Practice Models



Due to the challenging times that face us in medicine today, concerns have been raised regarding the best structure for practitioners to adopt for their practices.

Much has been written regarding those structures, relating the differences among solo practice, single-speciality practice, multi-speciality group practice, and other arrangements.

Most of the discussions revolve around economic considerations and the maximization of revenue and conservation of resources. In these times of increasing costs of practice, coupled with decreasing reimbursement, those are valid concerns, and each practice needs information that can assist in making decisions regarding what is the best scenario for the practice's needs.

There are, however, other considerations for practice models that supersede all of those considerations.

The concept of interdisciplinary care needs to be incorporated into each and every practice, regardless of its physical structure. Optimum patient care is the goal of all of us who practice podiatric medicine and surgery. To that end, we need to keep pace with the most recent advances in our field and in medicine generally, and we need to interact with other providers, when appropriate, to maximize health-care benefits to our patients.

Interaction between disciplines can be as simple as a phone call to a referring physician regarding the health status of a mutual patient, or it can be a detailed report back to the referring physician on the diagnosis and proposed treatment plan for the patient. In virtually every situation, patient care can benefit from this type of information exchange.

Coincidentally, the process, if done well and professionally, can enhance one's practice.

Regular communication with other providers can help educate them about the type and quality of patient care we render and can stimulate referrals. So, to borrow from the poet John Donne, who said, "No man is an island," it can also be said that no DPM is an island.

As we strive for the best care for our patients, we advance the profession by demonstrating that the DPM is the best-qualified professional to treat foot and ankle problems. Communicating that information to other relevant providers simultaneously improves care and advances the profession.

There is truly "Strength through Unity."

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