

Investing More Than Just Dollars into Your Practice

Efficiency measures result in increased productivity.

BY CINDY SORENTI (FORMERLY PEZZA), PMAC

Podiatrists who own their practices are continually investing in them. By choice as well as necessity, there is never a shortage of line items in the expense column. Tangible supplies that keep clinic sessions running are a given; while others, like software upgrades and new capital equipment, are an investment in the future. But what about non-monetary investments that may have an even greater impact on success? First and foremost, and perhaps the most valuable, is time. When we run out of time, there is no “order again” button. No one understands this more in podiatry practices than physician owners.

Set blocks of time in clinic schedules can be used for more than patient appointments. Included in business hours should be administrative sessions, team trainings and in-services, and meetings with managers, billers, marketing firms, practice consultants, etc. If keeping up with charting is an issue, set aside one hour every other clinic day until you catch up. Then use the time to stay up-to-date. The argument of losing money from carving out administrative time amid patient hours is mute if timely filing of claims be-

comes an issue. Chart notes should be completed within 72 hours of treating and prior to billing for services rendered, whenever possible. If this goal is seemingly unattainable, consider hiring a scribe (in person or virtually). To increase charting efficiency no matter how it is accomplished, templates must be as detailed, customized, and clean as pos-

sible, time will need to be set aside to make this happen.

Training of New Hires

Training of new hires and re-training of existing staff is often the most under-utilized investment. In most practices, the pandemic caused staff turnover to reach record highs. In some cases, this trend continued and

**Training of new hires
and re-training of existing staff is often the most
under-utilized investment.**

sible. Many doctors attempt to work with “out of the box” or pre-loaded blueprints within their electronic health record system, spending more time than necessary deleting and free typing. To combat this, keep a weekly list of the repetitive common edits.

During the following weeks set administrative time, create updated templates, blueprints, macros, care plans, etc. to reflect the preferred language. If a scribe is hired now or in the future, this will shorten the training process considerably. In either

has caused formal training to go by the wayside. “Baptism by fire” became and still is the norm for many practices, sparking a negative domino effect. Consider this... A new front desk assistant is hired as quickly as possible to fill a short staffing situation. Due to time constraints and a full patient load, software and administrative protocol training were abbreviated, leaving the rookie to “wing it.” Almost immediately you receive a negative review highlighting the incompetence of the front desk and un-

Continued on page 58

Investing (from page 57)

usually long wait times. One week later, claims are being rejected due to inaccurate demographic and insurance information, and three weeks later patients are showing up with appointment cards that are not listed on the schedule. If only adequate time had been spent to train and support the new hire, these issues could have been kept to a minimum, if not avoided altogether.

Veteran Staff Members

The same theory can be applied to veteran staff members. It's a good idea to hold regularly scheduled in-services for the entire team. As time goes by and changes are made to existing systems and protocols, it is essential that every staff member is aware of any changes, and those

ty over the patient on the phone, promptly greeting patients as they enter the office, collecting monies owed at the time of service with a smile, and the benefit of saying "I'm sorry").

- *Review of treatment protocols and care plans for the most commonly-*

problem payers (detailed accounts receivable reviews will help to determine if a payer contract should be renegotiated or dropped), delinquent patients (providers should be aware if they are continuing to treat for free and decide how to proceed), total and new patient volume (which will help

It's a good idea to hold regularly scheduled in-services for the entire team.

seen conditions. The possibilities are endless, and a structured, one-hour training can vastly improve efficiency and morale.

Vendors

What about spending time with vendors who support the practice

to determine when you should meet with your marketing firm and how to invest advertising dollars), etc. Meeting frequently allows problem areas to be recognized and addressed immediately. From simple front desk data entry mistakes and "user on hold" pile-ups because of missing modifiers, to unreleased claims due to physicians behind on charting, every individual plays a crucial role in the financial success of a practice.

Whether a practice uses an in-house biller or is contracted with an outside firm, monthly report meetings are essential.

most affected are well prepared. For example, due to insultingly low reimbursement, it is becoming common for physicians to drop specific private insurance contracts. When this happens, it is imperative to create scripts, especially for scheduling staff. Put a positive spin on the situation. Let patients know that they are still welcome to be seen, and the offered cash pay fee schedule is often less expensive than insurances with high out-of-pocket expenses.

Other Valuable Team Trainings Include:

- *Proper telephone triage*, not only according to medical necessity, but practice impact (heel pain may not be an emergency, but it is a very lucrative condition to treat).
- *Thorough patient evaluations* (determining the true reason for visit prior to the doctor entering the treatment room and weeding out unrelated information).
- *Customer service* (the patient presenting in person takes priori-

ty from afar? For example, practice management consultants provide a sounding board for doctors and staff and can be utilized to create and conduct the training sessions listed above. With periodic check-ins and monitoring of analytics, they can also work closely with managers and doctors to determine the areas in need of improvement, providing solutions and assisting in the implementation of improved systems and protocols.

Revenue Cycle Management

The same applies to revenue cycle management. Whether a practice uses an in-house biller or is contracted with an outside firm, monthly report meetings are essential. Each time, specific parameters of metrics should be reviewed and compared month to month and year over year, providing valuable information about reimbursement (or lack thereof), compared performance when there are multiple providers (per visit value calculations and CPT analysis), open encounters (to determine if timely filing is an issue),

Everyone Wins

When practice funds and time are properly invested, everyone wins. Patients receive higher quality care and an improved level of customer service, staff members feel appreciated and are more productive, and doctors experience reduced stress levels and a greater work life balance. Perhaps the greatest return on investment is a literal one, when practice owners realize a financial gain in response to their efforts. PM



Cindy Sorenti began her career in specialty practice management in 2002, working in a multitude of capacities, and finally holding the position of office manager in a successful podiatry practice in the South Shore area of Massachusetts. Years later, as President and CEO of Pinnacle Practice Achievement, Cindy continues to utilize her experience and expertise to promote development and implementation of structured systems and protocols in both administrative and clinical aspects of practice, consulting with physicians and staff to improve the quality of patient care while significantly increasing practice revenue. Cindy was honored with a lifetime achievement award in 2020, inducting her into the Podiatry Management Hall of Fame.