Taking the Pulse of Your Practice

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Premium Practice Today is a monthly feature section in CRSToday 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.
“You can’t manage what you do don’t measure” is an age-old adage of managerial wisdom that most surgeons take to heart in terms of improving their clinical outcomes. That same approach, however, often fails to extend beyond the examination room or operating suite and into the business of running the practice. This month, Premium Practice Today interviews several physicians and industry consultants to provide their perspectives on the significance of ongoing measurement to the success of a premium practice. Pay particular attention to the sidebars, which emphasize the importance of measuring patients’ satisfaction beyond the clinical outcome.

—Section Editor Shareef Mahdavi

The business of medicine is fraught with complexity in the best of times and is even more confounding in economically tentative times. When the medicine in question is premium cataract and refractive surgery, with its built-in, out-of-pocket payment challenge, the roadblocks standing between surgeons and the long-term success of their practices can seem daunting. Clearly, this is a situation that calls for perspective—the ability to see one’s practice in comparison to itself and others over time and then use that information to plot a strategy for growth.

In practice management parlance, perspective is akin to performance metrics: the tools with which to measure growth and help surgeons and their administrators see clearly where the practice has been, how it got there, where it is headed, and what it has to do to meet future goals.

PERFORMANCE METRICS

Mark Rosenberg, practice administrator of Barnet Dulaney Perkins Eye Center in Phoenix, explains that using performance metrics to plan for success can range from measuring accounts receivables to evaluating practice patterns and everything in between. “How long it takes for the practice to collect its receivables is a big piece of running an economically sound practice,” says Mr. Rosenberg. “If your money is sitting out there in accounts receivable and not coming in fast enough, that is a problem that is not always obvious in a large organization.” Mr. Rosenberg manages a 400-employee practice with eight surgery centers.

Although tracking receivables is crucial to the well-being of any for-profit organization, Mr. Rosenberg points out that the most important practice metrics for premium refractive surgery centers are the ratios of calls to consultations and consultations to conversions. “You look at those numbers, and you look at what your expectations are of what those conversions should be,” says Mr. Rosenberg. “You look at what your peers are doing, and you use those metrics to determine where you can improve your system.”

Mr. Rosenberg points out, “You don’t get to be a high-end refractive practice unless you have a fundamental understanding of the pipeline that it takes to convert patients.” On the other hand, he adds, even armed with this fundamental knowledge, high-end practices are...
Patient referrals are a direct reflection of patients’ satisfaction. Tracking and improving outcomes along with setting and evaluating appropriate expectations for patients are among the methods that lead to a high referral rate. Gauging patients’ satisfaction via surveys and questionnaires before treatment as well as at various intervals after surgery is an effective performance metric tool and perhaps the most important of all.

“In my opinion, patient satisfaction is the most important measure of a practice’s performance,” says Derek Preece, an ophthalmology practice management consultant with BSM Consulting, a Nevada-based firm. “Although not directly related to financial benchmarks, high patient satisfaction creates additional patient flow for practices as pleased patients refer their friends and neighbors. In fact, in over 20 years of reviewing patient satisfaction surveys, I have yet to see a practice with high patient satisfaction scores that has long-term financial problems.”

Exceptional practices tend to have patient-survey scores that are much higher than average, says Mr. Preece. “Of course, practices that conduct their own surveys have no comparison benchmark, so it is hard for them to know how well they are doing relative to other practices. There are some companies (including one of the biggest corporate players in eye care) that provide patient surveys with comparisons to a database of other comparable practices,” explains Mr. Preece. BSM manages one of these corporate-sponsored surveys.

Appropriate expectations are tied to patients’ high satisfaction. “Effective and clear communications are the key to establishing appropriate patient expectations,” explains Mr. Preece. “Practice staff members must be trained to use specific wording for the most common patient questions so that expectations are managed. Written materials need to be clear and current so that patients can read about the practice’s services and approach.”

When Mr. Preece develops a patient-satisfaction survey, he has 2 decades of experience in the field to help guide him. “When I developed surveys, I tested the questions and refined them to a list of proven queries that were clear to patients and helpful to practices,” says Mr. Preece. “For example, asking patients to ‘please rate the technician’ will be unclear to many patients, because they do not know who the technician is. A better question is, ‘When you were called to the treatment room, did you find our nurse/technician to be helpful?’ The only way to really make sure questions are understood by patients is through trial and error, but when a clear way of asking a question is found, it can result in excellent information for the practice.”

There are definite advantages to being able to compare one’s patient-satisfaction scores to those of other similar practices, according to Mr. Preece. “The reason that benchmarks from other like practices are helpful is that most patients are pretty happy with their surgeons, so they tend to rate fairly high,” he explains. “For example, if a practice’s patients rate it an average of 4.2 (on a 1-to-5 scale, with 5 being the highest score), that sounds like a very good rating. However, if a national database for the same question reveals an average of 4.6, the 4.2 score seems very low. Practices that do their own surveys have no way of comparing their scores to any kind of standard measure to give context to their ratings.”

BSM recently developed PatientExperience.net, a survey that patients can complete online. The use of this type of survey eliminates the need to get written surveys back from patients and makes the analysis automatic and instantaneous, instead of requiring someone to manually enter the results, calculate the scores, and prepare a report, says Mr. Preece.

Despite everyone’s best efforts, some patients will be dissatisfied. Communication is the key to effectively handling—or defusing—these situations, says Mr. Preece. “Those who talk to the dissatisfied patients need to be trained to allow the patient to express their frustration and then to look for solutions that will show the patient that their concerns are being addressed,” he comments. “I often encourage practices to teach the L-A-E-R system of communication—Listen, Acknowledge, Explore, and Respond. Those four steps, used in sequence, can help calm an irate patient and turn them into a happy customer.”

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struggling. “In these more challenging economic times, where it is harder to develop volume, we are revisiting the efforts that made us successful when refractive surgery was new and very hard to promote,” he says.

Veteran refractive surgeon Karl Stonecipher, MD, has been performing refractive surgery since the days when it was a tough sell to the average consumer. He says, “Nowadays, more often than not, prospective patients have Googled me before they walk through my door. I don’t wait for them to ask questions about my outcomes. I come right out and tell them.” Dr. Stonecipher quoted his practice’s rates of calls to consultations—about 70%—consultations to conversions—about 75%—and patients’ satisfaction—93%—as effortlessly as others might state their height and weight. “I am constantly telling patients that my enhancement rate is 1% or less for all comers,” he says. “I am constantly giving them exact projected outcomes for their specific refractive error. So, if they come in and say they are a -1.00 D myope, I tell them the chance of [their] needing an enhancement is less than half a percentage. Would I like to see all of those figures at 100%? Sure. Is that realistic? Maybe not. Some consults that present are not candidates for refractive surgery at all, however, it is a goal for our center.”

Dr. Stonecipher is the director of refractive surgery at TLC, in Greensboro, North Carolina. He echoes Mr. Rosenberg’s observations regarding the importance of tracking calls to consultations and consultations to conversions. Dr. Stonecipher adds that patients’ outcomes and their satisfaction round out the items that need to be continuously monitored and evaluated. “Gauging our practice’s progress is important from a variety of perspectives. For instance, every so often, we take the entire staff to a local establishment for refreshments, and we talk about what we can do to improve outcomes or to improve the patient’s experience,” says Dr. Stonecipher. “If you are not in touch with those things or not in touch with your staff, then it might go unnoticed if you have someone working at the front desk who is negative about a particular procedure. If your calls to conversions are not where they should be for multifocal IOLs or some new refractive laser procedure, it could be because [the technology] is getting squashed on the phone or at the front desk,” he points out.

**TRACKING OUTCOMES**

Guy Kezirian, MD, practiced refractive surgery before devoting himself exclusively to the realm of ophthalmic surgery statistics. His goal is to help refractive surgery practices grow by measuring their outcomes and any other variables that can help them improve. Dr. Kezirian heads SurgiVision Consultants in Scottsdale, Arizona, and administers DataLink, a network of Web-based programs that assist surgeons with surgical planning and outcomes analysis. “The DataLink refractive program provides a starting nomogram, and then a personalized surgeon-specific nomogram develops automatically and is constantly updated. This helps drive outcomes because we are able to assist surgeons in determining what to do in the next case,” explains Dr. Kezirian. “This program has been very successful in improving outcomes and is used in practices.

**PATIENT-SATISFACTION SURVEYS**

There are several options for surveying patients’ satisfaction.

- **Contract with a company to customize the survey.** This results in a survey designed for the specific practice, but it can be costly because of the research, testing, design, and reporting systems that must be developed from scratch.

- **Develop a written survey.** This puts the burden of all of the steps of the process on practice managers and is one reason why many practices do not survey patients. For this option, the practice has to decide how to distribute the surveys and how to retrieve them from the patients (business reply mail, stamped envelopes, survey box in the office, etc.). The US Health Resources and Services Administration has a sample survey that may help practices with some ideas for questions (http://bphc.hrsa.gov/patientsurvey/samplesurvey.htm).

- **Use an online survey tool to conduct the survey.** Companies such as Survey Monkey (Palo Alto, CA) have relatively simple programs for conducting surveys, but the practice is left with the task of designing the questions and deciding how the results should be presented.

The aforementioned three options do not provide a comparison to a national benchmark. This one does. Practices can participate in a national patient-satisfaction survey program such as PatientExperience.net (BSM Consulting, Incline Village, NV). Other Web sites that help health care entities implement surveys are http://www.infosurv.com/ and http://www.pressganey.com/cs/medical_practice/overview.
all over the world," Dr. Kezirian adds, "An enhancement rate of less than 1%, which was unheard of just 4 or 5 years ago, is very common with this program."

DataLink reports are sent to surgeons via e-mail, and subscribers can access the information on the Web at any time. "Surgeons can make the reports available to their administrators and staff; they can use the results in patient counseling sessions and in marketing analysis as well as in a variety of other ways," says Dr. Kezirian. "Providing surgeons with real metrics and reports helps them drive their outcomes, because now they are aware of what those outcomes are and they can do something with the information. They can see their own outcomes over time—and that is where their primary interest is because that is what helps them get better."

THE TOUGHEST COMPETITION

Daniel Durrie, MD, heads Durrie Vision in Overland Park, Kansas. He says his practice, which concentrates on both advanced corneal laser surgery and refractive lens exchange, has a very specific benchmark: the provision of spectacle-free near and distance vision. "We are basically competing with our own practice," he says. "Our outcomes are actually better than most that are published, and our patients are extremely demanding. We are gauging how many patients can see at near and distance without glasses, how many patients are satisfied, and how many need enhancements, and we aim to constantly improve those metrics."

Jason Stahl, MD, who performs all refractive lens exchange procedures at Durrie Vision, recently reported a 14% enhancement rate for all refractive lens exchange patients. "Fifty percent of our refractive lens exchange patients have had previous corneal refractive surgery," explains Dr. Durrie. "We consider this our baseline enhancement rate with previous technology. One of our goals is to decrease that enhancement rate, because it is expensive for us to do and time consuming for the patient. If we get it right the first time, the patient is more likely to send friends to us." With the goal of fewer enhancements in mind, Dr. Stahl spends considerable time perfecting his IOL power calculations, according to Dr. Durrie. "He now uses ORange [WaveTec Vision, Aliso Viejo, CA] to verify his calculations during surgery; he sets patient expectations extremely well; he waits a week to 10 days in between eyes to make sure that the patient’s refraction is as expected; and he is willing to mix and match IOLs as necessary depending on the patient’s goals," Dr. Durrie says.

Another number that Dr. Durrie relies on to gauge the health of his practice is the number of patients treated per month. "Refractive lens exchange [has been] a major growth area over the last 4 years, and our refractive laser surgery is up also," he says. "So, both areas of our practice are up, but we are investing a lot of resources in things like the ORange and the TrueVision 3D microscope [TruVision Systems, Inc., Santa Barbara, CA] as well as femtosecond lens technology and next-generation IOLs. A lot of resources are necessary to stay at the forefront of this evolving refractive lens procedure field. We can’t stand still and expect to move forward; patient expectations are high, and as we add new technology I think we can raise the bar a lot in both accuracy and safety, while simultaneously increasing the number of patients who are interested in having this surgery."

Dr. Kezirian also states that growth is the ultimate barometer of a practice’s success. "If you have a practice that is not seeing more patients, that is not attracting practice referrals, that is not growing, then you have a practice that is in trouble," he says. "The best practices do not grow through ads. They do not grow through Web-based campaigns. They grow through patient referrals. When you look at a premium IOL practice, for instance, and it’s been experiencing a 5% to 8% conversion rate for 5 consecutive years, it’s not doing well. If on the other hand, the premium IOL conversion rate rises every year and those conversions are occurring because people are coming in as a result of referrals, that is a healthy practice. I see practices that are growing, and I see practices that are flat, and frankly, the marketplace votes with its feet. If you see a practice that is holding steady but not growing, that is the biggest red flag of a practice that is in trouble."

From casual metrics (such as taking the pulse of one’s staff at informal gatherings) to structured metrics (such as automated data collection services), the goal of employing performance metrics is always the same, according to Dr. Stonecipher. "We want to know if we’re doing better than last year and what can we change so that we do even better next year," he says. ■

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