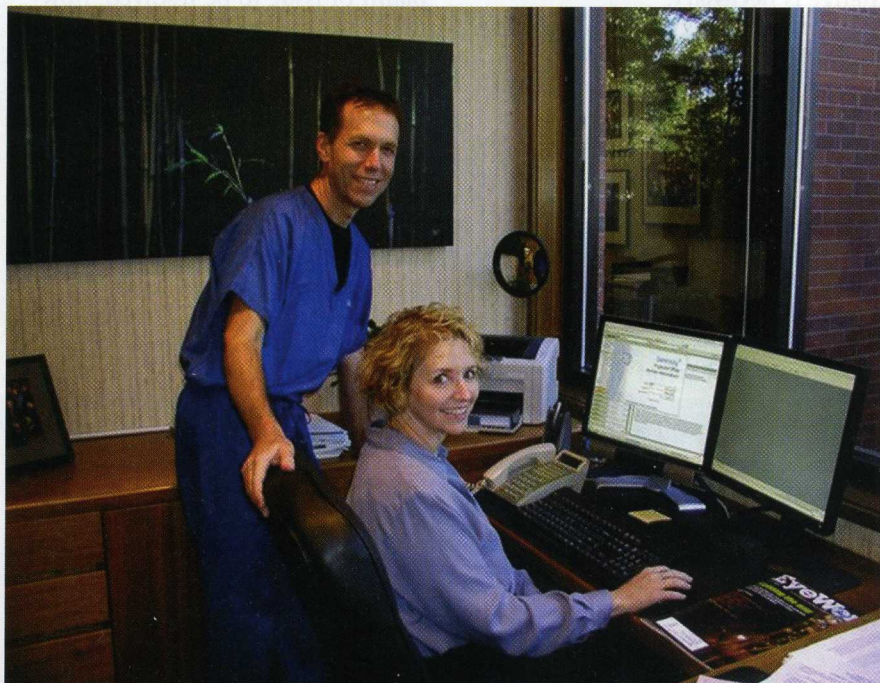


The Ophthalmic Administrator — A Unique Combination of Clinical Knowledge and Business Acumen

Mark Packer, MD

A recent survey performed by the American Academy of Ophthalmology's Young Ophthalmologists Committee of 269 U.S. ophthalmologists in practice for five years or less revealed that "at least 60% reported being not very or not at all well-prepared in six of the non-clinical areas explored (business operations and finance, personal financial management, practice management skills, coding and reimbursement, political advocacy, and exposure to practice-setting models)."¹ The demands of clinical education leave little time for investigating these critical areas of practice management. Just as the defendant who serves as his or her own attorney has a fool for a lawyer, the ophthalmologist without business training who attempts to run his or her own practice has an ill-equipped administrator.

The ophthalmic physician's perspective comes from years of training in medical school and residency. Patient care comes first. Evaluating the history, performing the examination, determining the diagnosis, establishing and carrying out a course of therapy, whether medical or surgical—these activities form the core of our days' work. We rely on medical judgment—science and experience—to make critical decisions that affect the welfare of our patients. We take responsibility for our decisions and act with authority. We try to minimize uncertainty. We are perfectionists. It's personally upsetting to us when we can't make things go right. We are quintessentially involved in every clinical judgment and, especially, every complication or perceived mistake, and we expect the same commitment and seriousness of purpose from everyone else.



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The real world of practice management is far removed from this rigorous approach. The field of human relations has a much softer feel. Marketing revolves around psychology and intuition. Successful human resource management demands fairness, equanimity, and an unflaggingly positive attitude. In many situations there is no right or wrong answer, but rather a solution that is a successful compromise for everyone. It may not matter what is logical. Beyond the sphere of purely legal or ethical decisions many gray areas exist, where the best decisions are based on hitting upon the right idea that everyone accepts, for no other reason than it works for them.

Physicians are not trained to operate particularly well in this zone.

Administration of an ophthalmic medical practice involves a unique combination of clinical knowledge and business acumen. Although a practice cannot be effectively managed without a thorough understanding of what doctors do, doctors do not generally make the best managers.

Managing an ophthalmology practice takes a team. Division of labor makes the provision of services more efficient and results in higher patient satisfaction. The administrator organizes the team to maximize outcomes, including the management of front office work flow, from reception to billing, and back office patient flow, from technician to doctor to surgery scheduler. The doctor provides the vision and the mission for the business. The administrator applies that vision to structure an effective operation. This key division of labor, between idea and execution, allows a focus on achievement, as well as a synergy that facilitates innovation.

The transition to electronic health records provides a perfect example of this synergy. The primary goal of enhanced communication and improved patient care, as well as the enthusiasm and incentive for going electronic, originates with the doctor's vision. Once the decision to go forward is made, the countless nuts and bolts must be sorted, mated, and built into a system that works. Because this is nearly a full-

time job, requiring attention to detail and input from everyone involved, running this process and still functioning as a physician is not a realistic plan. An investment of this size demands careful consideration and seemingly endless intervention. The administrator can drive the process forward, presenting key decisions to the doctor and maintaining excitement among the staff as needed, but keeping the nitpicky details beneath the radar. If the doctor had to give up days of productivity because of having to deal with these minor issues, it could tip the return on investment from profit to loss.

The practice administrator can add precisely those areas of expertise which physicians state that they lack, including business operations and finance, practice management skills, coding and reimbursement, and exposure to practice-setting models. Through teamwork and division of labor the physician can focus

on what's best for the patient while the administrator reminds him what's best for the practice.

My advice? The doctor should keep the big picture in mind and look to the horizon, while the administrator watches the shoreline and helps avoid the sleeper waves. **AE**

i McDonnell PJ, Kirwan TJ, Brinton GS, Golnik KC, Melendez RF, Parke DW 2nd, Renucci A, Smith JH, Smith RE. Perceptions of recent ophthalmology residency graduates regarding preparation for practice. *Ophthalmology*. 2007 Feb;114(2):387-91. Epub 2006 Dec 20.



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Why send your employees to the ASOA Annual Meeting?



Last year was my first chance to attend an ASCRS•ASOA convention and I was wowed by the many opportunities to network with others doing the same job that I do. I was able to learn tips from others, as well as fine tune some of my skills by attending the many classes that were offered. I felt that I came away with something from each class. It really helps to know that others are dealing with the same concerns that I am; the chance to brainstorm with them was priceless. I am pleased that I was also able to provide answers for others.

Joan Scott

Patient Services Manager for 5 ½ years



I attended ASOA 2009 in San Francisco. I was very impressed with the variety of classes offered. It was great to meet people that are in the same field and face the same problems and concerns. I was educated about new procedures, codes and rulings regarding billing. I was able to brush up on my coding skills and talk to the instructors one-on-one regarding our practice's concerns and successes. I came back rejuvenated about what I do and felt very confident that our practice was compliant regarding coding and billing. I would love to attend again in the future!

Debbie Johnson

Billing Manager
22 years billing, 5 years management