



KEEPING YOUR FINGER ON THE PULSE OF THE PRACTICE

Jeanne S. Holden

Doctors expect busy administrators to keep their fingers on the pulse of their practices, says Maureen Waddle, MBA, of BSM Consulting.

Waddle, a senior consultant with more than 30 years in the eyecare industry, explained, “Administrators are expected to assess their practice’s operational and financial health with an outward as well as an inward focus.” They not only need to know how the practice is doing doctor to doctor, division to division, and site to site, but also how it compares to other practices. “How many times have you heard, ‘How do other practices compare?’” she asked.

Taking a practice’s pulse requires tools that will yield reliable information. Benchmarking—comparing an organization’s business processes and performance metrics with established standards—is among the best methods for getting information and identifying opportunities. The challenge is identifying the tool most relevant to your practice.

In May 2017, ASOA made analysis easier by launching an online benchmarking program specifically for ophthalmic practices: ASOAnalytics. Created through a joint partnership between ASOA and BSM Consulting, ASOAnalytics puts real-time data comparisons in the hands of participating practices. Short surveys drive key performance indicator reports. ASOAnalytics results can be used to review practice performance, analyze trends, set goals for improvement, and ultimately, make data-driven decisions.

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lots of extra steps for the administrator,” stressed Joe Theine, MBA, COE, practice administrator at Four Corners Eye Clinic (Durango, Co.). Theine added, “This is crucial, because if we don’t find the time to enter information or to format it usefully, it can’t lead to change.”

Here, administrators provide insights about ASOAnalytics, its impact on their practices, and the importance of increasing participation, as well as some tips for its use.

BENEFITS

Theine emphasized that he has “less work and more confidence” using ASOAnalytics compared to using other benchmarking tools. Unlike many programs, he said, there is no specified “window” for entering data. A practice can enter its data one bite-sized survey at a time and get immediate results (once a minimum data set is achieved). In fact, Traci Fritz, COE, COA, executive director of Children’s Eye Care (West Bloomfield, Mich.), said she completed a total of six ASOAnalytics surveys in less than two hours. Alternately, an administrator can delegate data entry by adding up to 10 users to their account. Theine pointed to the benefit: “I can segment access so users only see ASOAnalytics results relevant to their management level, thus dividing up data collection and entry, and also investing in staff development.”

The Four Corners Eye Clinic administrator said he is confident that other ASOAnalytics users interpret survey questions the same way he does because of its clear definitions and instructions, which can be printed out or accessed online. There is also a help desk staffed

by BSM Consulting. “The data is reliable,” he said. “If I enter something that doesn’t make sense, the survey will flag me. If I actually submit a survey with something outlandish, ASOAnalytics will contact our team.” This happened to Theine when he misplaced a decimal point, and the data wasn’t included in the database until it was corrected.

For Zachary Smith, MHSA, COE, executive director of Grand Rapids (Mich.) Ophthalmology, the premier advantages of using ASOAnalytics are

- Easy access,
- Relevant data and benchmarks, and
- Easy-to-understand results.

“Being web-based is a huge benefit,” Smith said. “I have practice-related issues on my mind constantly, and I can access ASOAnalytics whether I’m in my office, at a conference, or working from home—whether I have my work computer with me or not.”

Having ophthalmology-specific data and benchmarks is essential, he added. “There are many business drivers that are unique to our industry, such as high non-physician labor use and significant potential for out-of-pocket costs relative to elective procedures such as Lasik and premium IOLs. With a multispecialty benchmarking program, the results might not be accurate for your ophthalmology practice.”

Last but not least, Smith hailed ASOAnalytics reports and graphs, calling them “simple and straightforward.” He explained, “Data is only helpful if it is easy to understand and digest.”

ASOAnalytics results can be viewed on screen or printed in either a graphic format that includes charts, data tables, and helpful tips, or a table format similar to a spreadsheet. “I prefer Excel as a data style,” Theine commented, “but I know some physicians who would glaze over if I gave data to them in that format. The colorful graphs are generally better for presentations.”

MULTIPLE USES, POSITIVE IMPACTS

Managing an ophthalmic practice is not just about providing quality patient care; it’s also about running a successful business. “With increasing regulatory requirements and decreasing reimbursement, it’s vital to operate lean and mean,” said Trish Daniels, RN, CPC, CEO and administrator of Riverside Eye Center (Sebastian, Fla.). “ASOAnalytics enables us to compare our practice to other practices in our region and of our size,” Daniels said. She stressed that it aids her practice in identifying “areas where we can increase revenue and

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decrease costs, make staffing changes, and adjust pay rates that directly reflect on my bottom line.”

Traci Fritz called ASOAnalytics one of her “best investments” in time. “It really helps me understand the practice’s productivity and operations,” she said, “and, it helps me win debates when I can show real data!” Joking aside, Fritz said ASOAnalytics helps her to “educate Children’s Eye Care’s physician-owners about almost anything they’re concerned about.” In particular, she said, its data “helps in determining whether I need to reallocate distribution of staff to our clinics.”

According to G. Thomas Brown, JD, COE, who serves as CEO and administrator of Eye Specialty Group, PLC (Memphis, Tenn.), ASOAnalytics results are a “catalyst for igniting physician buy-in.” Brown explained, “By using ASOAnalytics, we’ve been able to present our doctors with objective data comparing their performance with that of their peers.... When they see that others have better performance scores, they don’t simply ask how they can improve; they actively participate to implement change.”

Specifically, Brown said that ASOAnalytics revealed that the practice was significantly overstaffed given its annual number of patient visits; however, the doctors often complained about being understaffed. “It turned out that we were staffing for occasional peaks in our schedule rather than balancing our patient load,” he said. With that knowledge, Brown added, “we made staffing and schedule changes, reduced our payroll burden, and increased physician and employee satisfaction.”

Zachary Smith pointed out that his former practice, Evergreen Eye Center in Seattle, used ASOAnalytics to confirm whether the practice was operating successfully in its approach to eyecare. He explained, “With ASOAnalytics, we noticed a trend. In 2017, as in 2016, our providers were substantially under the national median for ‘Office Visits per FTE Provider,’ but well above the national medians for ‘Collections per FTE Provider’ and ‘Collections per Office Visit.’ We realized that our numbers, which showed fewer visits but higher



collections, confirmed our success in achieving our goals—providing a premium experience, and marketing to patients who were interested in technologically advanced, premium-level vision care solutions.”

Another benefit identified by Theine is that ASOAnalytics enables a practice to ask better questions. For instance, he said, one of his practice’s doctors seemed overly busy, but ASOAnalytics showed his productivity to be below the norm for his specialty. After examining the data, the doctor asked, “How are my peers accomplishing more? What is different about their support and workflow?” Theine said the practice found the answer in the use of scribes! Soon after, the practice invested in scribe training for some staff and established a rule stipulating that a scribe would be assigned to that doctor only when he is seeing a certain set number of patients. According to Theine, that doctor is now seeing more patients than he ever thought possible—and it all started by looking at a benchmark.

MORE PARTICIPATION, STRONGER RESULTS

Smith underscored the importance that Evergreen Eye Center felt about sharing its data in order to benefit from the compiled data of other similar organizations throughout the ophthalmic industry. ASOAnalytics data and results become “more valuable and relevant” as more ophthalmic practices share their information, he said.

Suzanne Kitts, ASOA’s Manager of Strategic Initiatives, explained why increased participation



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enhances the data: In short, there needs to be sufficient data for valid comparisons. “When there is enough participation to reach a minimum data set, initial results are released,” she said. “When participation is greater, ASOAnalytics reports become even more robust.” This enables the use of filters to organize the information according to various practice characteristics. Kitts highlighted two filters available now in certain reports: the number of providers per practice and whether the practice is located in an urban, secondary, or rural market.

According to BSM Consulting’s expert Maureen Waddle, increasingly robust data would enable ASOAnalytics to begin offering additional filters that drill down to specific areas, such as practice model type or operating overhead for a specific specialty. But, she added, this will require having “enough quality data to have valid statistical information.”

BENCHMARKING TIPS

There are six ASOAnalytics surveys dealing with operations and productivity: Practice Demographics, Provider Productivity, Staff Productivity, Revenue Cycle Management, Operating Efficiency, and Optical Operations. There are four compensation surveys: Clinical Staff Compensation, Non-Clinical Staff Compensation, Provider Compensation, and Optical Staff Compensation. How does a practice know where to start?

The short practice demographics survey is a prerequisite for all follow-on surveys, and a few require prior completion of a related survey; other surveys can be done in any order. Theine recommends that administrators start by measuring something that would shed light on a question of concern to the practice. For example, he said, if a practice has a high turnover rate, it might ask “Are we paying enough?” and start with a wage survey. He added, “Just benchmarking for the sake of doing it doesn’t add any value. Doing something that is meaningful starts to help the practice grow.”

Theine pointed out that ASOAnalytics is very affordable. Two of the surveys and results are free to practices with either an ASOA professional or ASCRS physician membership. Then, a \$250 annual subscription fee gives practices access to all other ASOAnalytics surveys and reports, including trend reports for year-over-year analysis, tutorials/webinars, and tips for interpreting the data.¹ As of December 2018, more than 600 practices had taken advantage of their member benefit and participated in the first two surveys; more than 250 practices had subscribed for full access to the benchmarking platform. According to Kitts, as of February 2019, three years of year-over-year trend reports became available to all subscribing practices that complete surveys for each data year.

Waddle said that administrators who are new to ASOAnalytics need to remember:

- Benchmarks are meant to be directional. Don’t over-react if the practice appears outside the benchmarking range. It is an indicator that more study is needed.
- Do not make decisions based on one benchmark alone. Keep the information in context with everything else that is going on in the practice.

According to Waddle, the key to successful benchmarking is to establish a discipline for comparing your practice year over year. Smith agreed. “Make the effort to submit your data!” he said. “Commit to doing so for a number of years. The benefits of using such a robust tool are often not immediate, but they do come in!” **AE**

NOTE

¹ASOAnalytics is exclusive to U.S. domestic practices with an ASOA professional or ASCRS physician member.

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