

# Three Podiatry Practice Management Experts on Improving Your Business



Here's some sage advice.

BY DON PELTO, DPM AND MARK TERRY

**L**orcan O'Donaile, podiatrist and owner of Achilles Foot Clinic in County Cork, Ireland, noted that when he first opened his podiatric practice, "I kind of assumed all I had

struggling to make what should be a successful practice be an actual successful business. He thought that taking on more staff might help, "but because I didn't know what I was doing, I made a complete mess

for them." So he made changes, switched accountants, and delved deeply into business practices—not just podiatry businesses, but all businesses—finding mentors, reading books, taking seminars. "With-

in a short period of time, I paid off my tax, my revenue had increased by 500%, my profits by 400%. And this year, even with COVID-19, we opened a second clinic and were profitable



Dr. O'Donaile

within inside of a week."

This article will provide thoughts and tips on making your podiatric practice profitable and efficient with tips offered by O'Donaile, who is a health business mentor and practice management consultant, running more practice profits, as well as interviews with practice management consultants Cindy Pezza and Lynn Homisak.

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to do was be good clinically." The business end of things, he thought, would follow naturally. He quickly filled his schedule and couldn't see any more patients, but "at the end of the week, end of the month, end of the year, didn't really have much money. And I wasn't living a lavish lifestyle."

O'Donaile found himself in the same shoes many other podiatric physicians find themselves in—

of it. I was a really bad boss because I didn't know how to communicate my expectations to them, I didn't know how to systematize it, and so forth."

This led, eventually, to a visit from Ireland's Revenue Commissioners, their version of the IRS, "because I couldn't afford to pay my taxes." "I needed to be more than just a podiatrist," O'Donaile said, "for my family, to deliver a lifestyle

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## Tips for New Practitioners—Begin with the Basics

Although good business practices are good practices, some may be more appropriate for new practitioners, particularly in terms of decid-

ical practice. But focusing a bit on advice for running a more efficient and cost-effective podiatric practice, here are a few broad tips to consider:

1) **Quality over quantity.** There is a tendency these days for health-care and payers to push physicians

convenience of it and sometimes the cost-savings,” Pezza says. “You can’t think that your patients can’t afford it. If you bought a laser 10 years ago and never use it, it’s probably because you don’t think it works. If you used it and patients saw it, staff saw you using it, everyone gets in on

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**“You want to be that local community doctor everyone thinks about when they have a foot or ankle issue.”—Pezza**

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Cindy Pezza

it. The same with shockwave therapy. If you wait to use it at very last moment, the patient will wonder why you waited.” But the key is to offer products and services that you believe in, that you believe offer clinical value and convenience to your patients.

3) **Scheduling.** Regarding quality over quantity, Pezza points out, “If you’re looking at your schedule and wondering what your practice turned into because you didn’t control your marketing, or if by year 10 you don’t have the patients you market to or the kinds of patients, conditions, or payers

ing whether and where to go into private practice and what type of practice you will either launch or join.

First, Cindy Pezza, of Pinnacle Practice Achievement, offers the well-known real estate maxim: location, location, location. “We’re not just talking about real estate,” Pezza said. “Where do you want to live? What kind of lifestyle do you want? What community do you want to be a part of?” Because, she notes, you’re going to be running into your patients in the grocery store, they’re going to ask you to support their local softball teams. And, she says, “You want to be that local community doctor everyone thinks about when they have a foot or ankle issue.”

Second, is your partner, spouse, significant other onboard with the location? And third, if you plan to join a practice or launch your own, decide what your niche is. Pezza says, “What’s the specialty that you’re super-excited about? I haven’t run into any younger podiatrists that are super-excited about debriding nails and calluses; that they just can’t wait to do that every day. Figure out what you want. Do you want to see kids? Specialize in rear foot correction? What drives you and makes you want to go to work every day?”

## Tips for Experienced Practitioners

There are many many books written providing business and practice management advice, and they’re not limited to podiatric or medical practices. Any small business book will likely provide significant useful advice for running your podiatric med-

to see more and more patients in less time. Three patients an hour? Not enough. Four patients an hour? Okay, but maybe ... six? Or maybe you think you should open another practice location.

Pezza cautions, “If none of those locations are well managed or maximized, that’s not useful. And neither is cramming in 45 patients per day because you think that’s what you have to do to make money.”

On the contrary, she believes it

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is maximizing each individual encounter and looking at every patient who walks through your door as an opportunity to educate them about what you can do for them. “Nobody knows what podiatrists do,” she says. “Educate every patient who comes in. It could just be nails or calluses, but maybe they have bilateral posterior tibial tendon dysfunction that nobody has talked to them about.”

2) **Ancillary services.** There is a lot of money to be made in a podiatric medical practice by offering ancillary services. This can range from dispensing wound care supplies and orthotics to much more complicated services such as MRI and laser treatments.

“Be above and beyond, provide everything under one roof for the

you want, you’re going to have a hard time managing your schedule. It’s not impossible, but it’s difficult to re-work that schedule when it’s jampacked with routine footcare and some not-so-great payers.”

## Staffing

Lynn Homisak, principal owner, consultant, and coach of SOS Healthcare Management Solutions, focuses on staffing issues for podiatrists. Although good practices start at the top—with the podiatrist—a well-trained staff can make all the difference in the world.

Homisak says, “One of the problems I see with offices is they’re often stuck in the way that they do things and won’t want to change for

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whatever reason—fear, motivation, or things are too hard.” She notes that she can see the difference between an untrained staff and an office with a highly trained staff. “Yes, I know it’s time-consuming and the doctor doesn’t want to take the time.

- *Traditional*—sometimes called standardized, the physician’s schedule is broken into consistent blocks, for example 15 minutes, four per hour. Patients are scheduled into those blocks. The primary problem with this method, which is why it is also sometimes called “cramming,” is that it does not take into account

## A Marketing Philosophy

Part of O’Donaile’s shift toward success was in what might be termed a marketing philosophy. Another way of describing it might be working smarter instead of working harder. He says, “When people are deciding to buy something, when they come to us, they’re making a buying decision when it’s a larger decision, financially or commitment-wise. If a patient comes to us and needs treatment for three months, that’s a large commitment. They need a commitment and there’s a psychology to that decision.”



Lynn Homisak

With that in mind, he points out that most business websites aren’t designed with that psychology in mind or about how people make decisions. “We should design our website for our patients, but we tend to create one that’s quite pretty but is all about us, about our qualifications. But what pa-

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He or she passes it off to a skilled staff person, but that person may be excellent for what they do but may not be the best teacher. Sometimes they take too many shortcuts or don’t teach them what they need to know.”

She strongly recommends the doctor spending time with new staff. “The best training process for a new person in the practice is to actually follow the doctor around. You learn x-rays and bones of the feet, what instrumentation they use, how patients ask questions, how the doctors answer them. Have new staffers follow the doctor around for at least one to two weeks, because they learn so much about the practice by watching him/her. Then have them follow that skilled staff person and learn from that experienced individual as well.”

A warning about hiring... too many doctors, because they’re in a hurry, hire the first person through the door “and that’s usually a mistake,” Homisak says. “They need the right person, the right personality and the ability and willingness to be trained for the necessary skills. And make sure that potential staffer is in the right position for his/her basic skill set.”

## Scheduling

Homisak also finds many practices don’t handle patient scheduling well. There are, broadly, three types of scheduling philosophies: traditional or block; wave or steady stream; and modified wave.

emergency patients, late patients, no-shows, or the fact that some types of procedures might be performed in five minutes, while other types of examinations or procedures might require 30 minutes or more.

- *Wave*—sometimes called steady stream. Typically a number of patients, for example, six, are scheduled at the top of every hour. While ancillary staff collect information and

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vitals from several patients, the physician is seeing others. Sometimes this is modified so the six patients are spread over the hour, with two patients on the hour, two more at 20 minutes after, and two more 40 minutes after the hour.

- *Modified wave*—is very similar to wave, except that the last 15 minutes is intentionally left open to wrap up the patients or any problems that cropped up. Homisak says, “The staff and doctor work with each other to get that patient taken care of, and at the end of that hour, the last 10 or 15 minutes, they can catch up. It really works the best with any kind of office scheduling.”

tients want to know is what’s in it for them; can you fix their foot?”

The typical website gets 2-5% of people on the site taking action, usually to book an appointment. O’Donaile redesigned his website and his clients’ websites to use direct-response marketing—come to my website and we will give you information for free. “We don’t want anything,” he said. “It might be a video, an ebook, a cheat-sheet, on whatever topic they’re looking for. We give them the information in exchange for their contact details, and we will follow up with them.” The contact takes various forms, includ-

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ing texts, emails, or phone calls.

O'Donaile also points out that there's a peculiar dynamic in the modern world—people being on their phones on the Internet while watching TV at home. "So decisions are made at 7:00 or 8:00 on a Saturday night when the office is closed. But people are on their phones and they see, for example, a landing page on plantar fasciitis. My page doesn't have leads to a blog or anything like that. I just give a free report on PF, things they can do at home. They give contact information and get an automatic email sequence for about ninety days. We will call them on the very next working day and initiate a conversation. My team has been trained to do this."

The idea, he says, is to get people from a position of skepticism to a position where they can achieve a goal and have the patient follow through. The phone calls can be 10

to 15 minutes, and he tells his staff the longer they're on the phone the better. They may, in some cases, even offer a free visit in order to carry on that conversation.

O'Donaile emphasizes that if you can't get patients to be compliant, you're doing a disservice. "So put patients front and center. If you do that, everything starts to fall in place. I wouldn't ask you to do something that the patient doesn't need. You always need to do what the patient needs to get better."

### Taking Action

This article has broad tips for improving your practice. But just reading it and not doing anything about it is a waste of time. Having so much information can make it difficult to sort through what you should do and can be overwhelming. Homisak's advice: "Take the top three things you can start right away. Put those on paper and start working on them

one at a time." Of course, track what you're doing so you can judge how well it's working. **PM**



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