Practice Management: Pedorthic Workflow Efficiencies

In this session…

- Most efficient workflow strategies
- Fabricating in-house Vs. outsourcing
- Creating and utilizing an efficient schedule
- Pedorthists as “foot pharmacists”
- Are YOU operating at peak efficiency?

What are my options?

- We'll look at three distinct workflow options for providing pedorthic services and devices.
- There are, of course, numerous variations, but these are the three most used models.

- Let's look at an example using therapeutic shoes and inserts…

Option #1

- Patient inquires about shoes
- Go ahead and evaluate and measure patient
- Do you go ahead and place the shoe/insert order? Sure. Why not?
- Now what?
  - Is their Medicare even active? Do they have some replacement plan they forgot to mention?
  - Does patient have an order/Rx?
  - Has patient even seen their diabetes doctor anytime recently?
  - Has patient ever seen anyone for their feet?
  - How long is this gonna take to get everything??
  - The shoes (that you've paid for) have come in…
  - Patient's calling wanting to know why they can't come get their shoes…
  - If you give in and dispense them, you still can't bill them without all of the documentation…
  - What if you never get the paperwork and can't deliver the shoes?

Option #2

- Patient inquires about shoes
- Go ahead and evaluate and measure patient
- Do you go ahead and place the shoe/insert order? No. Let's wait.
- Now what?
  - Let patient know their order is "on hold" until you've collected all of the required documentation.
  - Verify insurance coverage.
  - Do they have a doctor's order for shoes?
  - Have they seen their PCP in the last six months? If no, they need to see the PCP and let you know after they've had the appointment.
  - Have they seen someone for their qualifying foot condition in the last six months? If no, they need to see their DPM and let you know after they've had the appointment.
- Once you have all necessary paperwork you place the order and deliver and bill for the shoes.

Option #3

- Patient inquires about shoes.
- You explain to the patient exactly what Medicare requires as far as physician visits and documentatic give them your prepared packet of info/forms and advise them to contact you for an appointment on they've seen their PCP and DPM and have Rx and signed SCP.
- Now what?
  - You verify that the documentation is appropriate and accurate. Following up with physician(s) if it is not.
  - Verify insurance coverage.
  - You evaluate patient and order shoes.
  - As soon as they come in, you may deliver and bill with n worries.

Which option is best?

- Which is the fastest?
  - Trick question - they are all going to take a while
- Which is the easiest?
  - Option #3
- Which has the least room for error and/or failed audits?
  - Options #2 and #3
- Which has the most potential to waste your money and irritate your patients?
  - Option #1 – Way too many variables and you have no clue what you're getting into.
- Which option presents the most valuable use of your practitioners' time?
  - Option #3 – Your fitters don't spend time on anything without knowing ahead of time that you'll get paid.

Is Outsourcing an Option?

Where we were and where we are.

- 40 years ago, the practitioner and the technician were the same person.
- What has changed?
  - Significant advances in technology
  - Educational requirements have evolved to focus much more on clinical and scientific knowledge and much less on technical skills
  - Increased documentation requirements
  - Increased regulations
  - Third party payer system with decreasing reimbursements
  - Societal shift toward high expectations/demands and away from personal accountability

Where we are.

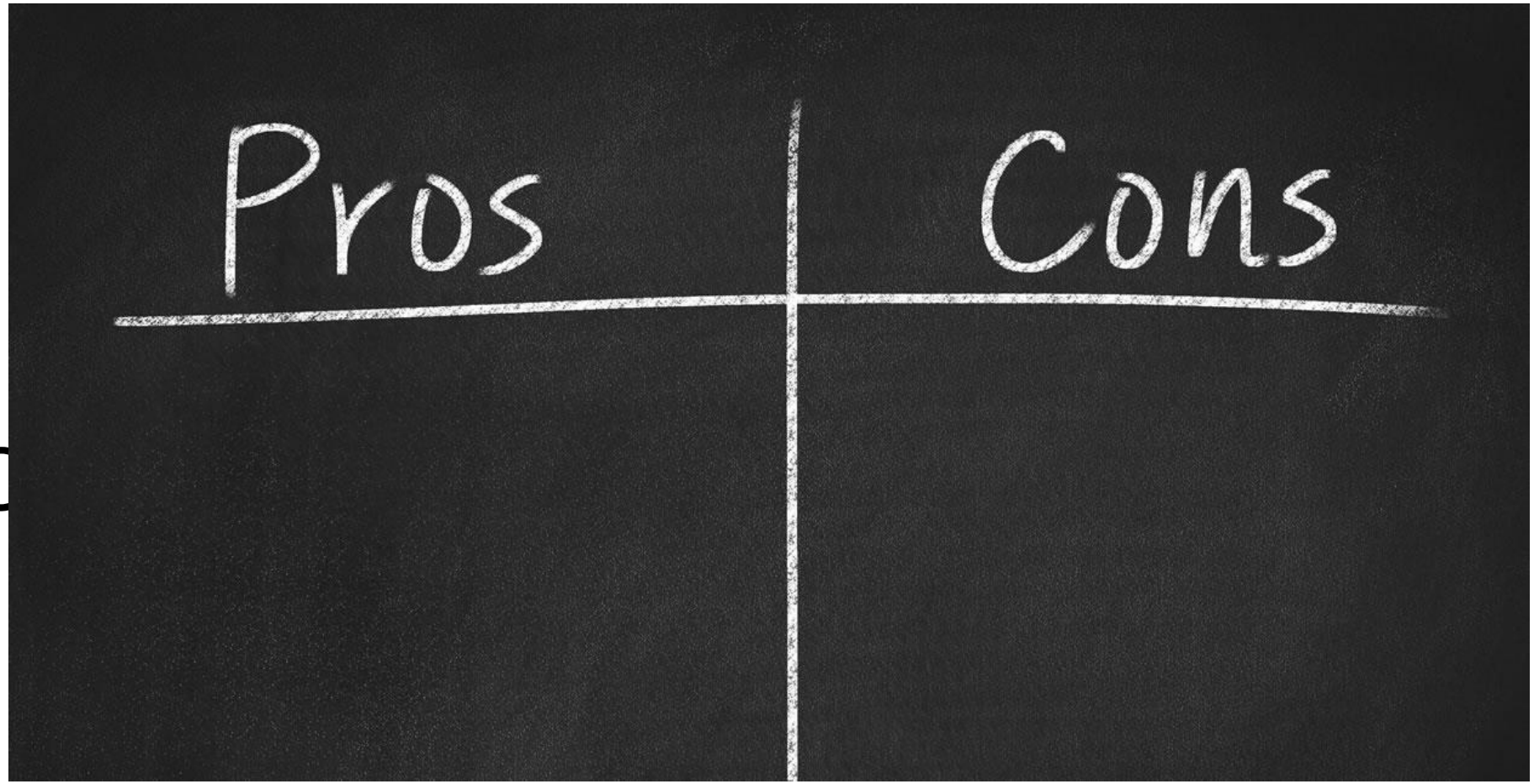
- A recent AOPA survey showed that 87% of O,P&P companies utilize c-fab to some extent.

- The old adage that “If you make it in-house, it is cheaper (or free?!?),” is a fallacy in modern O,P&P.

Is outsourcing the answer for O,P&P?

- Outsourcing VOB, coding and billing
- Outsourcing documentation collection
- Outsourcing HR/admin (Paychex, ADP, etc.)
- Outsourcing fabrication

Pro



Arguments against:

- Loss of control
  - Practitioner input/guidance/vision
  - Rush jobs, if possible, will cost more
  - Inability for tech to directly and promptly ask questions of practitioner
  - Lack of practitioner oversight throughout process
  - May be limited in material/design selection

Arguments against:

- May need to be sent back for adjustments
- Will need to be sent back for remakes
- Cost?
  - Base price
  - Add-ons/options
  - Terms
  - Shipping
- Turnaround time?

Arguments for:

- Evolution of education requirements and content delivery methodology.
  - In the recent past, most pedorthic pre-cert schooling was now a combination of online education with a very compact live portion. Little, if any, time was spent on fabrication. Very little practical hands-on.
  - Newly certified practitioners had no or weak fabrication skills.
  - Very little fabrication education is available for techs. No textbooks.

Arguments for:

- Established practitioners with good fabrication skills are *too expensive* to be in the lab pulling and grinding FOs.
- Increased documentation requirements and regulations mean that established practitioners with good fabrication skills *don't have time* to be in the lab pulling and grinding FOs.

Arguments for:

- Resource delegation. In-house fabrication requires:
  - Real estate footprint
  - Equipment and maintenance
  - Air handling and other safety considerations
  - Materials
  - Labor (that you are paying salary and benefits regardless of how busy they are)

Arguments for:

- Cost
  - What does it cost you to make a pair of FOs in-house?
  - Outsourcing provides a consistency that makes it simpler to figure and predict true COGS.
  - Batch your orders when possible

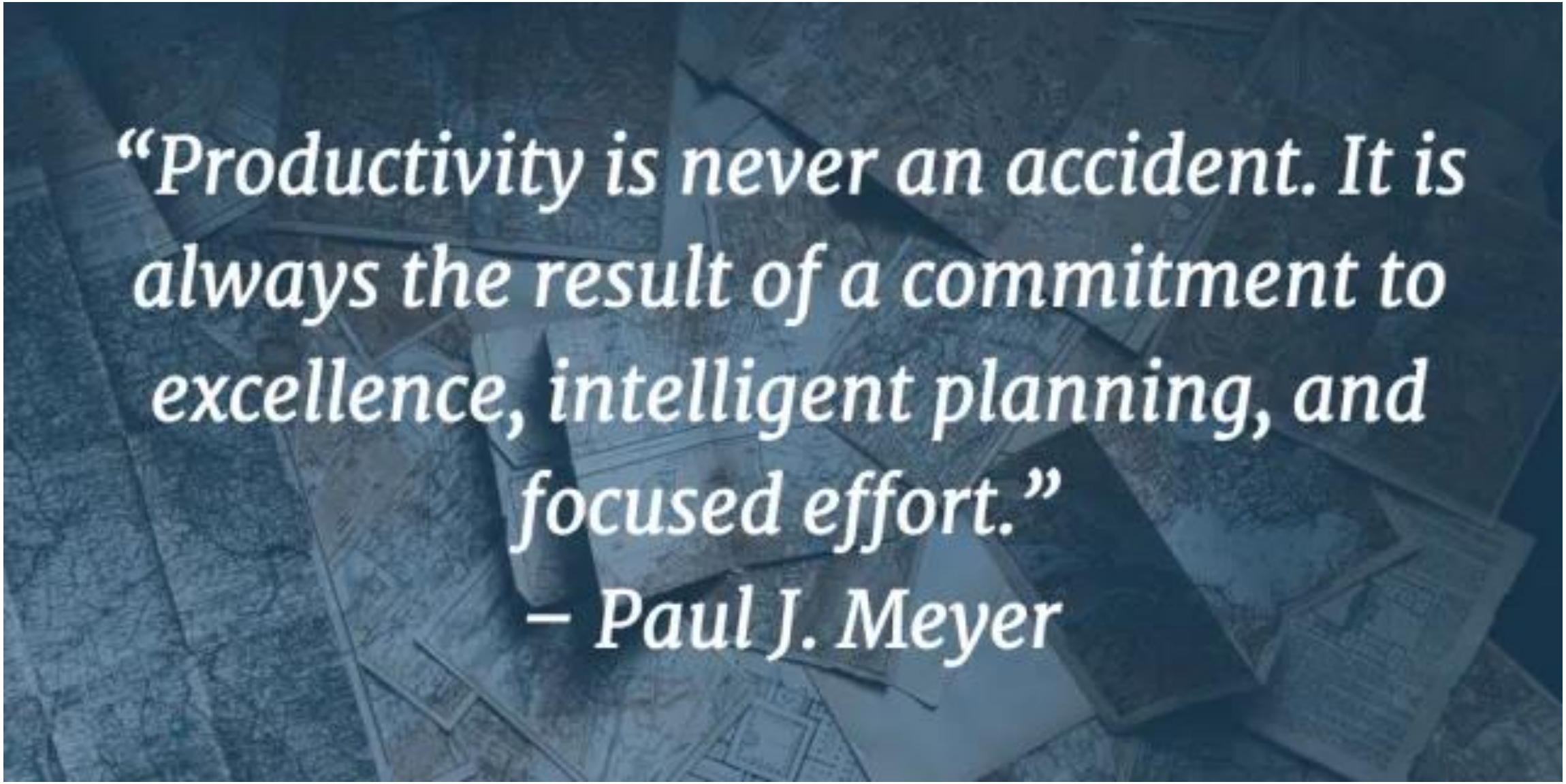
Arguments for:

- An outside lab most likely offers devices and materials that your in-house lab may not have the capabilities (technical expertise, equipment, space or materials) to produce.
  - Carbon composites
  - AFOs and SCFOs
  - Complex shoe modifications
  - Thermoplastics
  - 3D printing

Keys to Success When Outsourcing

- **Expectations**
  - Finished product
  - Turnaround time
  - Accurate cost estimate
  - Guarantee/Warranty
  - Remakes/Adjustments (Assignment of blame?)
  - Understanding order forms and casting protocols
- **Communication**
  - You-to-them
    - Using up-to-date order form
    - Using lab-specific order form
    - Tracings, photos, additional notes
    - Ask questions!
  - Them-to-you
    - Cast corrections
    - Clarification
    - Order updates/tracking

Practitioner Efficiency


"Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused effort."
– Paul J. Meyer

Paper charts Vs. Electronic Medical Records

- For many people, using EMR allows the practice to run more smoothly.
  - Scheduler
  - VOB
  - Practitioner notes
  - Ordering
  - Tracking WIP
  - Billing
  - Some even offer options to manage AR and AP
- Switching from paper charts to EMR can be a *massive* undertaking based on the size, resources and technical expertise of the practice managers and staff.

OPIE SOFTWARE

An Efficient Schedule

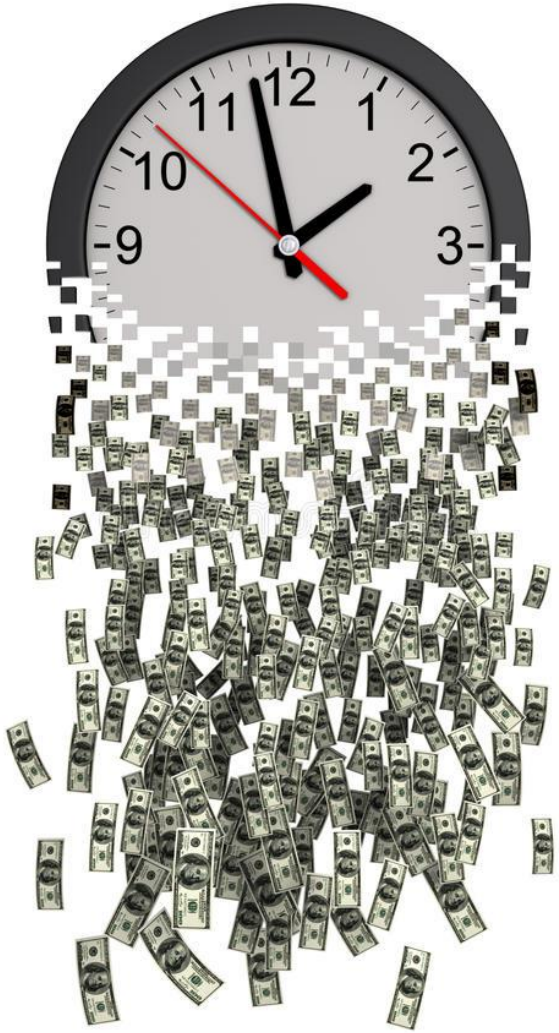
- How long does it truly take to evaluate a new pedorthic patient?
- Dispense?
- Adjustment/follow-up?

- How much time is needed for paperwork for each patient?

- How many patients can you (practically) see in a day?

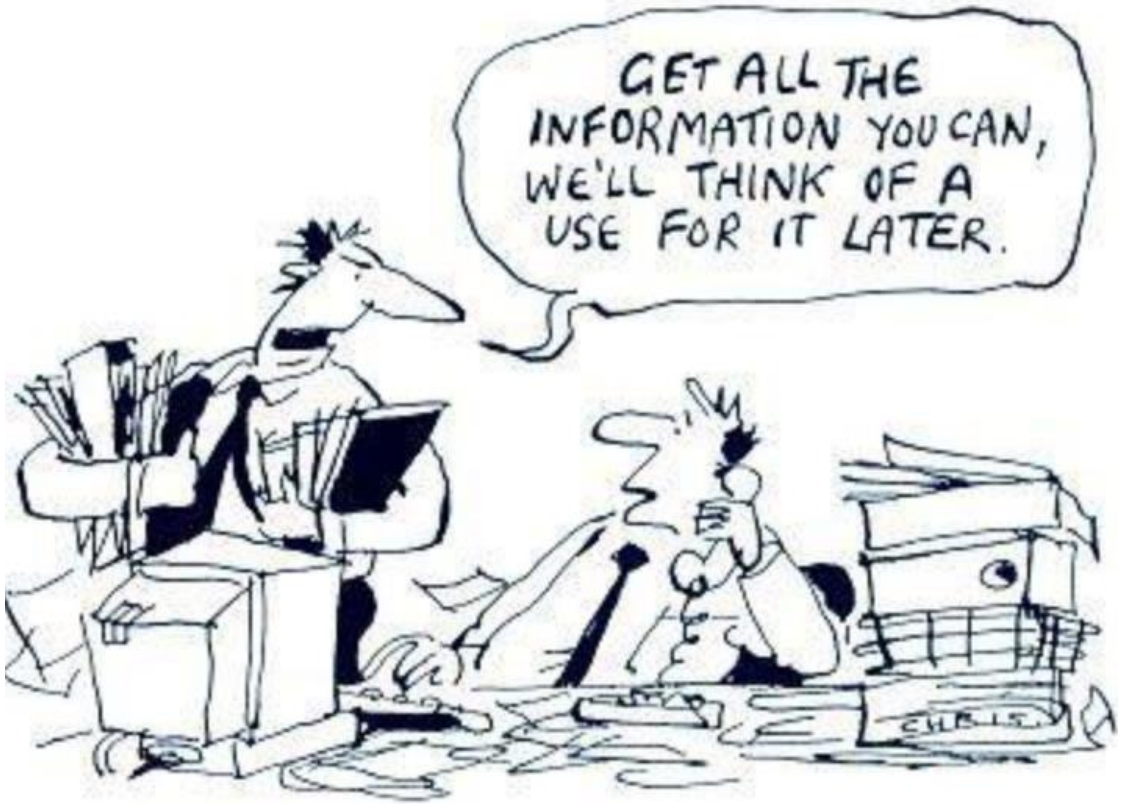
Time = Money

- While you can choose to charge for consults, adjustments, etc., pedorthists are not generally able to bill insurances for that.
- Many items covered by Medicare are “all-inclusive” codes, meaning the allowable covers the eval, device and all follow-up care.
- You have a fixed – and not particularly huge – profit margin.
- Does spending an hour on a new pedorthic eval really make financial sense?



Paralysis by Analysis

- There is a reason every knows what K.I.S.S. means!
  - Because it is EXCELLENT ADVICE!



Pedorthists as “Foot Pharmacists”

- While we have an obligation to reach out to the doctor if we recognize a new foot problem that the referring physician was not aware of, we are not doctors. We are *not* diagnosing.
- Don’t get yourself in trouble with new docs by trying to “outdiagnose” them!
- Simply treat the condition for which the patient was referred to you. If you notice something else, contact the physician,

Is it more efficient to have brilliant multitaskers?

Or is it better to have sets of responsibilities delegated to specific employees?

The multitasking myth…

- It has been scientifically proven that as humans, we literally cannot do more than one task at a time – even when we think we're "multitasking".
- There are three things that we think of as "multitasking":
  - **Multitasking** (*attempting* to do two or more tasks simultaneously)
  - **Context switching** (switching back and forth between tasks)
  - **Attention residue** (performing a number of tasks in rapid succession)

Multitasking

- Splitting your attention between two tasks that require effort and concentration means that one or both will suffer. You will necessarily either going to slow down or make mistakes.
- Research has shown that multitasking:
  - Impacts your short-term memory.
  - Leads to increased anxiety.
  - Inhibits creative thinking.
  - Stops you from getting into a state of “flow”.
  - Causes more mistakes and less productivity.

Context Switching

- Our brains can’t do two things at once. Instead, what we think of as “multitasking” is really just bouncing back and forth between tasks very quickly.
- But context switching takes a toll… Research has found that every additional task or tool you “switch” to eats up 20% of your productivity!

Doing tasks as quickly as possible and in rapid succession.

- The effect of this form of multitasking is called *Attention Residue*.
- Each time you switch activities, you're forcing your brain's executive functions to go through two energy-intensive stages:
  - **Goal shifting -** where you decide to do one thing instead of another.
  - **Role activation -** where you change from the rules or context of the previous task to the new one.
- Not only is this mentally taxing. But it also isn't a completely clean process and it takes time for the brain to catch up.
- In a 2010 study, Harvard psychologists found that people spend almost 47% of their waking hours thinking about something other than what they're currently doing. This, obviously, leads to mistakes and decreased productivity.

What's the "efficiency answer" here?

- Clearly, if it is at all feasible, it is way better to have people in clearly defined roles with little or no overlap.
  - Fitters evaluate patients and fit shoes.
  - VOB person verifies coverage and collects paperwork.
  - Billing person submits the claims and files appeals.

What's the "efficiency answer" here?

- If clearly defined and separated roles just aren't in the budget or are not logistically practical…
- The next best option is to have clear, concise and logical (and written!) processes in place for every step of your workflow.
- And, equally important, the person (or people) wearing multiple hats need to be afforded designated, structured time to complete specific tasks without interference and/or overlap.

Tracking WIP

Pedorthic Workflow

- Each step should be documented and *tracked* until process is completed
  - Patient requests appointment (may or may not be scheduled prior to documentation collection)
  - Referring physician info and order received
  - Other paperwork collected
  - Practitioner eval
  - Orders created
  - Verification of benefits/pre-cert
  - Orders released to vendor(s) or on-site lab
  - Finished device inspected and delivery appointment scheduled
  - Device(s) delivered to patient
  - Insurance claim billed
  - Chart to pending bin
  - Claim paid
  - Payment posted
  - Encounter closed/chart back to regular filing
  - Follow-up appointment(s) PRN

Summary

- Outsourcing may be a great option for you.
- Most O,P&P facilities outsource to some degree.
- A mix of in-house and c-fab may be the best solution.
- Do your homework.
  - Make sure they can do what you want/need
  - Understand pricing/terms
  - Request samples
  - Request trial run
  - You have a TON of choices
- Re-evaluate the efficiency of your staff and yourself.

The End