

Internal Marketing Nuggets for Practice Success

By Lynn Homisak, PRT and Hal Ornstein, DPM



AAPP
AMERICAN ACADEMY OF
PODIATRIC PRACTICE MANAGEMENT

10 Maple Street, Suite 301
Middleton, MA 01949

978-646-9091

978-646-9092 fax

office@aappm.org

www.aappm.org

Oh, Well!

Has a staff member ever said to you, “Oh, well?” What exactly does that mean? It is clear that such a response reflects an “I don’t care” attitude. This same lack of interest can develop over time in any relationship...at home, with a friend or at work. What leads to a feeling of complacency in a once-motivated and hardworking employee or winning relationship?

The key to avoid hearing those painful words, “Oh, well,” is to communicate constantly. How many times have you heard that you are setting yourself up for failure if you let problems build until the situation blows up? Yet, in most practices, we hear the excuse that they simply do not have enough time for meetings to discuss issues on a regular basis. This is a poor excuse, and the practices that hold regular office meetings or even five-minute pow-wows, before or after seeing patients, appear to have the best harmony. It is an interesting study of human nature that even if there is not resolution of an issue presented, the employee feels significantly better simply to have had the opportunity to be heard and get the burden off his or her shoulders.

Another justification that we frequently hear from staff is that “the doctor never listens, so we stopped bringing up issues and giving ideas on how to improve the practice.” This is surely a challenge, but the best chance of effecting change is to never give up. The doctor does listen, but often needs to hear things time and time again before he or she wakes up. Of course, we won’t mention that ego sometimes trips doctors up, clogs their ears and blurs their vision.

The key to changing conditions within your practice is quite simple. Every time you present a problem or issue, give two or three suggestions on how to address it. What frustrates doctors the most is hearing constantly about changes needed in the office without a suggestion from those that control the destiny of the result in the office. Get a stack of notecards and, for each issue discussed, write two or three suggested solutions on a card. After discussing these solutions with the doctor and staff, post them in your breakroom or keep them in a notebook. Write action items to address the issues on the bottom of the notecards and review them every two weeks. Get three differently colored notecards, one for front-office issues, one for back-office issues and the third for billing issues.

There is a very straightforward formula for practice management: $E \text{ (event)} + R \text{ (response)} = O \text{ (outcome)}$. The only variable you have control over is your response (R) to an event. And this is how you ultimately can affect the outcome at work, home and everywhere in between!

A Reader Responds

A reader of *Footzine* (the e-newsletter in which this article originally appeared) sent the following message after the article above appeared in the e-newsletter earlier this year.

“Dr. Ornstein, I agree that ‘Oh, well’ says ‘I don’t care,’ but what if it’s not staff that is saying it? In our office, it’s the physician who is constantly saying ‘Oh, well.’ And how do staff members motivate a physician who appears to be burned out and really doesn’t care? The problem is bringing the whole staff down. If the doctor doesn’t care, why should the staff?”

This is a very interesting question and one asked too often within the pressures of the current health care environment. If you were to make a list of additional stresses that have been added over the past two decades to a physician’s life at work, the list might include:

- an increase in malpractice lawsuits;
- an increase in employee lawsuits;
- the Occupational Safety and Health Administration (OSHA);
- Medicare compliance;
- the Health Insurance Portability and Accountability Act (HIPAA);
- increased skepticism and less trust by patients;

- reduced patient compliance as a result of busier lifestyles;
- a higher number of continuing medical education (CME) credits required;
- additional licenses and permits from state and federal government;
- an emphasis on board certification;
- a significant increase in overhead expenses;
- a significant decrease in reimbursements;
- an exponential growth of paperwork and the need for documentation;
- an increased number of audits by Medicare and insurance companies;
- requirements from managed care organizations on how to treat certain conditions;
- pre-certification and pre-authorization requirements;
- higher taxes and fewer allowable write-offs;
- managed care applications;
- the need to build relationships with gatekeepers;
- more demands for meetings at hospitals;
- the need to keep up with the rapid pace of technological advances in medicine and office administration; and
- etc...etc...etc.

The purpose of this long list is not to provide an excuse for the doctor's attitude, but to help create some understanding that ultimately will lead to open and continuous dialogue in the office, to shed some sunshine and to brighten lives. The secret in the case of "Dr. Oh Well" is for the staff to have a heightened appreciation of what might have driven this doctor down this road of humdrum. By no means is it the responsibility of the staff to serve as the doctor's counselor or to get involved in his or her private life, which might be part of the equation.

Your understanding of the doctor's woes still does not change his or her attitude, but an open dialogue between him/her and the staff might be just what the doctor ordered. First of all, you naturally will feel better if you understand what is causing the "Oh, wells." Next, creating awareness in the doctor about his or her attitude might just be the wake-up call for which you were waiting. In addition, there might be a significant number of issues that the doctor has with the staff that he or she keeps bottled up because of either lack of communication or the fear that he or she might upset some staff members, causing them to leave.

This "fear of confrontation" trait is more common than we often realize. It is imperative that doctors clearly understand that as the CEO in the office, they control the "attitude thermostat." Let the doctors know that they make it a rainy day. As a result, the staff feels drenched, as do the patients, resulting in less productivity and profitability.

Start with an office meeting. Staff members should relate what they have noted with the doctor's attitude and how it affects them, the patients and the reputation of the practice throughout the community. Be open and honest! It is okay to candy-coat, but make the point clear. Let the doctor know that you understand the pressures of practicing medicine today (use the list above), but that the best defense is a positive-thinking offense.

Ask the doctor how he or she feels about the staff and how staff members might help the office and address the needs of the doctor. Stress that staff members really enjoy the practice and patients and have the utmost respect for the doctor and that is why you are having this discussion. Have a meeting to discuss this matter and related issues every two weeks, without exception. Create a suggestion box in which the staff can put ideas and comments, either signed or anonymous, for the doctor. Finally, have the staff work as a team with the doctor to effect the necessary changes. Be open, honest and sincere!

One last hint: Purchase small smile pins (www.orientaltrading.com) for the doctor and staff to wear on their lab coats.

Lynn Homisak, PRT, PMAC, is a member of the board of trustees of the American Academy of Podiatric Practice Management (AAPP), past president of the American Society of Podiatric Medical Assistants (ASPMA) and a team partner in Secrets of Success Healthcare Management Solutions, LLC. She has lectured nationally to both doctors and assistants on motivational and management-related issues and has published numerous articles. A certified podiatric medical assistant licensed in NJ for podiatric radiology technology, she worked for Dr. Rosario La Barbera in Garfield, NJ, for more than 30 years. Lynn Homisak can be reached at lhomisak@aappm.org.

Hal Ornstein, DPM, is a Diplomate of the American Board of Podiatric Surgery (ABPS) and a Fellow of the American College of Foot and Ankle Surgeons (ACFAS). Dr. Ornstein is chairman of AAPP, and a contributing editor for Podiatry Management Magazine, Orthokinetics Magazine and Podiatry Today. Dr. Ornstein is a lecturer and author on topics pertinent to practice management and patient satisfaction. He is physician manager of Affiliated Foot and Ankle Center, LLC, with its primary office in Howell, NJ. Dr. Ornstein can be reached at hornstein@aappm.org.

This article appeared originally in Footzine, an e-newsletter for assistants and doctors. Visit www.footzine.com for a free subscription.