



PATHWAY



To Your Perfect Practice

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THE POWER OF POSSIBILITY

BY JAMES D. DAWES



Pathway to Your Perfect Practice is a monthly feature section in *CRST* designed to help facilitate the realization of personal and business success through the delivery of exceptional patient experiences.

THE POWER OF POSSIBILITY



BY JAMES D. DAWES

THIS INSTALLMENT EXPLORES THE “SEVEN SUMMITS OF PHYSICIAN PRACTICE DEVELOPMENT.”



In the previous installment of “Pathway to Your Perfect Practice,” I discussed the process of soul searching in an effort to truly understand your commitment to achieving your vision. I urged you to ask yourself a series of gut-check questions so that you might test your commitment to your vision of the perfect practice. In the

process of asking yourself these questions, it is easy to look only for possibilities within the scope of the known. The opportunity that is often overlooked in the process of determining a path is the unknown. What do I mean by that term, the *unknown*? I am simply referencing the power of possibility. In the words of Pablo Picasso, “I am always doing that which I cannot do, in order that I may learn how to do it.”

Some of you may have heard of or read about Erik Weihenmayer, an internationally renowned adventure athlete who has completed the Seven Summits, summited Mount Everest, made noteworthy climbs up the Nose of El Capitan in Yosemite, and ascended Losar, a 2,700-foot vertical ice face in the Himalayas, in just 2 days and 3 hours. In 2011, his three-person team competed on ABC’s “Expedition Impossible,” a race across the deserts and mountains of Morocco, and finished second. He has also completed the Leadville 100 Mountain Bike Race, at elevations above 10,000 feet, and Primal Quest, an adventure race over 460 miles with 60,000 feet of elevation gains. Finally, he has kayaked

the Colorado River through the Grand Canyon, 277 miles from Lee’s Ferry to Pierce Ferry. Why do I mention Erik Weihenmayer? He is blind! No doubt, most people told Erik that each of these tasks was impossible, yet he persisted and proved them all wrong.

“Pathway to Your Perfect Practice” relies on your input. Contact us with your challenges, successes, and questions. Send your e-mails to ppp@bmctoday.com.

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In business and medicine, we all face obstacles that are seemingly impossible to overcome. As we pursue alternative paths around these obstacles, we sometimes do not look beyond the “known” of our own comfort zone. In the words of Erik Weihenmayer, “There is a super blurry line between the things that you can’t do and things that you can. You have to figure out creative ways to be a pioneer and cross that line. What a lot of people think is impossible for you, is not. It’s a life-long process to try to figure that out.” (See *The Power of Possibilities: Embracing Discomfort*.)

I am not suggesting that you need to become a mountain climber or adventure athlete to achieve success, but I am suggesting that there are a multitude of solutions to



THE POWER OF POSSIBILITIES: EMBRACING DISCOMFORT

BY CRAIG N. PISO, PhD



The biggest obstacle to our achieving greatness is a preoccupation with becoming and remaining comfortable. Even when we want to change and doing so is in our control and our own best interest, we human beings frequently fail to act. Why?

THE DANGER OF STAYING COMFORTABLE

In the opening line of *Good to Great: Why Some Companies Make the Leap ... and Others Don't*, Jim Collins wrote, "Good is the enemy of great."¹ Our desire for comfort is at odds with our pursuit of improvement.

At the same time that we seek to become masterful as individuals and collectively great as ophthalmic group practices, we fail to embrace change, because it entails discomfort, uncertainty, and sacrifice. Accordingly, the average individual or ophthalmic practice (ie, hovering around the 50th percentile) is inclined to settle for what seems good rather than risk taking steps toward where greatness might be found.

When things are good enough, we tend to settle. A recently departed friend once told me that each of us lives and works in a box. When we become bored or unhappy with the status quo, we face a dilemma. Too often, rather than break out to create a better box, most of us remain stuck or return to sameness after venturing out briefly. We increase our comfort by decorating the box instead of changing it. If we will not tolerate the discomfort of transition, we will never have new experiences that might bring us great joy. The emotional discomfort of making changes is the biggest obstacle to our pursuing what could be the most fruitful and rewarding time of our professional lives.

THE PROCESS OF CHANGE

Most of us view change as going from point A to point B, but it is much more realistic to view this journey as A to B to C. Our current career or practice development status is point A, and reaching near perfection is point C; B is the transition between those two. Transitions are tough

because we must change our habits, and like breaking in a new pair of shoes, that can hurt at first. Courage (from the Latin root *cor* for heart) is not being unafraid; it is moving forward effectively in the presence of anxiety, doubt, and discomfort to make heartfelt change.

A struggling individual or practice is more likely to embrace change and move toward mastery and excellence than those feeling relatively stable. I therefore encourage the leaders of practices to convey a sense of urgency about reaching high-level goals and to explain to employees that the process will be uncomfortable, especially if they feel the jobs they are doing or the practice as a whole is "good enough." We must strive to create a culture in which the ongoing pursuit of improvement is expected and, eventually, habitual. "If it ain't broke, don't fix it," as the saying goes. Effective practice leaders instead say, "If it's not excellent, don't settle for it." Once the staff becomes accustomed to this work ethic and value orientation, they will feel motivated to succeed and experience the sense of fulfillment that comes with mastery or excellence.

HOPE AND CONFIDENCE

Coping with big transitions requires hope, and generating that emotional energy demands two steps. First, we must translate our dreams into goals that are personally meaningful and important, so much so that we feel passionately dedicated and enthusiastically committed to achieving them. Second, we must become confident that we can make the transition successfully. Confidence comes from strategic planning and a realistic assessment of the market's needs, the competition, referral sources and expected volumes, and a pro forma revenue/expense budget.

1. Collins J. *Good to Great: Why Some Companies Make the Leap ... and Others Don't*. New York:Harper Business; 2001.

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“EXECUTING A NEW INITIATIVE REQUIRES LEADERSHIP, AND THAT STARTS WITH YOU, THE SURGEON.”

the strategic and day-to-day challenges you face in your practice. In this article, I will list some of the common obstacles I hear about from physicians and surgeons, and I will refer to them as the “Seven Summits of Physician Practice Development.”

SUMMIT No. 1

I Do Not Have the Right People

How many times, after attending an ophthalmic meeting and hearing a plethora of inspiring ideas, have you returned to your practice and started trying to execute a new initiative only to find that, within a few weeks, the concept has been crushed by your team and you are back to the old way of doing things? In most such cases, I hear surgeons say that their team is to blame and that they just do not have the right people to produce change.



My response is twofold. First, executing a new initiative requires leadership, and that starts with you, the surgeon. As the leader, you must clearly articulate the reason for change, invest time in getting the key stakeholders on board, and formulate an effective action plan. Second, yes, you often may not have the right people, but in almost every situation, you can change that. I like to say, “The people will *change*, or the *people* will change.” Often, I find practices full of “sacred cows,” people who have been with the organization for decades and are considered untouchable. Although I feel that people are the most important asset of the company, sometimes, your company’s existing assets simply will not get you to the desired endpoint. In that case, the asset must be retooled, upgraded, or retired.

SUMMIT No. 2

I Cannot Grow Revenues in a Climate of Decreasing Reimbursement

Assuming you are an ophthalmologist, optometrist, or business leader touching one of these specialties, you are among the luckiest health care workers in the world. Fortunately for all of us, industry innovators like Andy Corley, with support from several IOL manufacturers, pushed through the concept of “patient-shared billing.” This ruling by the Centers for Medicare & Medicaid Services created a whole new world of opportunities for patients and physicians. The ability to offer noncovered refractive procedures such as LASIK, implantable contact lenses, astigmatism- and presbyopia-correcting IOLs, advanced intraoperative aberrometry, retail optical products, oculoplastics, and innovative dry eye treatments creates an environment in which you can be reimbursed for medical procedures that improve patients’ quality of life while allowing you to receive market-based reimbursement. The hard work has been done on this front, and reaching the summit of improved reimbursement is well within your reach.



SUMMIT No. 3

I Do Not Have the Money or Access to Capital

We are fortunate to be in an economic market where access to capital is not as difficult as it may have been historically. The questions are really what is the best use of capital and how much should you pay for the use of the capital. I urge you to look at your practice development goals and to prioritize your capital requirements so as to be consistent with your vision of the perfect practice. Remember that this is your vision and that you do not have to purchase every new technology that comes down the pike. Although you will likely have to make strategic investments in technology and facilities to



move toward your ultimate vision, you should do so on your own terms. In the accompanying sidebar, *Building a Practice From the Ground up: the Vold Vision Story*, my friend and respected glaucoma and cataract surgeon Steven Vold describes how he left his comfort zone, took some risks, and used a unique form of financing to propel himself and his business toward success.

SUMMIT No. 4

I Do Not Have the Time

We all struggle to find time for family, work, fitness, and pleasure. One of the things I always tell physicians and surgeons is simply to keep track of the amount of wasted



BUILDING A PRACTICE FROM THE GROUND UP: THE VOLD VISION STORY

BY STEVEN VOLD, MD



In 2011, I made the difficult decision to leave the security of a longstanding, stable clinical practice to build the ophthalmology practice of my dreams. I really did not comprehend how big an undertaking was before me. Adequate financing is critical to launching any new business. A significant financial investment is required to purchase necessary capital equipment and hire quality staff just to open the doors for business. Securing Medicare and other insurance revenue takes time, with several months elapsing before the first payment arrives. In addition to purchasing a clinical facility, I made the bold decision to build an ambulatory surgery center (ASC) as well. Early on, I often found myself wondering how or why a solo practitioner without a rich uncle would even contemplate such an enormous undertaking.

Those who know me best will tell you that I think outside the box and that I love to take on big challenges and defy conventional wisdom. My burning desire to make a difference and my abhorrence of mediocrity provide tremendous fuel for all my endeavors. That said, the support of my entire family and their willing sacrifices for the cause made my building an ophthalmic center of excellence possible. Being by nature averse to debt and determined to live below our means, my wife's and my lack of personal debt going in made this somewhat risky venture feasible for our family. We invested all company profits back into the business for the first 3 years of operation to follow the aggressive timeline of my business goals.

My first big break occurred when I was able to secure a foreclosed 24,000-square-foot orthopedic facility ideally located in our geographic area at far below market value. This windfall allowed me to begin the planning and build-out of the ASC almost immediately. Next, I had the good fortune to stumble on a unique form of financing that is available to universities and churches but not typically to medical facilities. Called *capital market financing*, it uses the bond markets. The thought of refinancing my building loan from 4.5% to less than 2% interest seemed almost too good to be true. After thoroughly researching the process, however, I learned that many reputable institutions had used this type of financing successfully for years. Having availed myself of this option at my local bank, I will be able to completely finish the facility and actually lower my monthly mortgage payment!

As my practice completes its fourth year in business this spring, I can say with a tremendous sense of accomplishment that we are completely out of debt in both the clinic and ASC. Our only remaining debt is on the building, and I have a 5-year plan by which to eliminate it thanks to the incredible blessing of capital market financing. With superb leadership of our organization in place and this creative financing option, the future of Vold Vision appears very bright!

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“I ENCOURAGE YOU TO STEP OUTSIDE YOUR BOX, EXPLORE ALL POTENTIAL OPPORTUNITIES, AND LOOK AT OTHER INDUSTRIES FOR INSPIRATION.”

time they experience in a given week. That wasted time often is spent performing tasks that could otherwise be performed by someone at a different level of training and cost. In real estate development, the term is “best and highest use.” It refers to ensuring that a piece of property or a building is used for a function that produces the highest rent revenue possible. For example, you would not place a warehouse in the middle of a busy retail district. Why? Because you can generate a much higher level of rental income from retail usage than a warehouse. Applied to ophthalmology, this concept might mean having an optometric physician see your postoperative patients or having an optician fit contact lenses. By applying the concept of best and highest use to your practice, you will find that you can scratch out a significant amount of time to apply to the pursuit of your vision of the perfect practice. I would encourage you to look at your schedule for the past 2 weeks. Ask yourself, “Are there times when I was not performing my best and highest use?” If yes, restructure your weekly schedule, team, and other resources to ensure you are utilizing every second of time in a way that best serves your vision.

SUMMIT No. 5

I Do Not Have the Right Patient Demographics

I spend a lot of time talking about adding elective services to ophthalmic practices. In my travels, I frequently hear the comment, “My patients do not have the money for these procedures and only want the basics.” My response is always the same: “You are telling me your patients do not want to pay for an improved quality of life? Really, that surprises me given that they are likely using cell phones and cable, watching flat screen televisions, and driving cars with electric windows. I think your patients probably are open to an improved quality of life.”



I am not suggesting that you should push services or products on unwitting patients. I am suggesting that you should invest time in educating your patients about all their options for an improved quality of life. By giving your patients options of which they may not have been aware, you are providing an opportunity for them to choose how to spend their personal resources by evaluating the value proposition you and your staff are offering to them. I have seen farmers in overalls driving pickup trucks who select refractive cataract surgery and frugal retirees pay for cosmetic procedures with cash carried in brown paper bags. I suggest you not economically credential your patients but instead give them the opportunity to make their own decisions. Steve Jobs famously stated, “It’s really hard to design products by focus groups. A lot of times, people don’t know what they want until you show it to them.” When it comes to refractive surgery, I like to refer to the words of Henry Ford: “If I had asked people what they wanted, they would have said faster horses.” Sure, better glasses are great, but what about no glasses?”

SUMMIT No. 6

I Cannot Get My Partners to Agree

In the previous installment of this series, I discussed the process of getting your personal and professional teams on board with your vision. In a partnership, you often make compromises to achieve consensus. I feel that compromising on a goal that is less desirable for you is a step in the wrong direction—a step away from your vision. Partnerships should not only help you move toward your goal, but they should also help you move your partners toward theirs. If the partnership requires compromises away from each of the partners’ desired goals, then everyone will settle for something less than they wanted, which leads to general unhappiness. If your partnership is





ACHIEVING NEW HEIGHTS BY SEARCHING FOR SOLUTIONS OUTSIDE OF YOUR INDUSTRY

I have been a health care business developer and manager for more 25 years, but I have only been working in the ophthalmic space for the past decade or so. I have had the good fortune to be exposed to multiple specialties related to health care, including outpatient imaging, free-standing birthing centers, cosmetic dental practices, fitness facilities, and retail centers. Most of my experience has separated me by only a few degrees from medicine, but I have always tried to look beyond the known toward other industries such as manufacturing, hospitality, entertainment, and design for ideas that might apply to whatever problem I might be trying to solve. Recently, I read about a group of business school professors who commented in a *Harvard Business Review* article about their studies that reaching for ideas outside of one's industry can produce more successful outcomes.

"We've found that there's great power in bringing together people who work in fields that are different from one another yet that are analogous on a deep structural level. Such as makeup and surgical infections, surprisingly. Or inventory management and robot games. Or malls and mines," said Professors Marion Poetz, Nikolaus Franke, and Martin Schreier. They found that looking to analogous fields often leads to radical innovation that you would not necessarily find by sticking to your own field. People in analogous fields are drawing on a different wealth of knowledge and are not limited by existing principles and ideas. This allows them the freedom to come up with novel ideas.

In the article, the researchers recommend that a person clear away the details and ask him- or herself, What is the essence of the problem? Then, they recommend describing it in such a way that potential solvers from analogous markets can connect their knowledge to it.

prohibiting you from moving toward your vision, maybe the partnership needs modification.

SUMMIT No. 7

I Do Not Know How to Do It

John Andrew Holmes the poet said, "Never tell a young person that anything cannot be done. God may have been waiting centuries for someone ignorant enough of the impossible to do that very thing."

I am quite sure that the Wright brothers did not know how to fly a plane before their historic flight at Kitty Hawk, North Carolina. They had ideas, concepts, and theories about flying, but until they got in the air over the Outer Banks, they could not say they truly knew how to fly a plane. I have three young sons. I give them tasks to complete, and they often say, "Daddy I don't know how." My response is, "Learn how." If you do not know how to tie your shoes or ride a bike, it is time to learn. Given the level of intelligence and expertise of physicians, I find it is hard for them to "learn" something new. Learning involves being vulnerable, asking questions, practicing, failing, and at times, feeling frustrated. It is not as if Erik Weihenmayer was born knowing how to climb mountains and sheer ice faces. He had to learn, and he had to do so without sight. We can all learn new things (see *Achieving New Heights by Searching for Solutions Outside of Your Industry*).



CONCLUSION

I hope that this article helped you to see the power of possibility that exists within the area I call the unknown. I encourage you to step outside your box, explore all potential opportunities, and look at other industries for inspiration.

In the next installment of "Pathway to Your Perfect Practice," I will begin to explore one of the most basic components of designing the practice of your dreams: the environment or facility in which you see patients. You spend a large percentage of your life at work. Why not spend that time in a space that not only creates efficiency but also a pleasurable experience for you, your team, and—most importantly—your patients? ■

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