

SAY ANYTHING

IS THERE A NEW PRACTICE MODEL OR STYLE THAT YOU ARE INTRIGUED BY OR WOULD BE INTERESTED IN PURSUING?

IF YOU HAD THE OPPORTUNITY TO REDESIGN YOUR PRACTICE MODEL, WHAT WOULD YOU CHANGE?



ARUN C. GULANI, MD, MS

■ Gulani Vision Institute, Jacksonville, Florida

“ Our practice recently debuted a unique, office-based surgery suite to raise the bar on patient experience, teach visiting surgeons, and provide an incubator for industry innovations. I believe this futuristic model will become the standard for ophthalmic surgeons and the most adopted practice model in the world.”



SUMITRA S. KHANDELWAL, MD

■ Baylor College of Medicine, Cullen Eye Institute, Houston

“ It would be excellent if private practice physicians were offered the opportunity to have teaching time with residents and fellows. This model exists, but only if it is sought by the private practice physician or when the provider staffs resident clinics. Academic centers could use this exposure for medical students, residents, and fellows to learn about billing and practice management.”



ROBERT LEHMANN, MD

■ Lehmann Eye Center, Nacogdoches, Texas

“ I am not very interested in pursuing a new practice model. I have been pleased with our rural, independent practice for the past decade and look forward to adding associates in the future. I might consider hiring an in-house retina specialist, though this is not an easy task in rural America.”



KEVIN M. MILLER, MD

■ David Geffen School of Medicine at UCLA, Jules Stein Eye Institute, Los Angeles

“ I am interested in pursuing a new practice model; however, it would require a nationwide change in health care in which the government would only provide catastrophic insurance and basic immunizations. Tax-sheltered health savings accounts would be greatly expanded and cover everything on a fee-for-service basis. This would work for solo practitioners, group practice models, and large organizations.”

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JAI G. PAREKH, MD, MBA

■ EyeCare Consultants of NJ, Woodland Park, New Jersey

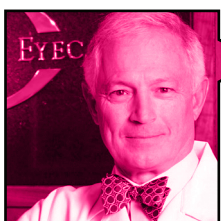
“ New physician-led eye care models continue to spring up everywhere, including those with eye surgeons, optometrists, physician assistants, certified ophthalmic technicians, and support staff. The key is that it needs to be physician-led—there is no doubt that private equity’s interest in eye care allows practices like ours to evaluate all options. Patient centricity, though, will never change!”



MARIA C. SCOTT, MD

■ Chesapeake Eye Care & Laser Center, Annapolis, Maryland

“ This past year, we partnered with a private equity firm. Our goal is to find like-minded practices to join this new entity to improve the quality of care for patients and to provide a more affordable solution through economies of scale. I want to grow without continuing to incur the risk of personal investment capital. I believe it is important to have the ability to do what is best for the patient without the need to check the boxes for insurance or regulation.”



STEVEN B. SIEPSE, MD, FACS

■ Siepser Laser Eyecare, King of Prussia, Pennsylvania

“ I have been entertaining the idea of further limiting our practice to a premium patient experience. This means decreasing the number of patients we see and increasing our revenue per patient. I would like to use more *roll-on/roll-off* technology to stay on the cutting edge, improve patient flow, and add more options while keeping capital expenditures down.”



RICHARD TIPPERMAN, MD

■ Wills Eye Hospital, Philadelphia

“ We have formed the largest ophthalmic provider network in the Philadelphia region without needing to work with venture capitalists. This allows surgeons to remain independent and take the best possible care of their patients. I would describe this as a *physician-led, patient-focused* model.” ■