

## Thriving Not Surviving in Private Practice Today

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Most providers today that read the title of this article are intrigued. Why? Because this is the number one issue affecting private practice today. Since 2015, 28,000 physicians have transitioned to employed positions. For every three physicians that become employed there is one coming out of an employment situation. Doctors are not typically businessmen; it is documented that physicians have a total of 1.3 hours of college credits in business

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classes when they finish residency. Large hospital systems and private equity companies do not have that issue—rather, they successfully combine a conglomerate of resources together to capture every dollar that is generated from physicians. This means they monetize all prescriptions or referrals from physicians. Why then can we not do it ourselves? We can—it's just a matter of becoming educated in all aspects of practice management and asking ourselves: where are all our scrips going? One question should be asked when writing any prescription: can I bill for that?

The first question to address: Are we being reimbursed for our current services? Through multiple consulting engagements with orthopedic and podiatric practices, I have concluded that the answer is: likely not. The most common issue is billing and collecting. We are inveigled into EMR contracts where the “billing is done for us.” There is nothing further from the truth—quite often, these contracts are created and sold by claims processing companies that overcharge for submitting claims. Physicians perform all the coding for their office visits and procedures entered into the system; the billing company simply hits a button to “process the claims.”

With Obama Care and the ACA, patients have seen the average deductible jump to \$5,000 annually. Since 2008, deductibles have increased 214%. This has now resulted in shifting the financial responsibility to the patient—from whom we now have to collect more than ever in paying their bills. It has been ascertained that the last bills individuals pay are their medical bills. Consumer research shows Americans consume 8% on healthcare. What are we doing to address this issue and are we

even paying attention? As many of you know the first quarter can be the toughest quarter for medical practices as a direct effect of trying to collect patient deduct-

ibles, which inevitably results in cash flow problems.

The second concern for physician independent viability: where are all our prescriptions or referrals going? What are we getting besides a lunch or a dinner from our reps? The scale is currently tipped in the wrong direction. Medical device companies, DME companies, large physical therapy companies, pharmaceutical companies, and EMR corporations' stocks are at an all-time high. Why is that? It is because WE are allowing it. Many of us do not understand that we can bring all these things in-house, provide better service and outcomes to our patients and be reimbursed for these services. This is how we are going to survive—we need to focus on patient access to great care within our practices while finding new revenue opportunities.

In 2018 I decided to purchase **PAL Health Technologies** to attempt to educate DPMs and combat these problems. I have focused my efforts upon helping physicians retain their autonomy. In doing this we have partnered

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with our practices and become their strongest ally. We strive to not just be another vendor. We help consolidate all services within your office. Of course, our core business remains manufacturing the best-in-class custom orthotics, AFOs, and custom diabetic inserts while providing revenue optimization opportunities to your practice.

For example, we want to make sure that you know how to code for the products we are providing. Many providers do not know they are losing significant revenue using scanners for custom orthotics. We also have developed a powerful in-office physical therapy model that you own. We look at lost revenue on work comp patients. We set up better solutions for patients with in-house pharmacy services. We offer a full line of DME at a much more significantly discounted rate than competitors in the space. We have instituted pathology lab services and have models to set up physician office labs within your group.

*For more information, please contact a practice consultant at PAL Health Technologies by calling 800-223-2957, emailing [information@palhealth.com](mailto:information@palhealth.com), or clicking here.*