One Word, “Improvement,” Sums Up Your Job As Practice Administrator or Surgeon-Owner

John B. Pinto

“Almost all quality improvement comes via simplification of design, manufacturing ... layout, processes, and procedures.”

Tom Peters

“Although personally I am quite content with existing explosives, I feel we must not stand in the path of improvement.”

Winston Churchill

As this column goes to press, I’m just back from spending 22 days alone at sea, sailing solo from San Diego to Honolulu on a 24-foot sailboat as a fundraiser for the Hawaiian Eye Foundation. The voyage was at the behest of title sponsors Compulink and Slack Inc., and the generous support of practices and individual surgeons throughout North America for the Foundation’s work in the Pacific Basin.

The voyage—more than 500 hours afloat instead of the usual 5 hours aloft a trip to Hawaii takes—provided a lot of spare time for me.
to think about what counts and what doesn’t, not only in sailing but also in eyecare management.

Everything important is captured by one simple word: “Improvement.”

It’s easy to fixate on making improvements when you’re out at sea:
- For any given wind and wave action, there’s an optimal way to set the sails … and because the wind is always changing, you’re constantly tweaking the rigging.
- Navigational tactics change with the weather … skirting squalls and larger weather systems to optimize performance and safety is critical.
- Beyond all that’s done to keep the boat at its best, there’s a lot to do when solo sailing to make sure you’re getting enough sleep, eating enough, and thinking through every maneuver to avoid injury or falling overboard.

As the “skipper” of your practice, you must contend with the same dynamics as any captain, whether you are an administrator or a surgeon-owner providing direct patient care.

The potential practice improvements you can make are endless, of course, which is why running a practice is such interesting work, but the most important improvements break down into 10 basic areas, below.

As you read through these, ask, “In our meetings, do we talk about practice improvement in these terms? Are we making steady progress in each of these areas? Do we have objective ways of measuring our progress, and are these ‘scores’ tracked over time? Are some areas sliding backward, either through neglect or due to the competing demands of a few crisis areas?”

Objective clinical and surgical outcomes
This should obviously be at the top of your checklist. But astoundingly, ophthalmology is still operating at a fairly primitive level in measuring the work we do. In any one group practice, partner surgeons can have widely divergent care pathways, and the opinion of what constitutes “good-better-best” care is even more diverse. If you feel a bit behind in this area, focus on one metric at a time—cataract surgery complication rates or outcomes by provider, or continuity of care for your patients with glaucoma.

Patient comfort and convenience
While the surgeons in your practice may be more comfortable thinking about the quality of their work in terms of finite acuity outcomes after surgery, this is not the way most patients and their family members measure the quality of your work. What standards do your patients apply? How do they judge a procedure like cataract surgery where the contemporary objective outcomes are 99% terrific? They’re concerned about the service they got. They’re thinking, “Was I able to get an appointment? Did the doctor listen? Was the procedure as pain-free as everyone promised?”

Patient understanding of and involvement with their care
Strides that you can practically make in this area vary widely from one practice setting to the next. The variance is not so much patient-based (their intelligence, interest, and education level) as provider-based. For practical economic reasons, many practices are seeing more patients in the same 60-minute hour than previously, to stay even with rising costs and falling fees. Consequently, surgeons are obliged to snip off the last few minutes of each exam slot. This time can be effectively replaced by technical and surgical counseling staff. In the best settings, patients are more thoroughly oriented than ever before because a harried minute of surgeon time (worth about $10 in lost production) is replaced by 15 minutes of gentle lay staff education costing a lot less.

Better employment conditions
This goes for everyone, not just the employed staff. A doctor once said to me, “I didn’t start enjoying my job until I gave myself permission to fire unpleasant patients.” All of us, to a reasonable degree, should be able to control our work environment, continuously migrate toward the tasks we enjoy most, and shed nonessential job elements that suck the pleasure out of work. What answer do you get back when you ask your staff, “Do you enjoy your job more now than a year ago?”

Better tools and techniques
Just walk the vendor floor at the ASCRS•ASOA Symposium & Congress. You can tell from the wall-to-wall smile on every attendee with a doctor’s badge that ophthalmologists love technology. While future economic conditions may continue to taper the pace of adopting new clinical equipment, you and the surgeons in your practice have no upper limits on what you can learn by visiting vanguard colleagues in other practices. Make it a habit to visit at least one more-advanced practice each year and copy what they do.

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Better, more workable facilities
In the world we’ve now entered medico-economically, this doesn’t mean brocade curtains and English antiques in a 10,000-square-foot office for just a single doctor. We’re all now feeling our way toward a revised balance between form and function. It’s now “beautiful” to engineer patient flow so as to be able to have one doctor see 80 patients a day in a three-lane office—and to have patients comment on how much they enjoyed their visit.

Ever-better relationships
This extends to all audience segments: patients, of course, but also fellow workers, vendors, and even competitors and institutional players who drive you mad. Make a three-column list: all the various parties you deal with, the current state of your relationship with them, and what you’re going to do to make an improvement (Table 1).

Better, tighter business systems
We could subtitle this “The 5% Solution.” In the typical practice today, one finds a 5% no-show rate. About 5% of potentially collectable patient accounts is never actually collected. A bit more than 5% of the patient-responsible amounts is not collected by the front desk at checkout. And in most practices the utilization of testing is about 5% less thorough than it could be because the staff is overtaxed and the doctor says, “Don’t worry, Mrs. Arnold, we’ll take care of that test next visit.” All of these individually innocent gaps add up to one big opportunity for improvement in your practice today.

Regulatory compliance improvements
That “ducks in a shooting gallery” feeling that every practice has now with respect to federal regulatory compliance is only slated to grow in the years ahead. Washington is taking more pot shots at medicine every year, and they’ve taken to shooting scatterguns, injuring the guilty and innocent alike, rather than just aiming narrowly at those few who truly do abuse the system. Even the smallest practice is now obliged to know and follow the law and to engage the billing and legal experts needed to do so. If today you feel like you’re doing a great job staying on top of this area, it probably actually means you’re barely keeping up.

A clearer view of the horizon
If you’ve been reading the headlines for a few years, you know that we now seem to be sailing toward the edge of the ophthalmic planet. We are at the nexus of long-ballooning macroeconomic and demographic challenges that our national leaders have unfortunately chosen to ignore until the bursting point is reached. It’s up to you as your practice’s navigator and captain to understand where the brink lies and how to avoid it. Only you can keep your practice from sailing over the edge. AE

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Table 1.

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<tr>
<th>Segment</th>
<th>Current Relationship Status</th>
<th>Goal and Tactics</th>
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<tr>
<td>The 25 optometrists who practice in our county</td>
<td>Only five refer to us grudgingly due to the anti-OD posture of the founding partner, who has recently retired.</td>
<td>“Within 2 years to enjoy enthusiastic referral support from at least 10 optometrists”</td>
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