

# PREMIUM PRACTICE

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TODAY

## If I Knew Then What I Know Now

**Hindsight is 20/happy.**

**BY ROCHELLE NATALONI, CONTRIBUTING EDITOR**

**Section Editor:**

Shareef Mahdavi  
*Pleasanton, California*

**Editorial Advisors:**

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*Premium Practice Today* is a monthly feature section in **CRST** providing articles and resources to assist surgeons and their staff in the pursuit of premium practice development to facilitate exceptional experiences for patients and business success.

## If I Knew Then What I Know Now

Hindsight is 20/happy.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

*When I was young, my dad probably thought I would become a doctor just like him. It did not happen exactly that way, but I did enter medicine through the world of medical devices and have had the privilege of working with physicians during the past 25 plus years. In spite of the challenges to the medical profession, ophthalmology continues to be a great place to live in the medical world. The sentiments you hear from your colleagues when they look back reveal a desire to serve patients and a wish for a bit more business acumen; thus, there is a role for me and my like-minded colleagues who have spent most of our years working alongside ophthalmic professionals. I feel as if ophthalmology has made my career. Just like Roger, James, Neal, Steve, and Lisa, I would not change much in the past, and I am really excited about what the future holds for the profession. As you read the reflections herein, I encourage you to look back on what you have given to ophthalmology and what it has given back to you. Indeed, there is much for which to be grateful!*

—Section Editor Shareef Mahdavi

The evolution of cataract and refractive surgery has taken surgeons on a wild ride over the past 25 years. Phacoemulsification revolutionized the removal of cataracts, and the Centers for Medicare & Medicaid Services eviscerated reimbursement. RK was once considered innovative, and PRK was considered the “zap” to LASIK’s “flap and zap.” The early days of LASIK suggested that spectacles would one day be the vestigial tail of refractive correction. Ironically, just as refractive surgery reached middle age, presbyopia opened up new and exciting avenues for elective lens and laser procedures.

Having both survived and thrived in a variety of practice models, the ophthalmic surgeons interviewed for this article agreed to reflect on their educational, professional, personal, and financial decisions and to share what they would do the same or differently if they had known then what they know now.

### NO REGRETS

All of the surgeons herein agree that their choice of specialty was on point. No regrets there.



Roger F. Steinert, MD, put it this way, “Despite the many challenges of medical practice and the day-to-day frustrations, I think that ophthalmology remains the top specialty for routinely delivering

great results that are life-changing for patients.” Dr. Steinert is the director of the Gavin Herbert Eye Institute at the University of California, Irvine ([www.ghei.uci.edu](http://www.ghei.uci.edu)), and is known for his expertise in cataract, refractive, and corneal surgery. His *Cataract Surgery* textbook is acclaimed by some as the definitive reference for surgical technique and management of complications. Dr. Steinert advises young people entering the field to “find a niche that truly engages your intellect, where you view the time spent as fun, not work. If you are passionate, the golden opportunity will reveal itself.” (See *Generation Why Me?*)

Lisa Brothers Arbisser, MD, who heads the multisite Iowa- and Illinois-based Eye Surgeons Associates PC ([www.eyesurgeonspc.com](http://www.eyesurgeonspc.com)) along with her husband and business partner, Amir Arbisser, MD, says she has never regretted her decision to specialize in ophthalmology. “I love being an ophthalmologist,” she enthused. “It’s been a great career. I wake up every morning excited that I’m helping people. It’s been a joy particularly being a cataract surgeon, because I win almost all of the time.” Dr. Arbisser is also an adjunct associate professor at the University of Utah Moran Eye Center in Salt Lake City. Looking back at the way her practice developed, she considers herself lucky to have been able to focus her attention on clinical mat-



ters. "I was extremely fortunate that the love of my life and partner, Amir Arbisser, is not only a pediatric ophthalmologist but also a great businessman, so I didn't make a lot of the choices as far as the management of the practice," she recalls. "He essentially enabled me to pay attention to being as good an ophthalmologist and surgeon as I could be while making sure that the things that happened around me were appropriate, and he made it possible for me to reach a wide audience. I really got the easy way out because of our amazing relationship and his skills. It's hard to find someone who is both great at the business end of things as well as at the technical end of things. Having that professional partnership was great, but he also was a full partner in raising our children and is a great dad who is totally engaged along with me, so we were able to have four children who are now in their 20s and 30s and are turning out pretty nicely. I realize, now that as I approach 60, [that] I really haven't had that much time to myself,

so there's going to have to be a new season for that. Ultimately, though, when I reflect back, that partnership made all the difference both in private and public life."

Beverly Hills eye surgeon James Khodabakhsh, MD, says, "As far as my choice of specialty, if I had to do it all over again, I would not do anything differently. We are very lucky to be in a field that is so rewarding, and in addition to that, it also affords us excellent hours with very few emergencies, which allows for a better home life." Dr. Khodabakhsh is a clinical assistant professor of ophthalmology and the surgical director of the Beverly Hills Vision Institute ([www.beverlyhillsvision.com](http://www.beverlyhillsvision.com)).



Although Dr. Khodabakhsh has never second-guessed his choice of surgical specialty, he says there are plenty of other things he might tweak if he had a do-over. "I've definitely made my share of mistakes, just like everyone else," he says. "Looking back, I would do so

### GENERATION WHY ME?

Is the younger generation really as different as some would suggest? Is their work ethic waning? Has surgery become just another job?

**Roger F. Steinert, MD.** The demographic experts frequently claim that my generation (the baby boomers) lived to work and that our children (the echo boomers) work to live, desiring steady fixed hours, no practice management responsibilities, predefined expectations, etc. While some of that is perhaps attractive, I would argue that what is needed is balance between these two poles. Many in my generation may have overdone the drive/ambition behaviors, but I am hopeful—and optimistic—that many younger ophthalmologists will find a path to a satisfying private life that leaves room for innovation and professional leadership.

**Neal A. Sher, MD.** I think that a number of young ophthalmologists in the early years of private practice are impatient and want to build up a large practice with lots of surgery in a few years. It is possible for some but not realistic for most. An ophthalmology practice takes time to build but has great nonfinancial rewards. The patients you see are coming to see you for your skills and expertise and reputation. This satisfaction may sometimes be missing in large institutional settings where patients come to you because the insurance plan mandates it. [It is to be hoped that] one

has thought out what kind of practice setting is best suited for one's personality and goals.

**Lisa Brothers Arbisser, MD.** The work ethic among the younger generation seems to be a little different. There's much more emphasis on balance in life. It's more of a job to which they will commit only so much of their time. When I was in medical school, they would work us into the wee hours, multiple nights. We were dead tired, but we developed a lot of experiential intuition. I think perhaps the pendulum has swung too far. Obviously, everything is individual, and I don't want to generalize about an entire generation, but I think that, by and large, people see medicine as a job option as opposed to a true calling like it once was.

**James Khodabakhsh, MD.** I hear all the time from my colleagues how residents are changing, that they don't work as hard, etc. The fact is that people don't change. Every generation of physicians has its good, bad, and ugly, so to speak. I have had residents over the past few years who became very successful very fast, others who are average and take a while to find their footing, and still others who just don't measure up. I think, for the most part, the residents coming out today have a huge fund of knowledge and overall are excellent physicians who will do well.

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many things differently. My worst mistakes were in the areas of investments, equipment purchasing, and practice management decisions. I hired some of the wrong people and fired some of the wrong people. I stayed in the office too long and worked with colleagues whom I should have avoided. That being said, it is all part of starting and growing a practice. Those mistakes led me to where I am now. Today, I run things exactly the way I want to; I only see the patients I want to see and surround myself with staff and colleagues who enrich my life and my practice. In the end, I'm actually glad I made those early mistakes."

Dr. Khodabakhsh's observations make perfect sense, according to business management expert Jon Picoult, the Connecticut-based founder and principal of Watermark Consulting ([www.watermarkconsult.net](http://www.watermarkconsult.net)). "We learn more from our failures than our successes," he says. "When launching new products, services, or entire businesses, it's possible to waste a lot of time and capital pushing an idea that just never gains traction. For this reason, it's really a blessing when you fail fast—quickly learning that the great, big idea you had just isn't going to work out—so you can refocus your energy on something more promising."

Along those lines, Dr. Khodabakhsh reveals, "In the past 20 years, there have been two booms in ophthalmology: the first was laser vision correction, and the second was refractive cataract surgery. I didn't recognize the first because I was too young with no experience, but I sure recognized the second. I was one of the first in Los Angeles to dedicate myself to refractive cataract surgery, and it has certainly been very rewarding, both economically and in patient satisfaction."

Neal A. Sher, MD, opted for ophthalmology after some education in pediatrics, 3 years at the National Institutes of Health, and a goal of training as a pediatric oncologist. "I love ophthalmology and never regretted the decision to switch fields," he says. "I doubt I would still be practicing pediatrics or pediatric oncology after all these years. The rate of burnout in those specialties is very high." Dr. Sher is a partner in Eye Care Associates in Minneapolis ([www.eyecare1.com](http://www.eyecare1.com)), an adjunct clinical professor of ophthalmology at the University of Minnesota Medical School, and an attending surgeon at the Phillips Eye Institute in Minneapolis.

Dr. Sher shares that the relationships he has forged with leaders in the ophthalmic community have been some of the high points of his career. His recommen-



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**—Neal A. Sher, MD**

dation to the generation of eye surgeons currently entering the fold is as follows: "If possible, find someone you admire in our field and who is amenable and accessible to be a mentor. This is especially important in the early years of practice. I have been fortunate to have several individuals I admire tremendously who have played this role, including my retired partner, Irving Shapiro MD, who founded the Phillips Eye Institute, Francis L'Esperance Jr, MD, and Richard Lindstrom MD, among others."

Mr. Picoult concurs with Dr. Sher's suggestion. "I always advise clients to 'gather wood before you need a fire,' which refers to the value of professional networks when building a business or practice," he says. "Such connections can be invaluable, not just for forging business or practice partnerships, but even just for soliciting advice from knowledgeable people whom you trust." He adds that, unfortunately, this does not happen often enough. "Most people regret not spending more time cultivating these connections," he notes. "When they don't immediately need them, it's harder to invest the time in building them, but the day eventually comes in every person's career where they wish they had a more robust professional network."

## LOOKING BACK

There is no denying that these are trying times for the medical profession, and although it is possible to become gloomy about economic forces and/or the



repercussions of health care reform, those interviewed for this article agree that the solution is simple: stay focused on the patient. “Put the patient first, not your practice revenue,” says Dr. Steinert. “In the long run, caring for patients first has always paid off. While there are many forces that would seek to diminish all medical specialties, the strongest position is patient advocacy and having patients as your ally.”

Always follow the lead of your constituency, says Mr. Picoult. “Entrepreneurs and practice owners typically demonstrate great, passionate focus, but that’s a double-edged sword. They can sometimes doggedly pursue an idea and lose sight of the fact that their customers or patients are asking them to go in a different direction—a direction that potentially holds greater promise for the business or practice but is a departure from its founding premise,” he says. “For example, think of Starbucks’ foray into drive-through locations. While not entirely consistent with the company’s original vision of creating a genuine coffeehouse experience, it has nonetheless proven to be quite a profitable adaptation to customer preferences. So, sure, go ahead and have some strongly held beliefs to guide your practice, but be ready to adapt those beliefs based on patient demand.”

## DIFFERENT STROKES

The experience of Steven Schallhorn, MD, has been quite different from that of his peers interviewed for this article, because he trained as an ophthalmic surgeon while in the US Navy. He did his ophthalmology residency at the Naval Medical Center San Diego and cornea fellowship at the Doheny Eye Institute, University of Southern California. “I’m very happy with the top-notch education I received as well as the incredible opportunities that military medicine offers,” says Dr. Schallhorn, who retired from the Navy in February 2007. He founded the Department of Defense’s refractive surgery program, which now comprises 20-plus centers, and he was the first surgeon in the department to perform LASIK and PRK and to implant phakic IOLs in active-duty personnel. Dr. Schallhorn has been in private practice for 6 years ([www.schallhornvision.com](http://www.schallhornvision.com)), is a professor of ophthalmology at the University of California San Francisco, and is the global medical director for Optical Express, the largest provider of refractive surgery in the world. He says his military experience offered him unparalleled patient care and research



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opportunities, but it did not prepare him to run a private practice.

“When I got out of the Navy, establishing a private practice was definitely a struggle and a challenge,” says Dr. Schallhorn. “My training was excellent when it came to ophthalmology, surgery, and caring for patients but not on practical business issues. Looking back, it would have been different. It would have been better to have more business savvy when I set out to start a practice.”

However, there have been many more upsides than downsides, Dr. Schallhorn explains. The research opportunities that he has had for the past 20 years have been very rewarding. “I’ve had the ability to explore many of the different types of technologies, and that has been fascinating,” he comments. “My current role as medical director for Optical Express allows me to continue to study [the] latest technology as well as best practice models using some of the largest and most robust datasets available.” On the downside, he says, is that his role requires a great deal of travel, which can take a toll on his family life. “If I could do it over, I would aim for more balance in the career-family dynamic.”

## TAKE MY ADVICE

The combined career spans and experiences of those interviewed for this issue's *Premium Practice Today* earn them the right to serve up some specific suggestions to those who will be manning the podiums at American Academy of Ophthalmology and American Society of Cataract and Refractive Surgery meetings in the years to come. Here are their final words of advice.

**James Khodabakhsh, MD.** First be ethical. Then, learn everything, try everything, and make your mistakes in residency. Your mentors are there to teach you. Then, figure out what you are really good at and keep on doing it for the rest of your life. In less than 15 years, so many lenses, modalities, and interventions have sprung up. Patients are way more demanding now. Residents need to pay more attention to what's going on and learn about all of these technologies. They will enter practice, and patients will ask them for these modalities. The last thing they want to do is be behind their colleagues in technology before they even get started.

**Steven Schallhorn, MD.** The autonomy that a physician has is being challenged. We are moving closer and closer to working for the government, but it's not all gloom and doom. What we can do to help patients has never been better.

**Lisa Brothers Arbisser, MD.** There's a huge risk of commercialization of ophthalmology in particular and medicine in general. Remember that you are professionals and physicians first and foremost.

**Neal A. Sher, MD.** I was just 22 years old when I got out of medical school, and this affected my decision making on the value of being close to family at the time. I did not quite see the importance at that time. We settled in Minneapolis, where neither my wife nor I had any family. This was a mistake that made many things more difficult for some years and has been a regret. We now spend considerable time flying around the country to be with family. It is an important part of our life. I strongly suggest living in an area where you have family ties, especially if you have children.

**Roger F. Steinert, MD.** Make sure you get involved; support your medical specialty associations, and support your political action committees.



**"My training was excellent when it came to ophthalmology, surgery, and caring for patients but not on practical business issues."**

**— Steven Schallhorn, MD**

## GOLDEN OPPORTUNITIES

Dr. Sher says that one of the best decisions he ever made professionally was getting involved in medicolegal issues related to ophthalmology (see *Take My Advice*). "About 15 years ago, I was asked to be involved as an expert in patent litigation between Visx and Nidek on behalf of the Visx laser," he recalls. "I participated in a number of trials and met top attorneys. This subsequently led to my continued interest in medicolegal issues and a consulting practice that involves mass torts, patents, and malpractice issues."

For every decision that leads to a golden opportunity, there is one that turns out to be less than ideal. Dr. Schallhorn says it is as much about being in the right place at the right time as it is about doing due diligence and using both your head and your heart to make a decision, whether you are choosing a partner, a specialty, or a location for your practice. ■

*Lisa Brothers Arbisser, MD, may be reached at (563) 323-2020; [drlisa@arbisser.com](mailto:drlisa@arbisser.com).*

*James Khodabakhsh, MD, may be reached at (883) 399-4860; [lasereyedoc@aol.com](mailto:lasereyedoc@aol.com).*

*Steven Schallhorn, MD, may be reached at (619) 920-9031; [scschallhorn@yahoo.com](mailto:scschallhorn@yahoo.com).*

*Neal A. Sher MD, may be reached at (612) 436-2117; [nsherm@comcast.net](mailto:nsherm@comcast.net). He acknowledged no financial interest in the companies he mentioned.*

*Roger F. Steinert, MD, may be reached at (949) 824-9970; [steinert@uci.edu](mailto:steinert@uci.edu).*