Practice Pitfalls

Common misconceptions that stand in the way of financial success.

BY SHAREEF MAHDAVI

In my conversations with ophthalmic surgeons about the challenges they face, it's clear that many want to better understand what it takes to reach and maintain success in their practice. Many practitioners have achieved professional success and are worried about losing it. Others are on their way there and want to achieve it faster. Still others have lost it and are trying to figure how to get it back.

Last month, I wrote about the virtues of overhead, with a suggestion for a contrarian approach to managing it in a day and age when business people look to reduce costs and expenses. That article could have been subtitled, "You can't cut your way to success." This month, I want to continue exploring practice folklore that's been proliferated around doctors' campfires for ages and also share what I've learned from the principals at the International Council for Quality Care (Boca Raton, FL).

THE ART OF DELEGATION

Doctors were taught early in medical school that for something to be done right, they had to do it themselves. This idea made sense in physicians' competitive years, up to and including residency. I suspect, however, that this sentiment lies at the root of a lot of the issues between doctors and staff. Often, there is deep-seated tension between a physician who knows how to perform a task and a staff member who is paid to carry out the task. Physicians are notorious for executing tasks that should be delegated to a staff member. A good example is transcription. Many doctors plan to save $18,000 per year as promised by the newest and latest gizmo. In reality, the doctor still ends up doing most of the work and in effect has replaced his $20-per-hour transcriptionist with a $200-per-hour one (himself).

Another good example of a task that should be delegated is patient education. Doctors often think they are the best individuals to educate patients because they know the most about the subject matter. A better option is to hire an educator whose main purpose is to counsel patients. A former schoolteacher is often excellent in such a role, because this person will have knowledge about peoples' different learning styles and how best to communicate information in a manner that helps the patient retain it after his visit.

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Delegation done well creates leverage for the physician, freeing him to fulfill his most important function, diagnosing and treating patients. The key question physician directors must ask themselves is, "what is the cost per hour of my time versus that of a staff member?" Such analysis should lead most physicians to conclude that they have too few staff members rather than too many.

DELEGATE EFFECTIVELY

One key to successful delegation for physician directors is for them to be very clear about what they want for the practice. Regular staff meetings led by the physician help clarify his expectations. Nowadays, the job description, long held as the means by which employees were evaluated, is rapidly being replaced by checklists that name essential tasks to be completed. Checklists are being used in numerous industries because they allow for more rapid feedback and accountability between employees and their supervisors.

MAKING THE MOST OF STAFF

The other major complaint I hear from surgeon directors is, "good people are hard to find." Perhaps, but I can point to any service industry in a given city and find good people. They do exist! And, they demonstrate two key traits: (1) they want to learn, and (2) they have a great attitude. Any job skill can be taught to someone who exhibits these qualities.

Once surgeons find those superstar employees, they

must take great care of them. They are more than just employees; they are an extension of the physician within the practice and the community. All employees should be trained thoroughly and often, and they should be paid well and offered nonmonetary as well as monetary bonuses and incentives. In short, if employees are cared for, they will care for the practice. Without a high-performing staff, a practitioner has no chance of making it big.

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SPACE SHARING

Another misguided notion that practitioners hold is that space is a premium expense and therefore should be minimized. Such thinking has led many physicians either to lease too little office space or partner with another doctor, with the thought that the sharing of space (as well as staff) is financially sound and creates economies of scale.

Sharing resources has a detrimental effect on both physicians' abilities to build a medical services system without compromise. On the contrary, compromises are made at every step of the service process: scheduling; forms; techniques; protocols; etc. Staff, particularly nurses and technicians, often have to learn two or more ways of handling the same medical issue and keep track of each doctor's preferences.

Furthermore, the benefits of sharing resources are lost as the practice grows and sharing becomes redefined as centralization of the telephone lines, receptionists, copiers, medical equipment, and examination rooms. Such strategies presumably save money, but do they? Having a single copier may save 1 cent per page, but it costs 6 cents more in the time that staff members lose in traveling to it and waiting in line for their printouts. Consider too the delays in getting information to the place it is needed (such as a referring doctor) in a timely fashion. Essentially, the ability to serve patients' needs satisfactorily can be compromised in a quest for efficiency.

CUSTOMER SATISFACTION

Doctors have always prided themselves on a full waiting room—the fuller, the better. The fact that it's called a *waiting room* is the first cause for concern. Today's patients, particularly those considering paying thousands of dollars out of pocket for an IOL or LASIK, do not want to wait. A full waiting room is a sign of inefficiency and a type of jail sentence to those having to spend (waste) time waiting to be served. There isn't a whole lot of customer satisfaction in that situation! A full waiting room does not lead to success any more than a busy doctor equates with productivity.

A high-quality patient experience in a medical clinic begins with the patient's rapid movement into the process of the office visit upon his arrival. In the event of delays, patients should be kept informed and offered the ability to use a computer for Internet and e-mail access. However, the surgeon and staff should continually monitor the clinical process in order to create predictability in the schedule and minimize and even eliminate delays.

REALITY CHECK

If the pearls for success described herein sound too much like fantasyland, then please appreciate that the best physicians are indeed operating in this manner. Strategies and tactics to develop this type of patient-centric clinical approach are taught at the International Center for Quality Control's 2-day college for physicians (www.physicianstrategycollege.com).

Next month, I will continue with several more tales from the crypt of medical practice folklore, and I will challenge the conventional thinking that in many ways has kept doctors from being able to practice medicine in the way they always dreamed. Stay tuned! ■

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