Efficiency Exhaustion

Are you and your practice surviving or thriving?

BY KAY COULSON, MBA

Efficiency is killing us. It is exhausting physicians, discouraging employees, and alienating patients. We have parsed days, hours, minutes, and seconds to the point that we have simply run out of time. When was this mantra of efficiency introduced into our practices? I am not sure, but the rise of the religion of efficiency seems to correspond directly to the decline of our reimbursement reward. Our organizational efforts were supposed to bring us happiness, smoothly running offices, a smiling staff, relaxed patient/physician encounters, maximum revenue generation, and predictable days ending in a pleasant drive home. Within the last decade, I believe that efficiency has shifted from being our solution to being our problem—not because the concept is flawed, but because our interpretation and execution are.

RAMIFICATIONS

In an ophthalmic practice, we interpret the term *efficiency* according to its most simple incarnation: time equals money. We have employed a singular definition, however: Doctor, your time equals money. You are the hub of the wheel with all spokes—rooms, equipment, appointment times, and personnel—pointed toward you. If you are the limiting resource, the bottleneck, how do we keep you on track, fast, and accurate? Efficiency was supposed to guide us. What we did not account for was that you might get tired of constant days spent seeing 80 or more patients. We did not anticipate that the glut of patients combined with both increased pathology and higher expectations would exceed our ability to serve. Nor did we imagine that technological innovations would make it increasingly difficult to be a generalist in a specialized world.

These conditions have tipped many practices into efficiency survival. A clue that yours is one of them is that you increasingly say or hear the phrase *We can't.* We can't see fewer people per day. We can't add that appointment type to the template. We can't mail that information in advance of the visit. We can't let just anyone capture biometry. We can't give out surgical times in advance.

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When supposed efficiency overwhelms us, we stop. We stop noticing when there are five or 10 or 100 people waiting out front. We cease greeting patients as they walk through the door. We no longer scan the waiting room for torn magazines, cold coffee, and used tissues that need discarding. We stop caring about patients' experiences, because we no longer see them. They become a constant needy presence with which we do not connect in a truly personal way.

Misguided efficiency devalues patients' time. We stack four or six or eight lanes with patients waiting for one physician. The doctor should not wait, so the patients must. We book eight appointment types per hour and ignore a logical segregation between sick and well patients. We prolong patients' visits for additional testing with the excuse that they do not want to come back a second time. We often hold patients hostage for more than 3 hours, not out of respect for their time but because we want it all done today.

REORIENTATION

How do we interrupt this exhausting model of efficiency? How do we reorient our practices so that we thrive, not just survive, during the next 25 years? Start by deciding whom you want to see. Baby boomers are about to walk though our practices' doors, making it almost impossible to be a great comprehensive doctor,

glaucoma expert, and lens surgeon. You must choose. Census projections and pathological incidence indicate there will be 46% more glaucoma sufferers and 60% more cataract sufferers in the US by 2025.[1]

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Have you hired the right ophthalmologists and optometrists to satisfy this demand? Have you informed your administrator and template specialist of the types of patients you want to see and, more importantly, those you will not see any longer? If you want to be a cataract surgeon and premium IOL specialist, make sure that the only people on your appointment calendar are those patients on the path to surgery. Your staff and schedulers will tell you this cannot be done. They will tell you that patients will only see you and you must see them. I have found this to be the staff's bias, however, not the patient's. Patients want to be seen on time, treated with respect, and included in the diagnosis/treatment plan. Retrain your staff to schedule patients by appointment type, not provider's name. Ask "Would Tuesday or Wednesday work better for your cataract evaluation, Mrs. Smith?" instead of "Dr. Jones has an opening on Tuesday at 2 PM."

Next, answer the following questions: How much do you want to earn? How much do you want to work? Are you willing to see anyone who calls and to work as much as it takes in order to earn as much as possible? That is probably the practice you have, and you have been thinking, if you were just more efficient, it would actually work.

Examine the warning signs present in your office. Answer the "want, work, and earn" questions to reset your path toward the thriving, rewarding, satisfying practice you deserve. ■

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1. Incidence projections for glaucoma and cataracts by age group estimated by Market Scope LLC. Manchester, MO: Market Scope LLC; 2007.