



# Back to Basics: Why Re-focusing on Biomechanics Is Key to Enhancing Patient Outcomes, Overcoming Practitioner Burnout and Increasing Revenue

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A smarter practice approach will better serve patients and boost bottom lines.

BY SUZANNE WRIGHT

**F**our years ago, Jason Kraus, president and chief operating officer of OHI, a global supplier of lower extremity solutions, wrote about the crossroads that podiatry was facing.

Kraus's article (it can be accessed at [http://www.podiatrym.com/Biomechanics\\_Footwear\\_Sports\\_Podiatry2.cfm?id=1685](http://www.podiatrym.com/Biomechanics_Footwear_Sports_Podiatry2.cfm?id=1685)) was an impassioned plea, a wake-up call for an industry that has been seemingly stuck in place. He addressed the alarming fact that podiatrists, the early developers of an important therapeutic modality—foot orthotics—were losing market share and practice revenue to an array of sporting and footwear retailers—in spite of the



Jason Kraus

fact that they once enjoyed market exclusivity. He implored his colleagues to take back the industry they pioneered or face increased market erosion.

Much—and little—on the podiatric landscape has changed since then.

sustain foot and ankle injuries and suffer mobility issues as they age, spurring them to seek solutions. And while it isn't a "positive," high rates of chronic conditions such as diabetes, obesity and osteoarthritis mean more patients

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On the one hand, a cluster of current realities is negatively impacting practitioners: eroding reimbursement rates, greater competition and increased out-of-pocket patient costs.

On the other hand, more patients than ever have healthcare coverage thanks to the Affordable Care Act and active Baby Boomers are more likely to

will require care in the coming years.

To be sure, these are challenging times. Podiatrists who continue to conduct business as usual will face mounting frustration and even possible failure, as their services are encroached on by other specialists.

Four years later, Kraus holds firm

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in his belief that it doesn't have to be this way. He's been a longtime observer of the threats and opportunities facing DPMs, advocating for a smarter practice approach that better serves patients and boosts bottom lines.

"The face of medicine has changed, but our industry has been slow to respond," says Kraus. "There's a growing abyss between patient needs and podiatric focus. Doing nothing is not an option. But the good news is that podiatrists are well-positioned to address that misalignment."

## Toward a More Comprehensive Approach

Kentucky-based Jonathan Moore, DPM, MS, of Cumberland Foot and Ankle Center, is among a growing number of podiatrists who is proactively—and successfully—capitalizing on current market conditions.

"The practice of the future is diversified in terms of the slate of services offered," says Dr. Moore. "The characteristic of a growing, thriving practice is the willingness to invest in itself."

Dr. Moore has been in private practice for 13 years and employs nine DPMs, a fulltime physical therapist, four part-time PT assistants and an MRI technologist. He also has a full shoe store



Dr. Moore

**"The characteristic of a growing, thriving practice is the willingness to invest in itself."—Dr. Moore**

with a certified pedorthist and orthotist onsite.

"I attribute my success to a willingness to make mistakes, try something else and think outside the box."

Dr. Moore is one of a number of thriving podiatrists who shares his roadmap to achievement by teaching/lecturing at the American College of Foot & Ankle Orthopedics & Medicine, where he's been a Board member for more than a decade.

Like the other high-earning DPMs interviewed here, he's always learning.

Javier Cavazos, DPM, of RGV Footcare in McAllen, Texas, echoes Moore's sentiments about recognizing the bigger picture. He's been in practice for 20 years.

"We have to look at ourselves first," says Dr. Cavazos. "It's easy to get



Dr. Cavazos

by DPMs. It is counterintuitive that the podiatric profession continues to focus its education, lobbying and professional development resources toward this end."

The professionals I spoke with all mentioned the perceived prestige of surgery as alluring to many of their colleagues both new and seasoned. And while they all

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caught up in the negative spiral of government regulation and point fingers about who's to blame for revenue loss. But there's a lot of opportunity if you adopt a more comprehensive position to patient care."

"I have shared space with successful primary care physicians and observed how they used medical assistants, physician assistants and ancillary technical staff."

practice necessary surgery, it's only after exhausting other, less invasive, treatments.

Though he's board-certified to perform surgery, Dr. Moore figured out early that he enjoyed biomechanics; it offered outstanding benefits to a range of patients from seniors to kids to athletes and it reimbursed well. Dr. Moore is the inventor of the Moore Balance Brace.

"What's sexier than innovation?" he asks.

San Francisco-based Donald Hershman, DPM, has been in practice for more than 30 years. He checks his "moral compass" when it comes to surgery, cautioning that in the long run, surgery as a business focus doesn't add up.

"It's tempting when you're young and hungry and you're coming out of your residency or fellowship having performed surgeries for the past three or four years," he points out. "I was surgically oriented, too. But unless it's truly indicated, conservative, palliative care should be the focus of your practice. You have to



Dr. Hershman

## Debunking the 'Surgery Is Sexy' Mindset

"The shift to surgery from more conservative, less invasive and less costly alternatives has been a negative for patients and practitioners alike," says OHI's Kraus. "Rather than serving as an added skill, surgery has too often replaced previously developed skills like biomechanics, gait analysis and dermatological care. Surgery is among the least profitable and most risky services provided

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ask yourself, how would you care for a patient if she was your mother?"

Says Kraus, "It may not be as alluring as surgery or other invasive

Kraus insists that concerns over regulation, reimbursements and other external forces are little more than minor distractions compared with the challenges practitioners can create for themselves.

comes and, in the process, realizing greater practice growth."

## Three Things to Do Right Now

If you're like many practitioners who are reading this article and who've felt stuck, it can be overwhelming to figure out where and how to make changes.

Instead of battling over reimbursements and referrals, there are three things you can implement today to realize a positive revenue impact, gain efficiencies and strengthen your practice's valuation.

**Treat Patient Holistically and Rewards Will Follow.** All the podiatrists I interviewed repeatedly extolled the value of patient-centered care as both professionally and financially rewarding.

"Our number one focus is excellent patient outcomes," says Dr. Moore. "We are passionate about helping people and our philosophy has been to create centers of excellence. We treat patients as custom-

## "You have to ask yourself, how would you care for a patient if she was your mother?"—Dr. Hershman

solutions, but durable medical equipment can offer meaningful, measurable, quality of life improvements to patients while delivering higher margins than surgical procedures."

Kraus has long advised practitioners to offer expanded services. He rattles off statistics: balance and stability problems/issues are worth \$30 billion annually; 15 to 20 percent of all EMS calls are fall-related; 80-90 percent of all patient encounters have a biomechanical or functional root cause. Kraus says that if a patient comes in for a nail fungus and the DPM doesn't look for other lower extremity problems, it's a missed opportunity.

Kraus contends that many podiatrists lack the requisite skills in this critically important arena because educational and residency requirements provide insufficient exposure and training necessary to confidently offer these solutions to patients.

While industry leaders like Kraus continue to push for changes at the educational and association level, many practicing podiatrists, lacking the necessary training and skills to offer lower extremity solutions, have simply left the biomechanical care to other specialists.

Kraus points to OHI's Central Casting program as a proactive effort to help fill the gap.

Central Casting makes a certified pedorthist available to practitioners on an on-demand, onsite basis where they assist the office in measuring, casting and dispensing AFOs, footwear and custom foot orthotics. They are also missionaries, in a sense, passing along patient education and encouraging compliance. According to Kraus, hundreds of podiatrists have tapped the service since its introduction in 2014.

"During my time as a practice consultant, says Kraus, "I studied the performance of countless podiatric offices. Time and again, I'd see practices that looked identical on paper yet were polar opposites from a performance and success standpoint. Doctors would have similar training, they'd be serving virtually identical communities and patient populations, they participated in the same insurance plans and they possessed privileges at the same hospitals. But in spite of all the external similarities,

## Dr. Moore may first see a patient for a toenail trim, but observe that he's a candidate for a diabetic shoe or compression garment.

one office would see revenues substantially higher than the other. As much as double. Why? Because the definition of comprehensive care for one was far more narrow than that of the other."

External forces, Kraus contends, have far less of an impact on one's practice than what's going on inside the doctor's own mind. He continues, "Success in our profession is a choice. More so today than ever before. That's why OHI developed Central Casting. It's why we're expanding and improving WorryFree DME, our Medicare compliance service. And it's why we're so focused on technology and R&D. We can't control the external forces but we're committed to doing everything we can to change minds and attitudes. To support our customers in pursuing new professional opportunities, achieving ever greater patient out-

comes: we respect them, we educate them and we don't have long wait times. We are committed to meeting all a patient's needs."

Dr. Moore may first see a patient for a toenail trim, but observe that he's a candidate for a diabetic shoe or compression garment. Observing a woman using a walker, he may suggest physical therapy, or he may recommend a brace for a patient who's suffered a stroke.

This kind of compassionate, holistic care builds strong relationships with patients and their families, encourages invaluable word of mouth referrals and results in additional revenue streams.

"When we hired our first certified pedorthist, it took our practice to a whole different level financially," Dr. Moore says. "Yet the average podiatrist dispenses less than one AFO a year."

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Jason Harrill, DPM, FACFAS, FAC-FAOM, of Mesa, Arizona-based Desert Foot & Ankle, PC, agrees.

“Having a patient’s best interests front and center creates trust and rapport,” he says. “Having a broad array of products and solutions—in effect, one-stop shopping—is of tremendous benefit to patients.”

**Invest in Technology and Hire Expertise.** According to the 2015 *Podiatry Management* annual practice survey, 51 percent of podiatrists have digital x-ray capabilities in office.

Taken another way, this means that half of all podiatric practices don’t and that’s an advantage that can be leveraged.

Dr. Harrill says he was at first reluctant to spend \$25,000 on ultrasound equipment. But as someone who’s had electronic medical records in place for more than 10 years, he says the impact can be measured in more than ROI.

“To assess the adequacy of a patient’s blood supply or a diabetic’s limb-threatening condition, instills confidence in our patients and their families,” Dr. Harrill explains. “It gives our office a cutting-edge reputation, which is very important to me.”

Dr. Cavazos adds that diagnostic technology can



Dr. Harrill

also be a differentiator for practices.

“From a patient’s perspective, the fact that we don’t have to send them across town for an MRI is a huge plus in terms of convenience,” he reasons. “And it’s highly beneficial from a marketing standpoint. The word of mouth alone is worth the investment.”

Tools and resources to effectively streamline your practice management is another area worth investing in.

Everyone has “insurance insecurity,” says Dr. Hershman. That’s why he delegates billing, employing a consultant for a fee equal to 6.5 percent of revenue to handle billing and oversee compliance and collection. He says it’s worth the cost.

“Billing issues slow an office down,” Dr. Hershman says. “Durable medical equipment and orthotics—these

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**“Having a broad array of products and solutions... is of tremendous benefit to patients.”—Dr. Harrill**

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are complicated things. Hiring an expert who is well informed in your specialty frees you up to do what you are trained to do and maximizes reimbursement.”

Dr. Cavazos has a dashboard in place where he can track key practice metrics on a daily basis, which allows him to maintain a general perspective while fine-tuning services that are most profitable.

“The practice of medicine is not smooth, Dr. Cavazos says. “Tough decisions will always have to be made and market conditions will fluctuate, but you can control your business savvy and continue to educate yourself.”

**Go Where You’re Needed.** Since his start in the 1980s, Dr. Hershman has weathered ups and downs, but he concedes it would be a “bit daunting” to start a practice with the current healthcare parameters and debt a new doctor bears.

That’s why he says location matters a lot.

He suggests setting up shop where you’re really needed.

“You have to think creatively to support yourself when you’re starting out and no one knows you,” Dr. Hershman says. “In my early years, I worked in nursing homes. Prisons are also tough places to work, but you learn a lot by going where your skills are needed. If you’re willing to go to (an) Indianapolis, that’s your trump card. You’ll be needed and you’ll be nurtured. These experiences are the building blocks of becoming a successful solo practitioner.”

What about a change of venue when you’ve been in practice for years? Is pulling up stakes a winning strategy?

“It can be a leap of faith,” Hershman admits. “But sometimes the easiest thing you can do to jump-start your life is make a dramatic change.” **PM**



**Suzanne Wright** is an Arizona-based freelance writer who has written healthcare articles for publications including WebMD and USA Today.