

Cooperative Competitiveness in a Multi-Practice Office-Surgery Complex

A downtown center offers synergy, efficiency.

BY E. MITCHEL OPREMLAK, MD

About 8 years ago, I presented a radical idea to the ophthalmology community in Columbus, Ohio. At that time, our local downtown community hospital was about to dispense with its ophthalmology surgery suite and move us into the general surgery area of the hospital. When news of this unwelcome change began to circulate, colleagues started discussing departing for the suburbs and building one-or two-OR ambulatory surgery centers (ASCs) for their individual practices.

It seemed to me a shame to break up the synergy we enjoyed in our downtown location. Colleagues who had maintained locations all within a few blocks of the Hospital would now be heading out to every point on the compass, referral patterns would be disrupted, and collegiality would be lost. As a retina-uveitis subspecialist, I especially valued the close-knit community and the ability to have patients literally walk across the street from other practices to see me. All of that was about to be lost.

To try to prevent the exodus, two meetings were organized and every ophthalmologist in town was invited—even our university-based colleagues—to hear my proposal: What if we were to form either our own freestanding downtown ASC with a separate ophthalmology office building, or a combination building with ophthalmology offices and an ASC in the same footprint? Everyone's practices would be in the same physical location with an OR handy, very similar to the arrangement we had at the hospital.

At that first meeting, we entertained only positive comments. If an attendee tried to raise a negative point, they were told to save it for the second meeting next week. This was a strategic move on my part. We did not

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want any pessimists or naysayers to poison the mood at that first meeting.

At the next meeting, we discussed the potential negatives. What would the concerns or problems be if we were all to get together geographically—not fuse our practices, but keep each independent group separate?

The interest at that first meeting was catalytic. The attendees recognized that the only option was that we would all splinter in different directions. They realized the challenges that would ensue when all these competing and independent practices—several large cataract groups, retina groups, plastics, glaucoma and neuro-ophthalmology practices—had to raise capital to build their own separate office facilities and ASCs. If we got together, we could share the risks and the cost. We would not, however, share staff; the practices would remain independent and autonomous.

Suffice it to say, interest was high. Those first two meetings turned into regular meetings that continued for 2 years as we brought in consultants, made plans, discussed construction and design. In the end, about 30 ophthalmologists from 10 practices across central Ohio participated in the development of the new facility. After a couple of years of planning and 18 months of construction, The Eye Center of Columbus opened in 2006; it has



Photo 1. The exterior of The Eye Center



Photo 2. The exterior entrances of the apothecary, optical shop, and deli.



Photo 3. The interior entrance of the optical shop.



Photo 4. Hallway of the surgery floor.

now been in operation for 5 years.

I liken The Eye Center to an ophthalmology mall, although of course not commercial like a mall. At the mall, Macy's and Saks Fifth Avenue sit side by side, coexisting in cooperative competitiveness. The critical mass of retail outlets draws people to the mall for convenience. Similarly, the strengths of the Eye Center lie in the convenience it offers to patients and physicians. It is a one-stop shop for ophthalmic and optical needs. A patient may come in for a visit to a general ophthalmology practice, then be referred to a subspecialist, and perhaps end up in surgery the same day if needed—all without leaving the building.

THE EYE CENTER OF COLUMBUS

Currently about 50 ophthalmologists practice and operate at the Eye Center, a five-story building with eight ORs on the top floor (Photo 1). We reviewed several designs of the building and interviewed several construction companies before we partnered with AMB



Photo 5. Patient holding area on the surgery floor.

Development Group, a nationally recognized leader in health care facility development, which helped us bring our plans to reality. OhioHealth and Mt. Carmel Health, two large hospital systems are Class B owners and partners in The Eye Center.



Photos 6-8. The lobby areas of “anchor” practices in The Eye Center.

The building has an underground parking garage that accommodates the doctors. There is an adjacent five story parking garage to accommodate our patients and other local businesses. At the first floor entrance, an overhang and several doors facilitate patient drop-off and pickup. There is a valet for patient parking. Also occupying the first floor are a full service apothecary shop, an optical shop, a deli, and the Central Ohio Lion's Eye Bank (Photos 2 and 3). The Eye Center Foundation, founded to support ophthalmic research, education, and training, has a lecture hall on the first floor.

Generally, six of the Eye Center's eight ORs are running



Photo 9. The hallway of one of the floors showing the practice directory.

every day, and a seventh can be put into use if necessary. One of the ORs is used as a dedicated laser center for refractive surgery. All Nd:Yag laser procedures are also done on the top floor. Currently the surgical volume is approaching 10,000 cases per year.

Our operating facilities are state of the art (Photos 4 and 5). Each room has a large flat screen TV display that allows the nursing staff to follow the surgery. One room is wired into the lecture hall downstairs so that live surgery can be shown at conferences.

Each of the three floors in between the ground floor and the surgery floor has an “anchor”—to continue the analogy of the shopping mall—a large practice group that takes up most of the real estate (Photos 6-8). Each floor also houses several smaller groups, which vary in size (Photo 9).

HOW IT ALL WORKS

The construction of The Eye Center was initially capitalized by offering shares. Individuals and practices could purchase as many as they wished. This raised a significant sum that allowed us to get a good rate on a loan for the rest of the capital needed for the building and the surgery center.

As a shareholder, I own part of the building, as do the other geographic physicians who practice in The Eye Center. The surgery center is a separate entity; I own shares in it as do all of the other ophthalmic surgeons.

There is no overall chairman of the facility, although there are boards of directors for the surgery center and the realty. No merging of practices took place. Each practice has its own autonomy, its own billing system, its own phone system, its own office manager, its own referral base.

We all inter-refer in the spirit of cooperative competitiveness. There are always different points of view, but in most cases, after thorough debate, we reach a good decision that is voted upon. The majority rules, and everyone

agrees with minimal hard feelings. Occasionally we make a bad business decision—for instance investing in an expensive instrument that fails to generate income—but this is something that could happen in any business situation. No one is immune from making bad decisions, whether in solo practice or a situation like ours.

Staff size varies among the groups. They range from one employee to our practice at The Retina Group with five physicians and 40 employees.

The staff for the surgery center is separate. It has been gratifying that we were able to attract top-quality surgical staff to our facility. We have excellent scrub techs and nurses, people with 10, 15, and 20 years of experience in ophthalmology. They came to The Eye Center because it offers a state-of-the-art, safe, patient-centered work environment.

Our office at The Retina Group is set up so three physicians can work at The Eye Center every day. Generally three are there, one is at a satellite office, and one is in the OR. One of us is operating every day.

I was formerly the director of the division of ocular research and director of the ocular immunology and uveitis service at Ohio State University, and I am still an associate professor there. The residents from OSU rotate through our clinical practice and come to the OR; they do not do surgery at our facility, but they observe, come to our conferences and attend my weekly lectures.

CONCLUSION

Lessons learned: Pay attention to details of construction. Always keep your eye on the vision, dream and goal for your center. Financial stability can be achieved in 18 months.

Improved situation: The Eye Center of Columbus is ultimately patient and family-centered. On a daily basis, we have access to the best anesthesiologists, pharmacists, nurses, technicians, Eye Bank personnel and front desk staff. Patients and surgeons work with the finest microscopes and equipment. We have maintained an environment where patients have access to the vast experience and talents of an entire ophthalmic community.

Better than the alternative: The Eye Center is a single specialty center where all involved are fully prepared for any eye disease or problem. The surgeons have control of OR times, staffing, supplies and equipment. The staff takes much pride in the quality of the care that they can provide to all of their patients. ■

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