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David Schofield,
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ROUND TABLE:

Podiatry and the Internet

Our experts provide advice on current trends in the field.

By Marc Haspel, DPM

It goes without saying that the Internet age is well upon us. Anyone not incorporating the technology of the twenty-first century is starting to fall behind. From media options ranging from digital photography and audio technology to high speed communication mediums like digital television and the Internet, ignoring today's advances is simply unacceptable, if not impossible.

Managing a podiatry practice is no exception. Today podiatrists must involve digital technology into their practices daily. Whether they build valuable Internet websites to feature their practices, use Web-enabled computers to contact patients, search answers to clinical questions via the Web, post commentary to others on podiatric issues or advance their causes politically for the benefit of their profession, podiatrists have to utilize the Internet every day.

With that in mind, *Podiatry Management* has assembled several pioneers in moving the profession into the digital age. Their contributions, in that regard, have already been well lauded and will continue

to be appreciated as the profession goes forward into the future. Joining the panel are:

Barry Block, DPM is editor of *Podiatry Management* and publisher of *PM News*, the longest-running and most widely read Internet podiatric newsletter in the world.

Harry Goldsmith, DPM is the CEO of Codingline. He is a

leading provider of online CME education and social networking services. PRESENT Podiatric Residency Education Online standardized the curriculum for podiatric residency programs across the country via its weekly online lecture series and ezine publications.

Albert Musella, DPM is in private practice in Hewlett, NY.

In addition to podiatry, Dr. Musella has an interest in brain cancer research, computers, and websites. He formed the Musella Foundation For Brain Tumor Research & Information, Inc in 1995 and World Wide Websites, LTD in 1998; and currently serves as president of both organizations.

He designed and is currently webmaster of Podiatrym.com and virtualtrials.com, the leading podiatry and brain cancer websites.

David Schofield, DPM is a past president of both the APMA and NYSPMA. He is currently the executive director of the Chemung County Medical Society and is a consultant for Chemung County, NY and project manager for the county's Medicaid Clinic. His main responsibility will be to evaluate the use of computerization to improve patient outcomes and eco-

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consultant to the Department of Health Policy and Practice for the APMA. He is the director of Podiatric Medical Review Consultants and is reimbursement consultant for Integrated Physician Services. In 2004, he was inducted into *Podiatry Management's* Hall of Fame.

Alan Sherman, DPM, is a board certified podiatrist who practiced in Delray Beach Florida for 25 years. In 1995, he founded Podiatry Online. In 2003, He co-founded PRESENT e-Learning Sys-

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conomic stability. Dr. Schofield is a member of AAPPMP.

PM: *In what ways do you recommend marketing a podiatry practice via the Internet?*

Musella: It starts with having a high quality website. I think it is better not to have a website than to have one that looks unprofessional. Then, of importance are links to one's state podiatry association and APMA websites. It happens to be free to members and the best advertising one can do. Google ad words are probably the best value for paid advertising. I am unconvinced that some of the other online directories out there are worthwhile.

Other applications to consider are Facebook and AOL. On Facebook, one can encourage patients to sign on as friends. One's network can then intersect with various different networks of friends. Similar-

ly, with AOL, it is worth getting an account, setting up a profile for people who are looking for a podiatrist.

Block: First of all, I agree that every practice should have a high quality website. These days, a website costs far less than a Yellow Pages ad, and has increasingly higher returns on investment. The website should be marketing both internally and externally. This means putting the website on business cards, stationery, etc., as well as on any external ads.

Search engine optimization is equally important. It's important that when a potential patient types the word "podiatrist" in Google, that the practice name should come up on the first page.

Sherman: Today, all businesses including podiatry practices must have an Internet presence, simply because more and more, that's where patients go for solutions for their medical issues, including find-

ing a doctor. Patients are among the thousands of interest groups that have been empowered by the rich access to information that the Internet provides. The volume of information, however, is a drawback, not an advantage, because patients are left with the challenge of having to decide what to trust. More than ever, they need trusted medical professionals who can filter the information for them and add value to it. They want advice and need us for that.

Marketing a practice using the Internet starts with creating a website at an easily recognizable domain name address. Try to get www.firstnamelastname.com, and if that isn't available, you need to get a bit creative. Try drfirstnamelastname.com, footdocfirstnamelastname.com and so on, until you find the shortest domain name that is recognizable and easy to remember. There are a number of companies that specialize in semi-customized websites for podiatrists,

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and these are ideal if you aren't motivated enough to create a fully customized site from scratch. Working with a freelance website programmer to create a fully customized site will result in the most unique site that

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—Sherman

most closely meets your needs. The cost will be either the same or slightly higher for a fully customized site, depending on how many features you include.

The most effective marketing is internal marketing, that which is directed to getting existing patients back into your office. First and foremost, you must collect e-mail addresses routinely when they register

on their first visit. With today's excellent practice management programs, data mining of your patient database can easily stratify your patients into interest groups, allowing you to enroll targeted groups of patients to receive emails that give them valuable information about the condition that they have. Using these tools, you can greatly strengthen your position as your patients' primary source of information about their condition, even after they leave your office.

Goldsmith: Your website, depending on the features and quality, can accomplish many things. It can discuss your practice, highlight the staff, provide contact information, give directions and hours, allow for patient scheduling of appointments, offer specialty-related products for purchase, allow email communication between members of the staff or even the doctor, etc.

Schofield: Given that people well into their seventies and eighties of age are using their computers to help them deal with their healthcare, I have the following recommendations. I recommend posting open appointments. In addition, I also feel any forms you may want patients to fill out at their office visits should be available, allowing them to fill them out from home. I also recommend reporting the results of tests that you would call patients to discuss should be done on the Internet via e-mail. Finally, podiatric physicians must start collecting e-mail addresses as a routine part of gathering our initial patient information.

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Q *PM: How has the Internet assisted you in gathering professional information such as CME programs, advice on treatments and practice management?*

Sherman: Speaking from the perspective of being the co-founder of the largest online education company for podiatrists, I am comfortable saying that the Internet has revolutionized education of all types in all fields. It has brought access to the world's greatest information resource to anyone with an Internet-connected computer. But, much more than that, it has allowed each person to access that information when they are most receptive to learning.

I recently studied for and earned a new credential called Certified Continuing Education Professional or CCMEP, and in preparing for the exam, learned a bit in the field of adult learning principles, in other words, the way adults learn. We know that adults learn quite differently than young people. Adults do not learn well when forced to sit in dark lecture halls watching hours and hours of lecture programs. Adults learn most effectively when they are seeking the solution to particular issues that arise as part of their work. This type of learning starts with a question, such as "Why aren't the infections I'm treating responding to Augmentin as I would expect?" or "How can I get up to speed on the new Comprehensive Diabetic Foot Exam protocols?" They then seek that information, and more and more, first turn to Google. The combination of their professional curiosity, their desire to improve themselves, and the searching power of Google has created a very effective self-improvement capability for healthcare professionals.

Goldsmith: We are increasingly involved with holding webinars allowing doctors and staff to, in the privacy of their offices, attend a workshop or seminar, view PowerPoint presentations, and ask questions. These venues are cheaper, convenient, and accessible. As these

programs continue to increase in numbers, the wealth of topics will be great, allowing doctors and their staffs to focus on certain particular educational interests.

Regarding practice management, as far as coding information is concerned, there are some very exciting opportunities that will only increase the ability to provide valuable information to physicians.

Musella: The Internet is an excellent tool for education, but I still remain a fan of live conferences. There, you get some things you can't get online, such as face-to-face posing of questions, encountering old friends, and talking with vendors. I think there should be a balance between online credits and live credits. Nevertheless, the major advantage of the Internet is that it is available whenever you need it and it is much more convenient than attending a conference.

Q *PM: Much of the information that is available to patients is true, while some of it is untrue. How do you use that situation to your advantage?*

Block: One of the few drawbacks to the Internet is that anyone can post anything on the Internet, whether it is accurate or not. This means that patients can download outdated or factually incorrect material. This is why podiatrists must stay one step ahead of the curve and be prepared to refute any wrong material or data presented by a patient.

Unfortunately, there are still many podiatrists who have not made the plunge into the Internet, mostly due to fear of this often intimidating technology. While this fear is understandable, it's never too late to jump on the learning curve. Most high schools or colleges provide adult education courses that can assist the "computer illiterate" in joining the millions of Americans well-versed in this medium.

Sherman: Physicians who refuse to discuss the Internet research that patients come to the office with are missing a great oppor-

tunity. First of all, I would spend a minute or two scanning the printed pages that they've brought in. If their information comes from a questionable source, I would take a moment to recommend trusted sources, such as websites of the Mayo Clinic, WebMd, and the National Institute of Health.

Musella: The biggest problem I have with the Internet is that patients come in with unrealistic expectations because they read something on a website like painless lunch hour bunion surgery with immediate return to work and no stitches. Lately, I have seen information on simple, painless one-time laser procedures that can resolve ugly toenails. Fortunately, these claims get more patients into my door. When I tell them the truth, they usually turn into regular patients.

Q *PM: How have you used the Internet to get information directly to your patients in terms of appointment scheduling, forms handling, and information on procedures?*

Block: I recommend communicating with patients in the same manner that I communicate with the podiatric community. A well-designed website should have scheduling capacity, as well as the ability for patients to download forms. By providing information on procedures, you decrease the time you need to spend educating the patient in the office. You can also say, "Mrs. Jones, although I've explained the procedure to you today, you can review what I've told you on our website." This is very reassuring to patients, who often do not fully absorb or retain everything told to them at chair side.

Schofield: This is the most effective use of the Internet at this time. I only e-mail reports to patients who have given me an e-mail address. We also post open appointments for five days. We confirm appointments via e-mail except in cases where patients have histories of no-shows. Our forms are all available on our website. Ad-

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ditionally, we accept electronic signatures except on consent forms.

Musella: I don't do scheduling yet, but I routinely print out information from the Internet, such as stretching exercises, or over-the-counter items that I suggest patients buy.

Goldsmith: I know a number of very successful podiatric practices that take total advantage of the features included in their professional-designed websites, including scheduling, forms, presentations, clinical information, etc.

Q **PM:** *How has the Internet enhanced communications between physicians, utilizing such means as pod casts, blogs, and published sources such as PM News?*

Goldsmith: While it has significantly improved communications, questions, responses, and real-time information with a segment of the podiatric population and staff, there are still those readers or potential listeners who don't religiously read or listen. Some of them burn out from informational overload; they are overwhelmed by the many ways of getting information.

They end up trying to figure out how to organize the availability of the tremendous volume of information into an efficient and prioritized way, without consuming the entirety of their work days. Eventually, the quality listservs, blogs, webinar presenters, etc. will find greater and greater audiences, while there will be others who can only muster a small portion of attention.

Sherman: I believe we are in the golden age. Returning to adult learning principles again, studies done of how doctors learn and apply that learning to real world clinical challenges show that they are most likely to apply newly acquired knowledge to patient care if they have first discussed the knowledge with trusted peers. It turns out the conversations that we'd long had with colleagues in the hospital hallways, doctors' lounge and cafeteria were not recreational and, certainly, not a waste of time. It is by consulting with other trusted podiatrists that we obtain the judgment and conviction that helps us to decide whether to apply the new knowledge to the care of our patients. For example, we won't use that new "onychomycosis laser" or "ultrasonic wound debridement unit" until we have talked about them with colleagues. That form of professional networking, traditionally done face-to-face, is progressively moving online now. In doing so, our connections are multiplying and our collective knowledge is growing quickly.

PM News and the PRESENT Podiatry eTalk host dozens of concurrent discussions on every topic imaginable to podiatrists. Never before have the tides of podiatric opinion turned so rapidly, gathering consensus and squashing rumors, due solely to the rich access to peer discussion that is now available to any podiatrist with an Internet connected computer, any hour of the day.

Schofield: Wow! If we used it just for political action, it would be all worth it. Everything else is a bonus. If you need to get information to one or 10,000 people, it is just that easy. One caveat is that surprisingly some people still don't read their e-mail.

Q **PM:** *How do you respect privacy issues, especially private patient information, when using the Internet in your practices?*

Block: One of the first keys is to make sure that patients are comfortable with receiving e-mail from you. While it's important to collect e-mail from patients, it's vital to get their consent to send e-mail to them.

One word of advice I have is, when mass e-mailing, blind carbon copying (bcc) must be used, so that patients' private e-mails are not disclosed to other patients. Because of HIPAA rules, any patient health information (PHI) must be sent via encrypted mail.

Schofield: Our office follows all state and federal guidelines. For our own comfort, we send all confidential information directly to patients by individual e-mails.

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Musella: One has to be careful, even when using *PM News*. If you post an x-ray on the Internet, on-line search engines like Google will find it. Next, it will always be available online forever. Make sure to block out any patient identification. Right now, Google cannot index patients' names on graphic images, but that may change in the future. Also, you must be careful describing patients, so others do not recognize them. For example, you should not use "I have a patient with a fracture of the big toe who was supposed to pitch in the world-series game tonight," rather just simply use, "I have a patient who is an athlete."

Q *PM: How has the Internet met the political needs of the podiatric profession, e.g., through e-advocacy web sites and by facilitating electronic contact with elected officials?*

Musella: The way to get laws changed is by getting the patients involved. If podiatrists ask for a rules change, they are perceived as rich greedy doctors trying to make more money. If patients ask, they are advocating for themselves and can bring up the quality of life issues. There are over 12,000 podiatrists subscribed to *PM News*. If each member only had one hundred of their patients contact their congressmen, senators and, even the president, there would be enough pressure to push favorable laws through. Simply put, our legislators could never ignore a million people requesting changes in foot care.

Schofield: This is the real bonus. I recommend going to APMA.org or any of the many state association websites. This is a key to our political success. If we could only get more podiatrists to read the alerts on venues like *PM News*, APMA.org and the other podiatry sites, then react,

we could do more. This should continue to improve as time goes on.

Block: The APMA and many APMA state components have done an excellent job of using the Internet to mobilize podiatric support for legislation key to the success of the profession. It's certainly easier to go to one of these sites and click a few times than to write or even call an elected official. The Internet saves time, money, and mental energy. ■

Dr. Haspel is senior editor of this magazine and immediate past president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.

