50 Patients per day

Efficiency

Change

- Must decide what is right for you
- Consider that times have changed
- There will be more change in the future

Average Practice

- 1.2 Patients / Hour
- Average income per patient
  - $300 per patient MBA
  - $306 per Prima

Economics

- Adding 2 Per day
  - $300 per patient
  - $12,000 Gross per month
  - $3,600 net per month!

Scheduling

- Template
- Staff training
- EHRs
Scheduling

- Dual scheduling

Scheduling

- May need more staff at reception
- Check In
- Check Out

No Shows

- Average 5%
- Try to reduce
- OR book heavier

How long does it take

- 15 min check in (no forms)
- 15 min work up (usually less than 10)
- 15 min exam (usually 10)
- 15 min optical

How long Should it take

- Recent Blog Prima Eye Care
- If the visit takes too long, patients get anxious
- Varies from person to person
- Willingness to spend declines with time
- Visit should probably last between 15 and 60 minutes
- start getting anxious at about the 45 min mark

Patient Satisfaction

- 97% very good or Excellent
You may need more staff
- I have 9
- 2 Techs
- 1 to work up
- 1 to assist
- 21% staffing

Staff Training

State Law

Minimum Competency

Texas Optometry Act Sec. 351.353. INITIAL EXAMINATION OF PATIENT.

To ensure adequate examination of a patient for whom an optometrist or therapeutic optometrist signs or causes to be signed an ophthalmic lens prescription, in the initial examination of the patient the optometrist or therapeutic optometrist shall make and record, if possible, the following findings concerning the patient’s condition:

1. Case history, consisting of ocular, physical, occupational, and other pertinent information;
2. Visual acuity;
3. The results of a biomicroscopy examination, including an examination of lids, cornea, and sclera;
4. The results of an internal ophthalmoscopic examination, including an examination of media and fundus;
5. The results of a static retinoscopy, O.D., O.S., or autorefractor;
6. Subjective findings, near point and near point;
7. Assessment of binocular function;
8. Amplitude or range of accommodation;
9. Tonometry; and
10. Angle of vision.

For the examination of the patient’s visual functions and condition, the optometrist or therapeutic optometrist shall make the examinations specified in Texas Optometry Act Sec. 351.353. INITIAL EXAMINATION OF PATIENT.

Minimum

1) History
2) Visual Acuity
3) Biomicroscopy
4) Internal ophthalmoscopy
5) Retinoscopy
6) Subjective refraction
7) Binocular vision
8) Amplitude of accommodation
9) Tonometry
10) Angle of vision
Procedures done by Staff

Typical Office
1) Visual Acuity
2) Auto Retinoscopy
3) Tonometry

My office
1) History, HPI, CC, Ocular,
2) Med history
3) Social, Family
4) Meds, Allergies
5) ROS
6) Lensometry
7) AR / AK
8) Optomap
9) Visual Acuity

Procedures done by Staff

Typical Office
10) Tonometry
11) Binocular vision
12) Pupils
13) Cover Test
14) Visual Fields
15) Color
16) Stereo
17) Mental Status
18) Height / Weight
19) Blood Pressure
20) Dilation

My office
21) Topography
22) External Photography
23) Fundus Photography
24) GDX
25) VF
26) OCT
27) Pachymetry
28) Specular Microscope

Minimum Competency (Established)

Minimum

• Not specified

• “To ensure adequate examination of a patient for whom an optometrist or therapeutic optometrist signs or causes to be signed an ophthalmic lens prescription, in the initial examination of the patient the optometrist or therapeutic optometrist shall make and record, if possible, the following findings concerning the patient’s condition:”

Utilize technology in Pretesting

• Auto Refraction / Auto Keratometry

Utilize technology in Pretesting

• iCare
Utilize technology in Pretesting

• Optos

Pre - Dilation

• Phenylephrine

Cyclopentolate

• Train staff when to use

Multiple Rooms

• 2 full lanes
  – Identical

Multiple Rooms

• Special procedures lane
  – Injuries (surgical kit / camera)
  – Infections (keeps things clean)
  – RGP fits
  – CL follow ups
  – Study Patients

Multiple Rooms

• Special Test Room
  – OCT
  – VF
  – GDx
  – Pachymeter
  – Specular Microscope
### Office Layout
- Design
- Flow

### Exam Waiting

### Routing Slips
- Control flow
- Write Quick notes

### Have staff prepare exam room
- Refractor
- Chair
- Open Chart
- Review Chart

### Technology
- Need Equipment

### Technology
- Need EHR
- Need customized EHR
Technology

- Integration

EHRs

- Scribing
- Auto prompting
- Auto fill

Dilation

- Have staff do it
- Leave them in the room

Patient Education

- Staff can help
- Letters

Samples

- Staff can pass these out
Handoff - CLs

Handoff - Spectacles

Special Testing

- External Photos
- Internal Photos
- Topography
- GDx
- VF
- OCT
- IOP
- Pachymetry
- Specular Microscopy

Soft CLs Fits

- Pull lenses
- Trouble shoot soft fits
- Order trials

RGP CLs Fits

- Pull and prep RGP lenses
- Clean and store RGP lenses
- Document
- Order

CL Follow ups
<table>
<thead>
<tr>
<th>Letters</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff can write and print letters</td>
<td>• Staff can make and return phone calls for you</td>
</tr>
<tr>
<td>• Just sign</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Forms</th>
<th>Pharmacy Calls</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Calls</th>
<th>Manage Reps</th>
</tr>
</thead>
</table>
Plan for change

- It won't happen overnight
- Think about what works for you
- Change 1 or 2 things at a time