Weathering the Economic Recession

Glaucoma Today asked five physicians to share how they are managing their practices.

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BRIAN FLOWERS, MD

Because ours is a multispecialty practice, my partners and I have seen our LASIK volume decrease by nearly 60%, and our premium IOL volume is down in the 30% range. Despite this drag on top-line revenue, we have not experienced a decrease related to glaucoma, because our glaucoma patients tend to be older and less affected by the economy. My partners and I all share the cost of the overhead, however, so the drop in LASIK and premium IOL volumes affects everyone.

We have made a point not to lay off any of our employees in the middle of the economic crisis, but we have implemented some mandatory furloughs. For a time, we suggested that staff members voluntarily take days off without pay, and some of them accepted that opportunity. This action has saved money, because we have a large office with 13 providers and more than 80 full-time employees. Having 30 employees take an extra 8 hours a month off makes a meaningful difference.

During that period, decreased patient flow meant that the staff was not overworked. The employees who took time off helped us avoid the next step, which would have been mandatory time off or a permanent reduction in staff. Thankfully, those measures were unnecessary.

GEORGE R. REISS, MD

The economic downturn is affecting our patients more than our practice. We have patients who are not purchasing medication and are delaying surgery, because they lack quality insurance or do not have a policy at all. In those cases, we make a decision based on a patient's medical needs while being sensitive to his or her financial status. My colleagues and I are getting these individuals into needy-patient programs and counseling them about their surgical options. These programs cushion the blow for many individuals. This effort creates more work for our technicians, however, and our staff is not compensated.

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—*George R. Reiss, MD*

Patients have been requesting surgery because they want to have the procedure before they lose their insurance. It is a tough call, because if their glaucoma is well controlled and their cataracts are undramatic, we do not want to perform surgery. I am discouraging patients who come to me and request that I do something that is not medically proper, because I feel there are risks and benefits associated with every procedure. A patient who undergoes unnecessary surgery because his or her insurance is changing may not be happy if there is an unexpected or untoward outcome. I make an effort to explain this issue to my patients. They then realize that avoiding risks should be their primary concern, so they reset their "thermostat" as to whether they need surgery.

ADAM C. REYNOLDS, MD

The economic recession indirectly influenced changes to my colleagues' and my practice. Our office had a close association with a hospital in town that owned most of the lasers and diagnostic equipment we were using. We requested investments from the hospital in capital expenditures to upgrade the equipment and facilities. As a result of the economic strain, the hospital was not able to upgrade the equipment and instead decided to discontinue providing these services. We could not run our practice without the equipment, so we had to "bite the bullet" and invest in these resources for our practice.

The recession forced us to make an investment that

we probably should have made years ago. We resisted proceeding when we compared the short-term capital expenditures to the long-term gains that are not guaranteed during a time of major transformation in health care. Even so, this change ended up being a very good move for our practice, at least in the short term, but I hope in the long term as well.

MICHAEL H. ROTBERG, MD

In the midst of the economic crisis, my approach to discussing medication with patients has changed. Many of them are more interested in generic equivalents and have been more willing than in the past to accept a slight increase in inconvenience in exchange for less expense. I initiate conversations about generic equivalents more than I have in the past by asking patients about the costs of their current medications and educating them about generic alternatives.

I am always willing to let patients try generic medications if they wish. The downside for them is they have to come in for an extra visit to make sure the medicine is effective and tolerable. If patients switch and the generic brand is not working or is bothersome, they just resume using their original prescription.

GEORGE SHAFRANOV, MD

The key methods for weathering the poor economy are cross-training staff and becoming more involved in practice management. I also recommend utilizing electronic medical records (EMRs), electronic practice management software, and an image control system to increase efficiency.

Cross-training staff increases efficiency, but it is important to make sure that staff members do not feel overwhelmed. Show employees that they are appreciated in every possible way. Understand that they are very valuable and that small errors are not the end of good work. Be more forgiving, more encouraging, and more appreciative. Essentially, make employees feel they are doing more interesting work and learning useful, new skills that will increase their value in the eyes of a future employer—in case they need to relocate in the future.

Because reimbursements are decreasing and good employees are difficult to find, I think physicians should be personally involved in the management of their practices. Close, personal management is as important as delegation because it requires physicians to become involved in many aspects of their practice. This includes being more aware of incurred expenses because vendors are charging higher rates.

Most importantly, I recommend saving money by using an EMR system, because it eliminates a significant paper trail. It also accelerates communication with referring physicians by generating referral letters electronically, which means less time and money are spent on transcribing services. Electronic practice management software allows for efficient billing and can be imported directly into the EMR system. The utilization of scanners on any workstation decreases the amount of paper lying around the office and its need to be processed. Scanners also make paperwork easier to catalog and fax from a centralized server.

My staff and I use the Image Control System (NextGen Healthcare Information Systems, Inc., Horsham, PA) at our practice. It centralizes all of our patients' paperwork by storing it in one location related to patients' charts. Since the electronic practice management software, EMRs, and image control system are linked, any member of the staff can access records from any workstation. Also, every examination room is linked to the practice management and EMR systems, so a technician who is examining a patient can make an appointment directly from the workstation, thereby eliminating the need to go to the front desk.

I see more than 100 patients and perform approximately seven to 12 surgeries per week in my practice. Because of these systems, we can run our practice with only two to three full-time employees. ❑





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