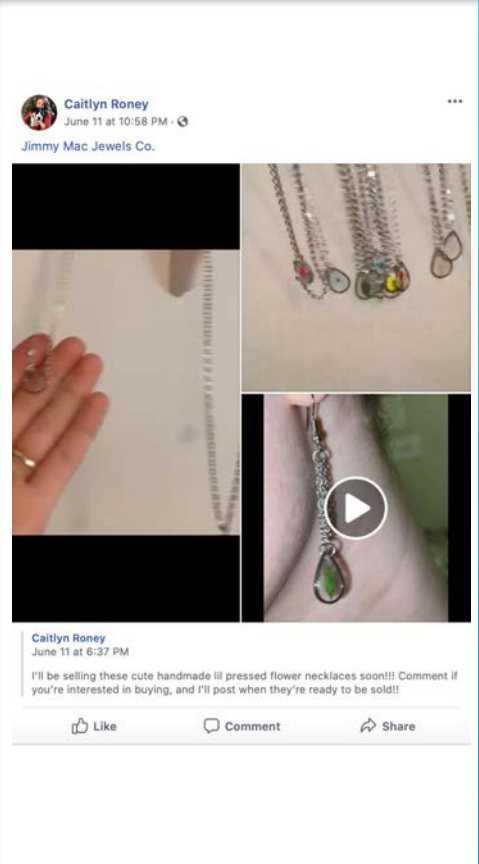




June 15th, 2020 Webinar/Open Discussion

Hosted by Cindy Pezza,
PMAC



WELCOME TO
WEEK 14 OF OUR
COPING WITH COVID-
19 DISCUSSIONS!



Examples of healthcare work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none"> Performing administrative duties in non-public areas of healthcare facilities, away from other staff members. <p>Note: For activities in the lower (caution) risk category, OSHA's <i>Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure</i> may be most appropriate.</p>	<ul style="list-style-type: none"> Providing care to the general public who are not known or suspected COVID-19 patients. Working at busy staff work areas within a healthcare facility. 	<ul style="list-style-type: none"> Entering a known or suspected COVID-19 patient's room. Providing care for a known or suspected COVID-19 patient not involving aerosol-generating procedures. 	<ul style="list-style-type: none"> Performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients. Collecting or handling specimens from known or suspected COVID-19 patients.

Many practices have experienced potential or actual exposure to COVID-19 positive patients (whether confirmed, suspected/waiting for test results). According to the chart above, I feel that most podiatry practices would fall into the medium-risk exposure category. However, as the country "re-opens for business" we all need to remain diligent in pre-screening patients prior to their appointment, performing temperature checks upon arrival, limiting contact between patients and staff members (keeping as few patients in the waiting room as possible and wearing PPE during all clinic hours), asking patients to complete a COVID-19 screening form prior to treatment, and disinfecting all surfaces touched by patients immediately after their visit. **Attached** you will find a thorough screening form that can be filled out and signed by the patient (please edit as you wish).

The question is: What do we do when we treat a "cleared" patient on a Monday who calls on Wednesday to report that they were not feeling well after leaving the office and are now awaiting test results. Or, what if a patient fails to mention (until they are sitting in the treatment chair) that a family member in the same household recently tested positive.

The answers keep changing as we continue to learn more about COVID-19, how it spreads, exposure risk to asymptomatic individuals, etc. In the meantime, do your best to establish protocols in your practice for "when, not if" this happens to you (and continue to adapt/edit them as we learn more). Both OSHA and the CDC provide general guidance and it is advised to report the potential exposure to your local and state health departments and to monitor all potentially exposed staff members and doctors for symptoms for a period of between 3-14 days (this guidance varies as we learn more about incubation and contagion periods. See **attached** for state by state contact numbers) and click this link for a Directory of Local Health Departments:

<https://www.naccho.org/membership/lhd-directory>

Also attached is a sample COVID-19 Exposure Report form to show what information will be required when reporting a potential or actual exposure.

Please continue to visit the CDC, OSHA, AMA and APMA websites frequently and I will do my best to keep you up to date as well. Stay safe!

- In an "Extra Extra" from late last week, information on reporting potential exposure and pre-screening forms for patients to complete were provided

AS REOPENING PHASES CONTINUE, WE MUST REMAIN DILIGENT IN OUR PHONE AND VISIT SCREENINGS AND HAVE PROTOCOLS IN PLACE FOR THE "WHAT IF'S AND WHEN'S"

COVID-19 Screening Form ...

Patient’s name:
Date:

Date:

PREAPPOINTMENT CHECK

IN-OFFICE VISIT

1. Have you previously been diagnosed with COVID-19, or do you think you’ve had/have COVID-19?

YES ☐ NO ☐

(If NO to question 1, skip to question 5)

2. If YES, when and how were you confirmed positive?

- ☐ I think I had it.
☐ I had a positive nasal swab test.
☐ I had a positive blood test.
☐ I had a positive saliva test.
☐ I currently have symptoms and am waiting for a test.

3. If you have had COVID-19, how were you confirmed negative?

- ☐ I was diagnosed negative by a nasal swab test. How many times? How far apart?
☐ I show antibodies to COVID-19 with a blood test.
☐ My doctor said I no longer have it because I don’t have any symptoms.
☐ I don’t have any symptoms, so I don’t have it.

4. If you have had COVID-19, when were you confirmed negative?

☐ 24 hours ago ☐ today ☐ 10 days after testing

5. Do you currently have (or have you experienced) any of the following symptoms in the past 21 days:

- | | | |
|--|--|--|
| Fever | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <i>If fever, how did you measure it?</i> | | |
| Fatigue (feeling tired) | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Altered or loss of taste/smell | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Dry cough | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Trouble breathing | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Shortness of breath, difficulty breathing, chest tightness | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Confusion | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Blueish lips or face | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Chills/repeated shaking with chills | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Muscle pain | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Headache or sore throat | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Any other flu-like symptoms | YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST | YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST |
| GI upset or diarrhea | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

6. Are you in contact with anyone who has been sick and/or confirmed to be COVID-19–positive?

YES ☐ NO ☐

YES ☐ NO ☐

7. In the past 14 days have you traveled to any regions affected by COVID-19?

YES ☐ NO ☐

YES ☐ NO ☐

Some medical conditions have been associated with more severe COVID-19 disease. The following questions are an attempt to determine your risk:

8. Are you over age 65?

YES ☐ NO ☐

YES ☐ NO ☐

9. Do you have high blood pressure?

YES ☐ NO ☐

YES ☐ NO ☐

If you have high blood pressure, is it controlled?

YES ☐ NO ☐

YES ☐ NO ☐

10. Do you have diabetes?

YES ☐ NO ☐

YES ☐ NO ☐

11. Are you overweight?

YES ☐ NO ☐ NO ANSWER ☐

YES ☐ NO ☐ NO ANSWER ☐

12. Do you have respiratory problems?

YES ☐ NO ☐

YES ☐ NO ☐

13. Do you have any autoimmune disorders?

YES ☐ NO ☐

YES ☐ NO ☐

14. Are there any other conditions you would like to report?



AS WE KNOW, PRESIDENT TRUMP RECENTLY SIGNED THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT OF 2020, WHICH MADE SIGNIFICANT CHANGES TO THE PPP PROGRAM.

TRUMP: IF WE CAN WORK ALONG WITH THE DEMOCRATS WE ARE GOING TO GREAT

▲ MARKET RALLY

9,805.09 ▲ 189.28 +1.97% RUSS 2K 1,522.89 ▲ 70.83 +4.88%
▶ JC (LSTR) 114.26 ▼ 0.01 | UDR INC (UDR) 40.87 ▲ 2.13

DOV
27,169
▲ 887
+3



A NEW PPP APPLICATION
FORM WAS ISSUED



MORE REGULATIONS
WERE ISSUED



A SENATE COMMITTEE
HEARING TOOK PLACE

SINCE THEN MORE HAS HAPPENED
RESULTING IN ADDITIONAL UNANSWERED
QUESTIONS AND CONFUSION

THE UPDATED PAYROLL % REQUIREMENT IS NOT A "CLIFF"

- ▶ The Treasury Department does not consider the updated 60% requirement, as to amounts spent on "payroll costs" to be a "cliff."
- ▶ If a PPP borrower cannot spend 60% or more of the loan proceeds during the 8- or 24-week testing period on payroll, state and local payroll taxes, group health insurance and retirement plan contributions, then there will be PPP loan forgiveness based upon whatever is spent on the above "payroll costs," plus up to 66% of the amount spent on the above items, to the extent of permissible rent, interest and utility expenses.

- ▶ Example: if a borrower receives a \$100,000 PPP loan, and during the covered period the borrower spends \$54,000 (or 54 percent) of its loan on payroll costs, then because the borrower used less than 60 percent of its loan on payroll costs, the maximum amount of loan forgiveness the borrower may receive is \$90,000 (with \$54,000 in payroll costs constituting 60 percent of the forgiveness amount and \$36,000 in nonpayroll costs constituting 40 percent of the forgiveness amount).

- ▶ Post-June 5 PPP borrowers will only be able to use the 24-week testing period
- ▶ Borrowers who received their loans before June 5th can elect to use either an 8-week expenditure period or a 24-week expenditure period.
- ▶ This was confirmed by the revised Borrower Application released on June 12th which now says, "The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the 24-week period following this loan."



PRE AND POST JUNE 5TH BORROWERS WILL HAVE
DIFFERENT "RULES" FOR EXPENDITURE PERIODS

8 WEEKS HAS IT ADVANTAGES

- ▶ For borrowers who are able to spend the appropriate amounts during the 8-weeks (in order to apply for forgiveness and have the loan over and done with, and off of their balance sheets, in order to be able to borrow conventionally going forward.)
- ▶ The 8-week testing period is also better for borrowers who have had significant reductions in their workforce and are required to reduce forgiveness pro-rata to the reduction in total working hours, as compared to pre-virus working hours for the business. It is easier to keep the doors open and the staffing up for 8 weeks as opposed to 24 weeks, although the June 5th legislation, regulations and Frequently Asked Questions ("FAQ's") have several exceptions for situations beyond the control of borrowers.

- ▶ Loans made before June 5th have a 2-year maturity
- ▶ Loans made on or after June 5th have a 5-year maturity
- ▶ Experts are saying there is no rationale behind treating pre-June 5th borrowers differently than post-June 5th borrowers other than to please the banks that would have to rerun their paperwork and monitor loans over a longer period of time than they would like. It is speculated that many complaints sure to be lodged with members of Congress will cause the SBA to try to even the playing field on this. Stay tuned. . .

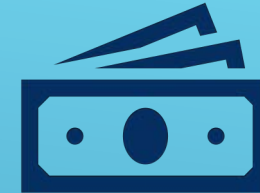
ANOTHER PRE AND POST JUNE 5TH DIFFERENCE



A loan is considered to be made when the SBA assigns a loan number to the PPP loan (even though loan monies may not be received until several days later).



This will cause some confusion, since the expenditure rules provide that a loan is to have been received when funded with the first dollars deposited into the bank account of the borrower



As a result of this, many borrowers who received their funds on or before June 5th will still be stuck with a 24-week testing period, and a very long wait for confirmation of forgiveness.

WHEN IS A LOAN ACTUALLY MADE?

MAKE SURE YOU SUBMIT THE LOAN FORGIVENESS APPLICATION WITHIN 10 MONTHS AFTER YOUR 8- OR 24- WEEK PERIOD

- ▶ The new regulations indicate that those borrowers who do not submit an Application for Forgiveness within ten months after the end of the 8- or 24-week period must begin paying principal and interest after that date, with no specificity as to how much principal and how much interest would need to be paid before the 2- or 5-year balloon payment of all remaining interest, at 1% per annum, and principal would be due and payable.

SIMPLIFIED APPLICATION FOR FORGIVENESS PROCESS

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

On June 10th there was a hearing where Secretary of the Treasury, Steve Mnuchin, and SBA Administrator, Jovita Carranza, appeared before the Senate Committee on Small Business and Entrepreneurship.

Mr. Mnuchin indicated that the Application for Forgiveness for PPP loans was being rewritten to be much less complicated than the present application.

He specifically indicated that there would be a portal available that would enable borrowers to determine their forgiveness amount "in 15 minutes."

Borrowers should continue to have their accountants or other financial advisors spreadsheeting their expenditures to see what they need to spend by when, and to evaluate alternatives.

"I don't want this to be any more complicated than all of you do.

And again, I would also just advertise there is a third-party calculator that if you put in all the information, it fills it out in 15 minutes, so you don't need to go hire lawyers and accountants, but I can assure you, we'll work with you very closely, we want to make this easy for people to do"



Mnuchin assured the panel that "the majority of this money is going to be forgiven in the next few months, and that's our intent. That's why we're going to get the job done quickly."

TO QUOTE SECRETARY MNUCHIN:

With the June 30th deadline fast approaching, Senators at the hearing inquired about future rounds or extensions to the PPP.

Mnuchin said, “we are going to need another bipartisan legislation to put more money into the economy.”

Senators also noted the \$130 billion surplus of PPP funds that remain available and wondered whether the program should be continued to dispense the remainder of that money.

At this point, it feels unlikely that the June 30th application deadline will be the last we see or hear of the PPP.


Now to find a lender that is participating!

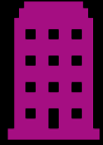
WHAT'S NEXT FOR PPP?

Several white lines of varying lengths and angles are drawn on the right side of the slide, creating a dynamic, abstract graphic element.

Let's switch gears. . .

IF YOU HAVE BEEN FOLLOWING
ALONG FOR THE PAST 14 WEEKS, I
HOPE THAT YOU ARE CURRENTLY OR
HAVE BEGUN TO WORK **ON** YOUR
PRACTICE, NOT JUST **IN** IT

Several thin, white, parallel lines of varying lengths and angles are positioned on the right side of the slide, extending from the top right towards the bottom left.



The current situation/new normal of your practice



Creating short and long-term goals



What to consider, monitor and improve all along the way

LET'S
REFRESH
YOUR
MEMORY
AND TOUCH
UPON:

Several white lines of varying lengths and angles are drawn on the right side of the slide, creating a dynamic, abstract design.



You quickly realized that being your own boss came with perks and challenges

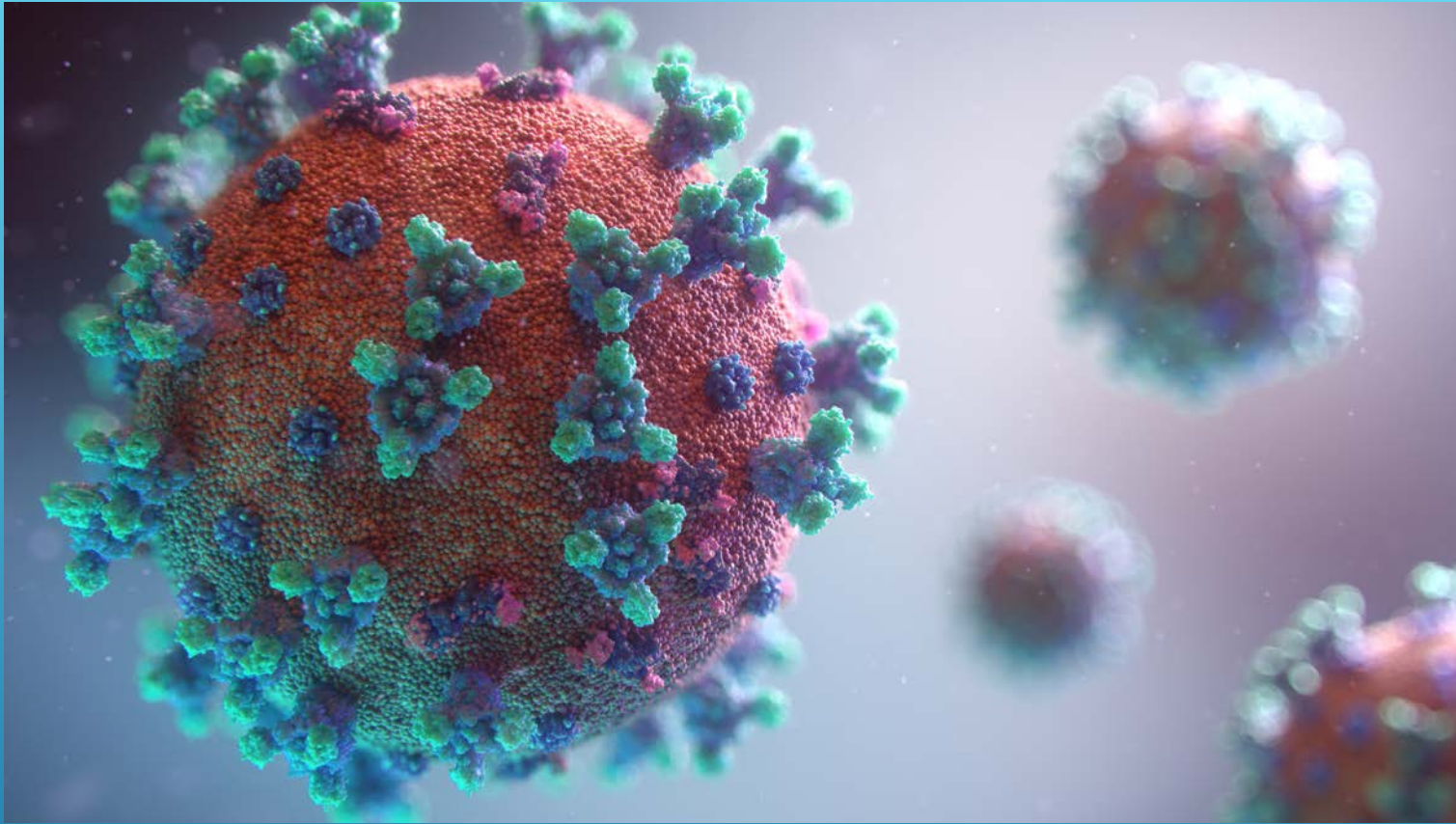


Excitement for the future was met with fear of the unknown



"You didn't know what you didn't know" and sometimes you still don't!

REMEMBER WHEN YOU AND YOUR
PRACTICE WERE SHINY AND NEW?



AS IT TURNED OUT, NO ONE WAS
PREPARED FOR WHAT 2020 THREW AT US. . .



**We all found
ourselves in
makeshift boats
sailing into
unchartered
territory (with
equally scared
friends and
colleagues to
support us;
remotely)**

“
**RESET,
REFOCUS,
RESTART.**
”

cominguprosesetheblog.com

READY OR
NOT, THE
REBOOT
BEGAN AND
IS STILL
HAPPENING

Extra! Extra!

with Cindy Pezza

Extra! Extra!

with Cindy Pezza

Updated OSHA Requirements for COVID-19

By Cindy Pezza | May 28, 2020

OSHA has distributed a new poster that needs to be reviewed with your team AND displayed in an area where all employees can frequently review it (ex: breakroom, near regular OSHA poster). Click here to view, download and print your new poster. Please hang it up right away! You should review the following items with your team...

[Read More](#)

COVID-19 Survival Tips

COVID-19 Open Forum Webinar Presentation

5/18/20

By Cindy Pezza | May 19, 2020

On May 18, 2020, Cindy Pezza hosted an open forum webinar for her email subscribers to discuss solutions and idea-sharing for the current crisis we are facing as an industry. << You can view the PowerPoint presentation here >> A recording of this webinar, and all previous webinars, is available to our PEP members in...

[Read More](#)

Extra! Extra!

with Cindy Pezza

Good News, but is it too late?

By Cindy Pezza | May 29, 2020

Yesterday (5/28/20), The House passed a bill designed to provide more flexibility on how PPP funds can be spent in order to receive forgiveness. The chamber approved the legislation in a nearly unanimous 417-1 vote. The Senate put forward a plan similar to the House bill but has not yet passed it. Senators will convene...

[Read More](#)

COVID-19 Survival Tips

Webinar Presentation 5/26/20

By Cindy Pezza | May 27, 2020

On May 26, 2020, Cindy Pezza hosted an open forum webinar for her email subscribers to discuss solutions and idea-sharing for the current crisis we are facing as an industry. << You can view the PowerPoint presentation here >> A recording of this webinar, and all previous webinars, is available to our PEP members in...

[Read More](#)

Hope for a PPP Loan Forgiveness Extension

By Cindy Pezza | May 21, 2020

Yesterday (May 20th), Senator Marco Rubio (R-Fla.) told Fox News that he believes there is enough support in Congress to extend the eight-week period that Paycheck Protection Program loan recipients have to use the money. Needless to say, this would be a big deal for businesses that may otherwise fail to bounce back before the...

[Read More](#)

COVID-19 Survival Tips

The answers keep changing

By Cindy Pezza | June 12, 2020

Many practices have experienced potential or actual exposure to COVID-19 positive patients (whether confirmed, suspected/waiting for test results). According to the chart above, I feel that most podiatry practices would fall into the medium-risk exposure category. However, as the country "re-opens for business" we all need to remain diligent in pre-screening patients prior to their...

[Read More](#)

I may have inundated you with information, but you needed a source of hope and clarity

It's better than not having that 2%

By Cindy Pezza | May 27, 2020

Effective May 1st, Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act temporarily suspends the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration. The suspension is effective for claims with dates of service from May 1 through December 31, 2020. << Click here for more information...

[Read More](#)



Content included updated loan, grant, telehealth, and office protocol related information as well as simple tasks to tackle while patient volume was low and elective procedures had been canceled



For so many doctors/business owners, the pandemic presented an opportunity for positive change and a new outlook on their practices



The excuse of "I don't have time right now" was no longer valid

IN CASE YOU
MISSED IT,
YOU CAN
GO BACK
AND READ
THROUGH
(PLEASE PAY
ATTENTION
TO THE
DATES)



We all experienced our
own Pandemic
Epiphanies

Set

Set a timer on your phone and take it an hour at a time

- Remember, there is no such thing as multi-tasking

Clean out

Clean out your desk and office (every drawer, every shelf)

- If it's not useful or beautiful THROW IT AWAY or RECYCLE IT
- Get organized by creating and labeling folders (actual and digital) and providing a "home" for all of your "stuff"

Clean out/clean up

Clean out/clean up your inbox

- Go through from oldest to newest and determine which emails:

I HOPE YOU AT
LEAST DID SOME
CLEANING AND
ORGANIZING
(OF YOUR
OFFICE AND
INBOX)

- ▶ Do some cost comparisons to see if you are receiving best possible pricing from your vendors ((also look for additional charges like fuel, handling, etc. that you may not be aware of)
- ▶ If you are part of a buying group, make sure you are taking advantage of available discounts
- ▶ Make a list of all the vendors you order from and what is ordered from each (if a staff member is responsible for this ask them to tackle this and then review it with you)
- ▶ Do the same for DME, cash products, etc.
 - ▶ Many times, the staff member(s) responsible for inventory and ordering continue to order from the same vendors out of familiarity and convenience. If something as simple as completing a registration form with an alternative vendor is standing in the way of savings thousands a year on commonly ordered supplies or services, now is the time to remedy that.

SO MANY OF MY PRACTICES FOUND
WAYS TO SAVE

Now is the time to save on products or ancillary services you have been thinking about “for a while”

Vendors are offering best possible pricing (ever) and long payment deferments ** RSWT 12 month deferred payment plan ends today**

SPEAKING
OF SAVINGS

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.



- ▶ Take out your employee handbook and dust it off (read through to see if additions or edits are needed to bring it up to speed or into this decade)
 - ▶ Example: If your handbook does not include social media and cell phone policies, it is not up to date. Once you update it, print out the addendums and have all staff members read and sign that they understand them.

DID YOU DUST OFF AND UPDATE
YOUR HANDBOOK?

10 Illegal Interview
Questions

Sample
Employment
Application

Sample Cell Phone
and Social Media
Policy

Employee Review

Exit Interview

Personnel
Procedures Manual

Non Disparaging
Clause Example

Job Descriptions

Sample Ad for Staff
member

Time-Off-Request-
Form

How to speak to a
problem employee

VIRTUAL
ASSISTANT GUIDE

Performance
Probation Letter

Disciplinary Action

Written Warning
Sample

Sample COVID-19
Office Plan

Notice to
Employees FMLA
(for handbook)

FMLA Notice to
Employees Poster

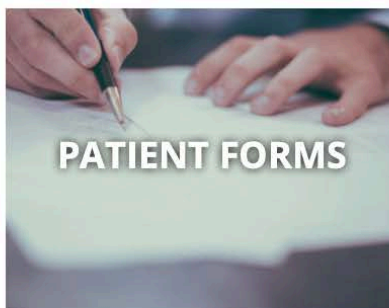
Sample Offer Letter
for MA

New Patient
Coordinator Info

YOU DIDN'T
HAVE TO RE-
INVENT THE
WHEEL. . .


DID YOU ALSO LOOK AT YOUR OFFICE FORMS/POLICIES, UPDATE AND SAVE THEM ELECTRONICALLY?


- ▶ Look at your new patient paperwork, practice financial policy, orthotic policy, and any other forms that patients are required to complete, review or sign. Update as necessary and replace old forms with new in the office as well as in digital form.
 - ▶ Side note: If your patient condition brochures picture an elderly couple in matching velour track suits walking on the beach, it's time to update!
 - ▶ Google Drive is a great way to securely share practice forms, protocols, and more with team members (or only the ones who need access and can edit)
 - ▶ Make sure your updated new patient paperwork is available on your website along with the link to your patient portal.



AGAIN. "I GOT YOU"

HTTPS://PINNACLEPA.COM/PRACTICE-ENGAGEMENT-PROGRAM-PEP/

[ABOUT](#) | [PEP SUBSCRIPTION](#) | [PRACTICE STARTUPS](#) | [LECTURES](#) | [PPA'S PICKS](#) | [EXTRA! EXTRA!](#)
[CONTACT](#)



Practice Engagement Program (PEP)

TELL US ABOUT YOU

Ready to Join?
Choose Your Option:

Monthly Payment of \$99 (12-month commitment) ▶

Pay for the year and save! Only \$1099! ▶

Active Member?

Log In ▶

New Members Start Here! ▶

Still Undecided?

Learn More ▶



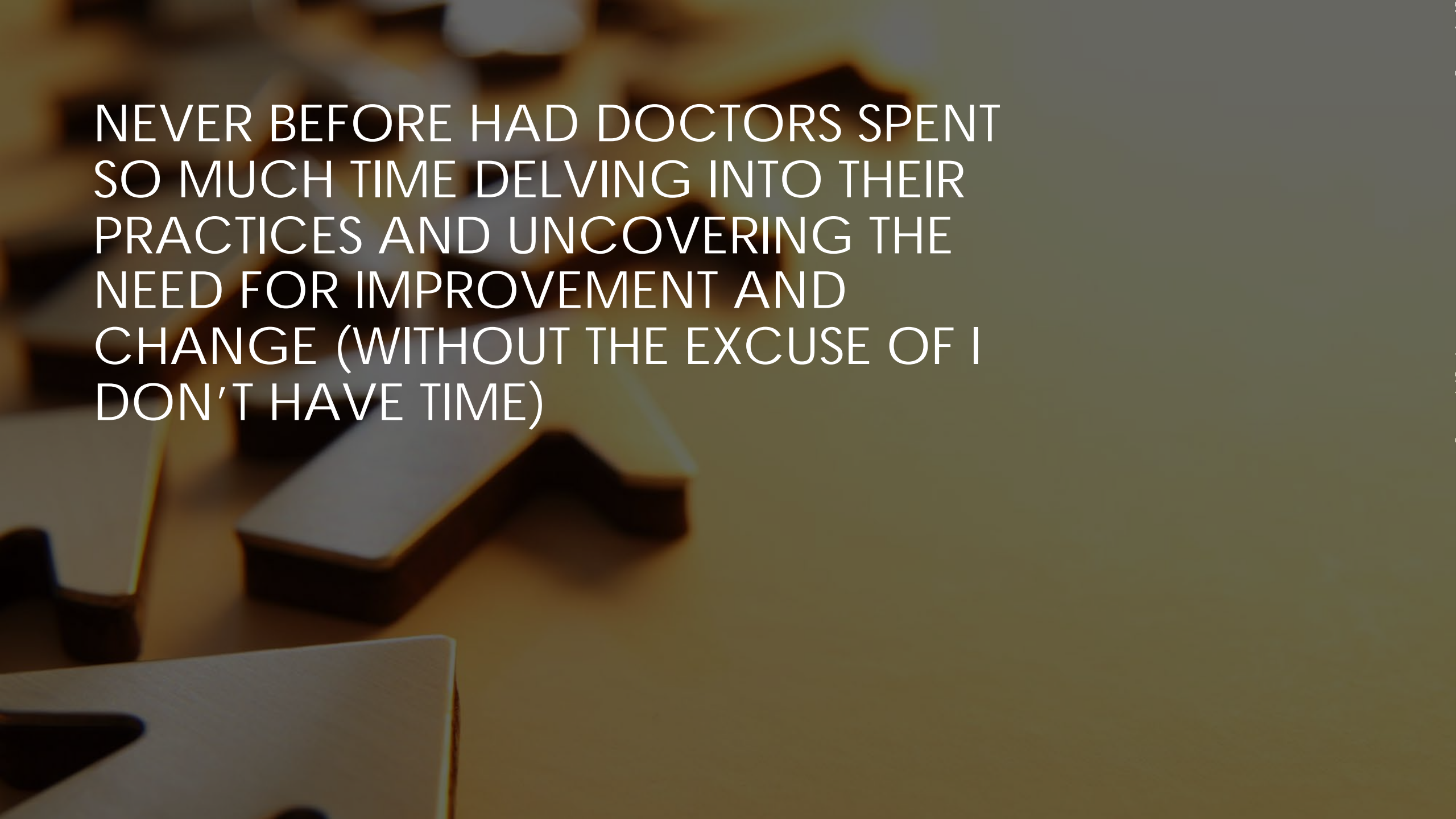
DID YOU MAKE THE
PAINSTAKINGLY
CONSCIOUS EFFORT TO
UPGRADE FROM YOUR
PREVIOUS MOTEL 6 TO A
RITZ CARLTON
EXPERIENCE
(IT'S AMAZING WHAT A
COAT OF PAINT-AFTER
YOU REMOVE THE OLD
WALLPAPER WILL DO!)

Did you finally realize
that you were/are in
the businesses of
practicing medicine?

The primary focus
should be providing a
positive patient
experience.

This is what sets you
apart from the rest





NEVER BEFORE HAD DOCTORS SPENT
SO MUCH TIME DELVING INTO THEIR
PRACTICES AND UNCOVERING THE
NEED FOR IMPROVEMENT AND
CHANGE (WITHOUT THE EXCUSE OF I
DON'T HAVE TIME)



Modifying clinic hours



AND Working in the
necessary time to work on
the practice

THE NEW
NORMAL

Three white diagonal lines of varying lengths and thicknesses, extending from the bottom right towards the top right of the slide.

DID YOU RECENTLY REALIZE THAT SOME OF YOUR "PLAYERS" NEEDED TO BE "TRADED"



They are the eyes, ears, and the first impressions of your practice



Hire slowly (be diligent in your search, interviews and probationary period)



Don't allow special treatment, follow your own rules



Show them appreciation every chance you get



Empower them to become the most valuable assets in your practice (don't hold them back)



Maintain a level of respect and professionalism no matter how long they work WITH you

01

Many “behind the scenes” tasks (E & B checks, prior-auths, collection calls, etc.) can be done virtually. Consider hiring virtual assistants to perform many of the required daily “chores” that do not require another body in the office

02

Tasks are completed in less time with the ability to focus (without distraction of patients checking and out and phones ringing off the hook)

03

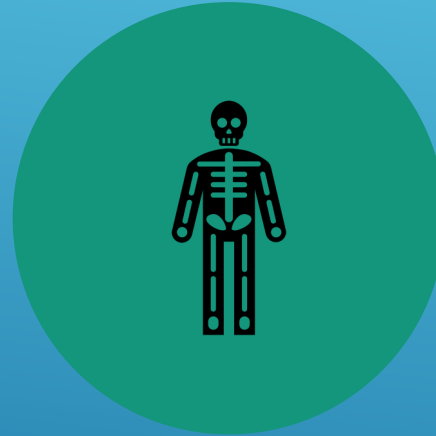
Developing the role of New Patient Coordinator or Patient Liaison may be just what the doctor ordered

AVOID TOO MANY BODIES AND CONFLICTING PERSONALITIES IS MORE ATTRACTIVE THAN EVER!

NEW PATIENTS ARE A NECESSARY EVIL



FROM A PRACTICE/BUSINESS
STANDPOINT, NEW PATIENTS ARE
ESSENTIAL. WE NEED TO BRING IN NPS
TO GROW.



FROM AN OFFICE FLOW STANDPOINT,
NPS ARE THE MOST TIME CONSUMING
AND OFTEN THE REASON THAT OUR
SCHEDULES FALL BEHIND.



WHAT CAN WE DO TO DECREASE THE
AMOUNT OF TIME NPS SPEND IN THE
RECEPTION AREA AND TREATMENT
ROOM?

A CONCEPT
THAT IS
CATCHING ON
QUICKLY AND
BEING
ADAPTED TO
FIT INDIVIDUAL
PRACTICE
NEEDS

The New Patient Coordinator (NPC)

This person (or individuals trained to perform the same function) serves as the primary liaison to the practice for new patients and referring physicians, working in conjunction with scheduling and clinical staff to improve efficiency and work-flow.

DURING THE PRE-VISIT
INTERVIEW, ALL
REMAINING
DEMOGRAPHIC AND
CLINICAL
INFORMATION WILL BE
RECORDED DIRECTLY
INTO THE PATIENT'S
CHART INCLUDING:

Confirmation of reason for visit/chief complaint

Personal and family medical history

Medications and allergies

Vital Signs

Most MIPS measures (Height, Weight, Smoking Status, Immunizations, etc.)

Financial policy, HIPAA and consent to treat will need to be signed at the time of visit (if forms are not completed via the portal)

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

STRUCTURE AND EFFICIENCY;
PROTOCOLS AND SYSTEMS ARE
NO LONGER AN OPTION

McDonald's
does it. . .

So should/can
you. . .



SCHEDULING APPOINTMENTS

Important questions to ask when a patient calls to schedule:

1. Patient's name (ask them to spell it and repeat it back)
2. Date of Birth (repeat it back)
(determine from name and D.O.B. if the patient is new, existing or new-existing/not seen for 3 years or more; especially if they are unsure. This will avoid duplicate charts as well as errors on doctor's notes.)
3. Best number to reach them/remind them of their appointment
4. Reason for and urgency of visit – LISTEN to the problem (this will determine how soon the patient should be seen)
5. Insurance information – including ID # and if referrals or authorizations are needed
6. Primary Care Physician
7. Physician preference



Laurel Podiatry Protocol for Neuroma (initial and subsequent visits)

Description of Condition:

A **neuroma** is a painful condition, also referred to as a "pinched nerve" or a nerve tumor. It is a benign growth of nerve tissue frequently found between the third and fourth toes (i.e. a tumor growing from a nerve). Patients often describe their symptoms as burning, tingling, or numbness between the toes and in the ball of the foot, or feeling as if their sock is "bunched up" in their shoe. The principal symptom associated with a neuroma is pain between the toes while walking. Those suffering from the condition often find relief by stopping their walk, taking off their shoe, and rubbing the affected area. Causes of a neuroma include biomechanical deformities, trauma to the nerve, and improper footwear (e.g. high heels).

1st visit Evaluation/Assistant Questions:

- Where is the pain located?
- What type of pain is it?
 - Burning, tingling, sharp, shooting
- Are you experiencing any tingling or numbness?
 - If yes, in which toes?
- How long have you been experiencing this condition?
 - Days, weeks, months, longer
- What makes it worse /better?
 - Wearing certain shoes (what type of shoe do you normally wear), exercises, icing, anti-inflammatory medications
- Was there any trauma or injury when the pain began?
- Have you ever worn inserts in your shoes?
 - If yes, were these store bought/OTC or were they prescribed by a medical professional?
- Do you ever experience knee, hip or back pain?

1st visit Actions:

- X-rays
 - 3 views (AP, Lateral and Oblique)

- Sclerosing injection (1 injection every 2 weeks; 3 injections total)
- Dispense Medical Grade inserts (Footsteps)
- Dispense Dr. Jills met pads**
- Discussion of proper shoe gear (avoiding high heels and narrow toe box shoes)
- Dispense Topical Analgesic (CBD Muscle Rub)
- Follow up visit 2 weeks

Follow Up Visits:

2nd visit Evaluation/Assistant Questions:

- Has there been any improvement or relief since the first visit?
- If you are feeling better, what is the percentage?
- Has the pain changed location or type?
- How are you adjusting to wearing the inserts/pads?

2nd visit Actions:

- Perform 2nd sclerosing injection (if less than 50% improved)
- Discussion of continuing to ice/rest/elevate and wear proper shoes
- Introduction to incorporation of custom orthotics into treatment plan/daily activity (at your discretion)
- Follow up visit 2 weeks

3rd visit:

If improved

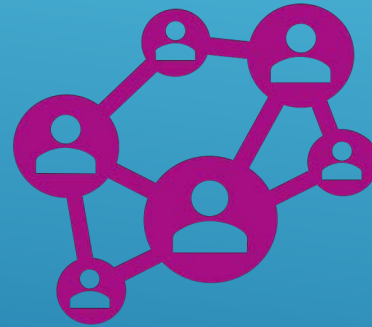
- Educate patient
- Cast for custom orthotics
- Return as needed or to dispense orthotics

If not improved

Alt. treatment options
MLS laser therapy, surgical excision
Custom Orthotics

TREATMENT PROTOCOLS (STRUCTURED, WRITTEN AND PERIODICALLY MODIFIED)

COVID-19 MADE US TAKE A CLOSER LOOK AT OFFICE FLOW (OR BACKUP DEPENDING ON YOUR SITUATION)



The keys to increasing productivity are more preparation and implementing improved communication systems (many non-verbal) during clinic hours

HUDDLES



- ▶ Make an effort to meet prior to clinic hours (afternoon before or morning of) to discuss, prepare and anticipate the needs of patients.
- ▶ Make a game plan and work as a team
- ▶ Your patients notice when chaos ensues
- ▶ Remote employees should also be included as they are a part of your TEAM

A DOCTOR IN MOTION MEANS THE PRACTICE IS PRODUCING



- ▶ Doctors should never be idle.
- ▶ If you are constantly waiting for staff to prepare patients. . . something is wrong.
- ▶ Cross training staff is essential
- ▶ Staff (both front and back office) should be able to keep the flow of patients moving steadily through the office.
- ▶ “Controlled Chaos” is the ULTIMATE GOAL

MY FINAL POINT OF THE EVENING: TABLE TURNOVER THEORY

- ▶ Allotted appointment times DO NOT equal the amount of time a physician spends with his/her patient.

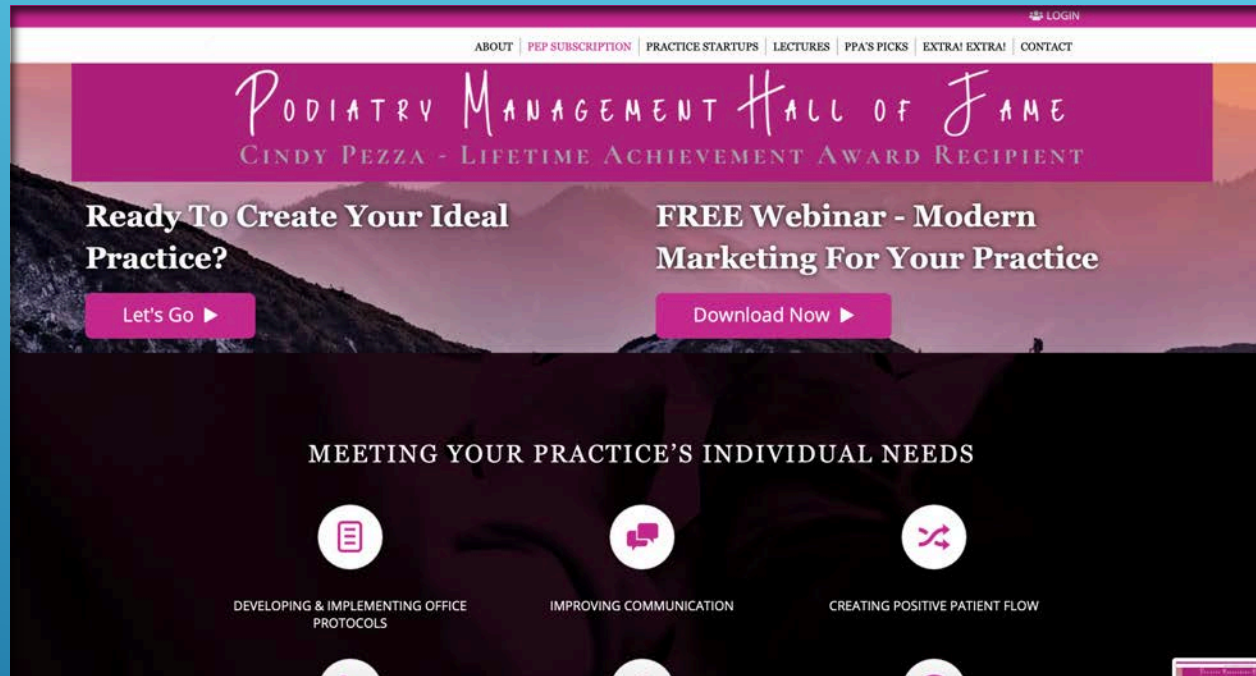


TAKE AWAY: IN EVERY STAGE OF PRACTICE, MAKE WORKING ON IT A PRIORITY



Pay attention to signs!

The hamster wheel was turning slow enough for you to jump off, so do everything in your power to stay there.



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