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# “Managing Employee Optometrists in Your Practice”

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If you’re like the typical ophthalmologist reading this article, you’ll see 100 to 200 patients in clinic this week. Unless you’re in an obscure subspecialty niche, or very old-school, chances are you could delegate about a third or more of those patients to an optometrist working on your staff.

Yet, fewer than half of the new client practices I serve employ optometrists, although this is up sharply from a few years ago when only the busiest, vanguard surgeons were willing to work alongside ODs. If your practice has more patients than professional capacity, you might consider optometric staffing to ease the crunch.

There are both advantages and disadvantages to hiring an optometrist instead of a fellow ophthalmologist. These are summarized in the table below:

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| **Optometrist** | **Ophthalmologist** |
| Fairly easily recruited; expect a 45 to 120 day recruitment cycle | Can be extremely difficult to recruit quality individuals; expect a 180+ day recruitment cycle |
| Lower base salaries, in the range of $120,000 to start | Higher base salaries in the range of $225,000++ |
| Potentially much lower income generating capacity and payer panel access limitations; practice profit augmentation comes from freeing surgeons to take on more patients with a higher income yield | Potentially much greater ability to generate direct income for the practice |
| Potentially significant source of revenue from optical dispensing, if allowed to develop their own primary care practice | Limited optical sales augmentation |
| Limited succession planning ability; an optometrist can only take over a narrow scope of a retiring surgeon’s practice | A professional succession event is relatively easy and seamless |
| In most state jurisdictions, optometrists can only be business partners with physicians through a labyrinth of shell organizations. | Physicians can readily partner with other physicians, facilitating institutional growth and integrity |
| Even highly skilled ODs are generally content being permanent associates, rather than being partners in the practice; this can be important for surgeon-owners who would prefer to not dilute their ownership position, or who desire passive profits | The best ophthalmologists desire partnership positions, which leads to inevitable issues of profit and control dilution for existing partners; it is somewhat harder to build an organization generating passive income for the founders |
| Professional boundaries, authority and reporting lines are generally clear; optometrists readily defer medical and management decisions to physician-owners | Struggles for authority and autonomy by junior doctors are far more common; in the best of settings, this results in a stronger organization, but it can also destroy practice harmony |

The first step before you start placing ads is to clarity of scope of work actually needed in your practice. Optometrists can fill several different, sometimes overlapping roles…here are the most common:

Refractionist or Super-Tech: A few surgeons use optometrists as refractionists only. In my view this is a vast underutilization of resources. In the most efficient practices, technicians (and technology) do the refracting, and patients just have to see one doctor during a visit, an optometrist or ophthalmologist, based on their needs.

Clinical Support Staffing Director: Once a practice has more than three or four technicians, it’s wise to select a supervisor for this group. In the absence of an appropriate lay staffer for this important job, an optometrist can be a fine choice.

Technician Training Director: Optometrists often have more time and patience to elevate technical staffing competency, and can add real value as the practice’s resident “professor.”

Comanagement Center Director: Practices dependent on optometric referrals are often concerned that adding an optometrist to the staff will kill referrals. The reverse is actually the case. Corporate co-management centers learned long ago that hiring an optometrist as the administrator or senior director of the practice (with duties split between outreach and direct patient care) is actually better for the bottom line.

Separate/Autonomous Practitioner Within Your Practice:

Practices with a diversified service base that includes dispensing and primary care should be delegating all appropriate patients to an optometric provider, rather than tying up surgeon time. In such settings, you should have formal, written care pathways specifying which patients—new and returning—go where. Most surgeons of my acquaintance find that optometric practice autonomy works best, when accompanied by periodic, grand-rounds style reciprocal chart reviews so ODs and MDs within the same practice are applying the same standard of care.

Chief or “Homeroom” Clinician in a Satellite Office:

A hub-and-spoke practice, with one core office and numerous satellites can be an extremely viable business model—or an absolute economic disaster. I’ve found through the years that the most important success factors include having a resident doctor who is in the practice daily for both patient and staff continuity. In my experience, an optometrist can fill this role at low cost and with great loyalty to the home office.

Hiring a new optometrist (or properly managing the doctors you have) should start with a position description. This should include the following elements:

Scope of Practice: The practice’s optometrists will practice to the highest levels permitted by state practice regulations and payer stipulations, and within the boundaries set by the medical director.

Supervision: Optometrists will report to the medical director of the practice (or can report to the optometric director, a chief OD selected in larger practices, who in turn reports to the medical director.)

Practice Volume: The practice optometrist will see a mix of post-operative surgical patients, routine patients, and treatment followup cases. Depending on patient mix, the optometrist is expected to see between 22 and 35 patients per day with two exam rooms, a dedicated technician, and a float staff member who will be available to step in at higher volumes.

Location of Practice: The practice’s optometrists, like all professional staff, may be called upon to see patients in various locations throughout our service region, and have the flexibility to occasionally provide care in less-than-optimal settings.

Days and Hours Worked: Full-time optometrists are expected to work not less than 40 hours per week, and may be called upon to work additional hours to fulfill all professional duties. To optimize use of the practice’s office facilities, optometrists may be required to conduct early morning, evening and weekend clinics.

Practice Emergency Call: Subject to hospital regulations, community standards and practice policy, practice optometrists will share call with ophthalmologists.

Staff Education: Optometrists will share with the practice’s surgeons in staff education duties.

Meetings and Assistance with Management Projects: Optometrists will participate on various practice management committees, and may be called on to lead various initiatives and projects for the practice.

Community Service and Promotion: All professional staff are expected to give no fewer than three talks in the community per year, which will be scheduled by the practice administrator. Staff optometrists are strongly urged, especially in their initial years getting established, to join a community service organization such as Lions, Rotary, etc.

Outreach to Fellow Optometrists: If the practice seeks optometric referrals from providers in the community, staff optometrists may be called upon to help in this area.

As with eye surgeons, not all optometrists are created equally. It’s a broad but true generalization that younger ODs are better trained and equipped to step into a busy ophthalmic practice. Sparky doctors, both in intelligence and energy, can see more patients than dull docs. Recruiting a high-quality optometrist is generally much easier than finding a top-flight ophthalmologist. Journal ads and letters to doctors in the state or region will almost always yield an acceptable candidate in short order. It pays to aim for a higher-quality doctor; small increments in compensation can yield large benefits in productivity and ease of management. Here’s a sample ad with all the right buzz-words:

**MISSOURI** Leadingregional, rural practice, vicinity St. Louis, now seeks an Optometric Director for our referral center. Significant clinical volume and diversity, great learning environment, great staff support. Family-oriented community, a diversity of outdoor recreation and easy access to international airport. Please send your resume including salary requirements to Smith Eye Center, 125 Swallow Road, Smithville, Missouri or to [smitheyecenter1@gte.net](mailto:smitheyecenter1@gte.net). All submissions will be handled in strict confidence.

Once your new doctor is on board, use the sample position description outlined above to set and manage to highly specific performance standards. When I’m called on to untangle OD performance snarls, the first thing I address are the basics of the practice’s written expectations for the doctor. More often than not, when there’s a problem, such documents are absent. In addition, ongoing management of your practice’s optometrists should include all-hands doctors meetings at lease once a month. Nothing can reduce optometric morale and performance faster than being left out of meetings and feeling professionally marginalized.

As for the future, optometric training is improving, as is the average quality of students entering optometry school. And, at least legally, the optometric scope of practice is widening. So I would forecast that before too many years pass it will be legal in numerous states for MDs and ODs to directly partner, which should usher in a significant increase of OD-MD co-mingling, including merger-consolidation between practices.

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