

Introducing Mr. Smith: How to Maximize Outcomes and Revenue Opportunities Through the Integration of Protocols—Part 1

This case history shows how you can improve care while enhancing patient loyalty and compliance.

By Jonathan Moore, DPM, M.S.

This article, written exclusively for PM, appears courtesy of the American Academy of Podiatric Practice Management. The AAPP has a forty-year history of providing its member DPM's with practice management education and resources.

The author wishes to clarify that the specific products mentioned in this article are examples, and as such are not the only products of their type that may be used for the indications mentioned.

If you have been to a recent practice management meeting or read anything pertaining to building and maintaining a successful medical practice in recent months (whether in this magazine or elsewhere), there are several themes that you will no doubt recognize. Among the many, there are four that stand out:

- 1) Outcomes-driven protocols
- 2) Ancillary services
- 3) Communication
- 4) Compliance

What do these four themes have in common? Success. In the eyes of an office manager/owner, the above themes should be front and center when it comes to talking about prac-

By focusing on improved outcomes through effective protocols, ancillary valued-added services, and high impact communication skills, enhanced revenue will always be a byproduct.

tice management and practice enhancement.

Although these themes sound good, they won't amount to anything if they are not put into practice. Sadly, many practitioners fail to use protocols, and even fewer offices offer advanced ancillary services.



Figure 1: Full-thickness, non-infected ulceration to the plantar right foot secondary to diabetes, neuropathy and Charcot osteoarthropathy.

Many are inconsistent in their dispensing of durable medical equipment. Some have poor staff communication. All of these weaknesses add up to disgruntlement and an eroding revenue stream.

For some, an epiphany is eventually reached and the ultimate question is asked: "why am I working harder and making less?"

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Mr. Smith...

If this circumstance sounds familiar to you, it's time to invest in yourself and start building your practice the way you want it, not the way it seems to have evolved through happenstance.

So, how do you take the above four themes and use them to make

your practice a "center of excellence" while at the same time improving outcomes and producing more revenue? Any practice management consultant will tell you, "it isn't easy."

This is the exact question that prompted the creation of an American Academy of Podiatric Practice Management program that has been presented across the country for the

past several months simply entitled "Mr. Smith." In this program, a fictitious diabetic patient with an open wound is followed from the moment he enters the office to the time he leaves healed, wearing therapeutic shoes and an AFO to accommodate his Charcot deformity.

During this program, several ob-

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FORM 1

Foot & Ankle Center

Name: _____

Phone: _____ Age: _____

Please check any of the following conditions you are currently experiencing or suffering from:

- | | |
|---|---|
| <input type="checkbox"/> Flat Feet | <input type="checkbox"/> Pain in feet getting out of bed |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> "Toe-in" or "Toe-out" gait (walking) |
| <input type="checkbox"/> Heel or Arch Pain | <input type="checkbox"/> Pain or fatigue of feet or legs in activity |
| <input type="checkbox"/> Leg pain (shin splints) | <input type="checkbox"/> Ankle instability (easy twisting injuries) |
| <input type="checkbox"/> Achilles tendon pain | <input type="checkbox"/> Difficulty/Pain with brisk walking or running |
| <input type="checkbox"/> Discoloration of toes/foot | <input type="checkbox"/> Pain legs occurs at the same distance every time |
| <input type="checkbox"/> Ankle swelling or stiffness | <input type="checkbox"/> Coldness in the legs or feet that is uncomfortable |
| <input type="checkbox"/> Pain in feet or legs with exercise | <input type="checkbox"/> Non / Poor healing sore on the leg or foot |
| <input type="checkbox"/> Foot/Toes/Legs Burn | <input type="checkbox"/> Feet/Toes feel numb |

Please answer the following about the above conditions:

Do the above conditions disrupt your lifestyle and activities of daily living? Yes / No

Is this condition causing or are you suffering with any of the following:

- | <u>Tingling/Numbness in:</u> | <u>Pain radiating into:</u> | <u>Weakness of the:</u> | <u>Difficulty with:</u> |
|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Legs R / L | <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Legs R / L | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Feet R / L | <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Feet R / L | <input type="checkbox"/> Toes R / L | <input type="checkbox"/> Foot R / L | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Bending | | | |
| <input type="checkbox"/> Lifting | | | |
| <input type="checkbox"/> Kneeling | | | |

How long have you been suffering with this condition? Days / Weeks / Months / Longer

How is this condition affecting your ability to perform daily tasks? Yes / No

Would you like to get rid of or reduce this problem? o Yes o No

There may be treatment options or solutions for the pain you are experiencing. Please let us know what you would like to do today.

- I would like to discuss the above conditions with the Doctor so I can make an educated decision about my health.
- If it were available, I would be interested in receiving treatment for this condition in this office.
- If available, I would be open to have a medical test to further evaluate my problem.

Patient Signature

Mr. Smith...



Figure 2: Preparation for debridement and application of Amerigel Hydrogel Impregnated Gauze dressing.

jectives are laid out. The primary goal is to promote the enhancement of Mr. Smith's clinical outcome. By focusing on improved outcomes through effective protocols, ancillary value-added services, and high impact communication skills, enhanced revenue will always be a byproduct. Proper coding, dispensing of DME, and improved revenues should all center upon getting your patients healed—quickly and efficiently.

Consequently, our objectives in laying out a roadmap for how to use the four above themes into practice include the following:

- 1) First and foremost, everything revolves around patient outcomes.
- 2) Creating protocols for your most common diagnoses takes time and effort. These protocols will not only improve outcomes, but they will enhance revenue as a byproduct.
- 3) Effectively communicating with your patients improves compliance and outcomes. Communication skills don't always come naturally. Making an effort to learn effective communication skills can add significantly to your patients' acceptance, understanding, and compliance with your newly developed protocols.
- 4) Combining ancillary services and durable medical equipment into your protocols will improve your patients' compliance as well as your revenue opportunities.

- 5) Putting into place effective and simple documentation tools will not only keep your medical records compliant, but will save you enormous amounts of time.

Ladies and Gentleman...We Are Pleased to Introduce Mr. Smith

Mr. Smith presents to your office

having heard about you through a friend that you treated a year ago. He is a 65 year-old white male, a retired farmer who has had diabetes for 25 years. He has Charcot osteoarthropathy on his right foot along with a three-week old ulcer to the right mid-foot that has not healed with the wet to dry dressings recommended by his family doctor.

His blood sugars run between 150-175, and he has had no constitutional symptoms. In fact, he discovered the ulcer quite by accident after wearing a pair of dress shoes to a funeral. The next day, he found blood on his white socks. Six years ago, on the same foot, Mr. Smith had a right partial 5th ray amputation from stepping on a nail.

Walking into your office, Mr. Smith is greeted by your receptionist with a warm smile and asked to fill out your office forms. In addition to your traditional forms, Mr. Smith is asked to fill out a "Pain Management" form that you have created to evaluate him for symptoms of neurological, musculoskeletal, and vascular origin that may not be picked up during your focused exam (Form 1). This "proactive assessment form" will be important as you begin to treat Mr. Smith and make recommendations.

Learning Points

Your front office receptionist who is in charge of greeting your patients (your Director of First Impressions) is a vital team member ultimately responsible for Mr. Smith's first impression of you. How important is that? According to clinical psychologists, the impression that is made on someone in the first two seconds of an encounter takes another four minutes to change!

Your patient's first and last impression of you is often determined by your staff, especially those in the front office. Smiling, listening and keeping your cool with the really difficult patients are critical. While Mr. Smith is waiting (or even a day or two before arrival for the first visit)

his insurance benefits are prepared. The following questions should be asked regarding:

- 1) All durable medical equipment benefits (including diabetic shoes and orthotics/deductible/amount met
- 2) Physical therapy benefits/deductible/amount met
- 3) Co-pay responsibilities
- 4) Referral issues

Although none of this information will determine the course of the patient's treatment, it is very helpful to have this information to allow the patient to be aware of what has been met of the deductible and what is the patient's responsibility for the items prescribed.

It should never be your intent to treat people based upon their insurance. However, prescribing a \$500,000 ankle foot orthosis when the patient has a \$1,000 deductible, without proactively advising the pa-



Figure 3: Lateral view of Mr. Smith's right foot as seen on digital X-ray. Significant Charcot deformity is noted at the talonavicular joint.

tient of the financial responsibility, will likely set you up for conflict later.

Office Visit #1

Mr. Smith has been escorted to the treatment room and you have the chart in front of you along with Mr. Smith's pain questionnaire on top (Form 1).

Mr. Smith presents with a 1.6 cm. x 2.0 cm. ulceration to the plantar aspect of the right midfoot below the apex of his Charcot deformity. The wound is stable and there is minimal drainage and no signs of infection. Based on your conversation with Mr. Smith, he has never seen a vascular specialist and has no recent x-rays. The partial 5th ray amputation site is stable with no signs of

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scarring or pre-ulceration. Mr. Smith has a warm foot, but his posterior tibial pulses are absent. The wound does not probe and there is no foul odor. A significant amount of hyperkeratosis is present peri-wound from walking in a regular non-diabetic shoe. He has never received diabetic shoes or insoles in the past. He is a one-pack-a-day smoker.

Wound Protocol Goes into Action

Since Mr. Smith is the type of patient whom we see frequently in our office every day, my staff has already begun the process ahead of me. They have set up a debridement tray, prepared my prescription for a wound care dressing, and prepared the digital X-ray machine and its demographics. In addition, my staff has already inquired about the type of off-loading device that I would like to employ, what wound dressing to pull off the shelf, and have filled out my prescription for our in-office vascular test.

This is what having a wound protocol is all about! By the time I walk out of the room, most of what I need has already been done.

Upon review of Mr. Smith's "Pain Management" form, several key areas are checked that will be of significant assistance when it comes to having medical necessity in place for ordering the services that I will need.

The patient has checked off the following on the form:

- 1) Difficulty/Pain with brisk walking or running
- 2) Coldness in the legs or feet that is uncomfortable
- 3) Non/Poor healing sore on the foot or leg
- 4) Feet/Toes feel numb

5) I would like to discuss the above conditions with the doctor so I can make an educated decision about my health.

6) If available, I would be open to have a medical test to further evaluate my problem.

Getting the Patient on Board with the Treatment Plan

Communicating with patients (on their level) in a skilled way can build long lasting relationships. In the case of Mr. Smith, making sure he understands the significance (severity) of his disease will go a long way to assure his participation in the treatment plan. Several communication tools should be put in place to enhance compliance and loyalty:

1) Make eye contact with the patient. Many physicians fail to make meaningful eye contact with their patients, which may lead to issues with credibility and trustworthiness.

2) Mirror their body position (sitting, standing, etc) and be on "eye level" with the patient.

3) Smile. This will build trust and build their confidence in you.

4) Touch their foot and leg. Patients expect this! When you don't, it leaves them feeling like they have not been fully evaluated.

5) Don't use terms and language that the patient does not understand (e.g., Charcot osteoarthropathy).

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Instead, for example, describe to them that their condition is the result of a collapse in their bone structure due to nerve damage leading to a washing out of the bones.

6) Review the importance of teamwork and that they are part of the team.

7) Review your goals and their prognosis.

Mr. Smith's Plan

Implementing the above tools, Mr. Smith is given the following plan of action:

1) The wound will be sharply cleaned (debrided) today in order to remove all of the dead tissue in and around the wound .

2) X-rays will be taken to review the extent of his bony collapse (Charcot).

3) Wound dressings will be dispensed to him for home use every day until he is back for his next visit. Mr. Smith is given 15 units of AmeriGel® Hydrogel Saturated Gauze

Dressing (Amerx Health Care Corporation, Clearwater, FL). My medical assistant will show him how to apply the dressing to his wound after he has cleaned it (Figure 2).

4) A Bledsoe® Walker (Bledsoe Brace Systems, Grand Prairie, TX) will be dispensed to be worn at all times with the exception of when he is sitting or in bed.

5) An appointment will be given to the patient for a vascular test (ABI, PVR's) to be performed in your office in two days using your Biomedix PADnet® system (Figure 4).

6) Another appointment will be given for Mr. Smith to return to see you in one week for follow-up and wound debridement.

7) Written information about diabetes, neuropathy and instruction for the use of this walking boot and the wound care dressings will be given to the patient.

Compliance Tools for Visit One

Several key points must be documented in order to remain compliant through visit one. First, in order

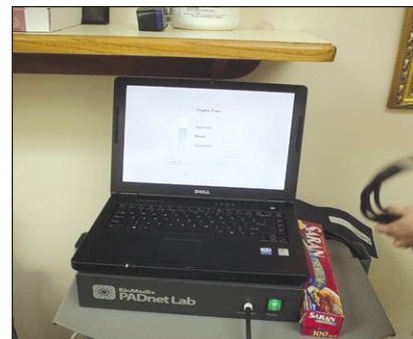


Figure 4: The Biomedix PADnet system will be used to perform Mr. Smith's ABI/TBI and Pulse volume recordings. The test will be performed by a trained office staff member on a separate appointed visit.

for a wound dressing (in our case, the of AmeriGel® Hydrogel Saturated Gauze Dressing {A6331}) to be a covered benefit, the following must be documented on your wound template.

1) The wound must be a full thickness wound in order for a wound dressing to be a covered benefit. This must be documented in

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your notes.

2) Your notes must document that the wound was debrided.

3) Wounds must be graded to describe their depth, the depth of the debridement and size, as well as the presence or non-presence of infection.

4) The characteristics of the wound must be described. For instance, if a foam is to be used, moderate to heavy exudate must be documented in order for the use of a foam to make sense. In our case, the use of an AmeriGel® Hydrogel Saturated Gauze Dressing only makes sense if you document the presence of a granular base, minimal drainage and evidence of keratosis.

5) Medical Necessity for the wound care product must be in the chart describing the product, its size, characteristics, and directions for use (Figure 2).

6) The patient must sign a pick-up form stating receipt of the product dispensed and must be given a copy of the 25 supplier standards.

Now that you have everything in place for the wound care dressing, a similar process needs to happen in order for the Bledsoe® Walker to be a covered benefit.

1) Off-loading devices like Bledsoe boots are a covered benefit only if there is a documented musculoskeletal deformity that necessitates offloading. In the case of Mr. Smith, his underlying Charcot deformity that you have x-rayed and documented indeed meets the criteria. Off-loading devices are not a covered benefit in the presence of a wound in and of itself.

2) Medical necessity for the boot must be in the chart describing the product, its size, instruction for use along with the length of use.

3) The patient must sign a pickup form stating receipt of the product that you have dispensed and must be given a copy of the 25 supplier standards.

FORM 2

Foot and Ankle Center

Patient's Name: _____ Date: _____

WOUND DRESSING PRESCRIPTION

Product:

Polymem Amerigel Hydrogel Gauze Promogran

Polymem with Silver Adaptic Fibracol Silvercel

Prisma other _____

Number: _____ Size: ___ X ___

Apply to Wound Site (Location): _____

Dressing To Be Changed Twice a day Daily When Dressing 75% saturated
 3x Week Week Weekly Other: _____ over next month

Wound is Full Thickness

Wound is Draining/Exudative

Wound is Dry and Needs Hydration

Wound needs antimicrobial Dressing (Silver)

List of 21 Standards and Complaint Resolution Form Dispensed To Patient.

Patient/Family Educated Regarding How to Apply and Use at Home

Physician/Nurse Practitioner

Signature _____ Date _____

Form 2: Sample prescription template for wound care dressings (DME)

Vascular Testing Criteria

It is our protocol to perform vascular tests on all open wounds that are referred to our office and Mr. Smith is a prime candidate. Testing should be performed in order to evaluate his prognosis for healing, as well as the extent of peripheral arterial disease that is present. In order for any vascular test to be a covered benefit, symptoms (of a vascular origin) must be documented. Testing for screening purposes is NOT a covered benefit under most local carrier determinations. The value of the "Pain Management" form that Mr. Smith has already filled out while he was waiting is that he has given you just about all you need for medical necessity and more. The following are other key components to assure compliance when performing a vas-

cular test in the office.

1) Symptoms of a vascular origin must be documented in your chart.

2) Medical Necessity for the test needs to be placed in the chart with the corresponding diagnosis.

3) The results of the vascular test must be printed (wave forms, etc.) and placed in the chart along with an official report.

4) If you are billing just the technical component of the vascular test, you still must have the wave forms/report in your chart and the CPT 93923 code should be amended with the TC modifier. If you are billing only the professional component, CPT code 93923 must be modified with the -26 modifier. In either case the full report should be in the patient's chart.

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Mr. Smith...

5) Most importantly, you must have a note that reflects your treatment plan based upon the results of the test. In other words, if your treatment plan involves referring the patient, this is your treatment plan. If your plan is simply educating the patient about the need for exercise and diet, then this is a typical treatment plan:

Summary of Visit One with Mr. Smith

- 1) CPT 99203 Initial level 3 visit
- 2) CPT 11041 debridement of full-thickness wound
- 3) A6231 x 15 units and the HCPCS code must be amended with modifier A1
- 4) L4386 Bledsoe® Walker and amended with modifier LT or RT
- 5) CPT 73630 Bilateral x-rays
- 6) CPT 93923 Multisegmental vascular exam
- 7) A delivery slip for the surgical dressing and CAM walker should be signed [PK1], dated and witnessed. This form should contain an acknowledgement of receipt of all the NSC requirements (e.g., written instructions for use, 25 supplier standards, protocol for complaint resolution).

Mr. Smith Visit Number 2

Mr. Smith is having his vascular exam performed using the PADnet System. Advantages to using the Biomedix PADnet® System which:

- 1) provides an easy learning curve with consistent and reliable results;
- 2) Measures ABI as well as produces multi-segmental wave forms necessary for comprehensive interpretation (and reimbursement);
- 3) Measures TBI (toe—brachial index) valuable if the patient has calcified vessels leading to an inaccurate ABI;
- 4) Can be uploaded to a HIPAA-secure Internet site for reading and reporting by the vascular specialist of your choice;
- 5) Results in production of a comprehensive vascular report.

Mr. Smith Visit Number 3

Mr. returns to the office for his third office visit (2nd with the provider) for evaluation of his wound. Mr. Smith has been compli-

ant with his dressing changes and his offloading device while overall demonstrating significant improvement. Today, the wound will be debrided and the patient will be educated regarding the importance of his continued compliance. In addition, the patient is told that upon his next visit, barring any unforeseen complication, a biological alternative tissue will be applied to his midfoot to complete the wound-healing process. Mr. Smith is also informed that he will most certainly need a permanent shoe or brace to accommodate his deformity when he finally heals his wound.

Lastly, Mr. Smith's vascular test is reviewed with him and his wife. He is told that the vascular test has been faxed to his primary care provider for

Your patient's first and last impression of you is often determined by your staff, especially those in the front office.

continuity of care (another routine protocol in our office). Mr. Smith is advised that his prognosis for healing is good based upon the vascular test results and then the wound is debrided, which brings visit number 3 to an end.

Summary of Office Visit Number 3:

- 1) Review of Vascular test
- 2) 11041 Debridement of full thickness wound
- 3) Review of the plan for next week
- 4) Review the ultimate goals of treatment to include permanent offloading of his deformity with a shoe or brace to fully accommodate his deformity.

As Mr. Smith progresses through his early office visits, it hopefully is clear how our protocol is falling into place. There is little confusion as the staff is perfectly aware of what we are

doing, and in many cases, anticipating what the next move is. Furthermore, with simple documentation templates that we have in place, remaining compliant can be simple with minimal time and effort.

In the next installment of this article, Mr. Smith will have the biological alternative tissue GammaGraft® (Promethean LifeSciences, Inc., Pittsburgh, PA) applied to his wound, followed by the fabrication of an ankle foot orthosis designed specifically to accommodate his deformity (Mr. Smith has a partial 5th ray amputation on the affected side) while preventing reoccurrence of ulceration.

In addition, Mr. Smith will be dispensed therapeutic shoes (which must accommodate the ankle foot orthosis made for him on the right side). A step-by-step protocol will be followed (as we have followed up to this point) along with documentation pearls and coding information.

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The American Academy of Podiatric Practice Management (AAPP) has a forty-year history of providing its member podiatrists with practice management education and resources they need to practice efficiently and profitably, through personal mentoring and sharing of knowledge. To Contact AAPP call 978-686-6185, e-mail aappmexedir@aol.com or visit www.aappm.com, or circle #150 on the reader service card. ■

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