



10 Experts, 10 Practice Management Pearls

Here are some gems to start 2021 off right.

BY MARK TERRY

Medical practices are more difficult to run than ever before, facing reimbursement headwinds—more like a strong gale—from payers, increasing interference in medical decision-making from payers and the government, shifts in fee-for-services to the fuzziest fee-for-quality, and a growing consumer mindset among patients, just to name a few.

With all that in mind, here are 10 medical practice experts—some podiatric physicians, some medical practice consultants, and some both—with a tip for better managing your medical practice.

#1 Budgets

“Set an expense budget and stick to it. Know where your money is going. It’s great to earn another dollar but with rising overhead costs, you will gain maybe \$0.25 per dollar increase earned. When you save a dollar, that’s a whole \$1 to your profit margin!”

—Melissa Lockwood,
Heartland Foot and Ankle, B
loomington, IL **Melissa Lockwood**



#2 Key Performance Indicators

“A medical practice is a business. As with all businesses, it’s crucial to keep your fingers on the pulse of your key performance indicators (KPIs) so that you can identify your strengths, weaknesses, opportunities, and threats and respond appropriately and strategically. These KPIs include such metrics as your practice’s accounts receivables, monthly new patient and total patient visit volume and trends, monthly charge and collection trends, quarterly per visit revenue (revenue/total visits), your practice’s profit and loss statement, its variable costs per patient visit, as well as an analysis of your top CPT codes and how their payments compare to your peers, so that you can prepare for any potential audit in the case of over-utilization.”

—John Guiliana, DPM,
Executive Vice President,
NEMO Health



Dr. Guiliana

Some physicians monitor KPIs and other metrics almost obsessively, while others may not track them at all. However, narrowing in on the most common KPIs on a regular basis, whether monthly or quarterly, gives you a good dashboard for determining if your practice is on the right track.

#3 Manage Your Overhead

“We both (with her husband, Alan Bocko, DPM) practiced in California prior to coming to North Car-

Continued on page 78

10 Experts (from page 77)

olina. In California, most everyone we worked with ran a 'lean and mean' sort of practice with low overhead, etc., due to the fact that managed care started in California before North Carolina. When we started practicing here, we wanted to adopt that theory. We run a physically small office with minimal staff. We decided we didn't want to be a slave to our overhead at the time. This was especially true when our kids were young. We currently have three doctors and four staff members. We could certainly use more and expand and are considering doing so since our kids are in college. When we made this choice, we realized our income may be lower than people with larger, more extensive practices, but we also don't feel as guilty when we take time away from the office. We value the time away!"



Dr. Andersen

—Jane Andersen, DPM,
Chapel Hill Foot and Ankle,
Chapel Hill, NC

A medical practice can have a lot of different categories of "overhead," including staff, equipment, supplies,

occupancy costs, and benefits. Analyzing where you spend your money and if there are areas that can be trimmed without affecting patient care or your mental health can provide clues on managing your overhead.

#4 Write Down Your Procedures

"Written policies are a critical part of every practice: without them, there is chaos and confusion. Policies [or rules] set protocol. They assure that all activities are conducted in a similar manner and put everyone on the same page. Some of the essential front desk policies should include requirements and safeguards for staff handling money; patient financial responsibilities, copay collections, dealing with missed, cancelled and late appointments as well as walk-ins, no-shows and emergency; physician-referred patients; and missing insurance referrals—just to name a few. Remember, a written policy without discussion, training, and enforcement is only a static piece of paper. To make policies meaningful, there must also be consequences for non-compliance, and they should be carried out not



Lynn Homisak

Continued on page 79

BUILDING YOUR 2021 PLAN

10 Experts (from page 78)

just ‘some of the time’—but consistently, across the board. Someone needs to be in control of that front desk. If you [or your staff] aren’t, the patient is.”

—Lynn Homisak, Principal Owner,
Consultant and Coach,
SOS Healthcare Management Solutions

This can also apply to the physician. Some practice management consultants encourage doctors to put together a protocol for major diagnoses. Why aren’t you using injections, or x-rays, or orthotics when you look at certain patients? This can be a money-losing spot in the practice—on a day when you’re busy or on a day when your mind is elsewhere and you’re not following the protocols, because you don’t have protocols. So, if you put the protocol in writing and agree to it and commit to it, it’s easier. And your staff knows your very next move and can remind you about the protocol.

#5 Office Culture and Team

“I’m a believer that the office is only as good as your office team. Everyone tells me how nice the office is—everyone is so nice. You have to treat your office team like what they’re worth; show appreciation regularly. Treat them like gold. The key to success is your office team. There are a lot of ways to take care of them—pay what they’re worth, show gratitude regularly, and create a great culture in the office.

How many patients leave doctors because of the staff? How many say, ‘I love the doctor, but hate the staff.’ Create the foundation for a great staff culture and reinforce them.”

—Hal Ornstein, DPM,
Affiliated Foot & Ankle Center,
Howell, NJ



Dr. Ornstein

Much of this comes down to empowerment, creating and nurturing a sustainable environment where people are able to empower themselves. This requires communication on the part of the physician and more than a small amount of trust.

#6 Unconditional Guarantee

“I would offer an unconditional guarantee on your orthotics—because it eliminates any barriers for people who want to try the orthotics. If you’re good at making orthotics and good at solving problems with them, then very few people are going to return them, but a lot of people are going to try them because of the unconditional guarantee. It think it



Dr. Maurer

Continued on page 80

10 Experts (from page 79)

makes you a lot of money and you stand behind your work. It helps your reputation as well.”

—Larry Maurer, DPM,
Washington Foot & Ankle Sports Medicine,
Kirkland, WA

As Maurer suggests, this goes much further than orthotics or any products you’re offering. It covers your services and your practice. Of course, you can’t guarantee that you will cure or fix every patient problem—but you can guarantee that you’ll try your best and make every effort to resolve the patient’s problem. And that’s a reputation you definitely want to have.

#7 Manage by Statistics

“Managing by statistics allows you to trust your people. If your staff member takes a little break to get a cup of coffee in the breakroom but she is amazing at her job and her graph is in an upward trend, do you reprimand her for leaving her post? Absolutely not. But you don’t loosen the reins, either. If she continues to be amazing and she picks the right time to take a small break and it is not affecting the flow of the office, then it is okay. I

am just using the coffee break as an example. We can use coming in late for one time. One time—that can happen. A good staff member would message you and apologize for being late. Show empathy. Her work is amazing, this occurrence is not her norm. Just show you understand. It is when her statistics are going down and continue to go down and you just shrug it off, that is what we call a danger situation. And vice versa, her stats go up and you reprimand her for little things, you can have the reverse effect, where she stops producing. What happens a lot is that doctors micromanage, and look for what is going wrong, instead of looking at the numbers and seeing that things are really good and there is no need to pick on the little things.”



Dr. Wishnie

—Peter Wishnie, DPM,
Family Foot & Ankle Specialists,
Piscataway, NJ

In many ways it comes down to KPIs, but Wishnie, who definitely likes to crunch his numbers and track metrics, is suggesting that it can and should be applied to a broader set of practice activities. Performance man-

Continued on page 81

BUILDING YOUR 2021 PLAN

10 Experts (from page 80)

agement guru Peter Drucker is generally considered the source of the quote, “If you can’t measure it, you can’t improve it.” And that applies to many things in your practice. It can and should be more than a gut feeling.

#8 What’s Your Value Driver?

“I’m a big believer in knowing and understanding your value drivers. What makes you a valuable provider in your market? What is it about your services that you offer and deliver that people value and then return to your practice? Is it easy to schedule? Is your presentation warm and accommodating? Are patients relaxed when they’re with you? Is it a pleasant office? Do patients know what to expect when they come to your practice? It also applies to specialties and subspecialties.”



Mike Crosby

—Mike Crosby,
Provider Resources,
Brentwood, TN

This falls into the category of branding your practice. Who are you? How do you and your practice differentiate yourself from everybody else? Much of it can be categorized as nonclinical—patient service, hospitality, warmth, convenience—but not all of it. Leverage and emphasize those value drivers.

#9 Market Your Practice

“Marketing is the highest value use of your time. I often ask doctors, ‘What is the business you’re in?’ They typically say, ‘Patient care, giving people back their mobility, treating their disabilities and injuries.’ I say, ‘That’s your mission. That’s your life’s work.’ The business is marketing your medical practice, which means you fill your reception room with patients that you can serve, that you can then treat, that your practice has high-quality patients of the kind you want. And to get those patients, you have to market your practice. And the best way is the concept of the four pillars of marketing.”



Rem Jackson

—Rem Jackson,
CEO/Owner, Top Practices,
Las Vegas, NV

The four pillars are: web-based marketing, referral marketing, internal marketing, and external marketing. Web-based includes your website, your social media presence, Google search rankings, and physician review sites. Referral marketing is the word-of-mouth, both

Continued on page 84

10 Experts (from page 81)

medical and non-medical, that brings people to your office. Internal marketing includes just about everything that occurs the second a patient pulls into your parking lot, from your signage, your building, how the staff greets patients, and your interaction with them. It also includes follow-up emails reminders, brochures, texts, and phone calls. External marketing is traditional efforts like *Yellow Pages* ads, local newspaper listings, and newspaper ads. Jackson also notes that the single biggest mistake he sees physicians make in this area is not marketing in all four pillars.

#10 Give of Yourself

“Give of yourself, or of your time. For example, after surgery, we call all our patients personally. We don’t have our staff do it; we don’t have the hospital do it; we do it personally. To my knowledge, not a lot of practices do that—a giving of yourself kind of thing. Years ago, we used to send flowers to patients after surgery because we just thought it was a cool thing to do. We can’t really do that anymore because of HIPAA, but that was different than what other practices did and from a marketing point of view, it was a great tool. But in this day and age,

you get five minutes, sometimes literally eight minutes, with your patient. And if you’re with your patient longer than that, the owners or insurers get on you. It’s not about medicine. So I think spending a few minutes with the patients is well worth your time and effort—I ask, ‘Do you have any other questions or concerns?’ Give that extra amount, that extra bit of yourself.”

—Larry Kosova, DPM,
Family Podiatry Center,
Naperville, IL



Dr. Kosova

Because whatever else running a medical practice is, it’s not just a service. It’s a relationship with your patients. **PM**



Mark Terry is a freelance writer, editor, author and ghostwriter specializing in health-care, medicine and biotechnology. He has written over 700 magazine and trade journal articles, 20 books, and dozens of white papers, market research reports and other materials. For more information, visit his websites: www.markterrywriter.com and www.markterrybooks.com.