

Building a Referral Network in the 21st Century

Our model allows each practitioner to provide care at the service level with which he or she is most comfortable and has the most expertise.

BY JONATHAN STEIN, MD, AND J. JAMES THIMONS, OD

The concept of the comanagement of patients between ophthalmologists and optometrists and the associated development of a referral network have been a part of how eye care is delivered for more than 30 years. As with any idea that has been put into practice over time, methods of comanagement have undergone numerous iterations. Some of these have been highly successful, whereas others have struggled to meet some basic tenets of the concept.

At Ophthalmic Consultants of Connecticut, we have fused many principles that were part of the initial comanagement movement with several adjustments related to the current health care market, insurance changes, and new trends in referral patterns, service, and patients' access to care.

GUIDING PRINCIPLES

We adhere to three basic principles that guide the growth of our practice and our interactions with patients and clinicians:

- service to the patient comes first
- mutual respect is the foundation of a successful comanagement/referral center
- communication with referring practitioners is the key to excellent care for patients

It is a foregone conclusion that Medicare and commercial insurance carriers will make cuts to their reimbursement schedules in the upcoming years, as the baby

boomers have now reached the age of 65. Furthermore, a limited number of ophthalmologists are being trained by current residency programs, and at the same time, many practicing ophthalmologists are becoming part-time eye care providers. The need for ophthalmic surgeons will increase in the not-so-distant future. For these reasons, our practice elected to create a concept solely for the purpose of providing secondary and tertiary medical care and ophthalmic surgery. We have developed a network with local optometrists to ensure this model's success.

When our practice began 10 years ago, Dr. Stein embraced his role as the ophthalmic surgeon. Dr. Thimons began working with local optometrists and discussing our practice's view of the future of eye care. We spent time meeting with the clinicians face-to-face as well as observing their offices and the services they provided. We explained that Dr. Stein would be pleased to perform surgical or laser procedures on their patients, and we let the optometrists know that we felt strongly that the comanagement of these cases was an important part of the growth of both their practices and ours. This approach has served to establish a solid foundation with the specialists who refer patients to our office.

READY AVAILABILITY

In a referral practice, it is crucial that the physicians be readily available to their current and potential future referring eye care providers. Picking up the telephone when

someone calls with a question goes a long way toward solidifying the relationship and ensuring a successful result for the patient. Furthermore, keeping a referring specialist informed about a specific clinical outcome, especially if an untoward event has occurred, is paramount. Discussing a patient's progress, outcome, and future care is necessary to ensure that all involved have a positive experience.

SEPARATE DISCIPLINES

In a health care system sometimes seen as fostering competition between ophthalmology and optometry, we strive to acknowledge the best in each provider regardless of the modality of his or her practice. To that end, we work to create individual relationships with eye care practitioners who have a shared philosophy of excellence in caring for patients. Our primary goal has been to develop new relationships through the success of our efforts with current colleagues. We feel that this type of success is more sustainable than that purchased with marketing dollars and gimmicks, and it sets a tone of mutual respect for the relationships that we nurture.

While setting up our practice in Connecticut, we made decisions that would shape our performance and aid our creation of a successful network. First and foremost and unlike many general practices in ophthalmology, we chose not to compete with our colleagues in the arena of optical services. In fact, we frequently tell our patients, "We get people out of contacts and glasses, not put them into them." It is important to support the local network of providers with outgoing referrals for primary care services when possible. This gives our referral practice the opportunity to serve as a true secondary and tertiary center for advanced medical and surgical intervention. This new paradigm has enabled us to work with our colleagues in a way that allows each practitioner to provide care at the service level at which he or she is most comfortable. This, in turn, gives us the opportunity to individualize our relationship with each referring specialist and his or her office.

EDUCATION

Educating the people with whom we work is key to creating a successful network. We use many forms of education, including both didactic training and hands-on experience. We will frequently deliver continuing education events to our network that describe the technologies we are using and clinical trials in which we participate. Frequently, we request that new eye care specialists spend time in our office to see how pre- and postoperative care is performed. We also offer "Grand Rounds" for providers interested in specific subspecialty areas. Referring providers are invited into the OR to observe their patients' surgical experiences, this gives them a better perspective on the

Weigh in on this topic now!



Direct link: <https://www.research.net/s/CRST9>.

1. Do you have optometrists in your practice?
 Yes
 No
2. Do you work with local optometrists as part of your referral network?
 Yes
 No
3. Is integrated care between ophthalmologists and optometrists a controversial topic?
 Yes
 No

procedure, what aspects of care we emphasize, appropriate expectations, and clinical outcomes.

CONCLUSION

Crucial to our success is that we have partnered with individuals both internally and externally who share our philosophy on quality care and our commitment to excellence. We made the decision to work as a team and to use our unique professional skills synchronously—Dr. Thimons with his long-standing presence in the optometric community and a national reputation with colleagues and Dr. Stein with a fellowship under one of the top corneal-cataract-refractive surgeons in the country. This approach resulted in a rapid advancement of our practice and the surgical volume we enjoy in all aspects of subspecialty care. We have worked together on almost every aspect of our growth and have shared the important decisions from the beginning. Teamwork has been a very successful concept that has produced the type of organic growth that some offices spend tens of thousands of dollars on marketing to achieve. ■

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