PRESSURE COOKER

The current climate of rising demand, decreasing reimbursement, and stricter compliance has created a high-pressure atmosphere for ophthalmologists.

Reimbursement cuts in 2020 combined with proposed 2021 cuts would reduce cataract fees by more than 20%. Because most ophthalmology practices already run with less than a 10% margin of profit, the proposed cuts could push many practices to the point of insolvency. Compounding the problem is a worldwide pandemic, which increases ophthalmologists' anxiety, uncertainty, and financial constraints. These forces will push many practitioners to look for ways to increase revenue and tempt some of them to cut corners.

Rather than trying to squeeze more value out of the shrinking reimbursement climate, now is the perfect time to incorporate new technology to help bolster the top line and bring more value to your service offerings. For instance, numerous new presbyopia-correcting and premium IOLs that have launched within the past year provide us with the opportunity to enhance patient value and increase practice sustainability.

It is imperative that we not cross regulatory boundaries in response to the current climate. When working at a surgery center, we should never hear or think something like this: "When the state inspector is here, we will do it this other way." It may be tempting to find shortcuts or bend the rules, but staying within the boundaries will cost less and create less stress in the long run. For example, if the nursing staff becomes aware that the surgeon follows two sets of rules (one when inspectors are present and another for every other day), the surgery center may become vulnerable to liability concerns. We don't want a seed of doubt in a team member's or a patient's mind that a misstep resulted in a less-than-desirable outcome. Putting patients first should align our moral compasses with current regulations, and it can serve as a guiding principle in any situation. If there are regulations in place that infringe on patient care, we should push to change them rather than skirt or disregard them.

Adding to the aforementioned pressures, patient demand for eye care is rising as baby boomers age, yet it is widely thought that we won't have enough providers available to meet this increasing demand. In response, many of us have slowly added physician extenders to our practices to share the workload while still providing the same quality of care to patients. Many of us are using a comanagement approach to patient care and coordinating care for surgery patients with optometrists. Patients often prefer this approach when the optometrist is someone with whom they have an established relationship. This strategy has proven to be an efficient, cost-effective, and high-quality way to coordinate surgical care for cataract surgery.

Unfortunately, some practices may be misusing the system, but we should not throw out the comanagement practice model because of a few bad actors. Again, we should look to patient care first to define regulation and draw boundaries to stay within those regulations. When we do, I believe it will be hard to argue against comanagement as critical to delivering the best possible care to patients.

This issue of *CRST* explores the current landscape of compliance and regulation in ophthalmology in an effort to provide readers with a better understanding of how to practice within the current regulatory and compliance boundaries. As regulations become more complex and the consequences of deviating from those regulations become more severe, it is important for us to build a culture of compliance in our practices. This task is likely more work than any one of us can handle, so it is often wise to build a dedicated compliance team to delegate the work. I hope that you enjoy this issue. ■

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