

## Hiring the Older Ophthalmologist: How to Create a Win-Win Situation

BY LINDA ROACH, CONTRIBUTING WRITER

Over the next 10 years, the number of Americans aged 65 and older is expected to rise by more than a third, to 54.6 million. Meanwhile, the pool of ophthalmologists available to care for these aging baby boomers has been forecast to grow negligibly, if at all.<sup>1</sup> But suppose ophthalmologists who are considering retirement decide to stay in practice. Can these senior ophthalmologists help their profession cope with this projected mismatch between supply and demand? Some practice owners, for instance, are advocating an efficient, integrated eye care model in which older Eye M.D.s choose to become medical ophthalmologists—and employees of busy ophthalmic practices—instead of retiring. (See “The OLIED Model in Minnesota.”)

### An Opportunity, Not a Panacea

However, there is no certainty that by extending their careers, older ophthalmologists can significantly impact the gap in eye care needs in the next

decade. “Thinking that senior ophthalmologists will be a panacea is a mistake,” said Harry A. Zink, MD, a past president of the Academy (2006) who now chairs the Academy Seniors Committee. “They might be a part of the solution, but I don’t think they will completely solve the particular problem that everybody’s facing.”

And while this practice alternative may play a role in ensuring that ophthalmology can meet the burgeoning demand for eye care, that, in itself, won’t motivate individual ophthalmologists and practices to embrace it. Their decisions will be based on what is right for them. Consequently, the profession should provide senior ophthalmologists with support and guidance when they are deciding whether to take such a step. Those in ophthalmology who have been thinking about this issue need to consider and investigate the perspective of individual senior ophthalmologists, he said. “We’ve thought about it mainly from the macroeconomic standpoint. As far as defining the structures that will work in various different practice situations, we don’t have enough data yet. What we do have is an opportunity.”

### Factors to Consider

Good partnership agreements already have provisions for transitioning a partner into working part-time or into a nonsurgical role before retiring, said

### Seniors Resources

#### PRACTICE TRANSITIONS

**SYMPOSIUM.** Are you at a point in your career where you want to reduce the number of patients whom you see? At this year’s Joint Meeting, the Academy Seniors will present a free session that will explain how you and your practice can manage this process.



For more information on this event, check the Online Program, which will be available in June at [www.aao.org/2010](http://www.aao.org/2010).

**ACADEMY SENIORS.** Just as the Young Ophthalmologist Committee addresses the special needs of Academy members who are new to the profession, the Academy Seniors Committee honors, serves and represents the senior ophthalmologists of the Academy. The Academy Seniors Committee does this by communicating the concerns of older ophthalmologists to the Academy leadership, supporting their involvement in Academy activities and sponsoring a variety of programs at the Joint Meeting. It also publishes a quarterly newsletter, *Scope*.

For more information on Academy Seniors, visit [www.aao.org/careers/seniors](http://www.aao.org/careers/seniors).



Each month, Practice Perfect addresses one of the AAOE’s seven key competencies of practice management. To learn more about the AAOE, visit [www.aao.org/aaoe](http://www.aao.org/aaoe).

Derek A. Preece, MBA, a senior consultant with BSM Consulting Group, a practice management consulting firm. This is likely to be the most common scenario if senior ophthalmologists do indeed help fill the gap in the coming years. In those cases, the older ophthalmologist's equity in the practice is typically purchased by the remaining owners, and he or she becomes an employee physician. But when a medical ophthalmologist is being added as an employee de novo, there are several potential pitfalls to address, he said.

The hiring practice must arrange (and fund) the employee doctor's malpractice insurance; check licensing and credentialing; outline specific work hours and productivity expectations; and have mechanisms in place to check competence and terminate for incompetence, said W. Banks Anderson Jr., MD, a member of the Academy Seniors Committee.

Other issues to consider include:

**Patient load.** Does the practice have enough patients to support the new physician? If not, this could cause conflicts over income among the various practitioners.

**Compensation.** An employee medical ophthalmologist usually is paid a per diem rate, or receives a percentage of his or her collections, often around 35 percent, said Mr. Preece. This can go as high as 50 percent in retina practices. The employee physicians also receive credit for about 20 percent of the global cataract surgical fee, if they provide the postop care.

**Benefits.** The physician should have malpractice and health insurance benefits paid for by the practice. However, retirement plan contributions are generally paid out of the employee's percentage or per diem income, said Mr. Preece.

**Office organization.** Does the current configuration of your office feature enough exam lanes to accommodate another clinician? If not, then the incoming physician could actually make the office less efficient and productive, not more so.

**Recertification requirements.** Senior ophthalmologists should consider

## The OLIED Model in Minnesota

**M**innesota Eye Consultants employs senior Eye M.D.s as medical ophthalmologists as part of a system that has been called its Ophthalmologist-Led Integrated Eyecare Delivery model. "At every level, the people involved are happy," said Richard L. Lindstrom, MD, one of seven surgeon-partners at the practice. The practice now employs five medical ophthalmologists, all older than 55, after acquiring their practices for nominal prices. The practice also employs 12 optometrists to help meet routine, nonmedical eye care needs. "My thought is to develop a more efficient and productive model under the direction of ophthalmologists," said Dr. Lindstrom. Dr. Lindstrom said this model of eye care delivery can offer advantages for both the employee senior ophthalmologist and the practice.

**Becoming an employee—advantages for the senior ophthalmologist:**

- Older physicians are relieved of the responsibility for running a practice, performing surgery, taking call and working 50-plus hours per week, yet can remain in the profession they love and still earn income.

**Hiring a senior ophthalmologist—advantages for the practice:**

- The ophthalmologist-owner(s) of the practice have skilled practitioners to care for patients with chronic eye diseases like glaucoma, and to evaluate whether patients need surgery.
- The employee-ophthalmologist's primary-care exams generate surgical referrals and keep the revenue in-house.
- The surgeons are freed from the time-consuming demands of postoperative care for some patient visits.
- Patients can see an eye care practitioner sooner than if the only option were a busy surgeon.

The OLIED model is adaptable for both small and large practices, though it is easiest for the larger practice to implement.

whether continuing to work will subject them to onerous recertification requirements. "More and more states are talking about requiring recertification processes for doctors to maintain their licenses. If that happens, the question will be whether a 70-year-old wants to go through that process just to be practicing two days a week," said Dr. Zink.

**Personality issues.** Dr. Zink recommends that you pay attention to the interpersonal aspects of integrating a new but experienced ophthalmologist into the practice. The addition of a new clinician would probably work best when the incoming ophthalmologist is someone with whom the practice's partners have interacted over many years, he said. "The biggest question is going to be, 'Do I know this person well enough to know that they're going to fit the culture of our practice?'" he said.

### Who Can Afford to Retire?

For now, the economy's woes may have slowed the rate at which physicians are retiring, said Mr. Preece. "In the past 18 months, I've heard from a number of doctors who say they were looking at retiring in two or three years, but now it's going to be five or six years. They need to work longer to meet their investment goals," he said.

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1 National Center for Health Statistics. Health, United States, 2008. (Hyattsville, Md.: 2009.) Accessed Jan. 13, 2010 at: [www.cdc.gov/nchs/hus/description.htm](http://www.cdc.gov/nchs/hus/description.htm).

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Contact Mr. Preece, via the Academy Consultant Directory at [www.aao.org/aaosite/consultant](http://www.aao.org/aaosite/consultant).

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