

Developing a Multisite Advanced Anterior Segment PRACTICE

Love can set you apart.

BY VANCE THOMPSON, MD, FACS

It is a joy and honor to practice ophthalmology, and I believe the joy that my group has in working with each other has been the main driver of our practice's growth. We love what we do, and we love doing it together. We also love supporting each other's personal and professional goals. Caring about each other's loved ones and personal interests builds a solid foundation for a great professional relationship.

A PEOPLE-ORIENTED PRACTICE WITH ORGANIC GROWTH

Philosophy. Vance Thompson Vision has always been a people-oriented practice. Our philosophy is that loving and caring for each other creates an environment where patients feel loved and cared for. Caring deeply for a teammate takes effort and commitment. Creating and maintaining a quality work family is similar to creating and maintaining a quality family. It is why I love the terms *work family*, *work brothers*, and *work sisters*. If that sounds too mushy to you, I suggest you look at what moves you. What makes someone feel loved and valued in their own family works the same in their work family.

Timing. I never imagined that our practice would grow beyond one center in Sioux Falls, South Dakota. Great business leadership



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Vance Thompson Vision Locations



by Matt Jensen, our CEO, and other business leaders and great doctor leadership by John P. Berdahl, MD, and other doctors brought what I call *organic growth*. I use this term because we did not plan to grow into other regions. This equal respect for advanced doctor and business leadership has been absolutely key to our growth.

Additionally, we have always believed that the chance of success is lower when a practice tries to fill a position when the need is at a fever pitch than if a practice makes room for the right people when they come along. Even if help is not currently needed in a given area, it is worth looking closely at excellent candidates because they will help the practice grow. Another way to put it is that my colleagues and I value the right people over the right timing.

Fellowship. Our practice's growth is also due in no small part to the efforts of my partner Dr. Berdahl, our MD fellowship director, and Doug Wallin, OD, our OD residency director. The people who have come through our residency and fellowship program have become some of our most important friends in life, and

they have brought great joy to our teaching journey. Some of them have even become our partners. The purpose of the fellowship and residency program is not to train new partners. We love being part of their training journey and watching these MDs and ODs bring their advanced surgical and medical skills to the practices they join. They also bring with them a yearlong fellowship in the business and people parts of what we do. That kind of organic partner growth is amazing.

OUR CENTERS

In addition to our original location in Sioux Falls, we now have centers in Fargo, North Dakota; Bozeman and Billings, Montana; Omaha,

Nebraska; Alexandria, Minnesota; and Sioux City, Iowa. Each center has an MD doctor leader, an OD doctor leader, and a business leader (see *Vance Thompson Vision Locations*). These individuals communicate a lot with each other and with their counterparts at our other centers. We are firm believers in collaborative care and in respecting the business side of the practice.

Optimizing the business side of a medical practice requires a lot of work and money, so it is so wonderful to share the cost of business excellence. None of us doctors could have access to such great business minds (eg, CEOs and professionals working in human resources or as they call



Figure. A map of the front atrium at Vance Thompson Vision that is used to designate where each patient is sitting.



Vance Thompson Vision's Reading List

- Blanchard K, Bowles S. *Raving Fans: A Revolutionary Approach to Customer Service*. Harpercollins; 2004.
- DiJulius JR III. *Secret Service: Hidden Systems That Deliver Unforgettable Customer Service*. AMACOM; 2003.
- DiJulius JR III. *The Customer Service Revolution: Overthrow Conventional Business, Inspire Employees, and Change the World*. Greenleaf Book Group Press; 2015.
- Frei F, Morriss A. *Uncommon Service: How to Win by Putting Customers at the Core of Your Business*. Harvard Business Review Press; 2012.
- Pine BJ II, Gilmore JH. *The Experience Economy*. Harvard Business Review Press; 2019.
- Topol E. *The Patient Will See You Now: The Future of Medicine Is in Your Hands*. Basic Books; 2016.

it *people and culture*—I just love that—finance, billing and coding, phone team, marketing, compliance, law, practice development, research, and industry) if we were practicing alone. We call the business of what we do our *management services organization (MSO)*. We share in the cost of the MSO collectively and then take care of our local expenses individually.

THE PATIENT EXPERIENCE ... THE BIG E

A great team experience builds a great patient experience. (Please reread the previous sentence—it is that important!) I like to call the patient experience *The Big E*, in reference to the Snellen Chart. The Big E is crucial to a practice's realizing its full potential. So many doctors think that patients are attracted by a doctor's skills and the technologies they use. Patients expect these things—they are not what differentiates one practice from the next. The true differentiators are how a practice's team members treat each other and how they treat patients. Basically, patients are moved by how a practice's doctors and staff make them feel. They say to themselves,

"I don't know exactly what is going on around here because it is complicated, but I love how they treat each other and me so much that not only do I trust them to do my eye surgery, but I am also going to tell all my friends."

A patient experience such as I have described is the result of a lot of work. We read books together (see *Vance Thompson Vision's Reading List*). We also go on retreats together, and we try to build in systems that touch patients deeply. One of my favorites that the team came up with is a map of our front atrium (Figure). It designates the seats so that we know Mrs. Johnson is sitting in seat R2 and is wearing a brown long-sleeved sweater. Instead of a team member's entering the waiting area and loudly saying Mrs. Johnson's name, our team member can walk right up to Mrs. Johnson and kindly, respectfully, and quietly say, "Mrs. Johnson, I am Amber. I want to welcome you today. I am your technician, and you can follow me."

Developing ways of touching a patient deeply makes work fun for the team, and it builds patient confidence and satisfaction. Collaboration between our multiple centers allows us in meetings to discuss creative

work family and patient experience strategies we have tried that have succeeded or failed so that we can help each other succeed across all of our locations.

THE L WORD

Reading the books of leaders of sports teams and other businesses has given us great ideas on being our best for our work family. I love reading books by coaching greats such as John R. Wooden and Mike Krzyzewski because they provide tips on how I can be the best for my team and help my team realize the best versions of themselves. A saying of Coach Wooden's that he frequently used at basketball practices has helped me over the years in surgery and clinic: "Be quick but don't hurry." He also made me comfortable saying a word for how I felt, *love*. According to Coach Wooden, you must love your team to get the best out of them.

We talk like this at Vance Thompson Vision. Yes, it is a different kind of love than we feel for our families, but it is love. What if I worked with someone closely over the years, gave a heart-warming toast to that person, looked deeply into their eyes, and concluded by saying, "I *like* working with you." It wouldn't sound or feel right. I would *love* working with that person, and it is more than ok to say so. This can be life-giving to an organization.

CONCLUSION

Is it obvious how much I love being the big brother, and mascot, of this organization? I hope my sharing these experiences and ideas on organic practice growth, prioritizing people, and fostering great team and patient experiences helps readers to love and care for their own groups so that their patients feel loved and cared for. The effort involved can create a more joyful practice journey and practice growth. ■