



The Keys to Creating a Patient-Positive Environment for Your Podiatric Medical Practice

It's all about being "patient-centric".

BY MARK TERRY

“Patient-centric” as a concept has been around for a while, although it seems to have gotten entrenched in healthcare in the last fifteen years or so. Broadly, patient-centric refers to a focus on the patient and the individual’s healthcare needs, intending to empower patients to become active participants in their care.

Other components of “patient-centric” care include delivering care in a tailored and personal manner. In a consumer-driven healthcare environment, this is often seen as a strategic differentiator for physicians: We provide you the care you need, when you need it, how you need it, at your convenience. Of course, patient-centric care also means treating patients with dignity, respect and compassion, communicating and coordinating care between appointments, tailoring the care to the patient’s needs, and being transparent about costs, care, and outcomes.

With all that in mind, here are the keys for creating a patient-friendly and patient-centric podiatric medical practice.

Communication

At the core of a patient-friendly healthcare environment is communication. Under this broad umbrella are numerous components.

• **Ease of communication.** Melissa Lockwood, DPM, Heartland Foot & Ankle Associates (Bloomington, IL), notes that her practice is working on a year-long initiative called Project Patient Engagement. “It’s really about how we are interacting with patients when they come into the practice.”

She notes three specific ways they communicate:

- 1) Telephone
 - 2) Chat requests from the website
 - 3) Referral from another office
- “We want to make sure that all



Dr. Lockwood

three of those touchpoints are, number one, consistent,” Lockwood says. “It requires constant training of the team, making sure that we’re following up, that we’re giving the same information no matter how they’re coming into the practice; trying to provide as much information as we can online, not only to

a general page but specifically related to certain chief complaints that we are seeing.”

As a result, she says, the focus is on directing the patients toward the specific pages when they make an appointment so they are more educated when they come in. “And the second step of that process,” Lockwood adds, “once they made the appointment, it is: how can we help their experience when it comes to navigating through the process of an appointment with the office?” For

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example, it's about filling out paperwork, whether through the practice's online portal or through a paper requisition, or obtaining the information through a secure chat.

- **Personalized.** Gregg Neibauer, DPM, Alpine Foot & Ankle Clinic (Missoula, MT), says that personalized communication includes scheduling appointments and appointment reminders. "What we strive for is to communicate in whatever way the patient wants to communicate. So if that's by phone, then we set the appointment by phone and they'll get a reminder call. It's good to develop



Cindy Pezza

a communication style that matches the patient's."

- **Follow-up.** Part of communicating in a way that the patient wants to communicate is following up appropriately. Cindy Pezza,

CEO/President of Pinnacle Practice Achievement (Plymouth, MA), folds this into "realistic expectations." She says podiatric physicians, when considering a patient-friendly environment, should put themselves in the position of the patient. "Think about

month they're going to have much higher call volume and they don't want, for example, billing inquiries to interfere with patients that are calling for appointments." They will have, for example, "Press 1 to schedule an appointment," or "Press 2 for any billing-related matters." And then, Pezza says, "it says, 'Please allow 48 to 72 hours for a return call. We may need to research your question...'"

- **Address them the way they want.** In keeping with current cul-



Dr. Neibauer

The caveat to this, Pezza notes, is that it's fine for them to be called by a nickname that has nothing to do with their given name, but "it's super-important that the staff understand that the given name on their insurance card is how we have to enter them into our EHR or when the claim is submitted, or it's going to bounce back."

- **The process.** This refers to communicating the process to the patient. Neibauer says, "If you're running late, then you want to let

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tural concerns over pronouns, the original question was, "Do you track which pronouns the patient prefers to be addressed by?" Everyone interviewed suggested staying away from this, asking patients how they wish to be addressed and tracking it in their medical records somewhere (Lockwood's practice uses "sticky notes" within the electronic health record system).

the patients know, and possibly give them a reason. Most people are pretty understanding."

Neibauer compared it to the airline models. "Passengers get mad if they're not kept aware of late flights or what's happening. The airlines are doing a lot better with that and it seems to be related through text messages. For your practice, I think that's a way to make sure that information gets to everybody. We try to stay in touch with patients regarding anything related to an appointment."

Earlier, Lockwood mentioned helping patients navigate the appointment process. She notes that her practice is run much like a boutique or concierge, "where the patient is guided by a medical assistant acting as their guide. We're guiding them through the process. 'Hi, I'm Sally. I'm helping Dr. Lockwood. We've taken your details and she's reviewed your chief complaint. She's ordered X-rays. I'm going to take those, and then she's going to review those and come meet with you.'"

She says, "I emphasize with the team that we cannot communicate enough. We cannot educate enough." And that not only includes the diagnostic review and treatment plan, but financial components. Her prac-

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your elderly parents as patients themselves. What would make the experience better?"

Pezza goes on to say, "Communication is number one. Have a system in place so that whoever is answering your phones or checking your patient portal for messages is getting back to patients in a timely manner." Part of that includes setting realistic expectations for when calls will be returned. "A lot of my practices that have high call volumes have added additional prompts to their phones systems. They know at certain times of the

Lockwood says, "If I know someone is a professional of some kind, like a judge or a lawyer or a doctor or a nurse, we'll have it in a sticky note in the EHR. Or if they've got a nickname they want to be referred to by, not only do we want to record it, we want to make sure that we're referring to them by it. That's a personal touch point. We also use the same sticky notes if they've had a family event or something coming up or somebody died, something like that. We try to keep that as updated as possible."

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tice conducts pre-visit phone calls for new patients, verifying their benefits, determining what they will owe at the appointment and so on.

“It’s actually self-serving,” Lockwood says. “We do collect at the time of service, so we’re letting them know what they will owe. It can be very frustrating for the staff if we spend all this time on scheduling, verifying benefits, preparing for the visit, and then the patient cancels because they found out there’s a cost

assuming that patients are not going into patient portals and completing all of the information ahead of time,” Pezza says. “And the same thing applies to established patients who haven’t been to the practice for three years. You still have to evaluate this patient from scratch.”

Neibauer also includes triage under the category of efficiency. “We try to know what kind of pathology or problem they have coming in so we can be more efficient on the back end.” This applies to the other aspects of communication as well,

“If the patients are following up on something that I’ve ordered and I just want to go over the results with them, I will do that virtually through a telehealth appointment. But that’s the only time I’m doing it now versus during the pandemic.”

Neibauer agrees, indicating his practice does some telehealth. “I think there’s a time and place for it, but podiatry is very hands-on. I’m in a city, but there are certainly rural areas around me, so we may have a patient who has an issue that we can at least look at on the video screen and determine if they need more urgent care.”

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Customer Service

It’s definitely an era of consumerism in healthcare (“How Podiatrists Can Keep Patients in the Age of Consumerism.” *Podiatry Management*. September 2019. <https://www.podiatrym.com/pdf/2019/9/Terry919web.pdf>). As such, there are numerous other things you can do to create a patient-friendly customer service environment. This can range from offering flexible appointment times to making it easy to set up appointments or being transparent about processes. The key to all of it is communication, understanding what your patients want and need, and providing high-quality healthcare effectively and efficiently.

Lockwood says, “It’s even more important in this day and age that in a private practice setting, if you are a business you need to be thinking of your practice as a customer service, not a medical service. It is a medical service, that’s what your product is, but overall it’s customer service. So you have to make sure that you’re offering the best possible experience to them.” **PM**

associated with it. But it’s still an opportunity because the patient now knows that if they want to get their problem fixed, no matter where they go, our office or someone else’s, it’s going to cost to get it fixed.”

Efficiency

A well-run and efficient podiatric practice will be good for patients as well as the physician and staff—less waste, more profitability, and fewer headaches. Under this category, patients appreciate you staying on schedule.

Pezza says, “In my practices, since the COVID-19 pandemic, we’ve adapted different ways of scheduling. Some older practices are in the habit of scheduling the same amount of minutes for every kind of patient no matter what they’re coming in for, no matter if they’re new or established, double and triple booking. And that doesn’t work.”

Generally, new patients require more time during the visit because they need to be evaluated, versus established patients who are coming in for specific and understood reasons and conditions. New patients’ lists of medications need to be taken. “We’re

across all aspects of the practice.

Lockwood says, “You want to make it as easy as possible for patients to be able to communicate, but also to perform whatever necessary tasks they need to perform with the practice.” That includes multiple ways patients can pay a bill. The practice can send a text with a link that the patients can pay with an app. With some patients, they have a “prompt pay” or cash pay adjustment if they can pay their full balance that day. “We make it as easy for the patients to pay as we can,” Lockwood says.

Telehealth

Telehealth options appear to be a mixed bag. During and immediately after the COVID-19 pandemic and resulting lockdowns, most physicians adopted some versions of telehealth. Some have continued with it, some have not. Pezza notes that most of her clients have moved away from using it, partly because podiatric medicine is such a hands-on practice, unlike, say, mental health services.

Lockwood says she has a few telehealth calls open every week, primarily for follow-up on things like lab results, biopsies, and MRIs.



Mark Terry is a freelance writer, editor, author and ghostwriter specializing in healthcare, 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.