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Coping With Staffing Shortages

I walked into our waiting room wearing an official long white cotton coat to escort a patient back to the exam room.

He exclaimed loudly, “Oh, I’m getting VIP treatment. My doctor is calling for me herself!” What he didn’t know is that I was doing the job of an ophthalmic technician because we didn’t have enough help that day.

The current shortage of workers for hourly lower-wage jobs is well-known. As the pandemic grinds on, we are accustomed to slow service at restaurants with “help wanted” signs on the door. Ophthalmic practices are experiencing this, too. Our call center is short-staffed, and we never have the full complement of ophthalmic technicians.

To be fair, the shortage of ophthalmic technicians is nothing new. The U.S. Bureau of Labor Statistics reports that there are 59,960 ophthalmic medical technicians. Because there are about 18,000 ophthalmologists in the United States, that’s roughly 3.3 technicians per ophthalmologist.¹

The technician workforce is fluid, and a technician might take a new job for a modest increase in hourly pay. But COVID has placed extra pressure on this scenario: Some staffers exited during the pandemic to manage their children’s remote learning—and now, some are quitting due to vaccine mandates. And the demands on our remaining employees are increasing. As the population ages, the number of patients with ophthalmic disease is increasing. In addition, patient volume is up now that many patients are coming back after postponing care during the first year of the pandemic. Many practices are experiencing the highest number of patient visits ever. Our staff is exhausted.

But unlike restaurant-goers, who are willing to wait for dinner to arrive, we don’t want longer wait times for our patients or to put them on hold when they call for an appointment, so our staff is under pressure to be even more efficient. Insurance companies also have an acute shortage of call center employees, which negatively affects our staff. For example, one of our surgery scheduling employees recently spent two hours on hold trying to get a prior authorization.

We can commiserate, but what can we do to alleviate the shortages? The most important strategy is to increase the pool of technicians. Unlike medical assisting or scribing, a career as an ophthalmic technician isn’t a well-advertised

career option. As a result, we need to be creative in our recruiting efforts. Our own employees can help find applicants, and a substantial recruitment bonus is a good encouragement. It’s helpful if the career counselors at local high schools and community colleges know about job opportunities at ophthalmology practices. Our group has partnered with two community colleges to develop technician training programs. The colleges include the program in their brochure about careers in health care and actively recruit potential students. And recruiting young people from under-resourced or immigrant communities can be especially beneficial, because bilingual technicians can speak to patients in their own languages.

In some cases, it can be worth hiring and training even those who plan to stay just a year, such as students who are taking a gap year before medical school or even before college. These students are usually highly motivated and learn quickly. Some will return several summers in a row, which allows our permanent employees flexibility for summer vacations. (One of our best OCT technicians had a philosophy degree and worked for two years before starting a PhD program in poetry!)

The workforce shortage won’t be over soon. The most important thing we can do is to support our staff and let them know how much we appreciate them. Our physicians are reminded to thank the staff every single day. And while it’s easy to remember to thank the technicians, it’s just as important to thank the call center, insurance, and front desk staff. These are challenging times for health care workers, and they need to know that we are a team. Sometimes that means doing the work of a technician or answering a phone.



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1 www.bls.gov/oes/current/oes292057.htm. Accessed Oct. 4, 2021.