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## Physician, know thyself before hiring

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Are you service oriented? Entrepreneurial? The answer will determine who, why and when you decide to hire.

BY SHAREEF MAHDAVI

**H**ow you view your practice?

What is your line of business?

How you answer these questions determines if, when – even how – you hire staff.

An example:

*A young ophthalmologist I know joined a growing practice in Phoenix, Ariz. Having completed a fellowship in refractive surgery, he knew the importance of having a dedicated counselor. He hired an individual whose prior experience had been as a manager of a cellphone retail store. She knew what it meant to sell and serve customers and brought that experience and attitude into her new role. It took her less than a day to become effective in her role, because she understood that what mattered was not her technical knowledge about refractive surgery but rather her ability to ask questions and listen to understand a consumer's wants and desires.*



*In a practice with a high HMO population, he performed 500 LASIK and 900 cataract procedures in his first 12 months. About 60% of those cataract procedures involved the patient opting to pay extra for a toric or presbyopic implant. The difference was hiring a specialized person whose expertise was not in eye care but in customer care.*

*"The only thing I can't teach is to have a heart for serving customers," he told me.*

### Some background on specializations

A generation ago, a handful of medical specialties existed; today more than two dozen are officially recognized. Even the specialties themselves tend to spawn further specialization; ophthalmology has at least five subspecialties.

Since then, staff role expansions invariably followed, driven in part by the need for skill sets not offered by the existing certification programs. For example, the role of refractive counselor emerged, filling a need to educate patients and to sell them self-pay laser vision correction. I use the "s-word" here, as selling is indeed a form of serving the unmet needs of customers.

But staff roles evolved for other reasons, namely because of the rise of technology. Social media has created the need for digital marketing and social media specialists to help the practice maintain an online presence. And government requirements that healthcare providers adopt EHR systems has

made it nearly impossible for a practice to go “paperless” without a full-time information technology manager.

## Let’s turn to those questions

How does one justify the investment in these highly specialized positions, which on the surface seem to increase overhead without contributing much to patient care? The answer lies in how you view your enterprise. More specifically, the question becomes “what business are you in?” If your answer contains “eyecare service” or “eye surgery,” that’s fine. You view yourself as a service provider, and the rapid growth in the over-65 population (meaning baby boomers entering Medicare) will keep you very busy providing care for patients for the next decade and longer.

If your answer is more aspirational, such as “I restore vision,” then you view yourself more as an experience provider. This mindset is most likely a cultural imperative for your practice, where all staff members work diligently to improve the customer experience for your patients.

## Changing lives

At the highest level, you may view your practice as transformational: “We change lives by providing the best vision possible for each of our patients.” In this scenario, your patients are simultaneously viewed as patients and customers with endorsement power. The practice’s environment and staff’s behavior are intentionally designed to stage memorable customer experiences that patients cannot help but share with friends and family.

## A simple statement

The best response I’ve heard so far to the “what business are you in?” question came from an audiologist from rural Oregon: “I’m in the communications business.” This simple statement illustrates that he views himself far beyond a fitter of hearing aids or a restorer of hearing. He sees himself as being a transformative influence in his patients’ lives. It’s no wonder that his number of monthly “new fits” (the unit of measure that describes a new hearing aid patient) rivals those of more tenured audiologists in larger cities.

## What’s your view?

From a hiring perspective, the more advanced – read entrepreneurial – your view, the easier it is to justify the hiring of specialists, as each one fulfills a need that may not be that important to you but is vital to your patients’ perception. This is a difficult concept for some physicians to grasp, especially if they came of age in an era in which another entity paid the bill. That third-party reimbursement allowed medicine to delay improvements in customer service that have become normal and expected in virtually every other industry.

## The ACA and a great admission

With the Affordable Care Act, we are finally admitting as a society that we cannot pay for all the new technologies and treatments we want. Nearly every other industrialized nation has moved to a two-tier system with basic coverage included; everything else is at the patient’s option and discretion as a “first-party payer.”

But our system will continue to make premiums, deductibles and copays rise, forcing physicians to choose which type of practice they will adopt, and therefore become. Those who opt to go above and beyond being a service provider will need to invest in increasingly specialized staff roles. But pay heed: Just as with medicine at the doctor level, at the staff level it’s becoming too difficult for them to be a Jack or Jill of All Trades. So, your decision to outsource, promote from within, or hire from outside is one that will depend a little on economics and a bit on your faith in the future ahead.

## Care to share?

The emergence of the “sharing economy,” which includes rooms for rent (Airbnb), errands for hire (TaskRabbit) and car service (Uber), are prototypes of a possible staffing model that will allow you to “rent” rather than “own” the specialized resource you need when you need that help. Think of it as temporary staffing that is being taken to a new level, courtesy of the Internet. I call it the “Internet of Talent” to parallel the “Internet of Things” (for example, the Nest thermostat) that controls devices inside the home.

Even if you choose to focus only on reimbursed health care, the need for greater practice efficiency will create a demand for staffing to help you achieve it. Given that computerization of diagnostic and surgical devices has taken over some to most of the “heavy lifting” (for example, automated

perimetry, laser-assisted cataract surgery), the skill sets of the future will increasingly tilt towards people-friendly, multi-tasking intelligence among all personnel.

In short, bedside manner will become mandatory for everyone on the team, not just the doctor. **OM**

## About the Author



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