

FIVE PEARLS OF SOLO PRACTICE

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I would like to preface this article with some information on myself. I strongly feel that it is important when reading an article or topic on practice management that the reader has an understanding of the author's location, demographics, and overall time in practice. It is vital to take this into consideration when thinking about implementing these pearls into your practice. I am currently in solo practice in Cary, North Carolina and have been in practice for three-and-a-half years. I started my practice straight out of residency and have never worked in a group before. My office is located directly behind one of the hospitals in the area. I see a variety of patients but the majority are younger than 55 years, college-educated, and healthy.

PEARL 1: SUPPORTING BEAMS

Having a positive supporting structure around you is imperative. Only you can choose who these people are and the role they play. Some of these players can be your office staff, accountant, lawyer, medical supply representatives, therapist, other physicians, and hospital staff. All of these people are extensions of you and your office. They are in and out of your office on a daily, weekly, or monthly basis. They are also people who interact with you regularly. What are these people out in the public saying about you? Are they playing a positive role in the life of your office? If not then maybe it is time for some changes. I will sometimes ask myself this question: If someone in my supporting beam structure needed a podiatrist would they call me? We all know what that answer should be, but is that really the case. We have to remember that everyone that plays a role in our office (the "supporting beams") must speak of the office at the highest level. When searching for these people it is imperative to ask them questions and find out from others who are already working with them what they think. This is a long-term partnership and needs to be one that you treat like a marriage. If considering opening a new office from scratch I would suggest having the key members, such as the accountant in place prior to renting or buying a space.

PEARL 2: OVERHEAD AND BUDGETING

Many times, I have walked into a solo doctor's office and seen 6 or more staff members working. My question is why? There should be a basic staff that never changes. Now I say never changes. We all know that staff turnover is part of running a business. I would suggest if you do find the right fit for your office staff to keep them happy and present in your office. Office turnover is tough not only on you and your staff but the patients coming in. Those vital three people are the office manager, billing specialist, and front receptionist. Many of you read the last sentence and thought "What about the doctor's assistant?" In my practice, I do everything in the back office myself. I bring all the patients back and forth from the front, take all of my own radiographs, and prepare all my own rooms. I have made the decision in my practice to spend more time with the patients. It gives me a chance to interact more with the patients, which they appreciate, and it keeps my overhead down. Now this concept is not for everyone but it works for me. Your staff needs to be able to multi-task. Everyone in the office knows how to schedule patients and do most of the routine tasks. However, they also have very specific office roles that must be completed daily. As we all know finding the right staff can be a challenge, and turnover sometimes has to occur. However, if other staff members can fill in during those difficult times it makes things much easier on everyone. If your office does not have specific manuals for each employee's position then investing the time into preparing these is crucial. Another important document for each employee is a training manual. This is something they can take home at the beginning of employment and study or revert to over time. My point in this section is for you to take a look at your staff and each person's role. Do they understand their job and what is expected of them? Could the person at reception help you with something in the back? Teaching them to multi-task roles can save you time and money. Do you really need more than 3-4 employees in your practice or could one or two employees have a role

added to their daily tasks. Paying one or two employees a little extra to do more work is much cheaper than paying another person's total salary.

Budgeting can be one of the most important parts of being in practice. This is something that is hard to teach. Some people can do this on their own while others need a professional to keep track of this. I would begin by saying that having your office manager or a consultant do this for you is an option but only a good idea if you are also overseeing it. I do all of my own office budgeting. I look at the numbers on a very regular basis. This includes rent, dues, utilities, inventory, and payroll. However, I have an accountant who is watching in the background and keeping track. We meet every other month and discuss these numbers. It is crucial to hire an accountant you trust but that also only works with doctors or dentists daily. We make adjustments based on trends and month-to-month productions and costs. These small adjustments can make a huge difference in the long run. I have found that as time goes by, the overall trends seem to be similar from year to year. It is more important to keep a close track of this early in practice or if making a structural change to your practice.

PEARL 3: OFFICE MANAGING AND DIRECTION

You got into private practice for a reason, to run a successful business. Remember at the end of the day it is a business and you are the reason why people are walking in the door. From the moment a patient gets on your website or calls the office, they are forming an opinion about you. Are you thinking about what is said when the phone rings? What will the reception area look like when people walk in? How clean does the bathroom stay during the day? Is every patient's appointment request being met? Are patients waiting more than five minutes past their appointment time with you? Is all their paper work being updated? If these are questions you have not ever considered, then it is time to begin. You need to think like your patients. Since podiatrists see a variety of ages and demographics, it means you have to think like many different types of people and accommodate all of them in one office. You can not please everyone, but you must try everyday. My point here is that it is your office and your job to make sure everything is running smoothly and correctly. I am not saying you have to be the office manager and the doctor. I am saying that you need to have your hand in every pot that helps your office to function daily. We strive daily to work as a team in our office. Everyone helps out and understands their role in the office.

Know your office and what it stands for. One of the

things we do that has helped everyone and overall moral is hold monthly meetings with the staff. We all get to share ideas and problem areas in the office. Letting the office staff be heard is important. The staff can just as easily hurt you in practice. If you are managing your office like an all-for-one scenario, then it may be time to make a change. Your staff and how the office is managed can make you successful with fewer headaches. Keep them informed of office policy and procedures. Have goals set for the office, both short-term and long-term. Make them feel as responsible as you are for the success of the practice. However, at the end of the day it is up to you and the decisions are yours. Knowing how and why your office runs the way it does is up to you. Sometimes I ask myself, if everyone in my office quit on the same day could I keep the office running? My answer is yes, what is yours?

PEARL 4: MARKETING

The first key to any kind of marketing is tracking. Often an electronic medical record (EMR) system has a way to keep up with how people are hearing about your practice. If you do not have an EMR then you should find a way in your practice to keep up with this. If your practice is not tracking how people are coming in, then it will make it very difficult to know what is working. Take for example: Yellow Pages versus Internet marketing. In my first year in practice we treated 16 newspaper patients in the year versus some months where we saw more than 16 patients from internet advertising. Why keep paying for something that is not working?

Least Effective

Newspapers and the yellow pages can be effective if you are targeting an older generation of patient. If you have marketed your practice towards a younger generation, then this method will get you nowhere. I have found newspaper advertising to be an "even-steven" method. What you pay for this often is exactly what you get in return. I have also found over the years that this method brings in short-term patients to the practice. We call them "practice jumpers" in our office. These people that come in from newspaper advertising are often lured easily by gimmicks that are often seen in papers and billboards and when they see a new ad they will jump to another office. I think the only good use for newspaper advertising is during a time when you know you may be slow in the office to bring in more short-term revenue. The yellow pages are overpriced and rarely used by a younger generation. I have made a decision in my practice to market to patients under the age of 55, and utilized the yellow pages for my first year in practice. Our return on

investment was in the red numbers. We have stopped using this method and moved the money to online marketing, which has shown a huge increase in revenues.

Most Effective

Internet marketing is currently the best way to market your practice. We have utilized adwords through Google and Microsoft ad center. This article is not intended to explain how to set these up but to explain what is working currently in practice. Once logged onto these methods of online advertising, the user guides will help guide you. I would however recommend having a website that ties your online ads to what is on your website. People can link straight to your website from these ads. I personally did all of the design of our website and put it together. The savings to have me do this and to keep it up to date are huge. If you are paying a high dollar web designer to do this then you may consider this in your budget as a place to cut. I know an older dentist who is not up to speed with web design but refuses to pay a big company for this so he pays a local teenager to keep up with his website. Your online ads should be diverse and explain your entire practice in few words. It is your website where you can go into more detail about your practice and what you provide. Our website is simple and to the point. If patients need a user guide to navigate your website then more than likely they will move on to someone else. Make sure once on your website they can make online appointments directly through to your office. Also remember that this is their first impression of you, make it count. If their online experience is going to be difficult or different than the in-office experience, there is a problem. Make your staple consistent.

There are also numerous other ways to market, such as in-office lectures, community lectures, running store lectures, health fairs, hospital round table. The options are limitless but you have to find what works best in your demographic and experiment with this.

PEARL 5: TECHNOLOGY

Having the latest and greatest technology only sounds good to the general public. But remember what we said earlier about the type of people that you draw in with these types of ads: practice jumpers. I am attempting to help you build a long-term practice with life-long patients. I think a lot of doctors have lost what it means to be a podiatrist. When you went through medical school did they teach you how to have your assistant scan a patient's foot to make an orthotic? I know I was not. I was shown how to do a biomechanical examination and then place the foot into a proper neutral position with plaster casting. This is just one

example of many techniques that are being lost in everyday practice. In my area, I am the only one I know of that still does plaster casting. I can not begin to tell you how many patients come to my office just because of this method of casting. This also allows me to spend more time with the patient while casting, building a relationship with patients leading to building a long-term practice. This simple example can be implemented into so many different scenarios in your office. Having all the bells and whistles in your office does not make you a better doctor.

That being said I do find two simple things to help everyday office flow and efficiency. EMR and digital radiographs. EMR has helped our office with every facet of daily tasks. It speeds up the day and allows everything to be done more quickly. As an added bonus our digital x-ray system partners with the EMR so everything is in one system and all in the patient's chart together. Consider the compatibility with digital x-ray when evaluating buying EMR systems. Having multiple systems open at once slows down both you and your computers. EMR has allowed our billing system to be enhanced and easier on multiple levels. I will not go into all the systems and which ones are best. If considering an EMR, try out many different kinds before your purchase. Over the years I have heard over and over from patients how much they appreciate how organized and well run our office is. I think the basis of this comes down to our EMR.

CONCLUSION

Every doctor in the world has an appreciation for how hard it is to be in practice. To be successful in solo practice is even harder. In my area alone three referring primary care doctors had to close their practices in the past year. It is a scary thought to think that your practice may not make it. However, thinking like this is what hurts some people from the beginning. Be positive and treat every person like they may be the one that refers you ten other patients. The above discussed pearls are a few of the topics that can make a practice grow and be successful. There are numerous books that have been written on each of the above topics. I have attempted to get you thinking about things in a way you may not have considered. Once again these are my opinions and methods that have worked well for me in my current area. I am in no way attempting to state that this is the way everyone must do things but just suggestions to help my fellow colleagues do well in solo practice. I want to lastly thank those of you that have helped guide me as a resident and now solo doctor. If not for you, your advice, and wisdom, I would not be who I am today. You have made me a success. Thanks.