

Dr. Mancuso and Dr. Abramow's Broad Street office overlooks bustling Wall Street.

VISION and FOCUS

They had a vision and a big problem. How they solved it makes for a fascinating practice.

by Sherry Spear

In November, 1982, after only sixteen months in practice, two young podiatrists spent \$30,000 for a carbon dioxide laser. "The future was in lasers," declares John E. Mancuso, DPM. "We bought one because we wanted to be on the cutting edge and to improve patient care."

Dr. Mancuso's partner, Steven P. Abramow, DPM, notes, "Manhattan is a place where people are on the go, walk a lot, and they demand state-of-the-art care. With a laser," he rationalizes, "we could give them what they wanted—podiatric surgery that got them back on their feet as soon as possible."

The problem? "Lasers didn't come with instruction manuals," explains Dr. Mancuso, adding, "There were only about ten lasers in use in podiatry in the entire country. We had one, but we didn't know how to use it. We couldn't practice on our patients, so we traveled around the country to plastic surgery and dermatology centers where lasers were already in medical use." Indeed, recalls Dr. Mancuso, "We practically shuttled to The Jewish Hospital of Cincinnati to learn how to use it." The Jewish Hospital, affiliated with the University of

Cincinnati, was the first major laser surgery center and laboratory in the nation

The two surgeons studied the techniques and refined them for podiatric application. As laser use became more commonplace, they turned from students to teachers, instructing in the techniques they had adapted and pioneered. They traveled to seminars and lectures around the country, including Northlake Hospital Surgical Alumni Seminars and New York City's 1986 Big Apple Summit Scientific Seminar. They were among the first podiatrists to lecture to medical doctors from around the world at an early meeting of the American Society for Laser Medicine in Surgery, held in Salt Lake City in 1984. In 1990, they were the recipients of the Annual American College of Foot Surgeons Scientific Seminar Abstract Award for their paper on the management of plantar verruca with the CO2 laser. Their numerous papers have been published in the Journal of Foot Surgery, Clinical Laser Monthly, and Clinics in Podiatric Medicine and Surgery.

Drs. Mancuso and Abramow are committed to passing on their knowledge about lasers because, says Dr. Abramow, "For indicated soft-tissue procedures, we believe we achieve a better result with lasers."

In 1991, their leadership in the laser field was further confirmed when they were invited to contribute a chapter on "Lasers in the Management of Foot Disorders" for a new textbook, Complications in Foot and Ankle Surgery: Risk Management and Prevention.

Although laser foot surgery is achieving acceptance, no definitive textbook on lasers has been published. So Dr. Mancuso called W. B. Saunders and asked why. "The editor said, 'We want to do one, but we couldn't find enough authorities or anyone to edit such a book,'" recalls Dr. Mancuso. "My response was 'you've found him.'" The result of another collaboration by Abramow and Mancuso, Laser Applications in Foot Surgery, Clinics in Podiatric Medicine and Surgery, will be published by W.B. Saunders in 1992.

Revolution on the Horizon

"Lasers will gain far greater acceptance in the podiatric field once there's a big breakthrough in technology," predicts Dr. Mancuso. What are the missing links? "Appropriate wavelengths," he answers. This advance, the doctors believe, will lead to development of "lasers that are non-traumatic for bone and also more specific for certain skin pathologies, such as warts."

Their Beginnings

John Mancuso and Steven Abramow have been friends since they were three years old and lived across the street from each other in Laurelton, New York.

"We were friends until he moved away," says Dr. Abramow. But Dr. Mancuso quickly objects, "My parents moved. I was only ten years old." Plus, he observes, "Boys aren't very good at writing."

"Anyway," continues Dr. Abramow, "I didn't see him again until my first day of school at the New York College of Podiatric Medicine. I saw the name John Mancuso on the class list, and I thought, could it be? The minute we saw each other, we resumed our friendship and we've been together ever since," he informs. Except, of course, for the time when Dr. Mancuso was completing his residency at Northlake Hospital in Chicago and Dr. Abramow was a resident at the Yale-affiliated West Haven VA Hospital.

Ironically, Dr. Abramow had been a pre-dental student at the University of



Lest to right, standing: Marinella Bonus, Dr. Michael Carioscia, Roberta Feller, Dr. Paul Hutchison, Jo-Ann Pahalate, Dr. Wayne Bloom, Dr. Ben Dimichino, Marina Molina, Shillinis Cline, and Margarita Rodriquez. Seated: Donna Molina, Dr. John E. Mancuso, and Dr. Steven P. Abramow.

Maryland until he was treated by a podiatrist for an infected ingrown toenail. He wound up with a career goal along with his treatment.

Conversely, Dr. Mancuso set out to be a foot surgeon: "I felt podiatry was a good profession," he explains. "As a medical doctor in the whole flow of medicine, it's hard to work your way to the top, but podiatry is a younger profession and there is more room for younger practitioners to get to the top," he states

Their joint practice was as unplanned as their chance encounter at podiatry school. One weekend in 1981, the two former podiatry school roommates got together for a bash in the Big Apple. "John was on his way from Chicago to Memphis to interview for a position at an office on Elvis Presley Boulevard," remembers Dr. Abramow. The two had dinner and went to a nightclub. "At three o'clock in the morning, the two of us were walking home and saw a 'For Rent' sign in the second story window of a brownstone on 89th Street and Lexington Avenue. John never did make it to Elvis Presley Boulevard," chuckles Dr. Abramow. "The theme of destiny runs

through our relationship," he muses. "John and I were destined to practice together."

Even before completing their residencies, the two friends took that brownstone. "For \$800 a month, we rented a 350-square-foot space on the second floor, but we had use of a 150-square-foot waiting area on the first floor, so it gave the appearance of 500-square feet," notes Dr. Abramow, adding, "Between April and July, I spent weekends building the office with my own hands."

While Dr. Abramow was commuting between New Haven and New York, Dr. Mancuso remained in Chicago. Clearly, the decision was based on practicality. Instead of physical labor, says Dr. Mancuso, "I sent money." The two started their partnership with \$50,000—a \$30,000 bank loan, and \$10,000 in personal loans from their families.

"We opened for practice on July 7, 1981, and were in the black by the second month of practice," declares Dr. Abramow proudly. In fact, by September of that year, they were ready to expand.

"Conventional wisdom says that if two people open an office cold, they will both starve," Dr. Mancuso points out. But scoffing at "tradition," they opened two offices cold. To keep overhead down, they wisely included equipment, formerly used by a podiatrist, in the \$1,250 per month rental fee of their Rego Park office, outside Manhattan.

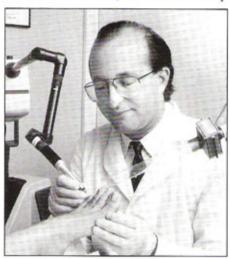
The brownstone beginnings hold vivid memories for Dr. Abramow. "There were just the two of us," he recalls. "No staff. I did everything—answered the telephone, buzzed in patients, took care of them, made appointments, and collected the money."

In 1981 when the traditionally surgically trained duo opened their Manhattan offices, surgical cases, with the exception of office-based minimal incision surgery, were typically performed in a hospital. But, says Dr. Abramow, "We successfully performed the same open surgical techniques including osteotomies with internal fixation and implants in our office setting."

Dr. Mancuso concurs, explaining, "We incorporated the positive aspects of ambulatory surgery without compromising on the procedures that were indicated." The two practitioners also utilized their hospital privileges at Medical Arts Center Hospital, where Dr. Mancuso is currently chief of staff in podiatric medicine and surgery, and director of the podiatric surgical residency program.

The young doctors made a decision that still governs their practice philosophy. In short, explains Dr. Abramow, "We wanted to be a one-stop shop. We could have been a strictly surgical practice with no routine care, but we wanted to take care of all our patients' needs," he stresses.

"Our Manhattan practice is a crosssection of celebrities, famous figures, rich Fifth Avenue and Park Avenue matrons, dozens of judges and lawyers," claims Dr. Mancuso, "but we also keep



Dr. Abramow recalls the early days when "the two of us did everything."

housekeepers and secretaries on their feet. We have never sent anyone away just because they needed an ingrown toenail cut."

The Little Practice That Grew

The two men with the contrasting personalities—Dr. Mancuso, more traditional and conservative, is low-key and soft-spoken, while Dr. Abramow is outspoken and direct—exemplify the new breed of progressive, highly-educated and trained foot surgeons who are also business oriented and bottom-line minded. They aggressively position themselves on the cutting edge of what's new, and strive to enhance their practice base and the number of satellite offices.

Four years after the Abramow-Mancuso partnership began, the two practitioners observed that their uptown Manhattan office drew patients from many contiguous and distant areas: downtown and midtown Manhattan, Brooklyn, Queens—even New Jersey.

What others would see as a sign of success, they interpreted as a mandate to expand the practice. "New York is a city of convenience," explains Dr. Abramow. "We realized location is everything. You must be geographically accessible. So we figured if some people would come uptown, there must be many more who

wouldn't, which meant it was time to open an office in midtown."

From their bare-bones beginning where each doctor worked alone, their practice, Manhattan Podiatric Associates, P.C., now comprises a large midtown office and three smaller, strategically-located satellite offices, all in Manhattan.

Drs. Abramow and Mancuso attribute much of their practice success to their partnership. "A partnership is a kind of marriage," observes Abramow. "Eighty percent of our time is spent with patients, but it's how we use the other twenty percent that is very different. I love administration and business, while Dr. Mancuso is the more academically oriented. He writes the research papers and runs the residency and preceptorship programs."

Clearly, the practice benefits from the merger of the two practitioners' complementary skills. "Each partner must retain his individuality and yet they have to grow together," says Dr. Mancuso. "As the practice grows, responsibilities must be defined and each individual must focus on his strengths."

Horror stories of practices that have lost the personal touch, of busy, multioffice groups so overwhelmed by their success that patient care may be compromised, do not worry Drs. Mancuso and Abramow. Indeed, insists Dr. Abramow, "I am most proud of the fact that we've been able to achieve economic success without compromising the quality of care."

Dr. Mancuso agrees, emphasizing, "Of course, we work hard to maintain quality by putting in our time."

Fraternity and Space

The friendship and partnership of John Mancuso and Steve Abramow thrives on a blend of togetherness and separation. Their friendship survived childhood separation and flourished when they roomed together for four years while attending podiatry school. They even shared an apartment for the first year and a half in practice. For the past nine years, the doctors and their families summer together in their jointly owned summer house in the Hamptons.

Still, outside their fifty-five-hour work week, the doctors go their separate ways, even living in different states. Dr. Abramow makes his home in New Jersey with his wife, Robin, and two sons. Robin is a medical photographer and illustrator who did all the diagrams for the chapter they contributed to Complications in Foot and Ankle Surgery.

Dr. Mancuso lives in Sands Point, Long Island, with his wife, Marina, and their two daughters.

The partners share one leisure-time passion: tennis. "I win most of the time," boasts Dr. Mancuso, whose other hobby is puttering around in his garden.

"Tennis is the only thing he beats me at," claims Dr. Abramow, who passes up puttering for playing golf or basketball. But then again, Dr. Abramow is very goal-oriented. For example, to help pay his way through college, he worked as a processor server. "I had to be successful because you only get paid for the ones you serve," he says.

The Next Decade

Looking back on their first decade in practice, is there anything they'd do differently? "Yes," admits Dr. Abramow. "I wish we had expanded the practice sooner and used more aggressive marketing. I don't mean just taking a bigger ad in the Yellow Pages," he remarks. Indeed, he regrets not doing things in a bigger way in general. "A practice builds on itself, and the bigger your base, the higher you can go," he insists.

Currently, their attempts to expand their base include a new wave of directmail advertising featuring a toll-free number so people can phone in for a free consultation and speak to a doctor.

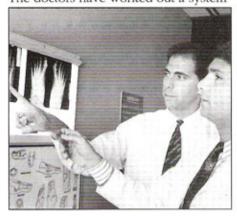
"Marketing also includes how your office staff dresses and how politely they greet patients and answer their questions," observes Dr. Abramow. "It's detail, detail, detail," exclaims this perfectionist.

"Patients often have questions, but they don't want to bother the doctors, so they ask us," says Shillinis Cline, the medical assistant who runs the new 800square-foot Fifth Avenue office. "The doctors want us to be able to give them the right answer. So, if a patient asks me, Can a bunion come back?' I'll ask Dr. Abramow, and I'll get one of his little lessons," comments Shillinis. "He'll take me into his office, sit me down, bring out charts, and explain to me why a bunion may or may not come back."

That's not surprising. "We take great care with everything," says Dr. Mancuso. "We want our patients to know we value them and will take good care of them. That's why there are even fresh flowers in every single treatment room every week. We'll even arrange house calls for those who are homebound," he says. "It's the little things that make a big difference, and we'll never get so big that we will forget the time we were both struggling podiatrists without anyone even to answer the telephone—or any patients to call."

The Support Team

Today the staff of Manhattan Podiatry Associates includes an associate, Mark J. Landsman, DPM, two part-time podiatrists, Paul Hutchison and Ben Dimichino, two preceptees, and a staff of ten. The doctors have worked out a system



Preceptee Dr. Bloom (left) and Dr. Mancuso confer on patient x-rays.

so they can control the quality of care. "Long-term relationships," says Dr. Mancuso, "are key to our philosophy." Staff retention and the concomitant stability, they reason, contribute to patient confidence.

All medical assistants come in from the satellite offices to the main office every Friday for surgery day. The core staff is augmented on Fridays by two anesthesiologists, another of the doctors' ideas that yields both cost-containment and an even higher level of in-office care.

"We think we do our best work when we stay in surgery mode," advises Dr. Mancuso. "It's tough to switch from doing surgery to doing routine care, and we don't want patients waiting around for us to get out of surgery. So we clear the schedule and turn into a surgical facility on Fridays." They perform an average of ten bone cases each Friday.

The 1,100-square foot main office, comprising three treatment rooms and a surgical suite, is located on 54th Street just off Park Avenue. The office is managed by administrative director Roberta Feller. Other staffers include medical assistant Margarita Rodriquez, receptionist Marina Molina, and insurance administrator Lorraine Goliszewski. In a bold move, the two podiatrists recently hired Feller to head up their office staff because of her expertise in executivelevel corporate business and personnel management. Jerrold Kaufman, the group's specialist in computer administration and accounting, also makes the midtown office his base. The group

recently purchased and converted their computer system to a network, tying all four offices together. Kaufman controls the main computer. "It's a lot of hard work, but the doctors are very personable, professional, and easy to work with," says Kaufman. Indeed, "easy" is a word that seems to describe how the staff views their bosses.

Progress and growth mean change. Both the original brownstone and Rego Park offices have been relegated to the past, making way for strategic improvements. A new larger, 1,500-square-foot modern office was recently opened on 86th Street, thoughtfully located close to subway and bus lines. This office is managed by medical assistants Donna Molina and Solita Mecate.

From the second-floor vantage point in their 2,000-square-foot Broad Street office, featuring floors of Carrara marble and black granite, cathedral ceilings, and expansive windows, the doctors can peer out over Wall Street. The savvy practitioners sublet some of the space, developing a mini-medical mart that includes a family practitioner and a surgical group. This office is handled by office administrator and insurance verification specialist Jo-Ann Pabalate and medical assistant Marinella (Mary) A. Bonus.

The two preceptees are Michael Carioscia, DPM, and Wayne Bloom, DPM. Dr. Carioscia describes his year with the doctors as an "introduction to the real world, a tremendous hands-on learning experience."

Asked why he chose to train with Drs. Mancuso and Abramow, Dr. Bloom does not hesitate. "I was lucky to be chosen," he declares. "I wanted to work under the best, most qualified supervision and," he says, "I found the best."

Sherry Spear is a freelance reporter currently writing an historical novel on tenth-century Spain.

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