Redesign places focus on practice efficiency
Improved layout and patient education lead to increased pass-through rates

By Patrick J. Caskey, MD; Special to Ophthalmology Times

While the future is never certain, inescapable influences bear down on the field of ophthalmology. Perhaps most certain is that fewer numbers of ophthalmologists will have to treat an ever-growing population.

The first of the baby boomers are just starting to reach the age of needing glaucoma, cataract, and retinal treatments, and many more are on their heels. In addition, there is steady pressure from health-care reform to treat a greater number of patients at a lower level of reimbursement.

When my partners and I remodeled our practice last year, it was with an eye toward efficiency in preparation for what is to come.

Audiovisual updates
Patient education is an essential task that also has the potential to eat up a lot of physician time. However, an effective means of educating patients about retinal difficulties can help the patient understand the pathology better, as well as save the physician valuable chair time.

Audio visual aids in one form or another are incredibly helpful in that regard. Therefore, the update to our exam lanes included adding 32-inch, flat-screen monitors on each wall that allow projection of optical coherence tomography and angiographic images as well as educational materials.

The quick and seamless display of patient diagnostic images allows the physician to explain to both the patient and the family members what pathology is present and what treatment options are available. The use of images increases patient understanding significantly, reducing the time physicians spend on education while increasing patient knowledge and overall satisfaction.

Patient flow
The remodel to our practice also had to address patient flow concerns and eliminate gridlock in the daily examination and treatment of patients. One component of this was creating a circular flow throughout the office where patients check in at one location and check out at another.

All walkways are wheelchair- and walker-friendly. A crisp and pleasant end to the patient encounter is created by stationing a staff member at the exam door ready to escort the patient to the check-out desk. The staff member is then able to provide answers to any additional questions or concerns, while the physician smoothly moves on to the next patient.

Added laser capability
An important addition to our office was additional laser treatment capability. Retinal photocoagulation can be used to treat a variety of ischemic, inflammatory, and degenerative retinal diseases.

In addition, the science behind micropulse laser technology has introduced the concept of providing a positive treatment benefit while avoiding visible intraretinal damage or scar-

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ring either during or after treatment. It is likely that continued research will find this treatment modality to be optimal for an expanding number of retinal diseases.

A check list for your practice redesign

✓ PATIENT EDUCATION. Audio visual aids are an effective means of educating patients about their disease pathology and treatment. An update to our exam lanes included adding 32-inch, flat-screen monitors on each wall that allow projection of optical coherence tomography and angiographic images, as well as educational images.

✓ PATIENT FLOW. Create a circular flow throughout the office, where patients check in at one location and check out at another. Keep walkways wheelchair- and walker-friendly. Have a staff member stationed at the exam door and ready to escort patients to the check-out desk. This enables the staff member to address additional questions or concerns, while the physician moves on to the next patient.

✓ ADDITIONAL LASER TREATMENT CAPABILITY. Avoid a bottleneck for patients waiting to be moved from the exam lane to the laser room. One option is to design exam rooms to accommodate lasers directly into the exam lanes. By utilizing the exam room in this manner, there is an additional laser available to aid with the workflow. In addition, significant time savings result from not having to move patients to a different location for treatment.

In our practice of four physicians, there was often a bottleneck created by patients waiting to be moved from the exam lane to the laser room to receive treatment. To address this, we designed three of our twelve exam rooms to accommodate lasers (IQ 577, Iridex Corp.) directly into the exam lanes. We initially installed two lasers and we are anticipating adding a third in the near future.

The lasers are mounted on a swing arm that allows the physician to treat the patient either in the sitting position or with the chair reclined. The laser console is positioned and the laser output settings are adjusted to either micropulse or conventional emission modes by our support staff, depending on the patient’s pathology.

By utilizing the exam room in this manner, not only is there an additional laser available to aid with the workflow, but not having to move the patient to a different location for treatment results in significant time savings as well. Typical patients in a retina practice are fairly elderly and often use walkers, wheelchairs, or some other assistance to get from point A to point B, and they truly appreciate not having to move back and forth as much.

We chose this laser because of its ergonomics, versatility, and small footprint. As our knowledge of micropulse laser applications grows, we are finding that we have many more patients that may benefit from laser treatment, and that this method of treatment may ease case management and improve patient outcomes. The more laser procedures that are done, the greater the demand for efficiency from the treatment modality.

The laser can be placed on a typical arm apparatus in an exam room and the treatment settings can be quickly adjusted. The integration of the laser into our practice has significantly improved our overall laser treatment efficiency because of its ergonomically friendly design and the reduction in patient movement resulting from its use in our dual-purpose exam rooms.

The changes we made to our patient education and practice layout, coupled with the capital investment in additional laser equipment, have greatly improved our patient pass-through rates.

We plan to continue in our quest for greater efficiency this year with the adoption of electronic medical records. As we all struggle with cost containment, it is important to remember that revenue enhancement should not be overlooked as a means of improving practice profitability, and we have found that to be the case with our recent updates.

Reference

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