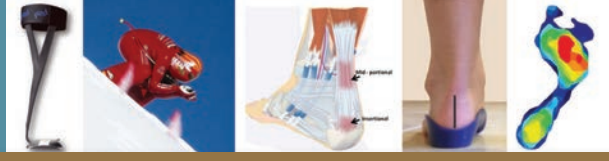

Teaching Staff to Properly Dispense Orthotics

Here's how to keep them on target.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

RE: Teaching Staff to Properly Dispense Orthotics

Dear Lynn,

It would be very helpful if I could get my staff to participate in the process of dispensing orthotics to our patients (to my satisfaction). Is there a "ready-made" script available they could follow that hits on the main points, so I am assured that my patients are getting accurate information?

Of course, every office is different and so is the individual protocol for orthotic dispensing. There are some offices who feel that dispensing orthotics at the front desk is an acceptable practice (vaguely informing the patient that "there are written instructions inside the bag.") Others feel it is strictly the doctor's responsibility to examine the patient while instructing them on proper fit-in. Somewhere in the middle, there are those practices that have enough confidence in the knowledge and experience of their well-trained staff to perform this task successfully, one-on-one with the patient, without their personal intervention; or at the very least, have the doctor meet with the patient afterwards to respond to any medical concerns.

Following is a sample bullet guideline aimed on keeping staff on target to address the many points associated with appropriate orthotic dispensing. Make any modifications to it that specifically aligns with your protocol and role play a dispensing scenario with staff. Like any written script, the more staff run through it, the easier it will be for them to remember all instructions, and the more naturally and accurately they can deliver the orthotics. If the patient has additional questions after all points are reviewed in detail with them that staff are unable to (or should not) answer, or if the patient complains of an unusually improper fit, the doctor should be called in.

Like any written script, the more staff run through it, the easier it will be for them to remember all instructions; and the more naturally and accurately they can deliver the orthotics.

- Fit orthotics to shoes; allow them to walk—How do they feel? This is important because having the orthotic in their shoes will feel "different" for the patient. Staff can re-assure them that it is to be expected. Without this reassurance, patients may feel the orthotics were not made properly.
- Review break-in instructions—increase time gradually. (Increments of 1 hour/day to start "until you can comfortably wear them all day long.")
- Identify right from left orthotic. (While this may seem redundant because typically, these are labeled accordingly, it shouldn't surprise you that there are those who present a month later with their orthotics in the wrong shoes.)
- Refrain from any demanding (sports-related) activities until after your feet have adjusted to them. ("No, you should not keep them in your shoes during your entire eight-hour hike tomorrow!")
- Pay attention to any new body signals. ("Be aware of any potential back-leg-calf-knee-foot pains, calluses, or sores which may present because of the new way that you are walking.")
- Relief may not happen overnight. Usually refer to the fact that they have been walking one way for so long, so ask that they be patient and give the orthotics their required amount of adjustment time.
- Slight modifications may be necessary for optimum comfort. Re-assure them that this is not unusual and an easy fix, usually right in the office.
- Switch from shoe to shoe: Maybe open a discussion about a second pair at some point, made specifically for their high heels, ski boots, etc.
- Squeaking Tips: Inform patients that if there is any potential "squeak-

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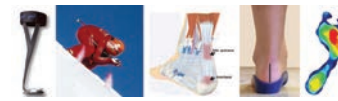

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ing" of orthotics, a little talcum powder in the shoe should help.

• Be sure to remove any other insole that may already be in the shoe. This may over-correct or add excessive bulk.

• Re-appoint the patient in three weeks for follow-up. Get in the habit of making this appointment for them before they leave as opposed to having them call. This prevents patients from slipping through the cracks and never being heard from again.

• Inform the patient that they will receive a six-month, or one-year letter so tdoctor can evaluate and follow up on their progress and examine the wear and tear of the devices for maximum patient comfort and effectiveness. ("Dr. _____ wants to make sure your orthotics are still functioning at 100%, that you are comfortable with them and that they are not in need of any minor repairs or refurbishes.") Some offices actually make this recall appointment for patients at the three-week visit so it is in the book—with a reminder call as the day approaches.

• Do not hesitate to call the doctor in if patients have questions for him/her specifically. ("What questions do you have that I did not address?")

Re: Sometimes, It's Not What You Say…

Dear Lynn,

How can we tell patients they are late without offending them?

There are several points to emphasize here. One, patients absolutely need to be educated, not reprimanded, about your schedule and your late policy, provided you have one. If you have no protocol and your schedule consistently runs late, they are going to quickly understand that staying on time is not important to you. And if it's not important to you, why should it be to them?

Second, don't dismiss their tardiness in silence. It only forgives their actions and creates an unacceptable behavior that they think is satisfactory. Acknowledge their late arrival as soon as they walk in. Then deal with the situation as policy dictates.

Patients absolutely need to be educated, not reprimanded, about your schedule and your late policy, provided you have one.

"Good afternoon, Mrs. Jones. According to our schedule, you are almost 25 minutes late for your 3:00 appointment. Is everything ok? Ordinarily, I would need to reschedule you to another day. However, today I see there is a change in our schedule so if you are okay waiting, I can reposition you in the schedule and have Dr. _____ see you in approximately xx minutes. Just as a reminder, though, if in the future you arrive late again, a same-day appointment might not be available. In that case, if we are unable to see you (like we can today), we'll always do our best to find you the next available appointment."

If the schedule is booked solid and squeezing Mrs. Jones in involves unfairly inconveniencing other "on time" patients, it is best to reschedule her to another day and time that is mutually convenient. As a courtesy gesture, you might even feel obliged to offer her the opportunity to "have a seat and wait". Often, however, if she ends up waiting longer than expected, it usually results in her increased frustration (looking at her watch every five minutes wondering how much longer she'll have to wait before being called).

Late arrivers should never displace respectful patients who made it a point to arrive on time. Neither should a practice extend normal work hours when patients suggest, "Just put me in at the end of the day! I'll come back." Worst of all, without consequence for their actions (assuming their lateness is not an ongoing endeavor and does not involve something unavoidable and serious), there is nothing to prevent them from doing it again. And again. Ad nauseam.

Many times, the reason patients feel offended when approached about their tardiness has to do with the tone in which they are confronted. If this is all explained in an honest, open, warm, and direct way, they will less likely feel criticized and challenged; they may even be cooperative.

We don't always realize how the things we say out of stress or frustration are perceived by others. As a training exercise, it would be eye-opening, and maybe even fun, to conduct an in-service in your office during one of your staff meetings. Role play various comments (one staffer acts as him- or herself, another as the patient) typically made by late offenders. Use exaggerated tones, discussing how each one makes both parties feel.

Putting yourself in your patients' shoes often allows you to experience how they feel, what they hear (vs. what they think they hear), and how both effectively communicate to resolve the situation.

For set-in-stone policy that addresses patient refunds—look to your individual state law and set your practice policy to coincide with that law.

Re: Patient Refunds

Dear Lynn,

I manage the account receivables in our office and am concerned about the escalating amount of patient refunds that are accumulating. Naturally, it is skewing our A/R numbers. Besides that, isn't it wrong to withhold

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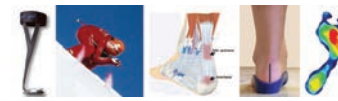

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funds that should be returned to the patient? Should we wait for them to request a refund, or should it be part of our accounting routine? Is this common in other offices and if so, how do they handle this?

Unfortunately, holding back refunds is more common than you might think. But that doesn't mean it is right. Aside from it throwing practice A/R numbers off, it's not appropriate to hold funds from patients or insurance that don't belong to you. The fact that insurance companies don't reimburse what they should or that other patients don't pay their bills is a poor excuse for sitting on money that your `good' patients paid at time of service or promptly when invoiced.

As usual, ALL aspects of office functionality must be properly managed with policy. If there are no controls put in place, the accounting easily gets out of hand with books that may show refunds in the thousands of dollars. Shame on those practices that negligently withhold funds that do not belong to them.

Often, in healthcare, it is the result of unknowing patients who have diligently paid their bill but may not understand their EOBs and don't know enough to request when a refund is due them. It's not okay to hold their reimbursements or to wait for them to request it, hoping they won't. It does not build patient trust in you or the practice.

There are various reasons why practices have credit balances in the first place. It could be due to 1) inaccurate calculation and up-front request for the "patient responsibility" portion of a service provided, 2) the receipt of insurance payments after the patient statements were sent, resulting in duplicate payments from both patient and insurance, or 3) a legitimate error in accounting. 'Stuff' happens!

Allowing funds to intentionally pile up, hoping the patient doesn't notice, waiting for the patient to call you, or holding them until the practice is in a better (fiscal) position to issue checks, puts your practice at high risk.

For set-in-stone policy that addresses patient refunds—look to your individual state law and set your practice policy to coincide with that law. Make an effort to clear all overpayments promptly. Each state has its own law. Just as an example, Texas, Georgia, and California have a 30-day requirement to refund money to the patient. Failure to comply inflicts financial penalties that may include painful interest.

When it comes to insurance overpayments, it becomes a federal offense. "The knowing retention, for more than 60 days, of an amount in excess of that to which a provider is entitled is subject to federal criminal prosecution, resulting in a $25,000 fine and up to 10 years in prison—per item. This provision can be applied to the provider and/or the billing company."[1]

HIPAA requires that patient refunds are to be returned within 60 days of identification. After properly reviewing and auditing your patient's record for accuracy, set a date (within a reasonable timeframe) to issue payment. Most offices, after auditing the claim in question, issue refund checks to patients immediately; others make it a point to do so, routinely, every two weeks.

If a patient who is due a refund has an upcoming visit, some practices choose to call the patient and advise that a refund check will be issued to them at that time. If the patient is still in treatment, others may suggest applying the refund to future balances. As long as the patient is made aware, they appreciate the attentiveness and a better doctor-patient bond is formed.

Set a policy that best works for you that involves what I like to term a "MAR" accounting process: Monitor—Address—Resolve. Do not let it sit and do not ignore it.

Allowing funds to intentionally pile up, hoping the patient doesn't notice, waiting for the patient to call you, or holding them until the practice is in a better (fiscal) position to issue checks, puts your practice at high risk.

We are taught from an early age that if something does not belong to us, we should always do the right thing and return it. Bottom line? Give patients back their money if they are so entitled. Do the right thing! **PM**

Reference

[1] https://www.hbma.org/uploads/content_files/Overpayments_Jul-Aug08.pdf

Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.