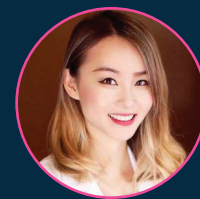


From Ophthalmic Training



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TO PRACTICE OWNER

How fellowship prepared me to trust my gut and buy a practice.

Completing a fellowship after residency was one of the best decisions I could have made as a budding ophthalmologist.

In addition to the surgical guidance I received from well-established clinicians in the field, my fellowship training at the Bascom Palmer Eye Institute in Miami allowed me to learn other aspects of medicine, including how to communicate successfully with patients and how to adopt a business mindset.

I returned home to Southern California after fellowship eager to enter private practice. I received offers from multiple practices, but none seemed like a good fit. All the offers were for entry-level positions, and partnership was not guaranteed.

The prospect of being my own boss appealed to me, but the market was saturated. I therefore spent several months working with a recruiter and practicing part time and per diem.

BROKERING A DEAL

As luck would have it, a reputable refractive surgery practice led by a surgeon who was well respected in the community not far from my childhood home went up for sale. A large corporation was poised to purchase the practice, and I was to become one of its associates. After further consideration and seeking expert advice, however, I negotiated with the corporation and brokered a deal that positioned me as the principal owner of the practice.

The deal required me to finance my part of the ownership, but most banks were reluctant at the time to furnish my loan. I was forced to use my personal savings and to borrow money from friends and family to close the deal. It was a risky move, but I trusted my gut. I knew that my training and fellowship had prepared me for the next step in my career.

Had I not done a fellowship, I don't think I would have had the

confidence in my surgical skills to become a practice owner, especially of a high-volume cataract and refractive surgery practice. My fellowship at Bascom Palmer Eye Institute exposed me to refractive surgery, which I had little experience with in residency. I learned most of my refractive surgery skills in my first few years of private practice, but I am thankful to my mentors at Bascom (Kendall E. Donaldson, MD, MS; William W. Culberston IV, MD; Sonia H. Yoo, MD; and Terrence P. O'Brien, MD) for providing me with the fundamentals to succeed in refractive surgery.

RUNNING THE BUSINESS

My first few years as medical director and partner of NVISION Eye Centers in Rowland Heights, California, were intense. The previous owner agreed to remain in the practice for a brief time to introduce me to the patient community. I worked almost nonstop



Figure 1. Dr. Zhu repainted the practice and updated the furniture and flooring.



Figure 2. Dr. Zhu performs cataract surgery in her in-office OR.

while participating in clinical trials, collaborating with industry, and serving as a clinical instructor for and mentor to trainees throughout the greater Los Angeles area. I took only 2 weeks of unpaid vacation during my first 2 years of practice.

I also had to learn how to run the business, including how to navigate staffing issues and back-end operations and how to grow the practice's patient base. The first challenge I faced was deciding which employees should stay on and what additional personnel to hire. I thought a lot about overhead, and I wore multiple hats—medical director and CEO, marketing manager, human resources manager, and accountant—in the beginning to reduce costs in the practice. This required mental, financial, and emotional grit and perseverance.

Over time, I was able to hire individuals to take on some of my responsibilities. These included a marketing manager. Traditional marketing such as print, radio, and TV ads have a place in my practice's marketing efforts, but the use of digital marketing through social media and internet ads is increasing.

MAKING THE PRACTICE MY OWN

My first focus was to optimize patient outcomes, so I updated the practice's diagnostic and therapeutic technologies. The first thing I replaced was the mechanical microkeratome (Moria) for the Crystal Line femtosecond laser (Zeimer). I also replaced the immersion A-scan with an IOLMaster 400 (Carl Zeiss Meditec) to improve refractive accuracy. I acquired an OCT device (Optovue, Visionix) to better detect subtle pathologies of the macula and optic nerve in my premium cataract surgery candidates. We have also since updated our excimer laser to the WaveLight EX500 (Alcon), which allows us to offer topography-guided ablation, and added the Argos swept-source OCT biometer (Alcon).

Only after that did I work on updating the aesthetics of the practice by replacing the floors with luxury vinyl tile, updating the furniture, and

repainting the walls to a crisp white (Figure 1).

My hard work has paid off, but I am not done. I continue to monitor what in the practice is working and what is not. I invest in new technologies to make the practice run smoothly and offer state-of-the-art procedures to deliver better patient outcomes. These investments differentiate my practice from others in the community. Since I took over the practice, I have introduced the EVO ICL Toric phakic IOL (STAAR Surgical); Nd:YAG laser vitreolysis; and new IOL platforms, including trifocal and extended depth of focus IOLs. I also added femtosecond LASIK and topography-guided LASIK and PRK. I am fortunate that the practice came with an in-office OR and laser suite (Figure 2), which we plan to update this fall.

CONCLUSION

Long-term success in private practice hinges on knowing how to make your practice what you want it to be. By trusting my gut, building upon what I learned in training and fellowship, and investing in my practice, I have grown my patient base, furthered my partnerships with industry, and helped to mentor the next generation of ophthalmologists. ■