

AMERICAN ACADEMY
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THE PROFITABLE RETINA PRACTICE

Strategically Grow Your Retina Practice



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INTRODUCTION

It's a simple fact that retina practices are seeing upward trends. This organic and steady growth in the retina practice is due in large part to the improved treatments over the past few decades. For example, monthly intravitreal injections have impacted retina practices with increased patient appointments that are exponentially growing. Whether your practice is already in the midst of growing pains or you simply want to progress apace with this business climate, you should consider a proactive response to these demands. An action plan will prepare your practice for the constant increase in clinic flow. Implementing your plan will positively impact your practice's physicians, managers, staff and ultimately the patients.

Recognizing and seizing opportunity, with careful planning and impeccable timing will produce steady and healthy growth for your retina practice. In this handbook, we will explore in depth the three key steps to growing your retina practice:

- **Identify** your growth potential through key performance indicators.
- **Discover** the resources necessary to embrace growth.
- **Lead** the action plan and implement changes.

By examining real-life case examples, this text will prepare you to develop and implement a growth strategy unique to your retina practice.

Developing a deliberate process unique for your practice is achieved by identifying the key perfor-

mance indicators showing potential and discovering the resources necessary to facilitate growth. Accurately reporting data from these indicators and balancing your resources contribute to the decision-making process and implementation.

Capture growth potential by seizing the opportunity at the right time. Avoid being in the midst of the fire, including physician burnout, lack of clinic space or a shortage of consultation openings. Being ahead of the curve will allow for thoughtful identification of the opportunities and necessary resources with effective execution and leadership.

During this process of discovery, an important consideration is the conceptual view of the practice goals, vision and mission. *Who are we? What are our goals? Where should we be in five years?* This will provide guidance and clear direction as your practice identifies and discovers growth potential. The overall strategic plan of your retina practice should be aligned with each step toward growth and every decision that is considered.

Growth can occur organically or may be the result of strategic decisions. Both are valuable and necessary. Recognizing an increase in productivity, revenue or your patient base is essential. Developing plans to provide a new diagnostic service or to expand your brand recognition is also necessary. However, tracking the trends and discovering a clear plan early will allow you to facilitate the progression in an orchestrated manner. This module will provide the tools and steps to navigate this path with ongoing success.



SECTION 1

IDENTIFY YOUR GROWTH POTENTIAL

To strategically grow your retina practice, you must first identify your growth potential. Whether you perceive the natural progression of growth already occurring at your practice or you want to be proactive and prepare for future implementation, this is a crucial step to create a comprehensive plan and ultimately implement your plan successfully. This section covers the key approaches to identifying growth:

- Observations
- Data
- Transition opportunities

OBSERVATIONS IN YOUR DAILY PRACTICE

Perhaps the most readily available, and commonly neglected, resource for identifying growth is your environment. A recurrent issue at your practice may be a sign of growth potential. Recognize the daily challenges and complaints you may observe within your practice as opportunities for growth. Reframing your perspective of these experiences as a prospect for an improved practice will not only stimulate a positive work environment but ultimately lead to an improved business model. Although overwhelming at times, taking the approach of actively searching for problems will showcase areas demanding correction.

Be sure to assess the cause of perceived challenges. Recurring issues within your retina practice may relate to practice management rather than growth potential. For instance, inefficient processes or lack of training can impact clinic flow. These deficiencies can be addressed with appropriate management involvement. Before discovering your resources and leading a strategic plan for growth, be sure that you have ruled out management as the primary solution for your issue. Learn how to increase your practice's processes and profitability with the Academy resources *The Lean Practice: A Step-by-Step Guide to Running an Efficient and Profitable Practice* and *The Lean Practice: Mastering the Art of Lean*.

Identify that the issues you observe are directly related to growth potential before further evaluation for growth.

Scheduling

It can be common to identify schedules with no openings and overbookings due to the demand of a retina practice. After a detailed review of the schedule template and flow, the results may show no availability or options for improvement. You may find that the one-month follow-up appointments have filled your schedules, not allowing for emergent appointments. Injections and lasers have taken over your openings. As the established retina patient continues to need treatment and frequent appointments, this may take over your schedules demanding more resources.

Bottlenecks

Additionally, you may see bottlenecks. Consider the clinic flow related to optical coherence tomography (OCT) diagnostic tests in your practice. Perhaps you have three very busy retinal specialists in one facility and one OCT. As the patient wait time increases for this testing service, patient satisfaction may be impacted. Perhaps you are forced to limit the patient volume on certain days due to this challenge. This decision to reduce schedules may solve the problem at hand but may impact growth long term.

Recognize these types of limitations and feel empowered to take action. Other types of bottlenecks to look out for include:

- Fluorescein angiography diagnostic testing – wait time so long it impacts clinic
- Lack of exam lanes for work-up
- Laser room – multiple retina specialists overbooking this resource
- Physician waiting for the scribe to see the next patient

As you observe the clinic daily, consider the vision of the practice. Ask yourself these questions:

- What are our goals?
- Are we working toward our goals?
- Could this observation impact our vision?
- Is ignoring the problem consistent with our mission?
- How can we meet our goals sooner?

Case study

The administrator for a busy retina practice observes that the next new patient consultation opening is in three weeks. Urgent patient visits are being scheduled too late and her staff is concerned because patients are upset. She receives a call from a referring provider expressing her concern with the delay in schedule. She identifies the problem and starts to consider how the practice should fix this serious concern.

The following table highlights examples of common observations and possible causes for observed activities.

Potential Indicators of Growing Pains

Observation	Evaluation
WAIT TIME FOR OCT 30 MIN	3 physician clinic with one equipment resource
OVERBOOKED APPOINTMENTS	Physician demand high, availability low
PHYSICIAN SCHEDULED OFF HALF DAY	Lack of clinic facilities
NEXT AVAILABLE SURGERY 2 WEEKS	Lack of surgeon resources or blocks

Figure 1

TIP

Be proactive! Stay ahead of the curve—anticipate the growing pains in your practice by actively observing.

SHOW ME THE DATA

Internal reports

Search for growth potential present in the reports you create in your practice. You should typically review your data on a monthly, quarterly and annual basis. Internal reports are a distinctive resource because they are reliable, accurate, and clearly depict the circumstances of your unique practice. Another benefit of your reports is that they are already prepared and can be used again for a variety of measurements and evaluations. Collecting data will confirm your observation of issues and provide insight. These reports are a great start to identifying trends and measuring performance. The outliers

tell a story about your practice’s current path and future potential. This is essential for preparing resources and developing timelines. For example, preparations for growth in a retina practice easily requires 18 months to 2 years of planning, watching its progression and responding. Absorbing data across resources will provide the tools you need to embrace growth and avoid plateau trends. Perhaps your month-end reports include:

- Revenue per month, per physician, per facility
- Medication income and cost
- Medication inventory on hand
- Number of services provided per physician
 - New and established patient encounters, injections, surgeries
- Accounts Receivable and aging
- Balance Sheet, Income Statement and Cash Flow Statement

Each month as your reports are created, analyze for trends. Consider creating a comparative report that shows the current data compared to previous data to assess significant changes. If a possible trend is seen, calculate the difference and project the future increase.

Review and evaluate internal reports by considering the following questions.

- Current data – *how are we performing?*
- Comparison reports – *how far have we come?*
- Project growth rates – *where are we going?*

Example 1

Injection productivity report for a main location

Review the data in Figure 2 below. This productivity report identifies a steady increase of injection procedures. From this data, we have calculated the increase count per year, percentage and estimated growth. These calculations reveal that the injection counts could potentially grow by 24% in the next year.

**Retina Practice Productivity Report - Injections
FYE 2016-2019**

	2016	2017	2018	2019 <i>Projected</i>
INJECTIONS PER YEAR	4365	5238	6443	8000
INCREASE PER YEAR		873	1205	1557
INCREASE PERCENTAGE		20.00%	23.00%	24.17%

Figure 2

Example 2

New patient consultations productivity report

Review the monthly reports in Figures 3 and 4 below tracking the new patient consultations in a retina practice per physician, per month and per year. This type of productivity report is very useful in determining counts and totals.

Once data has been collected, we can calculate the average new patient consult per physician per month as shown in the final columns. This provides a baseline per physician.

Next, we can compare the current year’s data to the prior year. See Figure 5. By analyzing the two reports we can see the increase per physician based on the total per year. Physician A and Physician B had a very small increase in average consultations compared to Physician C. Also note the overall

practice average per year and compare the increase of 15 consults from 2018 to 2019.

Additionally, the totals and averages can be compared in a snapshot with variances and the growth rate. When calculating the latter, we clearly see the trend per physician and the collective practice increase of 11.64%. With this knowledge, we can project the productivity in future years and use this information in our strategic planning.

By evaluating the data, we can clearly confirm Physician C has the highest growth rate. Calculate the growth rate with this simple formula:

$$\frac{(2019 \text{ Total} - 2018 \text{ Total})}{2018 \text{ Total}}$$

The final analysis is to investigate the higher growth rate for Physician C. Detailing the information by location provides the necessary information. See

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL TOTAL	MONTHLY AVERAGE
PHYSICIAN A	32	39	44	51	36	50	40	42	45	50	52	55	536	44.67
PHYSICIAN B	28	19	25	40	25	39	38	34	44	27	39	36	394	32.83
PHYSICIAN C	59	48	65	40	82	75	60	74	52	88	55	69	767	63.92
TOTAL	119	106	134	131	143	164	138	150	141	165	146	160	1697	142

Figure 3

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL TOTAL	MONTHLY AVERAGE
PHYSICIAN A	28	25	32	44	35	52	44	40	38	51	46	54	489	40.75
PHYSICIAN B	27	22	23	42	28	44	30	31	40	32	37	32	388	32.33
PHYSICIAN C	50	42	50	43	75	30	55	72	51	75	40	60	643	53.58
TOTAL	105	89	105	129	138	126	129	143	129	158	123	146	1520	127

Figure 4

	2018		2019		Variance		Growth %
	ANNUAL TOTAL	MONTHLY AVERAGE	ANNUAL TOTAL	MONTHLY AVERAGE	ANNUAL TOTAL	MONTHLY AVERAGE	
PHYSICIAN A	489	40.75	536	44.67	47	3.92	9.61%
PHYSICIAN B	388	32.33	394	32.83	6	0.50	1.55%
PHYSICIAN C	643	53.58	767	63.92	124	10.33	19.28%
TOTAL	1520	126.67	1697	141.42	177	14.75	11.64%

Figure 5

PHYSICIAN C	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL TOTAL	MONTHLY AVERAGE
OFFICE 1	19	14	12	11	10	14	8	9	9	14	12	15	147	12
OFFICE 2	10	9	11	8	12	10	12	13	11	15	10	12	133	11
OFFICE 3	30	25	42	21	60	51	40	52	32	59	33	42	487	41
TOTAL	59	48	65	40	82	75	60	74	52	88	55	69	767	63.92

Figure 6

Growth rate 2018-2019
Physician C, Office 3
25.84%

PHYSICIAN C	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL TOTAL	MONTHLY AVERAGE
OFFICE 1	11	13	11	13	9	11	14	9	10	11	11	9	132	11
OFFICE 2	12	10	9	10	11	11	13	12	9	10	9	8	124	10
OFFICE 3	27	19	30	20	55	8	28	51	32	54	20	43	387	32
TOTAL	50	42	50	43	75	30	55	72	51	75	40	60	643	53.58

Figure 7

Figures 6 and 7. Offices 1 and 2 show small increases per year, but Office 3 presents a 25.84% increase comparing 2018 to 2019. This statistic shows the dramatic difference of this unique location and physician. Accommodating this growth rate and providing the necessary resources at this location would guarantee continued success. Strategically identifying this data will allow this practice to plan for the projected increased productivity.

Considering this focused data, the practice may identify if the growth was organic or strategic. If the increased production was not a result of practice changes, direct marketing, external opportunities or market share changes, it must be a result of organic growth. This would identify a key opportunity to take action and focus on strategic planning for that location. Additional resources and planning will be needed to embrace this growth.

The next step is to prioritize your projects and focus on strategic growth. Start with core data that is most relevant to your practice and make your reports work for you.

In the following sections, you will see how to focus efforts on an outlier office or a facility resource requiring strategic action to embrace growth and overall practice improvement.

TIP

Look beyond the report. Analyze data for trends and compare from different perspectives.

Internal reports checklist

- Start with standard reports
- Analyze for outliers
- Drill down to identify more details
- Project growth rate

Key performance indicators

Another way to assess practice efficiency is to utilize key performance indicators (KPIs). Calculation analysis will prompt your practice to take action and guide you on the appropriate steps toward growth. These measurements can identify opportunity, monitor change and measure success within a practice.

The following KPIs are useful in a healthcare setting:

- Patient wait time
- Average patient encounters per hour, per technician or per facility
- Patient satisfaction score

- Average exam rooms used per hour (occupancy rate)
- Patient-to-staff ratio
- Average days to new patient consultation

Prioritize your Focus

Implement these measurements to focus on areas that change frequently. Clinical flow, patient experience, scheduling and staffing would be areas to monitor as these are essential to the efficiency of your practice. Perhaps starting with an area identified in your observation process would be beneficial.

Effective Change Management

Measurements are also useful when monitoring change. If a certain workflow has been improved, using a KPI to calculate the results before and after the process change will assist in monitoring the success. Setting goals for improved results provides a tool to measure the progress.

Analyze Frequently

KPIs are effective in recognizing areas that need monitoring, review and measurement. The calculation can be any type of analysis that is useful to the practice and is monitored internally over time. As you see changes to the measurement, this may prompt a focused analysis of that indicator. The reason may be related to inefficiencies, but often is the result of growth. Identifying trends and changes will prompt consideration of potential changes to embrace your practice’s growth potential.

Present Effectively

The results of your KPI calculations can be displayed in various ways. Most importantly, the information should be reviewed frequently and in a manner that shows any changes effectively. Dashboards can be an efficient tool to present monthly data to stakeholders. KPIs can be categorized by scheduling, clinic flow and production to facilitate the review process. When there is a significant change in the data, a graph can help display the pattern.

TIP
Be creative! KPIs can be presented with different styles based on the data presented including graphs.

SMART tools

When developing KPIs in a practice it is useful to implement the SMART steps to ensure that the measurement is successful.

SMART

- **Specific** – clearly define the calculation
- **Measurable** – data should be easy to calculate
- **Achievable** – information is available from current processes
- **Relevant** – the measure is practical and valuable
- **Timely** – can be reported consistently and promptly

Example 1

Patient wait times

Due to the volume of patient encounters, patient wait times are an essential KPI to the retina practice. Using the SMART steps for KPI, you can create this measurement.

SPECIFIC	Calculate the time from check-in to check-out for the patient encounter.
MEASURABLE	Once obtained, the start and stop times can be calculated for total time.
ACHIEVABLE	The practice is able to run a report from the practice management system as it records the arrival and check-out times.
RELEVANT	Reviewing wait times for specific clinic days or physicians will provide useful information that can identify any potential problems.
TIMELY	Reporting this information monthly or quarterly will provide comparative reports, show trends or identify problems early.

Figure 8

Use this KPI to create consistent wait time reports in standard measurements to identify trends. You will clearly see significant change and be able to respond appropriately. When seeing a decrease in wait times, this may show a recent change to clinic flow protocols that improved this KPI. If the wait times are increasing over time, first rule out protocol deficiencies, then evaluate how growth is impacting the clinic flow. In the upcoming sections we will discuss the necessary resources that may be lacking in this scenario and how to implement changes to accommodate your growing practice.

TIP
Set goals! After creating effective KPIs, set goals based on your vision.

Case study

After the administrator observes the next available new patient consultations are in three weeks, she considers calculating KPIs related to this problem. The two KPIs she decides to use are:

- Average days to new patient consultation
- Patient satisfaction score

Using the SMART steps, she creates the KPIs:

Average Days to New Patient Consultation

SPECIFIC	Days from initial referral to patient appointment. Once the days are recorded per appointment, they can be averaged.
MEASURABLE	Calculate from appointment scheduled date to appointment date in the Practice Management System (PMS).
ACHIEVABLE	The new patient consultation report maintained can easily pull the two variables in a spreadsheet. From that report, averages are calculated efficiently.
RELEVANT	Monitoring this average is valuable to identifying growth or identifying potential problems promptly.
TIMELY	Once the report is created, the average days for new patient consultation can be reviewed weekly or monthly.

Figure 9

Patient Satisfaction Score

SPECIFIC	Rate the patient satisfaction on a scale of 1-10.
MEASURABLE	Identify a score per question on a survey, and calculate the overall score.
ACHIEVABLE	Patient surveys are a current process and the data is available.
RELEVANT	Calculating a score for the patient satisfaction will improve its value by being able to quantify the feedback and compare. Additionally, identifying a unique score for the question “Were you offered an appointment date that met your expectations?” would be practical for the current problem.
TIMELY	Just adding the scoring to the patient survey report can produce additional information monthly.

Figure 10

After calculating the KPIs, the administrator presents the data in the following tables. The data shows the average new patient consult and patient satisfaction score. Analyzing this data over a period of time demonstrates the consistencies.

Analyzing the data, the following questions can now be answered: *Have the new patient consults been impacted? Do we make changes to address any observed issues?* The administrator clearly sees the increase of average days to a new patient consultation. In the fourth quarter, the average is 22.67, well over three weeks as suspected. Additionally,

Average days to new patient consultation													YTD	Q4
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
8	12	11	13	16	18	20	22	20	23	22	23			
KPI Average days to new patient consult												17.33	22.67	

Figure 11

Average days to new patient consultation

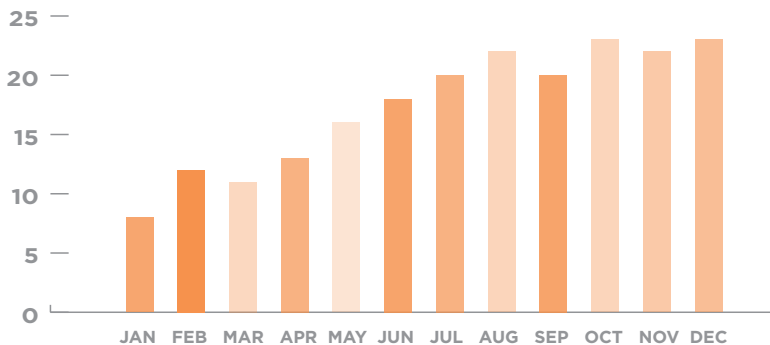


Figure 12

Patient Satisfaction
 Question "Were you offered an appointment date that met your expectations?" Average Score, Scale 1-10

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10	9	8	9	7	8	6	6	5	3	4	2

Figure 13

Patient Satisfaction

"Were you offered an appointment date that met your expectations?"

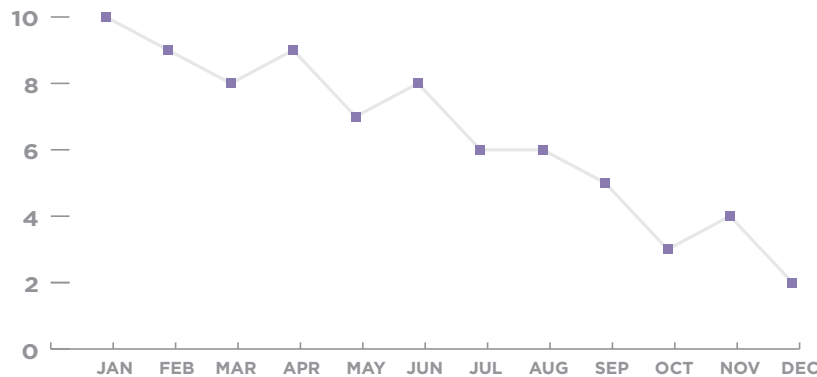


Figure 14

she compares the patient satisfaction scores that shows a dramatic decrease. She presents the data in both report and graph formats to allow for easy analysis by the stakeholders. These reports show that the lack of new patient consultations is limiting the growth of the practice and also impacts patient satisfaction and practice reputation.

TIP
 Is it growth potential or just a bad day? KPIs can identify trends and measure data to effectively confirm if an observation should be investigated or is an anomaly.

Benchmarking

Benchmarking is a tool that can measure financial performance or the efficiency in your practice. The Academy provides ophthalmic-specific benchmarking to members that participate in the annual assessment survey: *The AcadeMetrics™ Benchmarking Tool*. Visit aao.org/benchmarking to participate. This tool provides valuable insights to help privately owned ophthalmology practices measure financial performance and practice efficiency. Past participants have used insights from the benchmarking

tool to increase revenue per encounter, add new staff and more. Additionally, there are retina-specific benchmarks that are advantageous to the subspecialty.

AcadeMetrics benchmarks can help identify potential opportunities for growth. They are presented as ratios and can be compared by percentile. For example, the ratio Clinical Collections per Encounter for Retina Vitreous Specialist is calculated as:

$$\frac{\text{Total clinical collections for all retina specialists}}{\text{Total encounters for all retina specialists}}$$

The benchmark range is:

25th percentile	50th percentile	75th percentile
\$236	\$287	\$413

If a retina specialist calculates this benchmark at \$200, they may be under-producing and perhaps not offering all the diagnostic testing services as compared to their peers. There could be many factors to consider, but the benchmark allows the physician and administrator to consider why their score is perhaps too high or low.

Case study

The administrator reviews the results of her KPIs and the latest AcadeMetrics benchmarking ratios and decides to evaluate some of the key ratios that may be related to scheduling new patient consultations. The ratios and the calculations were as follows:

Annual Encounters per FTE Retina Vitreous Specialist – Result: 8963, over 100th percentile

25th percentile	50th percentile	75th percentile
3447	5204	6492

New Patient Encounters per FTE Retina Vitreous Specialist – Result: 448, @ 50th percentile

25th percentile	50th percentile	75th percentile
293	476	685

New Patient Percentage for Retina Specialist – Result: 5%, 25th percentile

25th percentile	50th percentile	75th percentile
5%	11%	16%

From these calculations, the administrator recognizes that her physician is an outlier for patient encounters. However, his new patient encounters are above average and new patient percentage is below average. Being that this seasoned retina specialist has an extensive established practice, these visits are monopolizing the schedules and not allowing for new patient visits. If the administrator updates the templates to add more new patient slots, there would be no availability for established patients. Not being able to accommodate new patients in the practice can stunt growth and impact the relationship with referring providers. The administrator decides to present all the data to the physician.

TRANSITION OPPORTUNITIES

Internal transitions

Internal changes can be an opportunity to develop the practice. Perhaps a physician is nearing retirement in the next five years but wants to slowly wind down her practice. Or, you receive notification that

your lease in a satellite office is expiring. These transitions demand the need for strategic planning.

Physician succession

Considering the vision of the practice, the stakeholders would decide how to use the transition to maximize growth potential. Interviewing the physician that wants to slow down prior to retirement to create a five-year plan and strategic transition is essential. Consider discussing the following:

- When should we recruit your replacement?
- Can one of your partners accommodate some of your established patients?
- Would you consider maintaining the same production until a new associate is hired?

If the physician chooses not to maintain production, all partners should consider the potential increased overhead expenses allocations.

Satellite offices

Faced with the choice of renewing a lease in a satellite office, the practice would want to consider growth potential. Perhaps the location is just right for now, but what about five years down the road? Calculating the growth rate for this location and total patient encounters can assist in determining if a new space would be necessary. Just the addition of a few extra exam lanes can result in more encounters per clinic. Consider the following: *Should we consider the possibility of a new associate or partner joining during the term of the lease? If so, would the space accommodate another retina specialist?*

Be proactive

Instead of waiting until a transition presents itself, strategically anticipate the changes to come. Annually discuss each physician’s one, five and ten-year goals. Are they pleased with their patient volume, or want to grow? When do they plan on retiring? Are they considering a transition to a medical retina-only practice? Are they feeling burned out?

Along with the physician resources, discuss the facilities and if the practice needs to adjust the occupancy space for the clinics. Not only does this transition present with lease renewals, we may need to consider the facilities resources as the practice grows, changes or new technology presents.

Internal transition takeaways

- Anticipate changes in your practice
- Foster constant communication regarding goals
- Facilitate the decision-making process
- Consider practice vision as transition presents

External opportunities

Constant analysis of your market is an exercise that produces prospects for growth. With the constant growth in the field of retina, periodically reviewing the markets outside your main location is also an advantage. As you identify these opportunities, your practice can consider how they fit within their strategic plan.

The results you identify and considerations may be:

- Competing physician in the community is going to retire.
 - *Do they have a succession plan?*
 - *Could we purchase the practice?*
 - *If transitioning to a new partner, does this provide an opportunity for us to capture additional market share?*
- Neighboring community 50 miles away has the need for a retina specialist.
 - *Would this opportunity align with the vision of the practice?*
 - *Do we have the time and resources to implement?*
- Networking ophthalmologist who practices 2 hours from your main location expresses the need for a retina specialist in the community. He has space in his office to rent.

- Analyze the population and potential patient volume.
- *Are we committed to building a new practice?*
- Consult with your attorney regarding a legal arrangement for the renting space.

Internal transitions, opportunities or challenges often demand focus. However, including external opportunities will provide a well-rounded analysis of growth potential. Keeping a big picture perspective along with an open mind will allow your practice to consider all the options available for growth.

External opportunity takeaways

- Market share analysis is crucial
- Networking outside your community provides perspective
- Consider all opportunities if they are aligned with your vision and goals

Observing and identifying potential in your practice for development is the first step to strategic growth. After recognizing these indicators, the practice can discuss the opportunities and align their overall goals. From these focused reports, the practice can embrace the next step of discovering the necessary resources that will facilitate the implementation.

SECTION 2

DISCOVER YOUR RESOURCES

PRIMARY RESOURCES

Once you identify growth potential in your practice you can evaluate and consider the necessary resources to facilitate the transition. Discovering your existing resources and evaluating the additional resources will increase your potential for growth. The primary resources that contribute to increased production are physicians, facilities, equipment and staff. Each of these are crucial in the flow and ability to grow. You may have sufficient resources in one area, but not in the others. Alternatively, you could have deficiencies in all primary resources. Considering your capability and balancing the resources will allow your practice to progress towards your goals.

Physicians

At the heart of a retina practice are the ophthalmologists that provide care to their patients. The practice is dependent on the success of the retina specialists and the ability to accommodate the patient load. When the practice grows, the physician will increase the capacity of the clinic. However, as this change progresses, analysis of the limitations of

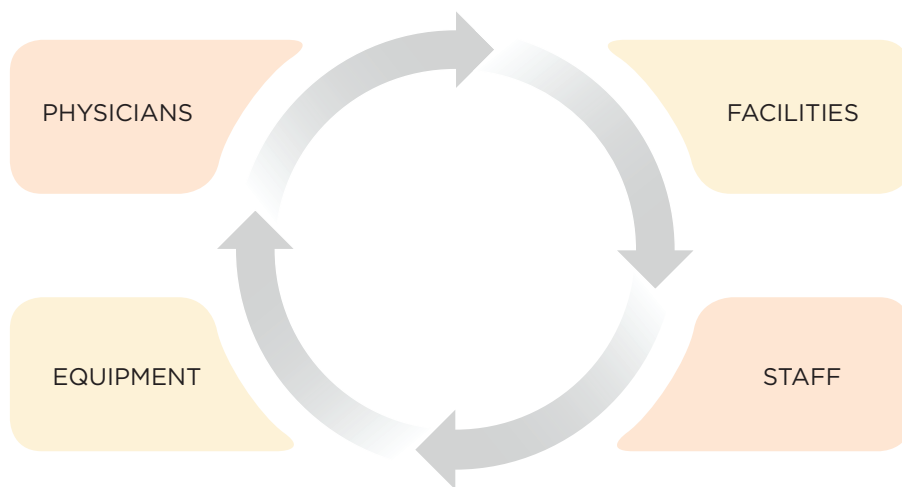
the resources should be monitored.

Being that it can take years to recruit, hire, credential and onboard a new associate, ample time is necessary for implementation when the decision is made to add a new retina specialist. With that understanding, predicting the appropriate timeline depends on identifying the subtle clues that your practice is ready for the decision-making process.

Facilities

To provide care, retina specialists need clinic facilities. As a practice grows, the facilities need to accommodate the progress. This resource can be a main location, satellite office, additional exam lanes or an office expansion. Typically, during times of change the facilities reach capacity prompting new resources.

The lack of clinic space can limit the growth of a practice. Along with providing the new space, it is important to create efficient processes within the facility. The ability to orchestrate a smooth flow across all your resources in the facility is essential to maximizing effectiveness.



Equipment

Another essential resource is equipment used in a retina practice. This could include diagnostic testing equipment, visual acuity monitors, slit lamps, lenses, tonopens and indirects. Each of these items contribute to clinic flow and support the physician and clinical staff.

When considering this resource, the productivity of the equipment can be evaluated. If the piece is old and underproducing this can impact flow. Additionally, the quantity of each resource can affect the clinic. As the practice increases the patient load, the equipment should be able to accommodate this growth.

Appropriate placement of the equipment within the facility can improve facilitation. This starts with evaluating the movement surrounding the equipment and its accessibility. Evaluate the standardization of the exam lanes in relation to the supplies, equipment and computers. Even the exam chair's position in relation to the door and the patient's ability to access it directly can affect the clinic flow.

Staff

The clinic is supported by this crucial resource: well-trained and competent staff. Each department in the practice has employees that play an important role in the clinic flow. During growth, each position should be considered.

Simply adding employees will not necessarily provide the support necessary during times of change. Comprehensive evaluation of the need for additional staff would include workflow analysis, skills assessment, creating new job training opportunities and the possibility of cross-training. Oftentimes during this process, promoting an

experienced employee to a key role will provide the necessary resources.

Including your staff in the evaluation process is insightful. An internal survey is beneficial and can illuminate their career goals, workflow and opinions. These ideas provide another perspective on how the practice can embrace the increased clinic flow.

Staying ahead of the curve by realistically identifying the necessary staff and securing resources effectively will support your practice's progress. Considering the timeline of recruiting and training staff, the evaluation process should be continuous to provide the appropriate resources at a suitable time.

As you identify growth potential, consider the primary resources and their capacity to embrace the advancement of the practice.

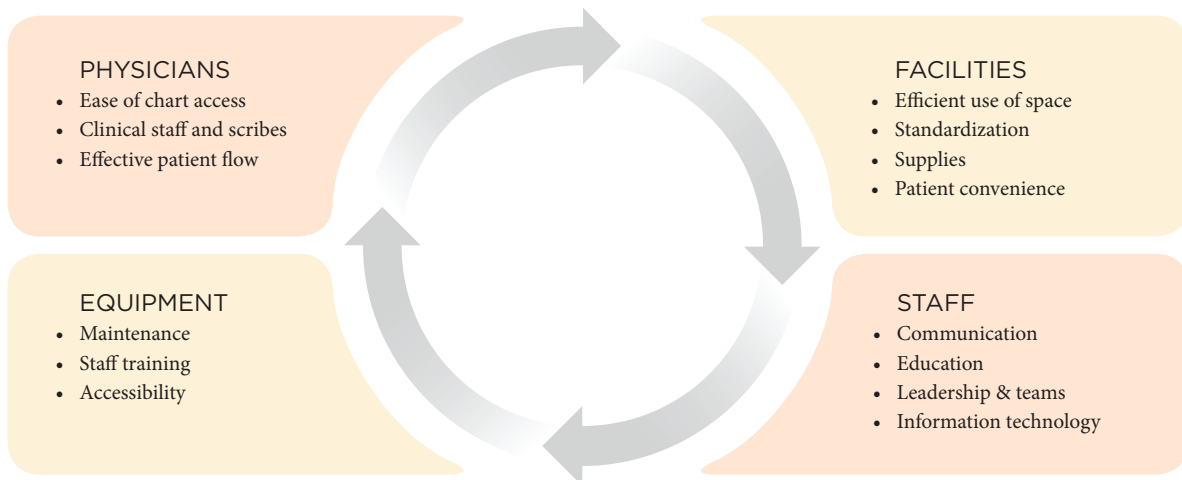
SUPPORTING ROLES

Each of the primary resources require support for maximum effectiveness. Consider if the physician had minimal clinical staff support. What if the facilities were lacking supplies, or the staff did not have access to the computer systems? Supporting roles provide the assistance necessary for the primary resources to flourish.

Primary resources are complemented by supporting roles. The following are few examples:

Physician support

- Easy access to the patient chart, either electronic or paper, with an efficient documentation process
- Clinical staff and scribes to provide assistance with the patient encounter
- Facilitation of clinical flow and patient access



Facilities support

- Facility layout that compliments efficient clinic flow
- Exam lane standardization
- Inventory management of supplies and medications
- Convenient location and access for the patient

Equipment support

- Well-maintained and current equipment
- Educated staff and physicians on the use of the equipment
- Placement in the clinic that compliments the flow

Staff support

- Effective communication regarding protocols, practice goals and expectations
- Opportunity for education and a well-designed training program
- Leadership from the management team and physicians
- Access to information technology to provide improved workload which may include:
 - Electronic health records, practice management system, diagnostic testing software, word processing, spreadsheets, email system, etc.

Intangible resources

During the discovery process, the intangible resources that contribute to the success of a developing practice can be valuable. These resources can be taken for granted or overlooked during times of change. However, once discovered they can be evaluated and fostered to compliment the vision of the practice and stay aligned with the growing company. Intangible resources include, but are not limited to:

- Reputation of the physician and practice
- Culture of the company
- Clear brand that accurately reflects the practice
- Open communication system
- History that provides lessons learned and success stories
- Consistent conceptual view that maintains vision

DECISION-MAKING PROCESS

Recognizing the potential deficiency of a resource is identified during analysis and observation. However, what other considerations can help us confirm the decision to add resources? Regardless of the primary resources being evaluated, there are questions to address during our analysis and decision-making process.





BALANCE THE RESOURCES

Even when it is clear that a primary resource is needed, all resources should be reviewed. Balancing the capability of each primary resource as you implement will guarantee the success of the overall project. A key question in the decision-making process is: *What other primary resources and supporting roles are necessary?*

Each of the primary resources are dependent on one another. Consider if:

- A new associate joins a practice without the staff to support them
- The satellite office is opened but lacks diagnostic equipment
- A senior retina specialist retires suddenly and clinic staff has to be laid off
- There is a lack of clinic space when a new retina specialist joins your practice

Neglecting to provide the appropriate resources may impact the growth curve and even affect the success of implementing a new resource. Consider the results if you provide the increased resources of physicians, facilities and equipment but neglect to increase the staff size. Consequences of this action might be phone calls put on hold, increased patient wait times and decreased employee retention. Appropriately responding with the necessary resources at the correct pace will minimize challenges during implementation.

The principle of balancing your practice’s resources is an expansion of the phrase “if you build it, they will come.” Although a retina practice should develop and build its resources, it should also align the current need with support of the overall goals and needs of the practice. If you prematurely build a satellite office that is empty the majority of the time, this excess resource will impact profitability.

Alternately, if you wait too long for an expansion, your ability to accommodate the patient load will be impacted.

TIP

Balancing resources at the appropriate pace is crucial to strategic growth.

Discovery Example

Observation of OCT wait times

Observations identified that the OCT in a practice has 30-minute wait times. Analysis of the patient satisfaction scores produced a low score related to this bottleneck. The OCT, a primary equipment resource in the practice, is deficient for the number of physicians.

During the decision-making process, the stakeholders consider:

- Is the resource working at full capacity? Yes.
- Are there wait times? Yes.
- Are we limiting production? Yes, schedules were modified to accommodate.
- What other primary resources are necessary? The practice has sufficient physician and staff resources, but the facilities may be lacking.
- Could we make room in our current clinic space to accommodate the new OCT? Yes.
- Would the addition of a new OCT meet the goals of the practice and overall vision? Yes, the practice commits to providing exceptional patient care and offers those services for the community. Increasing the OCT diagnostic services and decreasing wait times aligns with the practice’s strategic plan.

Observation of OCT wait times

OBSERVATION	EVALUATION	DEFICIENT RESOURCES
Wait for OCT 30 min	3 MD clinic with 1 OCT	Equipment and Facilities

Figure 15

Case study

The administrator has a meeting with the physician and reviews the problem of accommodating new patient consultations. Her reports show that the appointments are scheduled out over three weeks during the last quarter and the patient satisfaction score reflects this obstacle based on KPIs. They review the AcadeMetrics benchmarks and find that the physician is over the 100th percentile in patient encounters but lacks in new patient encounters per FTE retina specialist and new patient percentage.

As a team, they review the necessary primary resources to address the problem. They can see that a new associate would be a great solution to assist with their new patient volume. They discuss the decision-making process and adding this resource will improve production and scheduling wait times, which is consistent with the practice goals. As they continue their discussion, they evaluate the other primary resources necessary for this implementation.

Reviewing the facility resource, the administrator provides another benchmark to help with the process. She presents the Occupancy Expense Ratio:

$$\frac{\text{Total occupancy expenses (rent, utilities, facility maintenance)}}{\text{Total net revenue}} = \frac{115,564}{2,906,463} = 3.98\%$$

A healthy benchmark range for the Occupancy Expense Ratio is 6-8% and the practice is under the benchmark. They can conclude that they lack both physician and facility resources. With the necessity of adding these two resources, they continue to discuss the equipment and staff necessary for this project. Prior to recruiting a new associate, the practice has a plan for what is required to implement these changes to embrace their growth.

Discovering Resources

- 1) **Consider the deficiencies in the primary resources**
 - a) **Physicians, facilities, equipment, staff**
- 2) **Provide the supporting roles**
- 3) **Identify your intangible resources**
- 4) **Complete the decision-making process**
- 5) **Balance the resources**
- 6) **Always consider the appropriate pace**

SECTION 3

LEAD THE PROJECT AND EXECUTE

OUTLINE YOUR PLAN

Now that you have discovered the necessary resources to continue to develop your practice, the next step is to define your plan. This outline will include all the details to lead your practice through this transition. Before executing your plan, the following should be defined:

- The scope of your project
- The leadership team
- The objectives

Define project scope

Establishing the purpose of the project is essential. Lead the project and define the scope by answering the never-ending question: *Why are we doing this?*

As you consider the project at hand and review the observations, reports, KPIs and necessary resources, the answer comes into focus.

Example 1

Adding a new physician

Because our physician will be retiring in two years, our practice will recruit and hire a new associate. Based on our steady growth rate and to provide a smooth transition for the practice, the new physician will provide the additional resources we need to be successful.

Understanding the purpose of the project helps to now define the goals we want to accomplish when completed. The goals should be specific so that, as the project is facilitated, the team understands the entire scope of the assignment. As we progress through the project, we can ensure each step is completed. Essentially, we are creating the road map or action plan for the project.

Along with our statement of purpose, we assign the deadlines for our goals. This creates urgency for the project and guides the team through execution.

The goals for adding a new associate to the practice may be:

- Recruit a fellowship trained vitreo-retinal surgeon.

- Candidate would be hired as an associate, but should be interested in a partnership track.
- The associate shares the same core values and mission of the practice.
- The location of the practice is a community that the physician and their family want to reside long-term.
- The new physician would be credentialed, onboarded and available to start seeing patients by a specified date.

As you consider the goals for your new resource, it is beneficial to include the additional resources necessary. When adding a new physician, consider the staff, facilities and equipment to balance the resources. Assessing each resource may provide additional direction and goals.

- Design a small expansion in the main location to add two new exam lanes.
- Order the equipment for the additional clinic space.
- Hire and train new employees prior to the start of the new associate.
 - 2 FTE technicians

Assemble the leadership team

The next step is to develop a team that can lead the project. These individuals are responsible for executing the goals, keeping the project in motion and providing accountability. The physicians and administrator can provide the project's overall vision as the team ensures the project's execution.

Important components of the team include:

- Assign a project leader.
- Schedule meetings.
- Develop a communication system.
- Create and track assignments.
- Maintain accountability with the stakeholders.

Develop your objectives

The project objectives determine how the goals will be executed. Assess each goal and assigned objective. When developing the objectives, consider how they will support each goal and provide the steps to achieve them. Listing these action items will provide the direction necessary to facilitate each goal.

Goal	Objectives
RECRUIT NEW ASSOCIATE	Discuss internal wish list for candidate.
	Create job description, employment contract.
	Develop and launch recruitment ad with the Academy's Ophthalmology Job Center.
	Schedule interviews for candidates.
	Hire the new associate.
	Prepare the clinic for the new associate.

Defining the budget for the project is an important objective that should be created during the planning phase and shared with all stakeholders. As the project develops, there may be modifications to the budget, which should be communicated in a report. This report tracks the potential expenses and the stakeholder's guidance for the financial aspect of the project's execution.

Finally, the objectives should be measurable. As you create objectives, consider how you will assess progress and completion. The key is to develop accountability and ensure all steps are completed as directed. The careful planning and development of the objectives will allow for an efficient project.

Outline your plan

- Why? Define the **Purpose**
- What? Set your **Goals**
- Who? Assemble the **Leaders**
- How? Develop your **Objectives**

Case study

After discovering the necessary resources, the administrator outlines the plan for her project. A new associate will be added to the practice. Additionally, to increase the clinical facilities, they will have a small expansion project at the main location to add 3 additional exam lanes and another administrative office.

She drafts the scope of the project to identify why they are adding these resources. Next, she outlines the goals for both the new associate and facility expansion.

With the initial outline drafted, she assembles her team. She will act as the project leader and recruits one employee from the front office, business office and clinical department to participate in the project. The managing physician will be a part of the committee and provide guidance.

At their first meeting, the administrator presents the scope and goals, and together they develop each objective. From this brainstorming session, they identify the many objectives required to meet their goals. They feel they have a comprehensive plan to execute their project.

EXECUTE THE PROJECT

Along with the new team, the project leader can facilitate the project while referencing the goals and objectives. From this resource, a very detailed project checklist can be developed creating all the necessary tasks, assignments and status updates. To accomplish this checklist, the team should brainstorm all the steps necessary for the project scope and goal. Additionally, any supporting roles for the new resource should be considered and developed.

New physician associate tasks may include, but are not limited to, the following tasks:

Recruitment

- Develop new associate ad
- Place ad on the Academy's Ophthalmology Job Center website
- Schedule interviews and coordinate travel arrangements
- Send offer letter to new associate

Credentialing

- New associate credentialing information checklist, credentialing information needed
- State license (new MD obtain, communicate)
- DEA license—update to practice address
- Malpractice insurance
- Insurance credentialing
- Hospital appointment
- Local, state and national society memberships

Signage

- Building signs
- Waiting room, reception area

Printing

- New associate announcements to community
- Letterhead
- Appointment cards
- Biography
- Envelopes

Operations

- Add to oncall schedule
- Answering service protocol
- Clinical protocols or preferences
- Communication and updates to staff
- Update forms with new physician name (ie, patient information, history)

Marketing

- Website updates
- Advertising or announcements
- Referring provider meetings with new associate

Uniforms

- Order scrubs, white jackets

Information Technology

- Practice Management and/or Electronic Health Record software license
- Library setup—new physician
- Schedule templates

Letter template

Form or chart templates

Expanding from the tasks list, a detailed checklist can be developed. Key components of the checklist would include:

- Task
- Assignment
- Status
- Deadline
- Notes

Working backwards from the final project deadline, assess each step and create individual task deadlines. Modify each deadline during execution as necessary to accomplish the entire project on time.

Facilitate the project

Now that the project has been organized into a detailed checklist, the team can use this guide to facilitate the project. Scheduled meetings at a consistent interval will allow the group to review the tasks and provide updates or make modifications as necessary. This constant review and discussion process will prompt the team to analyze each task and perhaps add new tasks to the checklist.

When adding a new associate, these discussions may include:

- Increasing the medication inventory (when adding a new retina specialist)
 - When should we order the medication?
 - What is their medication preference for clinic?
 - What is our projected volume increase?
- Considering the increased clinic flow
 - Should we assess our medical supplies and increase as appropriate?
 - Will we need additional computers?
 - Do we need more viewing licenses for the diagnostic equipment?

Deadline Example

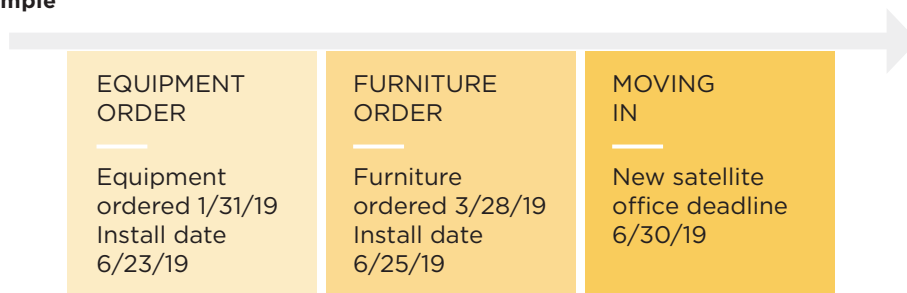


Figure 16

Checklist Example

NEW ASSOCIATE PROJECT CHECKLIST				
STARTING MAY				
PROJECT	STATUS	EMPLOYEE	DEADLINE	NOTES
RECRUITMENT				
DEVELOP NEW ASSOCIATE AD	Draft to partners for review	Todd	7/1/2019	
PLACE AD ON THE ACADEMY'S OPHTHALMOLOGY JOB CENTER WEBSITE		Todd	7/5/2019	Administrator has the account password for the Academy website
SCHEDULE INTERVIEWS, COORDINATE TRAVEL		Mary	8/15/2019	Hotel preference and open schedule in project folder
SEND OFFER LETTER TO NEW ASSOCIATE	Letter drafted	Suzy	9/30/2019	

Figure 17

Case study

The administrator and her team facilitate the checklists for the project. Since they are adding two resources, they develop two checklists to effectively track the progress. They also identify that the deadline for the facility expansion should be completed one month prior to the new associate start date to allow enough time for the transition.

With this knowledge, they update the two checklists with all the necessary tasks to achieve the objectives. They make assignments for each of the tasks based on each individual team member's experience, skill set and availability.

The deadlines for each task are carefully created based on the two project deadlines. Since there are so many tasks to complete, they discuss the priority of documenting the status in the checklist, even between meetings to keep the entire team updated and the project on track.

BE THE LEADER

Even with the most comprehensive planning, projects always have challenges. Strong leadership and attention to detail will ensure the project moves along appropriately.

Communicate with the stakeholders

As the project is being completed, the team and project leader should provide updates to the staff, physicians and the new associate. During these updates, asking for feedback will benefit the overall goals. During this transition, providing timely and effective communication can reduce the resistance often seen during times of change.

Maintain the pace

As you manage your deadlines, facilitate the pace of each task. Some tasks are completed by a member of the team; other tasks may be dependent on entities outside of the practice. For example, when completing the credentialing process, an insurance company may delay process completion. Or, a hospital may delay the approval of an application based on their committee meeting schedule. To avoid these delays, a team member can regularly check in and request a status update, missing information or other reasons why approval is postponed. Often providing additional information or solutions will eliminate the barrier. Be proactive and take the initiative to facilitate the process.

Decision-making process

Throughout the project there will be decisions that need to be addressed promptly. Also, the initial plan may need to change course. Recognizing this and creating an efficient process to act quickly will avoid delaying the project. Empowering the project leader with the authority to make priority decisions is very beneficial.

Accountability

Each member of the project team has responsibilities. Assign the appropriate tasks and deadlines. This will create a sense of accountability. Leaders of the project can facilitate the request for status updates and provide direction and solutions. It is critical to make sure that one or two steps in the process do not delay the project's successful implementation. Creating a culture of accountability will ensure you meet the project goals.

Case study

As the project begins, the administrator and her team discuss their goals for communicating the status of the project. Many of the employees inquire about the changes, and the team feels that status updates at staff meetings and throughout the month would be advantageous. They assign a representative to be in charge of providing updates to employees and all stakeholders.

At a weekly meeting, they identify a delay in the equipment order for the office expansion. Any delay in the timeline could affect the final deadline. The administrator reaches out to the vendor to inquire about the issue. She finds out that the exam room chairs are on back order, and she changes the order to another manufacturer. This diverts the delay in installation and maintains the appropriate pace of the project. This quick decision-making is a result of assigning authority to the administrator to make decisions within a specific scope without physician approval prior to the project implementation.

As they review the weekly duties, the administrator asks each member of the team for a status on the tasks. As they present, the team feels a sense of accountability to the group to accomplish their assignments. This is a result of the leadership provided and commitment by the team to make sure the overall goals are met.

MEASURE YOUR SUCCESS

Nearing the end of your project, the team will want to create a summary of the project goals and results. This step will start the close-out process and allow the team to analyze the project completion and prepare for the process to monitor the success.

First, review each objective and document the accomplishments. New forms, updates workflows and lessons learned are valuable tools to catalog for future projects.

The next step is to use the practice KPIs and AcadeMetrics benchmarks to measure the success of the project. Then use similar and new benchmarks to monitor the impact of the project on your practice's growth. Starting with some of the indicators that prompted the project, calculate again post-implementation to evaluate the change. Present these findings monthly and quarterly to ensure that the practice is progressing as planned.

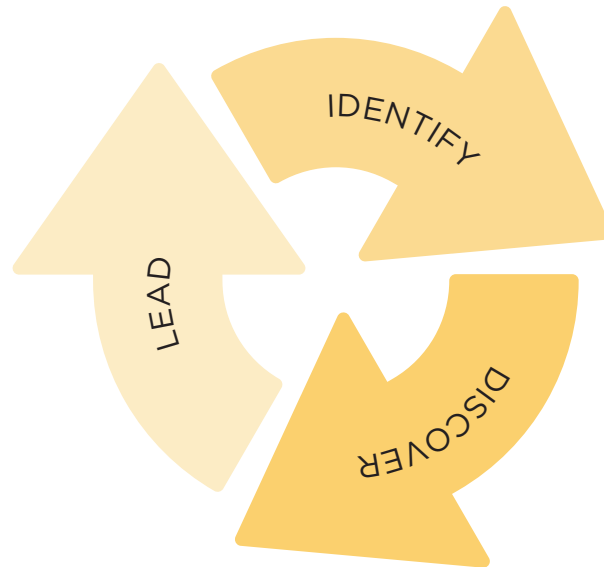
Financial reporting and profitability tracking are crucial. Set goals for the new resource and provide progress reports to the stakeholders. It's important to be realistic regarding the return on investment. Carefully tracking the production and allocating the expenses for the resources will assist in the financial analysis.

KPIs		
	Q4 2019	Q4 2020
Average days to new patient consultation	22.67	3.2
PATIENT SATISFACTION SCORE, SCALE 1-10		
"Were you offered an appointment date that met your expectations?"	3.00	9.80

Figure 18

AcadeMetrics Benchmarks			
	ANNUAL ENCOUNTERS PER FTE	NP ENCOUNTERS PER FTE	NP % PER FTE
New associate percentile	2000, below 25% percentile	450, 50th percentile	23%, 100th
Senior physician percentile	8766, over 100% percentile	300, 25th percentile	3%, 25th
TOTAL OCCUPANCY EXPENSES			
	2019	2020	
Healthy range 6-8%	3.00	9.80	

Figure 19



Continuous process evaluation

Leading a successful project from the initiation of the project scope through the evaluation of lessons learned and financial analysis is a skill to master. Each project will present you with unique challenges, but as your practice becomes more experienced, this process will improve.

Even after a project is completed, the evaluation process continues. This means circling back to the beginning of the process and identifying opportunities for growth through observations, reports, KPIs and benchmarks. Comparing reports to prior years and projecting the growth rate will identify areas previously not considered. Integrate this analysis into the practice culture and systems. Considering each area of the business will keep you ahead of the curve with your projects.

As we continue to provide healthy and growing retina practices for our communities, evaluating all the necessary resources to embrace growth is essential. Continuous analysis and resource adjustment are necessary components to the evolution of your growing retina practice. Embracing the process of identifying your growth, discovering your resources and leading your projects will set your practice apart from the competition.

Case Study

Once a new clinic space opens and the new associate starts practicing, the team takes time to reflect on the project. They create a list of lessons learned to reference during their next project. They even document and save all the valuable checklists and communications to use in future projects.

To monitor their success, the administrator creates a report to review the progress. She starts with the KPIs and AcadeMetrics benchmarks that initially prompted their discoveries.

Additionally, the administrator develops financial reports that present the production, medication costs and operating expenses for the new associate. Tracking these reports monthly from the start date will allow the practice to track the profitability of the new associate.

As the practice develops a new culture of identifying growth potential, the administrator and her team implement a new dashboard with essential KPIs and AcadeMetrics benchmarks that are reviewed monthly. Along with clinical observations, they monitor the data for trends compared against their historical data. They also calculate the project growth rate for the next year.

As they monitor their success and the practice growth, they are grateful that they identified the need for the additional resources at the appropriate time. They were able to identify their growth potential and implement the resources that allowed them to embrace practice growth successfully.

APPENDIX

NEW PHYSICIAN CREDENTIALING INFORMATION CHECKLIST

Please provide the following information to the credentialing specialist:

Physician demographic information

- Full name
- Other names used during professional training
- Home address
- Home and cell phone number
- Preferred email address
- Date of birth
- Social security number
- Place of birth
- Copy of driver's license
- Immigrant information (if applicable)
- Photo
- Foreign languages spoken
- Date of last TB test, Hep B and Flu shot

Employment history

- Professional practice work history
 - Complete addresses, contact name and phone number
 - Liability insurance company
 - Employment dates, month and year
- Employment history gaps
 - Explanation of any gaps greater than 2 months
- Three peer references
 - Complete name, address, phone number and professional relationship

Professional information

- Copy of Medical license
 - State in which you are credentialing
 - Additional states you are licensed
- Copy of DEA license with new office address
- Current CV
- Board certification (provide a copy) or board eligible date
- CPR cards (provide a copy)
- Professional photo
- Individual NPI (User ID and Password for NPPES)
- CAQH ID number, username and Password
- CME activity hours, current and past 3 years
- Professional memberships

Education

- Undergraduate education
 - School, city and state, degree received, course of study and date of graduation
- Graduate education
 - School, city and state, degree received, course of study and date of graduation
- Medical/professional education
 - School, city and state, degree received, course of study and date of graduation
- Post-graduate year 1 / internship
 - Institution, address, phone, fax, type of internship, dates (month/year)
 - Did you complete the program?
- Residencies
 - Institution, address, phone, fax, type of internship, dates (month/year)
 - Did you complete the program?

Fellowships, preceptorships, or other clinical training programs

- Institution, address, phone, fax, type of internship, dates (month/year)
- Did you complete the program?

Copy of degrees (MD, residency, fellowship)

Hospital affiliations

Previous hospital affiliations

- Facility name complete address, phone number, fax number, dates and reason for leaving

Disciplinary action (please provide details)

Malpractice

Five-year history of previous Professional Liability Carriers

- Insurance carrier, policy number, type of coverage
- Contact, complete address and phone number
- Amount per claim and aggregate
- Effective dates of coverage

Detailed professional liability history (any claims, lawsuits, etc. with dates and amounts)

Disciplinary action or malpractice claims (please provide details)

Please provide copies of all documents including diplomas, certificates, and licenses

Credentialing can take between 90-180 days after the receipt of the application.

NEW FACILITY CHECKLIST

Administrative

Business liability insurance for location
Bank loan (if applicable)
Security system
Order
– Copier
– VISA machine
– Postage machine
Arrange courier service for deposits
Lab services – set up account, pickup
Petty cash and cash box
Artwork
Magazines for waiting room
Keys for physicians and staff
Confidential recycling

Credentialing

Insurance carriers – add new location of care
Notify hospitals and malpractice carrier

Marketing

Update website with new location address
Maps for new and/or established patients
Promotional flyers or announcements
– Patients, referring providers

Printing

Appointment and business cards
Physician bios
Letterhead
New patient packets

New patient registration and history forms

Information technology

Site-to-site connection (if applicable), ie, fiber or VPN
Internet service
VOIP or analog phones
Computer hardware / software ordered
– Workstations, scanners, printers

Equipment

Exam room equipment
– Contact vendor or pricing and quote
– Order equipment, confirm installation date
Diagnostic testing equipment (ie, OCT)

Furniture

Design layout for new furniture
Contact vendor for pricing and quote
Place order, confirm installation date

Supplies

Order clinical supplies
Sharps containers
Order office supplies
Coordinate break room supplies

Medication inventory

Medication refrigerators with temperature alarms
Order medication inventory for new location
Set up any automatic shipments

Install inventory system access (ie, spreadsheet or computerized system)

Arrange for samples

Physician Schedules

Set up new facility in practice management system (if applicable)

Develop new schedule templates

Designate start date for new facility

Communicate scheduling workflow changes with staff

Signage

Signage for exterior building

Signage for waiting room or lobby

Exam lane number signs (if applicable)

Restroom and handicap signs

Checkout or exit signs

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