

# Creating a Practice Growth Action Plan

# START

These steps will benefit practitioners of all ages.

BY PAUL KESSELMAN, DPM

**B**ack in the “good old days” most physicians were in solo or two- or three-person groups. The biggest challenges were attracting patients, being recognized as a full member of the healthcare team, and affording to keep the lights on. Many of these challenges still exist, but there are far more hurdles than in the early 1980s, and they all have much higher associated costs.

Reimbursements, adjusted for inflation, are the same or lower than 40 years ago. The digital age, along with AI used by insurance carriers, now necessitates sophisticated EHR and EMR programs which also utilize EHR.

Whether in solo or group practice, or employed by a hospital, all podiatrists are facing an economic squeeze. Even physicians employed by insurance companies eventually face the music. Their bean counters monitor every RVU generated and

every expenditure.

This month’s theme—Practice Growth Action Plan—addresses many of these issues. Those in small practices have the power to create and enforce these action plans, while those working for large groups may not have the same ability.

For some practices, the plan may be to simply attract new patients. For others the priorities are retaining existing patients and/or increasing the types and number of services provided. No one can incorporate all the points discussed here. Choose those according to your needs, clinical skills, and patient demographics.

Getting a better perspective of today’s practice dynamics necessitated a conversation with different generations of podiatrists. Dr. Jordan Stewart (relatively young) of the Timonium Foot and Ankle Center in Mary-



Dr. Stewart

land believes there are several issues practices should address to remain successful.

**1) Reduce time spent chasing money by identifying your patient’s financial responsibility at the time services are rendered.** More patients have high-deductible plans. Hence, podiatrists

must know the patient’s deductibles and co-payments, as well as their third-party fee schedule. This way your office can, at the time of service, ascertain the patient’s financial obligation. This is fair to both patient and physician and enhances transparency. Otherwise, you will be chasing money after appointment, with increasing collection costs.

**2) Embrace technology.** In 1983, having an x-ray unit with a small footprint and automated processor was state-of-the-art. Today, Dr. Stewart believes digital x-rays and mus-

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culoskeletal ultrasound are essential tools for every podiatry practice. He has also incorporated therapeutic lasers, AFOs, and scanning for orthotics to address patients' rehabilitative needs.

**3) Engage a professional practice builder.** Marketing experts can spread the word of your practice, engaging other physicians in your community and promoting your education and training. Dr. Stewart believes their services paid for themselves in a relatively short time. This also involves being out in the community, setting up health screenings at gyms, shoes stores, races, etc.

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**4) Don't underestimate the value of non-covered services.** This includes but is not limited to laser treatment for onychomycosis, dermal fillers, non-covered routine foot care, shoes, orthotics, creams, etc. Myriad medical professional specialties offer these services.

#### Never Stop Learning

Several fellowship-trained podiatrists noted that despite their four years of advanced reconstructive training, they still felt inept at "bracing". Their orthopedic group employers didn't offer much mentoring, and most of those devices were referred out. Well-trained podiatrists who want more training in prescribing, casting, billing, etc., should develop and implement a plan of education and training. There is a great deal to learn about AFOs, and working with more seasoned practitioners who have been casting for AFOs for years is good place to start.

#### Wound Care Professionals

Many podiatrists feel comfortable utilizing non-invasive arterial testing, but not many use the same equip-

ment for venous incompetence. As one notable wound care expert said, "Why refer this out when you can incorporate this into your practice armamentarium?" Consider adding to your practice action plan training in non-invasive venous testing, and/or expand your training to include it.

#### Artificial Intelligence

At a recent national home medical equipment conference, there was much talk about AI, which, while in its infancy, is here to stay. Medical equipment manufacturers are using it in many facets of their operations. Third-party payers and billing software companies are also implementing AI in claims processing. Learning

to leverage AI should be on every practice action plan.

#### Billing and Enrollment Are Not the Same as Five Years Ago

If you are in a small practice, you may need to rely only on yourself to learn all the billing nuances of a new technique. Hiring a billing service may be less costly than trying to bill on your own. Larger billing practices may require their billing departments to become more familiar with those services, or DMEPOS, prior to offering those services.

The recent moratorium on DME enrollment has had a chilling effect on the DME industry. However, this does not directly impede physicians from enrolling as DME providers. At a recent CMS meeting, CMS informed the Medicare Administrative contractors that they sincerely intend to stamp out fraud and emphasized that this starts with more careful scrutiny from those entrusted with enrolling providers. Hence, your plan for revalidation or enrollment should be to consider hiring professionals who have significant enrollment expertise. The money you spend hiring a professional will pale

in comparison to what you may lose if your enrollment is either delayed or revoked.

#### What Veteran Podiatrists Think About Practice Action Plans

The 91-year-old Arthur Gudeon DPM, still driving, seeing patients, and advocating for our profession 65 years after graduating from NYCPM, has his own secret recipe for successful practice growth. He suggests adapting to modern times while keeping some of the old-school mentality. He does his own computer charting, but only after the visit and outside the treatment room.

Dr. Gudeon suggests that getting out into the community and speaking with people is an essential part of any practice growth action plan. Attending street and health fairs, communicating with students, teachers, and parents has been his way of attracting many new patients. Treating his staff like family and not taking them for granted was another part of his secret sauce, because his staff would often attract many new patients to the practice. Sponsoring clinics with school-age athletes (in Dr. Gudeon's case, tennis) eventually got the attention of the USTA and gave him access to professional tennis players at major tournaments.

He also recommends communicating to patients in lay terms, with illustrations and even handouts. We know that most patients forget much of what we tell them by the time they leave the office. Reinforcing your conversations with paper handouts (containing your handwriting) specific to their situation shows the patient how much you care. This is invaluable PR and echoes the comments of the younger doctors who are half Dr. Gudeon's age.

#### What Else Can Modern Practices Do?

Learning how to verbally communicate better with patients is at least as important as it was 40 years ago. Practices "staffing" a call center with AI may find themselves with increased patient frustration by the time they get to an actual person, so

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consider allowing patients to opt out of the call center and speak directly with someone in your office. All human contact should quickly defuse

## Conclusion

It is important to understand that as a physician, you are also a teacher. Whether it is working with medical students and residents, or when speaking with pa-

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any frustration and address your patient's needs.

## What About Gait Analysis?

A recent story in podorthist and orthotist literature illustrated the history of gait analysis. It suggests that the era of the dedicated million-dollar gait lab has gone the way of the Pony Express. With miniaturization and the computer age, almost every podiatrist's office can aim to incorporate gait analysis equipment.

tients or the public, your verbal communication skills are of paramount importance. Incorporating modern technology will get you just so far. Patients will appreciate it when you take time to carefully explain what ails them, and from that your practice will grow. Try to convey some optimism and compassion even when their condition is serious.

As Dr. Gudeon emphasized, you must address patients using words

the public understands. His practice action growth plan for the past 60 years has been to focus on communication, and he suggests taking a public speaking course as part of your own professional growth. Knowing Dr. Gudeon and having the privilege of being referred several of his dedicated patients over the past 40 years, it seems he definitely is onto something! PM



**Paul Kesselman, DPM,** is board certified by ABFAS and ABMSP. He is a member of the Medicare Jurisdictional Councils for the DME MACs and of the enrollment subcommittee. He is a noted expert on durable medical equipment (DME) and consultant for DME manufacturers worldwide. He is the owner of Park DPM and co-owner of PARE Compliance. He is also co-owner of [www.codinghelpline.com](http://www.codinghelpline.com), a new online forum for coding and reimbursement and was elected to the PM Podiatry Hall of Fame.