MASTERING ADAPTABILITY WITHIN THE OPHTHALMIC WORKFORCE—

HOW TO ADAPT AND THRIVE DESPITE AMBIGUITY

Marc-François Bradley

Healthcare has long resisted change more tenaciously than other industries. When I came to ophthalmology about 15 years ago with the idea patients should be able to schedule appointments online with their doctor, the vast majority of doctors had no interest. They understood consumers wanted this, but they generally feared the disruption to their schedules. Yet airlines had been allowing travelers to book flights online for 7 years and some 40% of airline travel was already being booked online.

COVID-19 has been the great disruptor of a generation, forcing rapid change on numerous industries and upending lives. To survive in this highly compressed timeline requires successful adaptation.

I've always been fond of "being comfortable with ambiguity." It was part of the "Drive Change" leadership dimension I learned while working at Target Stores during a period of immense corporate growth as cheap chic came to the masses.

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Many of the lessons of successful COVID-19 adapters are deeply process-focused. Frequently they are driven by a practice's physical infrastructure: waiting room size, parking, and building access.

Those lucky enough to have the right physical infrastructure returned to 100% productivity by late summer despite social distancing requirements. They expect to be at 110% once the pandemic ends.

MOVING CARE OUTSIDE CLINIC WALLS

For practices serious about CDC guidelines, it is impossible to see as many patients as before using the same flow. There is no way to go back to having 30 patients waiting together. Enhanced cleaning protocols between patients takes time. Patients need to be spread out physically. This isn't a problem if you have a large waiting room, but for most practices this means keeping patients in their cars in the parking lot until the patient is ready to be seen inside the clinic.

Breaking up a patient encounter into its components helps identify opportunities for process reengineering. Getting patient insurance information, reviewing medical history, conducting testing, the doctor's evaluation, and check-out are all part of the value chain. Yet not all of these must be combined into the same block of time.

Art Geary, CEO at Eye Care of Maine in Waterville, Maine, describes the need to take as much out of the clinic as possible. "What has made a huge difference," Geary explains, "is pre-screening most patients by phone one to two days before patients come in—taking medical history, medications, etc. This way, during the work-up, technicians simply ask the patient if anything has changed. This can reduce the visit time by up to 15 minutes and allow more patients to be seen safely.

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Online registration through a practice's patient portal can take this process one step further by having the patient register online first, then having staff review the information with the patient by phone. This allows staff to ask probing questions that helps confirm the information the patient provided while also possibly uncovering additional information.

Some practices have even required patients to register ahead of time. If they don't register online, they are expected to drop off their paperwork prior to their appointment. This ensures that the same process can be followed for every single patient on the day of their appointment.

To manage social distancing requirements, many practices use patient cars as additional seating for a waiting room that extends into the parking lot. Patients are only called in when ready to be roomed. This process can be even better managed using check-in applications that resemble what restaurants have used for a long time to let a customer know her table is ready.

In some instances, doctors have adopted hybrid telehealth where the patient is seen by a technician for a particular test, but then the patient goes home to meet with the doctor via video visit later that day.

DOUBLING DOWN ON CHANGE

COVID-19 has primed people to pivot from "business as usual." As everyone's life is different and change is everywhere, this may be a good time to make changes such as changing your EHR. While this would normally be a major undertaking, people are now more open to change.

This may also be a time worth looking at changing infrastructure and moving away from large facilities. Carefully designed smaller-scale offices could make it easier to provide patients with a great experience while maintaining social distance and providing adequate and close parking.

RETHINKING PATIENT VOLUME

Other lessons have been surprisingly philosophical. Many doctors are rethinking the constant drive to improve efficiency and to see more patients per day. "Increased productivity doesn't guarantee increased profits," explains Geoff Charlton, CEO of Cascade Eye & Skin Centers, Seattle, Wash.

Some practice administrators suggest that for too long scheduling protocols in healthcare and especially in eyecare have been abusive of patients. It isn't reasonable to overschedule patients and tell them to expect to be in the clinic for several hours.

While some encounters are shorter because both the patient and the provider are eager to minimize their time spent together, in some cases doctors are enjoying lighter schedules and having more time with patients.

Some doctors are welcoming the step back from the constant pressure to increase efficiency, productivity, and patient volume. The strongest managers have squared off with COVID-19 like a wrestler—on their toes and ready to move in even while unsure of the coming counter move or opponent's speed. They have reengineered patient flow in the clinic, invested in telehealth and other technology, kept the best staff, and rethought their philosophy around patient volume. Now, even with a vaccine, there will continue to be rapid shifts and the need for nimble leaders and adaptability in the practice. *AE*

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For more on how practices are transforming how they offer healthcare, see "How Telehealth Is Changing the Practice of Healthcare" and "The Touchless Office" in the Jan/Feb 2021 and Mar/Apr 2021 issues of *AE* respectively.—*Ed.*