

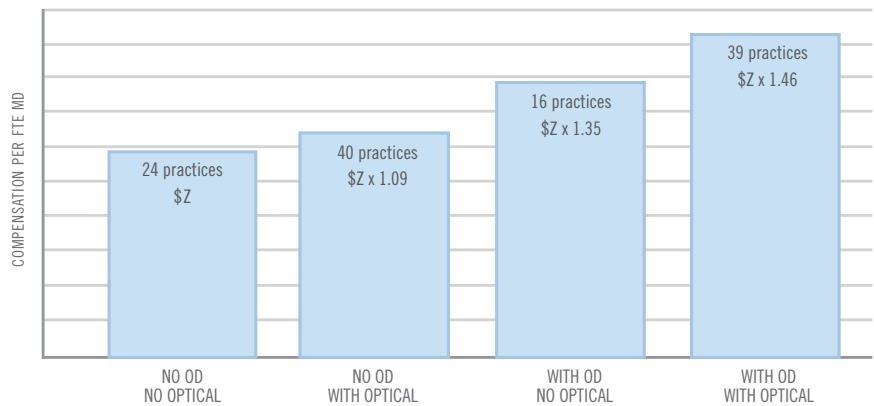
## Boost Practice Efficiency, Part 13 How to Integrate an OD Into the Practice

BY LORI BAKER SCHENA, CONTRIBUTING WRITER

**S**o you have decided to hire an optometrist to work in your practice? You are not alone. Of the 170 practices that took part in the AAOE benchmarking survey, 53 percent employed optometrists in 2007, said Derek A. Preece, MBA, who coordinated the poll. “While we don’t have hard data on whether this number increased or decreased in 2008, I get the sense that it continues to rise given a number of factors.” These include the “perfect storm” in which an increasing number of Baby Boomers need more eye care as they reach their 60s.

“Also, younger physicians tend to work fewer hours than their older counterparts, motivated by the desire for lifestyle balance and the fact that many are employees of a practice rather than partners, so they view their job responsibilities differently,” said Mr. Preece, who is principal and senior consultant with the practice management consulting firm BSM Consulting.

**When the New Employee Is an OD There are two basic models that many ophthalmologists follow.** In one model, both the optometrist and ophthalmologist see every patient who walks through the door, said Mr. Preece. The optometrist works up each patient, conducting a major portion of the eye exam, and typically fitting contact lenses and/or writing prescrip-



**WITH AND WITHOUT OPTOMETRISTS.** This chart compares median compensation per full-time equivalent (FTE) owner MD for four categories of cataract/anterior segment/comprehensive ophthalmology practice.

tions for glasses. The ophthalmologist will then see the patient to check for any complex problems. In the other frequently used model, the optometrist has his or her own set of patients, and the ophthalmologist never sees the patient until there is a medical or surgical need.

**Larger practices are adopting the “OLIED” approach.** A third model that is increasingly being discussed is the ophthalmologist-led integrated eye care delivery (OLIED) approach, which is used by Richard L. Lindstrom, MD, founding partner and attending surgeon with the Minnesota Eye Consultants in Minneapolis. Mr. Preece said this model is typically used in a larger practice that includes

several different subspecialties. In this model, the optometrist initially examines most new patients and then refers to the comprehensive ophthalmologist or subspecialist as needed.

### Anticipate the Challenges

Before a newly employed optometrist even sets foot into the office as an employee, the ophthalmologist must take time to make some key decisions. “First,” said Mr. Preece, “the ophthalmologist



Each month, Practice Perfect addresses one of the AAOE’s seven key competencies.

mologist needs to figure how to use the optometrist. Which model will the ophthalmologist choose? Will the optometrist have his or her own patients? Will the OD have help from technicians?" Some optometrists can do the full exam themselves while others may need or want a technician, which can add to the overall expense for the practice.

**How do you introduce the optometrist to existing patients?** Mr. Preece cautions that patients who are accustomed to being seen by their ophthalmologist may resist being checked by a new optometrist. "This is a big challenge, even if you are bringing another ophthalmologist into the practice," he said. "The patient will say, 'That new guy may be OK, but I really like my existing doctor and I don't want to get shifted to a new doctor.' And that transition is compounded when it is an optometrist, rather than a physician, because patients often don't value an optometric degree as much as they value a medical school degree."

Mr. Preece has a practical solution for these types of patients—the endorsement of the optometrist by the ophthalmologist. The person at the front desk who schedules the appointments can say, "Dr. Smith, the ophthalmologist, would like you to see our optometrist, Dr. Jones, for your next visit. Allowing Dr. Jones to get to know you will help if your next visit to the office is at a time when Dr. Smith isn't available." Another approach is to explain to patients that Dr. Jones will see them for routine visits but any medical or surgical problems will be seen by Dr. Smith. (You should, of course, make sure patients don't confuse a doctor of optometry with a doctor of medicine. The former's name tag, for instance, should say either "John Jones, OD" or "Dr. Jones, Optometrist," not "Dr. Jones.")

Mr. Preece also suggested two other approaches: "You can say to the patient, 'We can schedule you for Dr. Smith two months from now, or you can see the optometrist the day after tomorrow.' Then the natural booking patterns of the practice will help shift

## Establish the Chain of Command

Until recently, Ann M. Hulett, CMPE, COE, served as the administrator of the Rocky Mountain Eye Center in Pueblo, Colo. In her 11 years there, she integrated six optometrists and nine ophthalmologists into that practice, and she has one key piece of advice: Establish the employer-employee relationship from the beginning.

"This is an interesting situation for ophthalmologists because they are hiring a person who could be perceived as a peer—someone who also provides eye care. However, that is where the similarities end," said Ms. Hulett, who is now a consultant with Advantage Administration, based in Dallas. "Ophthalmologists should always remember that they are the employer and the optometrist is the employee. It is natural for the optometrist to want to have control over his schedule, the hours he works and how many patients he sees. You, the ophthalmologist, need to take control of the schedule and be sure that you are running the most efficient practice possible."

Ms. Hulett suggests setting parameters from the first day of employment, regularly communicating with the optometrist, setting up staff meetings, discussing primary care and patient flow issues and determining how the ophthalmologist and optometrist will work together. This leads to a more efficient practice and more satisfying experience for all parties involved.

"If it is done right, I believe having an OD in a practice will help ophthalmologists become more efficient providers," she said. "It is a solid business model. And one more thing: The optometrist model is the most profitable and most rewarding when it is tied to an optical shop, where you can provide full service to your patients."

some patients to the optometrist. Finally, all new patients can first see the optometrist and then see the ophthalmologist on an as-needed basis."

**How do you ensure staff members embrace the optometrist?** Mr. Preece emphasized that the ophthalmologist cannot forget to educate the staff about the role of the optometrist in the practice. "You may experience staff reluctance to embrace the optometrist, so ophthalmologists must make a concerted effort to let the staff know how the optometrist adds to the practice and how best to work with him or her."

### Practical Considerations

#### Where are you going to put the OD?

It is important to remember that you may need more exam rooms and more equipment, said David A. Durfee, MD, who is the Academy's senior secretary for Ophthalmic Practice. "You need to ask yourself whether your office is expandable. If not, you may have to consider moving, or building a new office, which has tremendous financial implications."

#### New equipment must be purchased.

Unlike an internist, who requires very

little capital outlay to equip examination rooms, ophthalmologists must purchase a chair, slit lamp, phoropter, hand instruments and so forth when adding examination rooms. This can easily add up to \$30,000 per room. "These expenses need to be taken into account before hiring an optometrist," said Dr. Durfee.

#### Find an optometrist who will fit into your practice culture.

Mr. Preece stressed that one of the pitfalls of hiring an optometrist is not hiring the right one. "If you have a busy practice, you want to find optometrists who are hardworking and don't mind ramping up the number of patients they see," he said. "If you have patients who are drawn to a family atmosphere, you want to hire an employee who is efficient but friendly. Be sure to hire the person who fits into your practice."

*FURTHER READING: For more on hiring ODs, visit [www.eyenetmagazine.org/archives](http://www.eyenetmagazine.org/archives), and read "When to Hire an OD" (Practice Perfect, March 2008), "Why Not to Hire an OD" (Letters, June 2008) and "Why Should I Hire an OD?" (Letters, September 2008).*