Bedoya says. "You see a different side of patients when you treat them in their home, and you establish a more personal relationship. It's a wonderful feeling to help them."

My mother's situation is not unique. Many elderly individuals who want to live independently either don't have transportation to and from a doctor's office or have difficulty getting into and out of a car. As Americans age and live longer, the need for home healthcare will continue to grow. By 2030, all baby boomers will be older than 65, according to the Institute of Aging. The U.S. Census Bureau reports that aging baby boomers will expand the size of the older population so that one in every five residents will be retirement age. "By 2035, there will be 78.0 million people 65 years and older," says Jonathan Vespa, a demographer with the U.S. Census Bureau.

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Chronic illness has replaced acute illness as the major health problem of older adults, according to the Institute of Aging. In addition to functional impairments, such as mobility, older adults are at risk for cardiovascular disease and diabetes, both of which cause poor circulation in the feet. The American Diabetes Association estimates that 25 percent of Americans age 65 and older, or 12 million seniors, have diagnosed or undiagnosed diabetes.

Increasing Need for Home Health Services

To help older Americans live independently or with a caregiver, there is an increasing need for home health services, including podiatry.

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On-site foot care is also important to address foot and ankle problems and improve quality of life for residents in nursing homes. For elderly individuals who are living at home or within a nursing home, wound care, whether the result of a fall or a complication from diabetes, is also an essential service to prevent infection.

Podiatrists across the country are already addressing these needs using different business models. Some like Florida Family Podiatry provide at-home visits to current patients who can no longer visit the office; the practice also gets referrals from home health agencies. "I devote one day and two afternoons to making home visits," Dr. Bedoya says. "Dr. Laura Newman also makes house calls one day a week, and occasionally we get calls for emergencies, such as a patient who needs wound care." Others have a private practice in which they only practice mobile podiatry, and still others contract to agencies that provide onsite visits to nursing facilities. But one thing all the podiatrists have in common is that they are passionate about their practice.

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Managing Risks When Making House Calls

Still, podiatrists must manage risks when making home house calls. "Be sure to get written consent *before* you make a house call," says June Laird, a partner in the Colorado law firm McElroy, Deutsch, Mulvaney & Carpenter. "If a patient has a little dementia and lives alone, it's a good idea to take someone with you. And the consent form needs to be signed by a family member who has medical power of attorney. If during a house call something becomes uncomfortable or odd or sends off warning bells, the patient begins to disrobe, for example, just cancel and leave. If possible, take a video with your mobile phone to document the incident. Also, if you're providing wound care and the patient's environment isn't clean, take a photo to document that." These are likely rare situations, Laird adds. "For the most part, it's a gift to help a homebound patient. Also, when you make a house call, you can observe all sorts of things in a patient's life that could be challenges for successful treatment, so you get a flood of information that could be helpful in how you treat patients."

Getting Started

Edgard Nau, DPM, began practicing mobile podiatry in Chicago in 1990, and established a home-based practice in New York City in 1994. "My residency was in an inner-city hospital in Detroit, where I saw a lot of patients in the emergency room who had primary podiatric and mobility problems," Dr. Nau says. "I didn't have money to open an office practice and no bank would lend me money, so I got a list of visiting nursing agencies and mailed them a letter introducing myself. I knew the nature of my practice would be general podiatry and wound care, and I was comfortable with those skills. I began getting referrals and found a niche in Chicago. I just winged it. I learned on my own how to bill and what instruments to buy. When I moved back to New York, I didn't think about joining a practice. I did the same thing I did in Chicago—send out letters introducing myself to agencies."


Dr. Nau


Dr. Mann

Roughly 7 years ago, Todd Mann, DPM, was working with a big, private podiatry group in Indianapolis when he quit. "It was too much about numbers and not about patients," Dr. Mann says. "I had a non-compete contract and I was concerned about opening an office given the cost and competition. I'd done a few house calls, so I decided to focus on that. I called some home health nurses and attended some networking meetings geared to home health and made some connections. I was busy within six months. I'm board certified in wound care, and there's a huge need for that. At first, I handled all the scheduling and paperwork. You have to be motivated and have some business sense. I hired a third-party company to do billing. I got myself on insurance plans. In 2014, I hired another podiatrist to join my company, AHP Foot and Wound Care Specialists. In January, I hired a nurse practitioner to join the practice."


Dr. Janowicz

Rachel Janowicz, DPM, started Sole Care Mobile Podiatry, in Tempe, AZ, three years ago. Dr. Janowicz had worked in a hospital and in a private practice as an employee. "When I first moved to Arizona, I was looking for a job and found a mobile job," she says. "I realized I could do it more efficiently and in my own style, providing more quality. I did an informal business plan, but I didn't know what to fully expect. I called around to agencies and got referrals and my practice grew quickly. Last year, I hired a full-time po-

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diatrist and now I'm looking to hire another one."

In 2008, Scott Giaimo, DPM, started the Podiatry Division at 360care, a large ancillary provider to nursing homes in 18 states. 360care also offers provider services in audiology, dentistry, and optometry. "Some providers work full time, and others one or two days a week," says Nick Cease, VP of provider relations. "Flexibility is one of the attractive pieces to working with 360care. The podiatrists we work (with) come from a variety of backgrounds, including scaling up or down their private practice."

The Practice

Dr. Mann says that while he and his associates offer a wide variety of podiatry care, the primary focus of their practice is diabetic foot care and lower extremity wound care. "I do wound care because it's challenging and rewarding." The reimbursement for this service happens to be higher because it's more complex and has more risk, he says, adding it's possible to make a six-figure income. Last October, Dr. Mann opened an office where he could see patients. He also has two office workers. "We got lots of requests from friends and relatives of our homebound patients," he says. "And some patients who are no longer homebound still want us to treat them. Roughly 50 percent of our practice is home visits, 40 percent nursing facilities and 10 percent office visits." Dr. Mann doesn't do surgery. If necessary, he refers a patient to another doctor, as do the other podiatrists interviewed for this story.

Dr. Janowicz points out that referrals work both ways.

"I see patients four days a week," Dr. Janowicz says. "The other days are for doing charts, ordering supplies and administration. I now have an office manager who handles referrals and pre-authorizations, coordinates follow-up care and billing. A part-time administrative assistant manages phone calls and scheduling. They work in a small office, but I try to control overhead as much as possible. We accept Medicare, Medicaid, and private insurance. A few patients pay cash. Right now, I'm likely earning less than someone with an office practice. I didn't take out a loan, and I'm still compensating for start-up costs. But I'm sustaining my practice and it's growing." On a typical day, Dr. Janowicz makes nine home visits. When she goes to a group home, she may see four to 10 patients, and in a nursing facility, approximately 20 patients a day. Revenue on new patients, which includes assessment and treatment, is higher than follow-up visits. Wound care, which gets reimbursed at a higher rate than cutting toenails, is an important part of her business. Dr. Janowicz points out that if you want a day off, you don't get paid. And, she says, don't forget to factor in general liability insurance.

"I'm a one-man band," Dr. Nau says. "I typically see four to six patients each day, and then I go home to do administrative work. I do my own medical records and insurance claims in my home office. Without overhead, this works for me financially." Most of his patients are on Medicare and Medicaid. He has a few private patients who self-pay. He typically spends one hour with new patients taking a full medical history and 30 minutes with established patients. "At times, my practice is seasonal," he says. "It's busy in December and slow in January when patients have new deductibles. It picks up in February." Dr. Nau sees patients in their own homes and in assisted living facilities but not in nursing homes because from experience during his residency, which he admits was 30 years ago, he didn't have autonomy and was expected to do procedures in a factory-like setting.

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Cease says that podiatrists who work with 360care have complete autonomy to provide the care they deem best. "360care provides supplies, equipment, scheduling, and techs, and does all the paperwork," he says. "The providers time is devoted to caring for the residents." Podiatrists have a schedule of patients to see but not a quota. They get paid by the day, not by how many patients they see. Depending on the scope of care, they may see 15 or 20 patients daily, or, if patients just need their toenails cut, as many as 35 patients.

Logistics

"Routing is the most difficult thing," Dr. Mann says, "and patients often don't understand this. They have to fall somewhere on the route within Indianapolis, whether I'm working in the north, south, east, or west of the city, or in surrounding counties. I now have one person to help with scheduling. When we book

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an appointment, we don't give a specific time, but we do let the patient know an approximate time 48 hours before the visit."

"I cover the entire Phoenix Valley," Dr. Janowicz says, "and I try to work with traffic patterns. I lose revenue while on the road, so I don't travel on the highway during rush hours. I group patients close by each other, and I mix in house calls with visits to nursing facilities. In Arizona, four months out of the year, it's smoking hot, so I make sure I'm not in and out of the car unnecessarily. I need to stay hydrated and use sunscreen. But I like not being surrounded by four walls all day and getting to see the landscape. When I first began my practice, I did my own scheduling. Now, I have someone who helps with that, and we're in constant communication."

"I live in Manhattan, and when I first started out, many of my patients were in Queens," Dr. Nau says. "So, getting to their homes was very time-consuming. It could take up to an hour and a half by subway and bus. Now, I just see patients in Manhattan, and I either walk or take the bus or subway. I carry all my equipment and supplies in a rolling bag. I do all the scheduling. I give patients a date for a visit but not a specific time. I'm a native New Yorker, but I still like getting to know different neighborhoods."

Mobile podiatry isn't for everyone. All the podiatrists interviewed for this story agree that you have to have patience and be flexible.

Challenges

"Mobile podiatry is not so great when the patient lives in a fifth-floor walk-up or when it's raining or snowing," Dr. Nau says. "Sometimes, it's a challenge to get a demented patient's children or caregiver to sign the consent form *before* the scheduled visit. Occasionally, a patient with dementia will get aggressive or won't want to be treated, and if that happens, I just leave and look into rescheduling."

"I'm never nervous about going into strange homes, and I always get treated with respect," Dr. Janowicz says. Like Dr. Nau, she travels with a big roller bag and sometimes visits patients who live in apartments without elevators. "I travel with a stool and a knee pad," Dr. Janowicz says. "If a patient can't get into position, you need to adjust to their comfort, so I'm always watching my back and neck. Elderly patients move slowly, so you have to slow yourself down. Sometimes, you have to speak loudly so patients can hear you. An unexpected challenge is arriving at a patient's home and finding he or she is in the middle of getting a bath. But many elderly patients have great stories about life, and it's fun to hear them while you're working on toenails."

Dr. Mann also says his "office is in a bag." The main challenges he has faced are patients who don't have clean homes, and kneeling down or adjusting his position to treat patients who are in a recliner or bed.

360care's Cease says treating the elderly "is not all rainbows and sunshine. In a nursing facility, you may treat patients with dementia or who are medically compromised." And he adds, "you may be working in less than ideal circumstances such as the beauty salon or another room within the facility."

Job Satisfaction

Mobile podiatry isn't for everyone. All the podiatrists interviewed for this story agree that you have to have patience and be flexible. Older patients tend to take more time, and sometimes they're lonely and like to chat. All the podiatrists also agree that it's helpful to visit patients in their own environment. You can see, for example, if their home presents a risk for falls—it could be cluttered or the patient might be wearing shoes that slip on floors or get caught on rugs or carpeting.

"I love what I do now," Dr. Mann says. "There's nothing better than to help patients who otherwise couldn't get treatment. It's so rewarding. I should have done it years ago."

"We only look to hire podiatrists who are patient-focused," says 360care's Cease. "If during an interview a candidate only talks about themselves or money, they're probably not a good fit."

"People appreciate your visit so much," Dr. Janowicz says. "Personal connection is a lost art in medicine, so that's why I like what I do. Maybe I work a little longer than if I had an office practice, but at the end of the day, I always feel good about what I do."

"I like that I set my own schedule," Dr. Nau says. "And I feel appreciated by the patient or caregiver. If I had an office practice, I'd have more headaches, and I just don't need extra headaches right now."

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Andrea Linne is a freelance writer living in New York City.