

# How to Run a Successful Practice in an Era of



# STAFF SHORTAGES



## PATTI BARKEY, COE

- CEO, Bowden Eye & Associates, Jacksonville, Florida
- Administrator, Eye Surgery Center of North Florida
- Director and Creator, Dry Eye University
- President-elect, American Society of Ophthalmic Administrators
- pattibarkey@hotmail.com
- Financial disclosure: None acknowledged



## CARRIE JACOBS, COE, CPSS, OCS

- Executive Vice President of Operations, Chu Vision Institute; Administrator, Chu Surgery Center; and Secretary, Chu Vision Foundation, Bloomington, Minnesota
- carrie.jacobs@chuvision.com
- Financial disclosure: None



## CYNTHIA MATOSSIAN, MD, FACS

- Founder and former Medical Director, Matossian Eye Associates, Pennsylvania and New Jersey
- Member, CRST Executive Advisory Board
- cmatossianmd@icloud.com
- Financial disclosure: None

Creative flexibility is key.

A staff shortage is a significant challenge facing ophthalmology practices. It is therefore important to take steps to fortify your practice. This article outlines several strategies for maintaining a successful practice despite the challenges of a staff shortage.

### BE CREATIVE AND FLEXIBLE

The standard hiring approach of posting a job opening online and reviewing and selecting the best candidate is insufficient in today's job climate. Following are three tips for applying a creative, flexible, and unique approach to recruiting new hires.

► **No. 1: Employ innovative recruiting methods.** Consider asking staff or other physicians if they know anyone who would be a good fit for the practice. Community institutions such as churches, synagogues, and schools can also be great places to find employees.

► **No. 2: Embrace new employment models.** Consider adopting creative employment models such as job sharing, flexible scheduling, and working remotely. Success with a remote workforce requires strong policies and procedures. Evaluate whether certain tasks could be outsourced to remote positions and set clear standards and expectations to ensure productivity and quality are not compromised.

Many practices now use remote triage teams and virtual consultations to provide initial education and collect patient information. Virtual consultations can optimize efficiency and save time and foot traffic in the practice. It also helps prepare patients for their first appointment.

► **No. 3: Hire people people.** Working with people is intrinsic to health care, but there is increasing demand for remote work among ophthalmic staff. There are clear benefits to remote work—and being flexible with employees is essential in the current job climate—but it is crucial to prioritize the skills and characteristics most important to your practice when searching for new hires.

# Software Solutions to Optimize Practice Efficiency



LEARN MORE

Software solutions can mitigate the impact of a staff shortage on your practice. Following is a nonexhaustive list of practice management platforms, some of which the authors have direct experience with (scan the QR code for links to the website of each software solution).

- ▶ **Brevium.** A practice management system that, by leveraging practice data, performs data-driven patient engagement such as appointment reminders and patient recall communications.
- ▶ **CoFi.** A payment platform that creates automated invoices and facilitates compliant comanagement payments.
- ▶ **Conclun.** A data analysis platform that uses Power BI (Microsoft) to pull data from various practice management software systems to create custom interactive data dashboards for key metrics.
- ▶ **ClearWave.** A patient engagement platform that has functions for patient scheduling, check-in, insurance eligibility, and other patient communications.
- ▶ **Dialpad.** A communication platform that allows voice, video, and text-based online appointments. It features voice and meeting analytics to help with the billing and payer reimbursement process and can be used on a variety of devices.
- ▶ **MaximEyes.** A cloud electronic medical record (EMR), practice management, patient engagement, online bill-pay, and optical point-of-sale system.
- ▶ **MDBackline.** A platform to streamline cataract patient education. Patients receive a text or email message with a link to educational materials. They also respond to questions about their lifestyle and vision during the educational process through this platform.
- ▶ **Practice Navigator.** A program to facilitate precalls for patients ahead of a cataract surgery evaluation, aiding with patient education and obtaining information about their lifestyle and vision. A virtual technician enters the information directly into the practice's EMR system.
- ▶ **Next Patient.** A software platform that integrates with EMR technology through online appointment scheduling, digital check-ins, advanced reminders and texting, and reputation management.
- ▶ **OptiCall.** A call center that provides services such as monthly reports on calls, patient recalls and follow-ups on web-based leads, and automated reputation management.
- ▶ **Phone COA.** A precall platform executed by certified technicians to obtain and preload patients' medical information and relevant notes into EMRs.
- ▶ **Phreesia.** An automated platform to complete patient intake and other engagements, such as appointment scheduling and reminders, automated insurance verification, and payment.
- ▶ **Promptly.** A web-based patient experience software platform for patient communication and appointment scheduling. Patients can also pay their balance before arriving for their appointment.
- ▶ **SolutionReach.** A software program for patient appointment reminders and communications. The software also features patient satisfaction tools such as surveys and online reviews as well as patient education and automated practice marketing tools.
- ▶ **Salesforce customer relations management.** A system used to track patients throughout the course of their treatment journey, schedule appointments, send reminders, and perform other clerical tasks.

Culture is one key to attracting and retaining quality staff. Make sure your employees love their jobs. Try to attract staff who thrive on the human-emotional aspects of the job. The best employees are empathetic and love helping others; they find joy when patients are happy after surgery. If you hire the right people, a positive workplace culture will follow.

## FOCUS INTERNALLY

Invest in your staff by supporting their continuing medical education efforts and offering additional job training (for more on technician training, see "Where Have All the

Good Technicians Gone?," pg 38). Well-trained employees tend to be more engaged with and excited about their work, which feeds back into the practice and helps to lessen the impact of staff shortages of any kind (for perspectives on preparing your practice for the predicted shortage of ophthalmologists, see "Say Anything," pg 34). Consider initiating a formal process for training during work hours.

We also recommend cross-training employees on various job functions. This avoids being dependent on one employee to complete certain tasks, a pitfall that can backfire if the individual is sick or leaves the practice.

## EMBRACE NEW TECHNOLOGY

New technologies and software solutions can optimize practice efficiency without compromising the patient (or staff) experience. Keep abreast of the software solutions available and encourage your staff to do the same. It's important to test new solutions before investing in them to avoid adopting something that might decrease productivity. Testing can be done by visiting the exhibit hall booths of various software companies at meetings or scheduling virtual demonstrations.

Be sure to allocate finances not only for the acquisition of new software solutions but also for their

integration into the practice workflow. Careful assessment of the tools and functions of any new software is required to avoid duplicating the functions of an already integrated platform (see the accompanying sidebar on the previous page for a nonexhaustive list of helpful

practice management software solutions). Appoint a lead who is in charge of successfully implementing technologies into the practice and training staff on how to use them.

**CONCLUSION**

Break away from traditional

recruiting and employment models, listen to your employees, and embrace technologies that lessen the workload in the practice. With a little bit of creativity and adaptability, you can set your practice up for success despite the challenges of the current job climate. ■

# SAY ANYTHING

## WHAT STEPS IS YOUR PRACTICE TAKING TO PREPARE FOR THE PREDICTED SHORTAGE OF OPHTHALMOLOGISTS?



**JOHN P. BERDAHL, MD**

■ Clinician and researcher, Vance Thompson Vision, Sioux Falls, South Dakota  
 ■ jberdahl@vancethompsonvision.com

“ My little corner of the world in South Dakota has one of the lowest unemployment rates in the United States. The state has had an unemployment rate of less than 4% for my entire career, perhaps with a minor exception during the second quarter of 2020 due to the COVID-19 pandemic. Recruiting and retaining good talent has therefore been a priority at our practice for many years, and it will continue to be one given the predicted shortage of ophthalmologists. The secret sauce, if you will, of the practice is not the surgeons or optometrists but the connections between staff members and patients. Whether it’s the moment when patients contact our first impressions team by phone or when they receive staff assistance while struggling with a bill, it’s the team that touches patients deeply in their moments of vulnerability.

The first rule of running an ophthalmology practice given the current staffing challenges and predicted shortage of ophthalmologists is to avoid a staff shortage altogether. Caring for staff is a priority at our practice. First, there are the tangibles such as stocking a staff vending machine with free healthy snacks and drinks. We also offer a new shoe allowance that is disbursed every year on the anniversary of an employee’s start date, host monthly get-togethers that usually include the staff’s families, and offer competitive salaries. The intangibles of caring for our staff, however, are often more important. These include simply being nice to the team, providing clear directions, and ensuring that they know how to get decisions made and which decisions they can make themselves.

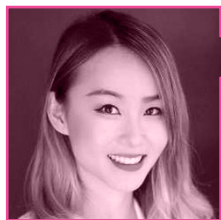
Simple strategies such as those described here can help make staff feel valued, create a work culture that makes Mondays enjoyable, and build a practice’s reputation in the community as an excellent place to work. Ultimately, these strategies could lessen the impact of the predicted shortage of ophthalmologists as well. Once that reputation is established, staff shortages of any kind become less likely and less burdensome because it becomes easier to hire new staff members.”



**O. BENNETT WALTON IV, MD, MBA**

■ Refractive, cataract, and cornea surgeon, Slade & Baker Vision, Houston  
 ■ drwalton@visiontexas.com

“ There are hours of pre- and postoperative visits for every surgical patient interaction. As demands on surgeons’ time continue to grow with demographic shifts and given the predicted shortage of ophthalmologists, the ability to practice with a team who can handle routine pre- and postoperative care becomes a significant advantage. One thing I love about our practice is the collaborative way in which we work. I get the privilege of working with our practice’s incredible optometrists, who are experts in pre- and postoperative cataract and refractive care, dry eye management, and complex contact lens fittings. It makes the clinic environment enjoyably interactive among friends while allowing each of us to focus on our preferred skill sets.”



**DAGNY C. ZHU, MD**

■ Cornea, cataract, and refractive surgeon; Medical Director; and Partner, NVISION Eye Centers, Rowland Heights, California  
■ dagny.zhu@gmail.com; Instagram and Twitter @DZEyEMD

“ In today’s rapidly advancing technological age, fewer ophthalmologists means not only seeing more patients but also seeing more patients with higher expectations. To meet this demand, ophthalmologists must deliver greater efficiency and a higher quality of care. One way to achieve this is by offering in-office surgery.

I have operated out of an office-based surgery suite for almost 5 years. Instead of scheduling a few patients once a week in a busy ambulatory surgery center or hospital system, I can offer surgery to my patients 5 days a week, including Saturdays. This gives patients greater flexibility with their work schedules and allows me to provide surgical care to more patients. The OR turnover time in an office-based setting is also shorter, in my experience, which contributes to greater efficiency.

Additionally, I often perform immediately sequential bilateral cataract surgery (ISBCS), which increases efficiency by reducing the number of surgical and postoperative visits. Several studies have established the safety of ISBCS and have demonstrated similar safety and refractive outcomes but higher levels of patient satisfaction and lower cost with ISBCS.<sup>1,2</sup> Patients can also achieve more rapid visual rehabilitation and neural adaptation with ISBCS.

Finally, my cataract surgery patients receive oral sedation with midazolam, ketamine, and ondansetron (MKO Melt, ImprimisRx) rather than intravenous sedation. The onset of sedation is rapid (approximately 15–20 minutes) with a slow, steady release, and I find this approach gives my patients greater comfort and peace of mind because no needles or strict fasting is required.

Office-based surgery enhances both my efficiency and the patient experience. I believe it is the future of cataract surgery, especially given the predicted shortage of ophthalmologists.”

1. Carolan JA, Amsden LB, Lin A. Patient experience and satisfaction with immediate sequential and delayed sequential bilateral cataract surgery. *Am J Ophthalmol.* 2022;235:241-248.  
2. Dickman MM, Spekrijse LS, Winkens B. Immediate sequential bilateral surgery versus delayed sequential bilateral surgery for cataracts. *Cochrane Database Syst Rev.* 2022;4(4):CD013270.