Finding a perfect fit
Assessing practice culture

Looking for a new practice to join? Get the scoop on its priorities and values first

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For some patients, increased screen usage may be causing them to blink less, leading them to experience dry eye symptoms. Patients may also have dry eye after surgery or with certain medical conditions. With so many different causes, it’s no surprise patients of all ages are seeking treatment for dry eye disease.

Cathi Lyons, administrator for Gordon Schanzlin New Vision Institute, a TLC Laser Eye Center, has some tips to help you connect with dry eye patients of every generation.

Make education a team effort.

Lyons recommends involving your entire staff in dry eye education. Everyone should be well-prepared to help patients understand what may be causing their symptoms, as well as their role in treating the condition.

TIP: “We want to make sure everyone from the people who answer the phones to technicians to Patient Care Coordinators are educated on dry eye, so no one is surprised when somebody asks about it,” said Lyons.

Your website is another effective way to connect with patients searching for information about dry eye. Be sure to include symptoms, causes and treatments so patients who are researching online can find you.

Understand their experience.

Not every generation is equally familiar with the causes of dry eye and available treatment options. Millennial patients may not connect symptoms such as eye fatigue to dry eyes. However, Baby Boomers may be familiar with medical conditions or changes in hormones that can cause the condition. By screening every patient, you can make the best recommendation to improve their situation.

TIP: “We have all of our new patients fill out a speed questionnaire to find out what their potential level of frequency and severity for dry eye may (or may not) be,” said Lyons. “Everyone gets a number. We’ll do additional testing at the consultation for patients who receive a score indicating potential dryness concerns.”

For many patients, continuing treatment at home and regular check-ups in the office can help increase compliance. Creating infographics such as “What is Dry Eye?” and “What is Your Homework?” can help make it easy for patients to follow on their own.

Introduce financing options.

Financing options like the ones available with the CareCredit credit card can help bridge the gap between insurance coverage and the cost of treatment. For patients who would benefit from manual gland expression or Lipiflow®, they can use their CareCredit credit card to pay for repeat treatment in your practice.*

“Most insurance will pay for dry eye exams because you’re going for a medical diagnosis,” Lyons said. “However, most patients pay for treatment out-of-pocket. The cost can keep some patients from complying with their treatment plan.”

TIP: The CareCredit credit card with special financing options* can also be used to pay for expenses that may not be covered by their insurance. It’s a payment solution that can help patients fit treatment into their budget.

Whether patients experience dry eye from screen usage, after surgery or because of a medical condition, incorporating education about the condition and financing options to help pay for treatment could help patients of all ages find relief.

To learn how to engage effectively with every age group, call the CareCredit Practice Development Team at 800-859-9975, option 1, then 6 to request Generational Insights Series Quick Guides.

*Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.

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Finding the right fit is just as important for the ophthalmologist looking to join a practice as it is for the practice looking for a new hire. In this issue of Ophthalmology Business, “Finding a perfect fit: Assessing practice culture” includes tips for how ophthalmologists can get a sense of the practice’s culture before signing on the dotted line. These include first defining what you personally would consider your right fit, listing your must-have needs and deal-breakers. The article describes what you should look for and ask to get a better sense of a practice’s culture, values, and vibe before you join the team.

Also in this issue, William Rabourn Jr. discusses branding and how to tell your practice story—and who should be telling this story—in “Select the right team of brand builders to grow your ophthalmic practice.” Selecting a team with a background in ophthalmology can be helpful to “accurately and effectively market it,” Mr. Rabourn says. Practices should also consider a comprehensive marketing team that has the capacity and expertise to handle the various aspects of marketing and advertising.

In “Carving out a niche with services, technologies new to your market,” physicians discuss how they differentiate themselves with services and technologies that are unique to their market. These ophthalmologists have identified unmet needs for their patients and built up their practices by filling those gaps, bringing on advanced technologies or novel procedures and treatments.

Finally, “Steps to improve patient flow” gives concrete examples of what could be hindering efficient patient flow and how to reform these inefficiencies to improve patient perceptions and care. Maybe you’re trying to fit too many patients into your workday, leading to delays. Perhaps even the most common types of patients you see just take more time. Whatever the case, there are simple steps you can take to be more efficient and make your patients’ visits—and your workday—more enjoyable.

We hope you are able to take some time to soak up the sun this summer. If you happen to come up with any ideas for a future Ophthalmology Business article, perhaps while reading this issue poolside, please share them with us. Thank you for reading!

Donald Long
Publisher
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Fostering innovation through constructive conflict

by Lauren Lipuma, Ophthalmology Business Contributing Writer

Stagnant practices can become innovative by harnessing the power of conflict, according to a business expert

Physicians and practice administrators face a lot of pressure in the modern healthcare environment, and that pressure comes from multiple angles: from patients, insurers, the government, industry, and others. But Jeff DeGraff, professor, Ross School of Business, University of Michigan, Ann Arbor, thinks physicians can overcome this pressure and move their practices into the future by being innovators. And the key to innovation is creating constructive conflict, said Mr. DeGraff at the 2018 ASCRS•ASOA Annual Meeting.

Mr. DeGraff is a business professor, speaker, author, and consultant to multiple Fortune 500 companies with more than 25 years of experience helping businesses assess their potential for innovation and growth. Speaking at the 2018 ASCRS Lecture on Science, Medicine and Technology, Mr. DeGraff gave attendees pearls on how to make a medical practice innovative in many types of situations, like adopting new technologies and providing a better patient experience.

He described how to be innovative by using constructive conflict, where individuals come together to redefine or strengthen their relationship for the greater good of the parties involved.

“It does not mean we talk disrespectfully to people; it does not mean we marginalize people,” Mr. DeGraff said. “It does not mean that we undermine people. What it does mean is that we talk about it. We engage. We have the difficult conversation in a respectful way to get to the higher place.”

Why practices become stagnant

Even the most successful practices can become stagnant in the modern healthcare environment, according to Mr. DeGraff. Innovation often takes a backseat to the daily pressures and responsibilities of being a clinician and running a practice, and in many ways, building a successful practice requires physicians to sacrifice the creativity that often leads to new ideas.

“In all of our lives, in all of our practices, we have to do two things,” Mr. DeGraff said. “We have to maintain quality. We have to make sure that everything works. And we do that by creating standards and by eliminating variation. We get rid of all the weird stuff.”

Mr. DeGraff argued that to grow a practice, physicians have to reintroduce the “weird stuff.” But this tension between evolving and maintaining a standard of quality is difficult to manage, he said. One reason for this is the risk associated with first mover advantage.

In marketing strategy, first mover advantage is the competitive advantage gained by being the first person to occupy a market segment, whether it’s adopting new technology or using a certain resource.

If your practice is doing well, you’re unlikely to be the first mover and gain the advantage because you have a lot to lose if it goes wrong, Mr. DeGraff said. Practices don’t often change when they’re successful; they
often only become innovative when
the risk of trying something radically
new outweighs the reward of staying
where they are.

It can also be difficult for physi-
cians and practice managers to em-
brace innovation because it requires
failure, according to Mr. DeGraff.

“Really smart people haven’t
had the opportunity to consider
what happens when they fail because
they’ve never failed,” he said. But in
fact, innovation isn’t about avoiding
the failure cycle, it’s about accelerat-
ing the failure cycle. The only way to
try something new that works is to
first try new things that don’t work,
said.

Mr. DeGraff likens this idea to
two different parenting styles: the
type of parent who tells the child
“No, don’t do that, you’ll get hurt,”
versus the parent who lets the child
do it and says afterward, “Hurt,
didn’t it?”

To be innovative, he recom-
manded taking the second approach.
“The way in which we develop com-
petencies is by going through the
‘Hurt, didn’t it?’ cycle,” he said.

**Competing values
create conflict**

Conflict arises naturally when differ-
ent personalities work together, but
Mr. DeGraff suggests organizations
can harness that tension to create
innovation through what he calls the
competing values framework. The
framework identifies and analyzes
four different types of innovators and
the values of the individuals who
represent them. Mr. DeGraff’s prem-
ise, which he calls radical, is that
tension between these competing
values is actually a good thing.

“Innovative organizations often
have very little in common; money
is seldom a barrier to innovation
and competitors often innovate in
opposite ways. Diversity is the only
known key to success, according to
Mr. DeGraff.

“The only thing we know about
innovation for sure is the most
innovative places on the planet are
diverse,” he said.

**Creating tension for
a higher purpose**

Bring together the four types of inno-
vators to create constructive conflict,
allow them to respectfully engage in
that conflict, and establish a shared
vision or goal. This process will allow
the participants to construct hybrid
solutions and innovate, Mr. DeGraff
said.

Bringing the four innovator
types together within the competing
values framework fosters innovation
by overriding the concept of domi-
nant logic. Dominant logic is believ-
ing in something so strongly that
you can’t see other points of view.

We all have blind spots, and with
dominant logic, we often don’t know
it, Mr. DeGraff said. But by fostering
constructive conflict, organizations
can help individuals recognize and
see past their own blind spots, he
said. The ultimate goal is to take a
higher point of view that is outside
of any one individual’s perspective,
he concluded. **OB**

Editors’ note: Mr. DeGraff has no finan-
cial interests related to his comments.

**Contact information**
DeGraff: Qumuse@umich.edu
How often are prospective patients exposed to your ophthalmic business? How much do they know about the services you offer? Making an effort to ensure your practice or ambulatory surgery center (ASC) is top-of-mind and that your prospective patients understand your value can significantly affect the size of your patient base and ultimately, your facility’s financial health. To achieve and maintain this type of optimum visibility, building a brand is essential. For ophthalmic businesses, choosing the right team of brand builders is even more important due to the specialized and nuanced nature of the industry.

**How to tell your story**

A “brand” is two things:
- A name (i.e., the source of a product or service)
- Everything the consumer knows about that name, including all perceptions both factual (e.g., it is an eye care practice or surgery center) and emotional (e.g., they are family-oriented/trustworthy)

The more details associated with a brand, the more recognizable it becomes. When carefully crafted and maintained, a brand allows a business to tell its story, project a specific personality, and tie itself to specific products or services. One of the most effective ways to build a strong, memorable brand is through strategic marketing and advertising.

Some ophthalmic businesses disregard brand building and marketing campaigns, relying solely on referral sources to sustain their patient base. While this may be appropriate for certain medical businesses, combining both referrals and direct-to-consumer marketing is often a much
more reliable strategy for those looking to grow. Using this two-pronged approach, ophthalmic businesses always have a backup method for bringing in patients. If marketing returns take a temporary dip, referrals keep patient numbers steady. If referrals are low, marketing efforts fill the gap.

Who should tell your story
Telling the story of a brand through marketing and advertising is only effective when done right. It is a complex process and one that takes a significant amount of time, planning, creative power, and industry knowledge to achieve. That is why it is so important to select your brand building team carefully. An ophthalmic business needs people who understand how to build and implement a marketing strategy that utilizes the allocated marketing dollars most effectively. The marketing teams most qualified to achieve this for an ophthalmic business are those that are both familiar with the ophthalmic industry and staffed by a full-service creative team.

Experienced ophthalmic storytellers
Almost everyone has heard the saying “write about what you know.” The idea is that people can sense and deeply appreciate when an author is being authentic. It is a precept that applies perfectly to ophthalmic marketing. The most effective brands tell authentic stories. For ophthalmic businesses, that authenticity comes from a brand builder who truly knows the industry—and that is not an easy feat.

It takes years of immersion to understand the ins and outs of ophthalmic marketing, including:

• The differences among ophthalmology, optometry, and optical care
• The medical terminology, including at least a rudimentary understanding of how the eye works
• The trigger words, colors, and images that can inadvertently cause negative consumer reactions
• The different marketing segments (e.g., LASIK, cataract surgery, contact lenses, pediatric, etc.) whose consumers each require a unique marketing message
• The specific way the ophthalmic consumer thinks and the various stages they go through when researching and buying an eye care product or service

Anyone within the eye care industry knows that these are only the basics. For a specialty with a focus on such a small part of the body, it requires a vast and varied knowledge base to accurately and effectively market it.

Typically, those in charge of overseeing marketing within an ophthalmic practice or ASC are preoccupied
with the responsibility of managing day to day business operations. They do not have time to hold a marketing team’s hand and walk them through the ABCs of ophthalmology. Trusting brand building and storytelling to a team that has not only an understanding of the basics but also a store of personal experience will have a significant impact on brand quality.

**Comprehensive marketing teams**

In addition to finding experts with time-tested industry intelligence, there are benefits to selecting one firm with expertise in all areas of marketing and advertising—especially because the alternatives, which include hiring someone in-house or outsourcing to multiple firms, are so problematic.

Those looking to hire in-house should consider this: Marketing is a very large job. It is too much to ask of any one person to have the necessary level of expertise in medical writing, web programming and management, graphic design, video production, email marketing, social media development and management, media buying, marketing budget management, and digital, radio, television, and print advertising. Unless the ophthalmic business is large enough to internally fund its own marketing department, in-house hires are simply not realistic.

Those looking to spread out the responsibilities among multiple firms often face issues with campaign consistency and feasibility. In the past, campaign consistency was simpler to maintain, thanks to fewer available marketing channels. Today, those channels have expanded, leading to the development of multichannel marketing, a way for brands to implement a single strategy across a variety of channels (digital ads, social media, email, print ads, radio, television, website, mobile app, etc.). This modern marketing tactic is key to maximizing a brand’s opportunities to interact with prospective customers, but more channels require more effort to maintain campaign consistency. Naturally, every firm has a different style or marketing outlook. When an ophthalmic business uses multiple firms, it risks placing “too many cooks in the kitchen.” This can lead to mixed brand messaging or contrasting graphics, which confuses perspective customers.

Outsourcing to one comprehensive creative firm limits the variables that may jeopardize message continuity. There is no disconnect between those managing the marketing channels because all messaging decisions—everything from the wording of materials to the timing of material releases—are made as a team, under one roof. For example, if a practice wants to run a campaign to promote LASIK, the social media specialist may create a post that mimics the other direct-to-consumer ads by working directly with the copywriter. The copywriter may create an appealing email to inform patients about LASIK by working directly with the designers. The designers may create digital ads by working directly with the social media specialists and the web programmers. It is this easy connectivity that helps protect message consistency.

Multiple firms also affect marketing feasibility. Each firm charges different rates for services, which are accompanied by different billing times. This can get expensive quickly, making a well-rounded brand and marketing strategy hard to afford for most small to medium sized ophthalmic practices or ASCs. With a comprehensive firm, project time becomes sharable between creative team members under the same roof, which reduces cost and even speeds up project completion time. One billing schedule also means a more efficiently managed marketing budget.

**Conclusion**

Ophthalmology is a competitive field and choosing to invest in growing a brand is an important part of remaining visible to prospective patients. Select a team capable of telling more authentic, more consistent, and ultimately, more profitable brand stories. Industry intelligence and comprehensive services make all the difference. **OB**

Mr. Rabourn is the founder and a managing principal of Medical Consulting Group in Springfield, Missouri. He can be contacted at bill@medcgroup.com.
having some sort of relationship with industry might be relatively common with ophthalmologists—acting as a consultant, participating in clinical trials, educating at meetings—but taking on the role of chief medical officer (CMO) is a different ballgame.

CMOs from a few ophthalmic companies met on stage at the 2017 OIS@AAO to discuss “Blended Careers: Industry and Medicine.” Richard Lindstrom, MD, Minnesota Eye Consultants, Minneapolis, moderator of this session, described his first role as a chief medical officer a few decades ago as a fantastic experience. “What a business education it was to interact at a senior level,” he said. “It got me started on 40 years of exciting innovation in ophthalmology. Now, we’re seeing a large number of doctors joining companies as the chief medical officers.”

Ophthalmology Business caught up with three of these CMOs who were also part of the OIS panel to gain more insights into what it’s like to fill this role in a company.

Jai G. Parekh, MD, MBA
EyeCare Consultants of NJ, Woodland Park/Edison, New Jersey
Vice-president, Global Medical Affairs/Chief Medical Office, Eye Care & Dermatology Allergan, Dublin, Ireland

Dr. Parekh said he has always had the industry bug in him; his father was part of this sector for 40 years with Roche (Basel, Switzerland). For awhile, he was “incredibly content as a physician,” having a direct one-to-one relationship with patients, but eventually, he said he yearned to do something on the “macro scale.” He had worked on numerous fronts with more than half a dozen different companies, but almost 3 years ago, Dr. Parekh decided he wanted to make a big difference with a single company.

Now, the vice-president of Allergan’s Global Affairs/Chief Medical Office for Eye Care & Dermatology, Dr. Parekh said he has never looked back.

How do you balance being a company’s CMO and your patient practice?
I essentially juggle the time commitment needed to perform at a top level for both; there is no room for anything less. My job here at Allergan is full time and my job as a physician is full time, whether I’m taking care of one patient or 100 patients. … I have tailored my surgical schedule and now focus on cataracts, ocular surface, and microinvasive glaucoma surgery (MIGS). In the office, where we have several other eye care physicians, I focus on the ocular surface, glaucoma, and cataract/cornea. It has made my practice “boutique,” and I’ve customized it to what I like doing. Much of what I do is commensurate with what we do at Allergan, and...
it makes my customer interactions that much more valuable.

**What are some of the pros to being a CMO?**
I enjoy being an ambassador and physician voice in the company. I love having a great team and working with other teams that motivate and challenge me every day throughout the world. I also get a lot out of working with the other therapeutic area heads, whether it’s the gastrointestinal team, the aesthetics team, or the central nervous system team, and cross-pollinating some of the best practices in our chief medical office toward eye care and dermatology.

**What are some of the cons?**
A true adjustment was the way people view you. While people may have had a prior personal relationship with you, the professional relationship can change quite a bit, whether it is within the company or outside the company. At the end of the day in industry, we all have a lot of mutual respect for each other, and the eye world is so small.

There was an instance where I was on the editorial board for a prominent journal and had to step down when the announcement was made about me joining Allergan. At first, I was quite sad, but then I realized the elements of conflict of interest.

**What would be your advice to those interested in holding a position like CMO with a company?**
Be true to yourself, be balanced, and realize that the grass is always greener on the other side. There are challenges with any job. There’s a huge time constraint on family so balance is key. This is something you have to consider. If you’re given the opportunity to practice, that can be tough, too. Luckily, I’m in my own practice, and I practice with my spouse and other fine associates, so it’s easier for me to do what I have to do. Nothing is like being your own boss, and keep in mind that when you are in industry, everyone is boss.

Rajesh Rajpal, MD
Founder, See Clearly Vision Group, McLean, Virginia
Chief medical officer, Avedro, Waltham, Massachusetts

Dr. Rajpal has long been working with industry from an educational standpoint or on clinical trials. It was his work as a principal investigator for Avedro’s crosslinking trials in the United States, however, that eventually presented him with the opportunity to become the company’s CMO in March 2016. This move, he said, has allowed him to take a more active role in the development of Avedro’s crosslinking “next-generation” technology, education of colleagues, and in the development of further global clinical trials related to additional indications.

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I would recommend that any clinician who is interested should initially get experience working with industry either from a consulting perspective or in a role where they get exposure to what it’s like to be “in house” within a company. Beyond that, understanding the value of potentially impacting lives at a hopefully larger scale instead of one at a time can be very gratifying. In clinical practice, everyday we impact a patient individually, but impacting that larger scale is something that the person has to be comfortable with and enjoy.

In addition, they have to be comfortable working in a cross functional team environment in order to be successful. Finally, determining how important it is to maintain a clinical practice will help clarify what type of role may be possible in industry.

Jonathan Talamo, MD
Chief medical officer, Johnson & Johnson Vision, Santa Ana, California

In the late 1980s and 1990s when Dr. Talamo was early in his career, federal research funding for corneal refractive surgery was scarce. This led Dr. Talamo to partner with industry, first as a clinical investigator and product trainer/educator and later in other roles for product development and commercial strategy. In January 2016, he became the CMO of Ocular Therapeutix, and in July 2017, he became the CMO of Johnson & Johnson Vision.

How do you manage being both a CMO and medical practice? With difficulty, but it was possible at Ocular Therapeutix since my practice was only a 15-minute drive, and since I no longer owned the business I had fewer management responsibilities. I started out at 1–1.5 days per week seeing patients, but time and travel constraints reduced that to 1.5 days per month within 6 months’ time. At J&J, I am traveling constantly, so I see patients only by request.

Because you also continue to see patients, how do you balance both jobs?
I think it’s an ongoing learning process on how to balance both parts of your professional life and manage the unpredictability to some degree. In clinical practice there is always something going on with patients that you want to be involved in. Fortunately, the other doctors in my practice have been able to take on a lot of that responsibility. We also have a great administrative team so that helps tremendously at making sure all of the practice issues are going well.

On the industry side, it’s also being able to manage the various responsibilities and demands and determining where to be actively involved. Similarly, the team you work with becomes critical. I think I’ve gotten much better at that, but it is an ongoing learning process because it is like having two full-time lives. However, it can be truly rewarding to have the option to create the balance.

What were some of the challenges or learning experiences you had upon becoming a CMO?
I came to understand better how important it is to have a strong team around you that can collaborate effectively. On the clinical side in practice, to make sure that’s running well, the rest of the team has to be comfortable with managing and taking care of any clinical issues that may arise. Similarly, in industry, it is critical to create a leadership team that can plan effectively and manage issues as they arise. When compared to being a consultant to industry where one is primarily providing advice, the responsibility of being within an organization requires leadership and collaboration to effectively achieve the company’s goals.

What are some of the things you enjoy about being a CMO?
Especially in an early stage company like Avedro, I get to be involved in all aspects of the company as part of the executive team. This includes investor/banking/analyst presentations, among other things, such as finance and compliance issues, in addition to the more traditional roles in regulatory, medical affairs, clinical research, and professional relations. The entrepreneurial part of it and the aspect where we are able to help the organization continue to grow and develop is exciting.

What is your advice to your peers who might be interested in a position like CMO?
I would recommend that any clinician who is interested should initially get experience working with industry either from a consulting perspective or in a role where they get exposure to what it’s like to be “in house” within a company. Beyond that, understanding the value of potentially impacting lives at a hopefully larger scale instead of one at a time can be very gratifying. In clinical practice, everyday we impact a patient individually, but impacting that larger scale is something that the person has to be comfortable with and enjoy.

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when in the Boston area. I no longer perform surgery, as in a surgical practice I think it is important to be physically available to care for patients in the acute perioperative period.

**What are some of the pros about being a CMO?**

The chance to innovate on a macroscopic level is truly wonderful. As a physician, you touch and change the lives of thousands of patients every year. As an executive in a multi-national company, you can help millions. It is very rewarding to have a seat at the table when innovation strategy is determined, as the CMO in many companies has a real voice when it comes to identifying unmet patient needs and determining if the science and business case exists to make product development feasible for a given therapeutic area or indication. … I also enjoy being so involved in medical affairs: determining the educational gaps and needs of the healthcare professional community and having the much-needed dialogue with the ophthalmology key opinion leaders’ community to obtain the insights needed to develop and bring products to market.

**What are some of the difficulties of being a CMO?**

Resources are not infinite, even in the most successful companies. While it is easy to quantify sales metrics, documenting the value created by excellent clinical and medical affairs is less straightforward. It is very important to be able to make a strong business case for what you and your teams do within the industry ecosystem. The talent pool is also finite—there is a relatively small pool of ophthalmologists/optometrists with the knowledge and skills to function at a high level in industry, and these folks are in demand.

**Though only a few ophthalmologists will have the opportunity to be CMO, what would be your advice to those who are presented with this opportunity?**

Do some consulting first to understand when/how companies seek out MD input. It is different on the inside when you are a full-time employee, but the experience is still valuable.

Learn to ask questions and listen. Surgeons as a group are not always as good at these things as we think we are. … The most important question I ask when I arrive in a new job is, “If you were me, what would you be focusing on right now?”

Prioritize. You need to have a “vital few” big things that you are focusing on trying to accomplish at any given time.

Learn that team results are more important than individual at most companies. Ophthalmology practices are often organized around the doctor/owner and maximizing his or her productivity.

Respect and tolerate diversity in the workplace. Your team will function best when all feel welcome/valued and there are opportunities for different views and approaches to be heard.

Experience running a business is valuable. Negotiating with/managing outside vendors, consultants, and contractors is important for all size companies.

Some financial literacy is important (balance sheet/cash flow statements at a minimum and accrual accounting if it’s a large company). Be able to analyze and create budgets.

Be comfortable making decisions with limited information and reliance on others as authorities in areas you are not. This is part of the innovation process at any company. Experienced doctors are used to being data-driven subject matter experts with our patients and are expected to “know it all.” You will now need to at times make tough calls in areas that may be outside your areas of expertise. Industry moves fast and does not always have the luxury of complete data sets; consultation with others is key.

Lastly, realize that you are no longer the owner of the business. Make sure you are OK with having a boss, even a CEO does—that would be the Board of Directors.

**Editors’ note: The sources have financial interests related to their respective companies.**

**Contact information**

Lindstrom: rllindstrom@mneye.com
Parekh: Kerajai@gmail.com
Rajpal: rrajpal@seeclearly.com
Talamo: JTalamo@its.jnj.com

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Amar Agarwal, MD, reviews a video of a glued IOL in an eye with Marfan syndrome.
New ophthalmologists have their choice of job opportunities with the aging of the population and many older eye surgeons retiring. As new ophthalmologists look at job offers, one important consideration is the culture of a practice and how it matches up with the candidate’s own values and priorities.

Just how can a physician get a good handle on the practice culture before actually working there?

The symposium “Choosing the Best Practice for You: Tips and Tricks for Making the Right Choice” at the 2018 ASCRS•ASOA Annual Meeting provided insights on this topic.

One first step is to define your professional goals and values, recommended Zachary Zavodni, MD, The Eye Institute of Utah, Salt Lake City. “To find the right fit, you have to define it for yourself first,” he said. This can be hard for physicians in a more technically and analytically oriented specialty like ophthalmology, he said. However, doing this can help you hone in more quickly on the right practice culture and fit for you. Some examples of values that he finds important include collaboration with physician partners, treating all patients like family, putting a priority on new technology, and aiming for a work/life balance. Everyone’s list will be different.

Job candidates should make a list of what you must have in a new job versus what would be nice but not mandatory, said Mark Hansen, MD, Minneapolis. Some items to consider include location, family obligations, work/life balance, technology at the practice, practice size, call coverage, scheduling, salary, your significant other, and specific things you would like to see in the practice culture.

Edwin Chen, MD, Scripps Health, San Diego, said that long-range thinking about your career and practice fit is crucial for physicians, who have likely thought in 4-year chunks of time all the way through graduation. Although you can always leave a job that does not suit you, use your job searching experience to think beyond the short term and find a good long-term fit, he advised.

Once you have a better idea of your career and practice priorities, you can delve deeper into the culture of a practice where you might work. Here are some pearls shared at the symposium on how to do this.

1. **Find out if the practice has a written mission statement or written values.**

   If they do, this could clue you into their culture and priorities, and you can assess if what they believe in aligns with your own values, Dr. Zavodni said.

2. **Note how you are greeted by the office staff before they know who you are,** advised Craig Piso, PhD, Piso and Associates, Larksville, Pennsylvania. Are you greeted warmly or ignored? The overall feeling behind those greetings can provide some insights into the practice culture.

   Many of Dr. Piso’s suggestions on how to assess practice culture come from his own experience in corporate situations where leaders did not truly believe in the company’s purported values. He advises physicians to look for the sincerity behind the mission and value and how that is seen throughout the practice.

3. **Notice how clean the facilities are, including the bathroom and waiting room area, and the quality and cleanliness of magazines,** Dr. Piso recommended. If there’s an aquarium, the cleanliness of the aquarium can surprisingly tell you a lot about the practice, he added.

4. **Spend some time in the waiting room, and listen to the banter among patients and staff.** The waiting room experience can tell you much more about the practice culture than perhaps anything else, said Berdine Burger, MD, Carolina Eyecare Physicians, Charleston, South Carolina. One thing to think about is if there’s a glass panel that separates practice staff in the reception area from the patients, Dr. Piso said. Although some practices have this as a privacy measure, it could also be perceived as putting a barrier between the practice and patients.

Another place where you can spend time during the interview process is the break room. Grab a sandwich or coffee and observe, Dr. Piso advised. Employees may initially act awkwardly if they are not sure why you are there, but they’ll get comfortable quickly. Listen to what people are talking about regarding the practice or their day-to-day routine.
5. **Speak with current and former partners as well as middle managers**, suggested William Koch, COA, Texas Retina Associates, Dallas. You’ll glean a different perspective from each person and get a fuller picture of the practice. “Middle management lives in the trenches,” Mr. Koch said. By speaking with staff and partners, you’ll get a sense of how satisfied people are working at the practice and how much of a commitment the practice makes to its staff, as well as to the patients.

At Boling Vision Center, Northern Indiana, CEO Hayley Boling, MBA, schedules time where job candidates can speak with other staff members. She’ll leave the room so people can talk freely. If a practice does not include this kind of time during the interview process, ask for it, she advised. If they say no, that’s a potential red flag.

6. **Ask away.** Use the interview process to get a sense of what’s important to you and how that’s reflected—or not—at the practice. “Don’t be afraid to ask the nitty-gritty,” Dr. Burger said. For example, you may think to ask about holidays and hours, but how about the on-call process and how that’s divided? How about training; can you as a new physician plan training for staff? If something is important to you, the interview process is the time to ask about it. Your questions also give the practice leaders a sense of your priorities, so they can assess if you would be a good fit at the practice. “It all comes back to how you fit in as part of a team,” Dr. Burger said.

One example that Dr. Zavodni gave was the ability to interact frequently with other physician partners, something that is important to him. If that’s a priority for you, make sure that the physicians there have a good working relationship and frequently chat or consult with each other. This would be another good time to speak with middle managers and get their sense of the physicians’ relationship with each other.

7. **Find out how much the practice invests in training and team-building for all staff.** This addresses in part how much they value employees and want them to continuously improve themselves professionally, Ms. Boling said. Also, find out if the practice holds team-building events or social activities outside of the office. Postings on a practice’s social media may provide insights into this.

8. **Ask practice leaders if they think you’ll be a good fit.** Just as you are assessing your potential role and fit in the practice, administrators who hire new physicians are doing the same thing. They also want to find a candidate who would fit in easily with the current practice culture, Mr. Koch said. “We have passed on applicants who would potentially disrupt the culture of the practice and could create headaches for all staff members. We recruit to our culture,” he said. OB

**Editors’ note:** The sources have no related financial interests related to their comments.

**Contact information**
Boling: hboling@bolingvisioncenter.com
Burger: berdine.burger@carolinaeyecare.com
Chen: chen.edwin@scrippshealth.org
Hansen: mshansen@mneye.com
Koch: wkoch@texasretina.com
Piso: crag33@aol.com
Zavodni: zacharyzavodni@gmail.com
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Some practices see opportunities in providing services not offered by others in their area

When Reena N. Patel, MD, Wichita Vision Institute, Wichita, Kansas, went into practice 13 years ago, she started off solo because she couldn’t find another practice in the area that offered what she wanted: truly patient-centric care. Since then, Dr. Patel hasn’t stopped filling what she sees as gaps in the market, bringing on technologies and services that might not be offered nearby, driven first and foremost, however, by patient demand.

“When I first moved to Wichita, I didn’t necessarily plan to open my own practice, but when I looked at the options, I didn’t like what I was seeing in regard to patient care. It wasn’t patient-centric, which is my focus, so I decided to open up my own practice,” Dr. Patel said, explaining that she built it from the ground up. “The two thoughts that I had were if you provide excellent patient care and you have the best technology to offer, you will be successful.”

Currently, Dr. Patel’s practice is the only one offering cataract surgery with the LenSx Laser (Alcon, Fort Worth, Texas) in Wichita. Her practice was the first in the state to offer refractive surgery with the iDesign Advanced CustomVue LASIK system (Johnson & Johnson Vision, Santa Ana, California) and dry eye treatment with the LipiFlow Thermal...
Pulsation System (Johnson & Johnson Vision). Dr. Patel found that by bringing on these technologies, she has brought in new business, though it was not the primary reason she decided to invest in them. “It was patient-driven,” Dr. Patel said. Patients would come in wanting premium lenses that a neighbor from another city had or they wanted LASIK but were not candidates due to dry eye. Scenarios like these are what led Dr. Patel to bring in LenSx and LipiFlow.

Since then, Dr. Patel said the dry eye population has been coming out of the woodwork. “I never set out to be the dry eye specialist of Wichita; it seems to have happened organically,” she said. “Having the technology not only helped the patients that I had at that time, but it also acted as a mechanism for attracting new patients. They are now seeking me out, even though we do not advertise aside from our website and on social media.”

Dr. Patel said that after she started offering iDesign for LASIK, she received consults based on the word of her first patient. “Happy patients will go out and tell everyone; unhappy patients will tell everyone times two,” Dr. Patel said.

Edward Rubinchik, MD, Smart Eye Care, New York, has had a similar experience in bringing in new technologies. “Ophthalmologists don’t have a good way to know what other practices are doing and instead are constantly trying to improve our patient experiences. We grow by word-of-mouth referrals, and those come from happy patients,” Dr. Rubinchik said.

continued on page 22
Dr. Rubinchik has found that newer technology, such as the Plusoptix device, has helped improve the flow of his practice.

Source: Edward Rubinchik, MD

Dr. Rubinchik has found this to be the case with the Plusoptix (Atlanta) autorefraction device he brought to his office. Always looking to improve practice flow and efficiency and conduct more informative exams, Dr. Rubinchik said Plusoptix has fit in well with his practice, which sees patients of all ages.

“It is not unusual on the same day to see grandma for a cataract evaluation and grandkids for a glasses check-up,” Dr. Rubinchik said. “Plusoptix gives us a lot of quality information quickly. We are now able to screen children more quickly. Also, the staff members who were hesitant about seeing children now seem more comfortable. The patients and parents love the Plusoptix and the quick/fun way the exam occurs.”

Dr. Rubinchik said his practice focuses on being patient-friendly by investing in technology and staff training. “It’s not easy or cheap, but [it is] the only way to survive in the rapidly changing world,” he said.

Dr. Patel said she brought technologies on board to solve problems. “When patients come to me with a problem, it’s my job to find a solution. I owe it to them to give them the best possible options for treatment,” she said.

Dr. Patel said identifying a patient need that’s not being met by others in your area can help it be successful in your practice.

“Find out what a major source of concern is for your patients and figure out a way for your clinic or your establishment to find a solution for that problem. I didn’t go looking for these technologies, I didn’t seek them out specifically to grow my practice, but more so because I had X number of patients who had this problem,” Dr. Patel said.

She also said identifying and educating yourself on your own passion in the field can drive interest from patients.

“Once you establish yourself and you have a passion for whatever it is that you want to offer, patients will see that and they will continue to follow you. If you do an exceptional job in anything, you will create a following,” Dr. Patel said. OB

Editors’ note: Dr. Patel and Dr. Rubinchik have no financial interests related to their comments.

Contact information
Patel: DrPatel@WichitaEyeDoc.com
Rubinchik: ed@rubinchik.com
Consider patient expectations, worst-case scenarios

Eyelid blepharoplasty continues to grow in popularity; it’s the third most common aesthetic surgical procedure in the U.S.¹ Ophthalmic surgeons who are considering offering the procedure at their practices must take into account the challenges that come with promoting it properly, tailoring patient expectations, and avoiding any risks. Complications from lower eyelid surgery, in particular, can lead to major deformities and functional impairment, reported Andrea Lora Kossler, MD, assistant professor of ophthalmology, and director, ophthalmic reconstructive, facial plastic surgery and orbital oncology, Byers Eye Institute, Stanford University, Palo Alto, California, and coauthors.¹

To help physicians effectively add blepharoplasty to their practice, Ophthalmology Business shares information presented during a blepharoplasty lecture at the 2017 American Academy of Ophthalmology annual meeting as well as additional pearls from the presenters and from Dr. Kossler.

Marketing

1. Start with word of mouth. Don’t turn immediately to large-scale advertising to the general public. “Patient satisfaction and word of mouth is the best marketing strategy,” Dr. Kossler said. “If you do great work, people will come to you.” You can, however, let your current patients and other ophthalmologists know that your practice now offers blepharoplasty, suggested Mark Alford, MD, North Texas Ophthalmic Plastic Surgery, Fort Worth, Texas.

Preop expectations

Set clear expectations during your preop visit. “In the preoperative meeting and examination, you as the surgeon have to determine what the patient thinks is the problem and what he or she hopes for after surgery,” Dr. Alford said.

2. Let patients know that the goal isn’t to make their eye area look drastically younger, cautioned Jeffrey Nerad, MD, Cincinnati Eye Institute, Cincinnati. Because humans are attuned to facial disharmony, a major disconnect in the appearance between one area of the face versus the rest of it would look odd. “The best procedure is one that no one knows the patient has had,” Dr. Nerad said.

3. Educate, educate, educate. The best patient is one who is well-informed about the procedure and realistic about what it can do, said Jill Melicher, MD, Minnesota Eye Consultants, Minneapolis. This is true both for functional and cosmetic patients. “Even functional patients want cosmetic results,” Dr. Melicher said. She will show preop and postop best-case and worst-case photos to help patients understand what surgery can or cannot do. It’s better to underpromise and overdeliver, Dr. Kossler added.

4. Use a mirror to understand what patients want. Patients may say they don’t like their droopy eyelids, but their definition of that term may be different from what it truly means. Dr. Melicher advised handing patients a mirror so they can point out what they don’t like so there’s no confusion.

Source: Mark Alford, MD

A potentially challenging patient for blepharoplasty. She has some extra skin on the upper eyelids but also has eyelid ptosis, brow descent, and thick, inflamed skin. A good result would likely require a brow lift, ptosis repair, and blepharoplasty.

Source: Mark Alford, MD

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5. Always take preop photos, and document informed consent, Dr. Melicher said. The surgeon should get informed consent, Dr. Alford advised. Inform patients of surgical risks, even if those risks are not common. Risks include asymmetry, lagophthalmos, bleeding, scars, infection, tearing, ptosis, dry eye, and blindness. When taking photos both pre- and postop, Richard Allen, MD, PhD, Baylor College of Medicine, Houston, aims for consistency in lighting and background.

6. Make sure patients are willing to follow any preop prep. This could include antibiotic use (although not all patients will need this), smoking cessation, and discontinuation of blood thinners and/or herbs and vitamins for a short-term period before surgery, Dr. Melicher advised. However, not all medications need to be stopped. “I never stop medications from other doctors without their OK,” Dr. Allen said.

### Pinpointing the right—and wrong—patients

7. Advise patients about other procedures they should consider for the results they want. “You must determine if blepharoplasty is the correct surgery to solve the problem. Sometimes eyelid ptosis repair and brow lift are required for a good result,” Dr. Alford said. Laser resurfacing, a facelift, or onabotulinum-toxinA are also sometimes discussed during preop visits for blepharoplasty patients, Dr. Melicher said.

8. Watch out for physical limitations that could make blepharoplasty less successful. Dr. Alford will typically avoid blepharoplasty in patients with heavy brows or skin that is damaged due to inflammation or sun exposure as well as in patients with deep set eyes, blepharitis, eczema, or lupus. If a patient has a cardiac or stroke history, he will involve the primary care physician or cardiologist. Thyroid disease can also cause unpredictable postop results, Dr. Allen said.

“If the patient has concomitant ptosis, lateral canthal tendon disinsertion, or brow ptosis, ensure these conditions are discussed and addressed as well,” Dr. Kossler said.

9. Steer clear of patients with unrealistic expectations. “A novice blepharoplasty surgeon will save themselves a lot of heartache and time if they learn to say no to these patients,” Dr. Kossler said. “Use your clinical judgment, and do not let patients convince you to do something you do not think is in their best interest.”

“Always think, ‘What is it about this patient that will lead to an unsatisfactory surgical outcome?’” Dr. Allen said.

### Managing preop dry eye

Although blepharoplasty does not typically cause dry eye, oculoplastic surgeons do try to treat it aggressively before surgery.

10. Test for dry eye preoperatively and treat if necessary. “I don’t think a carefully performed blepharoplasty causes dry eye, but it could certainly make dry eyes worse,” Dr. Alford said. “I check all my patients preoperatively for corneal disease, corneal staining, and signs of dry eye.” If a patient uses tears, common dry eye prescription medications, or serum drops, he considers that a contraindication to surgery.

A study done at Stanford University showed no significant increase in dry eye after appropriately performed blepharoplasty and ptosis repair in patients with preexisting mild to moderate dry eye, Dr. Kossler said. “That being said, I recommend patients with severe dry eyes have their dry eyes optimally managed prior to eyelid surgery to minimize exacerbation of dry eye symptoms after surgery,” she added.

### References


**Editors’ note:** The physicians have no financial interests related to their comments.

### Contact information

Alford: alfordmark@charter.net

Allen: richardcutlerallen@gmail.com

Kossler: akossler@stanford.edu

Melicher: jsmelicher@mneye.com

Nerad: jnerad@cincinnatieleye.com
How does an ophthalmology practice know it’s facing problems with patient flow?

One indication is long and growing appointment wait times, said William Rabourn Jr., managing principal, Medical Consulting Group, Springfield, Missouri. He has seen practices with months-long wait times for patients.

Another indicator is fewer new patients coming to a practice.

“If I’m not seeing new patients in the practice, maybe I am seeing a problem,” Mr. Rabourn said. “Is my staff bad? Are my wait times too long? Can no one get in to see me?”

An even more uncomfortable indicator of patient flow problems is a large number of patient complaints.

“[Patients] are getting better at telling you, ‘I waited forever to see you; why am I here so long?’” Mr. Rabourn said.

He suggested practices look at their digital record systems to check what times patients arrive and depart. For instance, a record review might reveal patients arrive at 8:00 a.m. but don’t depart until 11:00 a.m.

“Why were they there for 3 hours; what did they have done?” he said. “If it is taking 3 hours for the patient from check in to check out, those are quick signs that there is an issue. Your computer system can help you.”

To effectively address patient flow, practices need to focus on the two distinct challenges of long wait times for appointments and intra-office delays in care, advisers say.

Steps to improve patient flow

by Rich Daly, Ophthalmology Business Contributing Writer
Practices trying to improve their efficiency, Mr. Rabourn said, need to examine three areas:

- Understanding how physician time is spent
- Understanding how technician time is spent
- Understanding their facility needs

“Everything starts from there,” Mr. Rabourn said. “What you are trying to manage are those three pieces of information. When I look at efficiencies in flow those are the first three things I ask about.”

**Technician challenge**

One challenge to technician efficiency is a lack of training.

**Jane Shuman**, president of EyeTechs, Ashland, Massachusetts, said a lack of efficiency is a common issue in practices she has examined.

“Part of it is rather than being certain as to what each patient requires based on their reason for the visit, technicians want to give the doctor more information rather than less information,” Ms. Shuman said. “That is because very often they are not sure what is appropriate, and they don’t want to be called out for doing too little or missing something.”

One area where efficiency is commonly lacking is in the comprehensive exam, which includes refractionometry, for which the benchmark time is 5 minutes.

“Without knowing the endpoint of every stage along the way, techs will keep giving patients the subjective, ‘What if I changed this, do you like it a little bit better?’” Ms. Shuman said. “That ends up not only taking more time but can result in an overcorrection for the patient.” This also results in a remake of the patient’s glasses, the cost of which is absorbed by the practice.

The second area where technicians struggle is in the time used to take patient histories. The benchmark for a comprehensive patient history is about 3.5 minutes for an established patient.

“The major problem I see is that technicians may not ask appropriate questions based on the chief complaint, therefore the history as it reads may not pertain to why they are there,” Ms. Shuman said.

Additional training can improve technicians’ inefficiencies, but it may not completely solve it because of other factors, she said.

**More factors**

Other issues that may affect efficiency include a physician’s rate of seeing patients.

“If he is efficient, by the time he finishes seeing a patient, another one is waiting,” Mr. Rabourn said. “The doctor should flow from one patient to the next and the next.”

Ms. Shuman agreed that the amount of time the physician spends with the patient is a big factor in overall efficiency.

“If you have an average 10-minute time of each patient with the doctor and you book eight patients an hour, you’re going to run behind by the end of the first hour,” Ms. Shuman said.

Efficiency problems are generally interwoven, with technician and physician efficiency driven by and affecting utilization of the practice space. That could mean insufficient rooms for the size of the practice.

Facility and staff efficiency challenges are frequently driven by growth in a practice, Mr. Rabourn said. For instance, an ophthalmologist may have only needed one technician and two rooms when he launched the practice and lose track of the infrastructure needs as the practice grows.

“It happens gradually over a period of time,” Mr. Rabourn said. “I develop bad habits, my techs develop bad habits, and I’m out of space. One day I wake up and say, ‘What’s going on here?’ Now I have to fix it and I am way behind. I’m trying to work out of the same space and see 50 patients as I did when I was seeing 20 patients.”

**Most affected**

Efficiency problems generally are linked to the type of ophthalmology practice, rather than the size of the practice, Mr. Rabourn said.

“If you are a practice that sees a lot of elderly patients with a lot of very sick eyes, people with diabetic issues, glaucoma issues, macular issues, those have a tendency to get clogged up because they come in, get tested, it’s inconclusive, and the doctor issues more testing,” Mr. Rabourn said.

Inefficiencies affect many more practices than people assume.

“Everyone is trying to look for efficiencies, and they are trying to look for a number of reasons,” Mr. Rabourn said.

One reason practices regularly confront inefficiencies is because physicians want their patients to be well taken care of and happy.

“If they are taken care of and happy they are going to be healthy and they are going to share that information with their friends and family, which is the best advertising you can have,” Mr. Rabourn said.

**Contact information**

Rabourn: brabourn@medcgroup.com
Shuman: jshuman@eyetechs.com

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**He has found efficiency is a solvable problem. “Most practices have to go through a real thought process of how to be efficient because that allows them to see more patients, which allows them to do more surgeries and generate more income for their practices to expand and afford new technology,” Mr. Rabourn said.**
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