



NVISION EYE CENTERS

Eye surgery enterprise offers surgeons—and patients—the best of both worlds.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR



In an effort to explore the plethora of paths that practices take to the proverbial winners' circle, *CRST* is showcasing distinct eye surgery practices across the country. Last month, we looked at a small boutique practice dedicated to community service. This month, we present pearls from a vast and growing eye surgery enterprise.

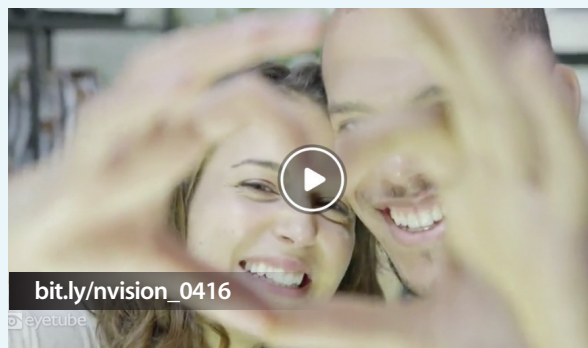
Nvision Eye Centers is the antithesis of traditional health care practices. It is a conglomeration of 28 individual practices or centers in California, Nevada, Oregon, and Arizona focused on giving consumers what they want: the most experienced surgeons, the best technology, and service on par with a five-star resort. At the same time, Nvision is providing surgeons with a practice model they desire: the autonomy of a solo practitioner with the security of a large, successful enterprise.

"The company is built on three central pillars: industry-leading physicians, advanced technology, and a gold-standard patient experience," explains Nvision President James Pereyra, whose background is in building organizations in the medical device space. Founded in 2010 by LASIK pioneer Tom Tooma, MD, Nvision boasts an impressive roster of physician partners, including a cofounder of TLC Laser Eye Centers, Jeffery J. Machat, MD. The key to attracting leading surgeons is giving them *more*, says Mr. Pereyra, who explains that *more* means something different to each partner (see *From Academia to Nvision Centers* and *Like-Minded Surgeons Share an Umbrella*). "For some," he says, "it's an opportunity to have more of a work-life balance; for others more refers to economic rewards." Interestingly, he points out, for some, *more* means increased camaraderie with like-minded professionals. "We connect all of our team members across the company with their colleagues in other centers for training, mentoring, coaching, and camaraderie," says Mr. Pereyra. "In fact, one physician shared that, not only is he enjoying interacting with his colleagues, but he hasn't had this much fun since his residency."

The strategy is paying off substantially. The company has doubled in size in the past 2 years, and Mr. Pereyra says he expects growth to continue at a similar rate: "To me, growth is a byproduct, or end result, of doing all of the right things. So, at Nvision, we tend to focus more on key

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Nvision Centers promotional video.



Tom Tooma, MD, talks about Nvision's mission.



quality measures such as patient and employee satisfaction rather than on growth alone.”

Herein, Mr. Pereyra shares Nvision’s strategy for meeting and exceeding those key quality measures.

CRST: Nvision does not fall into any of the typical practice categories—concierge, boutique, group, solo. How would you describe it?

Mr. Pereyra: We strive to be the antithesis of a traditional health care practice. Too many practices are still anchored in the 1970s, relying on outdated technology such as fax machines and an outdated sense of patients’ expectations. We are a huge departure from that antiquated experience. Instead, we aim to be exceptional, as we deliver what we refer to as the “white glove patient experience.” We create a friendly, caring environment, where patients are warmly greeted, ushered through in a timely manner, and treated like a family member at every step of their visit. Our practices resemble neither the large hospital-like practice nor the small boutique. Instead, we are akin to a Nordstrom department store or Four Seasons hotel in that we push our business beyond traditional boundaries [with] an aim to provide the ultimate patient experience.



James Pereyra

CRST: Is each of the centers operated independently, or are operations centralized? Also, are Nvision surgeons independent operators or employees of the corporation?

Mr. Pereyra: In our partnerships, we purchase a majority interest in the practices, and the surgeons continue to stay on as Nvision surgeons. They have a home base but may operate at any of our centers. We encourage our physicians to spend time at other Nvision centers and to collaborate with other Nvision surgeons. Additionally, they can avail themselves [of] any of our training opportunities as well as draw upon the resources available at our Support Center. Operations throughout our centers are led by our Aliso Viejo Support Center, where many of the activities are centralized such as billing, compliance, information technology, human resources, training and development, and our call center.

CRST: What are some ways that you attract and recruit the best surgeons?

Mr. Pereyra: We attract the best surgeons by giving them more of whatever it is that’s lacking in their practice

What’s the Connection Between Nvision Centers and TLC Laser Centers?

In 1999, Tom Tooma, MD, combined his two-office practice with St. Louis-based TLC Laser Eye Centers. It was a good strategy for 1 decade, while LASIK was riding the wave of economic prosperity. After the economic downturn that took LASIK volume tumbling with it, TLC filed for bankruptcy court protection in December 2009. By that time, the company had grown to 12 locations in Southern California. Dr. Tooma bought eight of the TLC Laser Eye Centers in Southern California and renamed them Nvision Laser Eye Centers. Since then, Nvision has grown to 28 centers and has expanded beyond LASIK to include cataract surgery, among other things. TLC is a completely separate organization that continues to provide LASIK surgery.

before they partner with us. One of the key elements that attracts some physicians is access to the newest technology. Technology is expensive, especially for solo practitioners. Because of the size of our organization, we’re able to leverage our buying power to make technology more accessible and more affordable.

As health care has evolved, the regulatory and administrative stresses on practice management, as well as the economic stresses of keeping up with the latest technology and equipment advances, have created a strain on independent practices. We leverage our infrastructure, size, and scale at every opportunity to better position our organization and our partner practices.

CRST: What role does integrated care or shared care of patients play in the Nvision paradigm?

Mr. Pereyra: Increasing patient volume is a goal of our surgeons. We have more than 2,000 optometrists and primary care providers who actively refer [patients] to our practices. We also have a dedicated and very sophisticated outreach team that visits primary care providers and optometrists. They introduce our physicians to referring doctors and host continuing education events and open houses. Additionally, our Nvision surgeons are encouraged to present their own topics of interest, lead educational seminars, and attend open houses for referring doctors.

A strong relationship with optometry has played a significant role in our success. We believe in partnering with optometry, when appropriate, to deliver seamless care from our practices to theirs.

From Academia to Nvision Centers

Jonathan Ramin Pirnazar, MD, was an assistant professor at the University of California, Irvine, before becoming an Nvision surgeon. After 6 years in academia, he says he was ready for the benefits inherent in being on the Nvision team, including having more control over the trajectory of his career, having immediate access to the newest technology, and having the freedom to concentrate on the clinical aspects of his practice, because the administrative end is handled by an office manager fluent in the nuances of ophthalmic surgery.



Jonathan Ramin Pirnazar, MD

"When I was at the university, I enjoyed it, and I think it was a great starting point, but I couldn't do any marketing, I couldn't participate in any comanagement, I couldn't really do anything to try to build my practice," explains Dr. Pirnazar. As an Nvision surgeon, he says he gets to be "his own boss," knowing that the more effort he puts into networking with the doctors who comanage with Nvision Centers, the more his practice will grow. What is more, he points out, he can have control over his practice's growth without having to dedicate substantial time to administrative oversight, because in addition to providing an eye surgery-savvy office manager, Nvision facilitates information technology, human resources, and other administrative oversight from its centralized offices. "I can focus on just the medical side,

and that's what I really like," he says.

Having immediate access to the newest technology was another appealing aspect of becoming an Nvision surgeon, according to Dr. Pirnazar. "We had access to the best lasers right away," he comments. "There was no waiting. It wasn't like we had to reach a certain level of seniority. So, having the best technology, working with a well-equipped and high-functioning staff, and operating in a beautiful setting that is extremely appealing to patients [are] truly gratifying. It's a major difference compared to doing surgery in the little basement of the university."

Dr. Pirnazar was among the first Nvision surgeons to offer a full repertoire of surgery when the Nvision model expanded beyond LASIK, and he suggests that Nvision was able to flourish despite LASIK market trends because Nvision surgeons were some of the best in the area. "I'm 50% cataract and 50% LASIK," he says. "During the economic recession back in '08, I was able to keep busy with general ophthalmic surgery and cataract surgery as well as implanting advanced-technology lenses. I think Nvision has been able to withstand the LASIK market trends because we are so good at what we do from a LASIK standpoint. A lot of the smaller LASIK 'players' went out of business, but we were able to survive and even thrive."

Jonathan Ramin Pirnazar, MD,

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CRST: What are some challenges that Nvision Eye Centers has successfully surmounted and how?

Mr. Pereyra: In our industry, there are primarily two models: elective cash pay and medical. How do we seamlessly interconnect the elegant complexities of the elective cash-pay model with the complicated logistics of the medical model? That has been our single biggest challenge and arguably one of the biggest challenges in the industry. Nvision, however, is the only large practice group to successfully evolve from an organization that was 99% elective to where you find us today—a practice group that is 50% elective and 50% medical.

How did we rise to the challenge? First, we recognized that the two models greatly diverged in regard to economics and human behavior. The elective patient chooses treatment, arrives at the appointment with an optimistic attitude, and pays with cash. From beginning to end, it is an easy, smooth, and positive experience for the patient and the staff that has been trained to ensure the patient receives a five-star experience.

The medical patient, on the other hand, is generally seeking treatment because he or she is unhealthy, has a need as

opposed to a want, and is met by a staff member whose top priority is to deal with insurance issues and move him or her in and out as quickly as possible. Under this model, the economics are more challenging. We had to step back and figure out how to layer the intricacies of the medical model into a cash-pay model and do it successfully.

We learned how to bill, how to communicate with payers, how to code, and how to remain compliant in an evolving health care landscape. At the same time, we had to teach and train the general medical practices we partnered with in terms of how to deliver our well-honed, five-star patient experience. At Nvision, we believe all patients are deserving of the highest level of care and that they are worth the time it takes for us to exceed their expectations.

CRST: Does the practice have any unique strategies in place that you believe help maintain its status as a market leader?

Mr. Pereyra: Focus on your stakeholders. Our primary stakeholders in our model are patients, physicians,

employees, and our referring doctors. In a fast-paced environment, it's easy to overlook a stakeholder; therefore, we constantly ask our team, "Which stakeholder are you ignoring today?" This simple question helps to bring focus back onto what's important.

CRST: What are some specific strategies that help achieve or maintain the practice's excellence?

Mr. Pereyra: First, constant improvement through training. We started documenting our training 5 years ago with the goal of establishing an Nvision University. Fast forward to today, and we've built training modules for almost every role and activity within the practice. Second, leverage technology to generate meaningful practice data and performance metrics.

CRST: Was there a turning point when the practice's brand crystalized? How did that happen? What were the benefits?

Mr. Pereyra: It was 2015 that marked a turning point for Nvision when we rebranded the organization. We started by interviewing our patients and employees and quickly realized that, although we had a brand and a voice, [they] had not been properly or effectively captured in our

marketing materials. We pared down our message to better capture why we do what we do. The benefits to the organization were very material in 2015. Our Net Promotor Score [NPS] hit an organization high of 82 at the end of 2015. An NPS is a marketing mechanism that essentially grades the favorable conversations surrounding a particular brand. Health care organizations traditionally have very low NPSs; it's not uncommon for health care organizations to have NPSs in the 30 to 40 range. Our performance in 2015 is a testament to being consistent in our actions and simplifying our branding.

CRST: What are some pearls that you can share with other eye surgeons and administrators regarding implementing effective methods of operation?

Mr. Pereyra: We strive to control, or at least have influence on, every component of the patient's experience. No detail is too small or insignificant. We script and train on everything, not because we want to create a bunch of robots, but because scripts and training build confidence. Once confident, the team will be able to customize and find an approach that plays to their individual strengths. This leads me to my second pearl: leverage your team to

Like-Minded Surgeons Share an Umbrella

Mihir Parikh, MD, enjoys being an Nvision surgeon because he gets to be an independent practitioner while still enjoying the benefits of being part of a consortium of surgeons, all dedicated to improving refractive outcomes. Based in La Jolla, California, he has been an Nvision partner for 5 years. "Nvision is a group of like-minded surgeons throughout several states, and we're essentially in a brotherhood of refractive surgery," he says. "We have different ways of doing things, but we share the same goal, which is to make patients as spectacle independent as possible. It's fun to have all these experienced refractive surgeons under one 'umbrella' doing the same surgeries in different markets."



Mihir Parikh, MD

The two benefits inherent in being an Nvision surgeon that Dr. Parikh appreciates the most are a monthly conference call in which all Nvision surgeons take part and the "express lane" to new technology that Nvision's buying power makes possible. "The call is a very powerful tool," says Dr. Parikh. "It's educational, it's informative, and every surgeon has the opportunity to contribute. The call is cutting edge because we're all using the newest technology and the newest techniques before they become mainstream. It's great because, when we're on that call, we're collectively learning and educating each other about techniques and methods that can help [us] master the learning curve at an accelerated rate. Ultimately, all surgeons end up at the same point, but these conference calls help Nvision surgeons get there

faster, which I think greatly benefits patient care."

The second most valuable aspect of being on the Nvision team, according to Dr. Parikh, is benefitting from the economies of scale that fuel Nvision's buying power. "If I were still practicing in my own private practice, and I wanted to buy a laser, I would have to spend around a half a million dollars, whereas Nvision can go into the market and buy 15 of those lasers," he says. "Naturally, that buying power is going to earn them a significant discount. That's going to result in a better profit margin, which is going to result in more money to buy more products as they come out. The more cash you have, the more you can stay current with technology."

Dr. Parikh says the decision to join a group like Nvision comes down to one's goals. "To be competitive in today's health care environment, you have to join a large group practice, join a group like Nvision, or—if you're going to remain solo—join a buying consortium to be able to negotiate better rates for technology and medical devices," he comments. It all depends on a person's strengths. He says the answer lies in how one responds to these questions: "Are you good at negotiating, do you want to spend your time dealing with administrative red tape, or do you want those things taken care of so you have more time to focus on surgery and clinical developments?"

Mihir Parikh, MD

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train new members. True mastery is only achieved when you can successfully train others.

CRST: Nvision started off as a LASIK practice. With the shrinking LASIK market, will the procedure become a smaller part of the model as the refractive lenticular market grows?

Mr. Pereyra: The LASIK market has been quite interesting. As the market shrank in 2009, many smaller providers were unable to deliver a premium patient experience and stay up to date with advancing technologies. Many LASIK providers either chose or were forced to leave the market as they struggled to deliver premium services, [achieve] good outcomes, and stay up to date. Now that there is less volume, the volume is split among fewer providers and even fewer premium providers. So, although LASIK volume has been flat since 2008, Nvision is outperforming the market. It's a challenging market, but our business is continuing to grow.

Currently, younger patients are enamored with glasses. They have become a fashion accessory. However, all you

have to do is think back 10 years to when everybody was clamoring to get rid of their glasses. I believe the pendulum will swing back in that direction. Will that be in 2 years, 5 years, or 10 years? I'm not certain, but I'm sure it will swing the other way. By that time, Nvision will have very good geographic coverage, and we see our partner physicians as being the beneficiary of that change in sentiment. Right now, we're putting up small growth rates. When the pendulum swings back, we'll be in a good position to really accelerate growth in the LASIK market. ■

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