

The ALLDOCS Newsletter

Rx Therapeutics for Practice Growth

February 2004

Membership &
ACUVUE® ADVANCE™
Inserts Inside

Sharing Ownership: How Your Staff Can Help You

Practices grow at phenomenal rate thanks to staff input

Bill Fox, O.D., could pinpoint the moment his staff “took ownership” of one of his four North Carolina practices. It was late—around 8 p.m.—and Dr. Fox was working at a Greensboro location, 80 miles from home. He was ready to start his drive, but the staff had steadily been bringing patients to the exam room. He didn’t complain, of course; it meant they were working hard and converting walk-ins to exams. “Before I left, I wanted to thank the office manager for staying late and working so hard. As I walked up to her, she said, ‘Thank you, Dr. Fox, for staying late and working so hard with us.’”

He later recalled the moment for



Drs. Fox and Godwin (back row, l. to r.) and staff

James Godwin, O.D., the managing O.D. at that office. “He said, ‘I think business is ready to take off.’ And it did. The next month we did 50 percent more revenue than the month before. Then we put together a string of

50 percent monthly increases. For the year, we were up 34 percent.”

Dr. Fox believes one of the best ways to get the staff to pull with the doctor is to provide bonus incentives, based on profitability. Dr. Fox puts between 10 and 15 percent of the profit into a bonus system, which can be doled out every two weeks. First of all, he makes it clear that bonuses are paid

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CANCUN MEETING FOLLOW-UP Small Business Roundtable

Bing Lan Rong, O.D., of Burlington, MA, attended her first ALLDOCS

meeting in Cancun in November. The location lured her—as did the chance to talk with other Lens-Crafters leaseholders about practice issues. “I listened to the others talk about how to handle insurance and contact lens sales. It helps to hear how others look at their small

businesses. Most of these doctors have busier practices than I do, so it was good motivation for me,” she said.



Dr. Rong in Cancun

She also appreciated that the vendors put special packages and information together for the group. Even though this year’s meeting was longer than previous years’ to allow leaseholders and families more time, Dr. Rong said she’s hopeful next year’s meeting will include even more time for those impromptu practice management sessions that result when O.D.s start talking with each other.

Dr. Rong has been a leaseholder for six years. ■

SYSTANE™ Provides Long-Lasting Relief

Kathleen Mitchell, O.D., Alpharetta, GA, asks patients how often they use their rewetting drops. If they answer that it’s more than a few times a day, she suggests switching to SYSTANE. She tells them there’s a new product which has shown great results. “Take a sample and compare it to what you’re currently using. See how it feels and let me know,” she tells them.

Among key candidates

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CANCUN MEETING FOLLOW-UP

Sharing Ideas

Guy McDougal, O.D., Mesa, AZ, feels a meeting is worthwhile if he returns with at least one good idea to implement in his practice. In the handful of ALLDocs meetings he has attended, he usually returned with several. After Cancun, he has learned more about some of the contact lenses that were discussed and is considering some new equipment investments.

A few years ago, as a result of listening to colleagues, he realized at the meeting that he really did need to take action with some of his staff. "I hate fir-



Dr. McDougal

ing people," he said, but he realized that inertia had set in with some staff. Conversations from the meeting provided the framework for how to approach the staff. He coached them on his expectations and their skills, and did it a second time if necessary. Ultimately, he ended up letting one person go and cutting hours for another. "It's tough to implement some of these ideas," he said, but he knows his practice runs better now.

What he likes just as much about the ALLDocs meetings is its location. "I stayed

on a few extra days in Cancun and San Antonio in 2001 to see the sights." ■

With Contact Lenses, Wetter Is Better

Good wetting agents will keep lenses comfortable longer

Even the surface of a soft hydrogel lens can dry out, resulting in discomfort and shorter lens wearing times for the patient. The lens material and the solution choice can affect the wettability of the lens surface. A good wetting agent in a lens solution can keep the lens surface wet, making it moist and comfortable for the lens wearer. OPTI-FREE® EXPRESS® MPDS NO RUB™ Lasting Comfort Formula with Tetronic 1304* has special wetting properties to retain moisture on the lens, even at the end of the day.



Letter from the President



Dr. Gelb

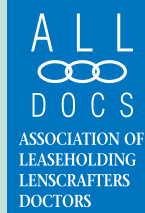
Allow me to concur with the other LensCrafters leaseholders who, in this issue, say that the ALLDocs meeting is one of the best they attend. It truly was a unique opportunity to exchange ideas and experiences. However, ALLDocs works on your behalf all year long as we search out the best practice management strategies and deals for our members. We also seek out the voices of experts who can guide us through new territory—such as how the new federal Fairness to Contact Lens Consumers Act might affect us.

Look for stories on these and other timely topics throughout the year. And look for more information on our Fall meeting. As soon as we confirm the location and dates, we'll let you know. Be assured, it will be an enticing spot with lots to offer leaseholders and their families.

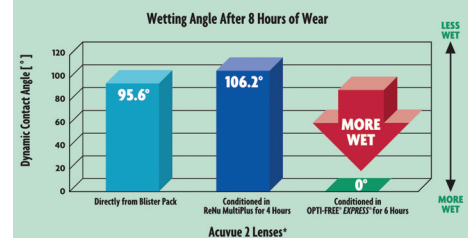
Each year, the list of vendor-sponsors for our annual meeting grows. In 2003, Heidelberg and Sauflon joined the returning vendors. Heidelberg presented its Scanning Laser Ophthalmoscope, which is known to be the best optic nerve topographer. The company also has a hand-held portable pachymeter. Sauflon explained its program in which the company ships contact lenses and solutions to patients. Please support all of our outstanding sponsors.

You'll find a membership form inserted in this newsletter. Please join us so that we can continue to meet our goals:

- ◆ Enhance the professional and financial aspects of members' practices;
- ◆ Establish excellent working relationships with LensCrafters;
- ◆ Establish excellent working relationships with contact lens sponsors; and
- ◆ Support the Gift of Sight. ■



EX VIVO CONTACT ANGLE COMPARISON OF LENSES PRECONDITIONED WITH SOLUTION



Even after eight hours of wear, soft lenses conditioned in OPTI-FREE EXPRESS have a lower contact angle (are wetter) than lenses conditioned in ReNu Multi-Plus**. OPTI-FREE EXPRESS is the only multipurpose solution that is clinically proven to provide long-lasting comfort. ■

* Registered trademark of BASF Corporation.

** Registered trademark of another company.

The Medical Model

Do you know how to properly code your services?

by **John Rumpakis, O.D., M.B.A.**

Surprisingly little has been done to integrate primary care into the average optometric practice despite all of the legislative gains we have made. Why? We have all taken the 100 plus hour courses, additional certification exams, attended the injection labs, and any course required by the various state boards to gain therapeutic certification. But then we stalled—in effect, stopping at half time rather than wanting to play the rest of the game. In other words, for most the end goal was certification, not implementation.

I'm convinced our hesitancy is more

in understanding how to code and bill for the patient encounters than our clinical know-how. We provide great refractive eye care, and while we like to treat the occa-

sional red eye or remove a corneal foreign body, we believe prescribing glasses or contact lenses is most profitable and comfortable.

Here's a case of how what you don't know is hurting you.

By understanding the CPT® & ICD-9 coding system and the proper value of the services we can provide, the average optometric practice could

add 20-25 percent of additional net income to its bottom line each year.

Once the routine exam and refractive

needs are met, don't hesitate to have patients return to your office for additional

testing and procedures should they require additional medical eye care. Accurately translating what you do in the exam room with the patient into a payable procedure code is the key. To ensure the claim is processed properly, be sure your diagnosis supports the additional testing and treatment procedures. Make sure to appropriately bill refractive encounters to refractive carriers and medical encounters to medical carriers. Medical necessity and your record keeping will determine the appropriate CPT code used for a successful and audit-proof practice.

Here's a pearl to keep in mind: Don't try to predetermine what you'll be billing but bill accurately for the office visit and the procedures performed. You cannot know what kind of patient encounter has occurred, either refractive or medical in nature, until the encounter has concluded. Accurately translate the care provided in CPT codes that reflect your medical records, and start to reap the benefits of incorporating primary care into your practice. ■

Next issue: Putting the Theory into Practice with Dry Eye and Allergy Patients



Dr. Rumpakis

Coding & Fee Resources

Ophthalmic visit codes 92002, 92012, 92004, 92014 (general ophthalmological exams excluding refraction).

92015 (refraction)—generally billed in addition to the 92XXX codes listed above.

S codes S0620 and S0621 (used for routine eye exams including refraction).

Evaluation/Management Codes (generally used for medical eye care office visits).

99201–99205 for new patients.

99211–99215 for established patients.

Correct Coding Initiative Edits (CCI Edits) www.cms.hhs.gov/physicians/cciedits.

Sources: American Optometric Association (800) 365-2219 www.AOA.org.

American Medical Association (800) 621-8335 www.ama-assn.org.

Fee Resource: Reimbursement Plus™ www.ReimbursementPlus.com. ■

Ownership

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only for extra profit. "If the office is growing every two weeks above the rate of the previous two weeks," the staff can qualify. He has a formula based on each person's job, but emphasized it's not unheard of that bonus money can equal the amount of a regular paycheck.

Dr. Fox said, "A lot of doctors think they don't want to give that much income away. But I believe that by giving the 10–15 percent, it brings me 30 percent. Plus it's so much easier to get things done. If there's a problem, the staff take care of it and I'm not having to jump on them to motivate them." ■



Over the course of about two weeks, 23,000 Costa Ricans came to the clinic where six LensCrafters-affiliated O.D.s and others were providing eye care. Back row, l. to r.: Dr. Diana Barnett, Columbus, OH; Dr. Joel Jenkins, Athens, GA; Dr. Doug Kiefer, Fort Collins, CO; Dr. Jeff Geisert, Omaha, NE; and Dr. John Broaddus, Lancaster, PA. Middle row: Sarah Davis, St. Louis, optometry student; Dr. Molly Hastings, Williston, VT, ophthalmologist; and Kaylin Young, St. Louis, optometry student. Front: Sheila Terris (Dr. Hastings' assistant); Dr. Terry Chung, EYEXAM of California; and Dr. Steve Rosen, St. Ann, MO.

Not All Artificial Tears Are the Same

Some recipes are such classics that they don't need any alterations. But artificial tears or lubricating eye drops don't fall into that category. In the late 1970s, the U.S. Food and Drug Administration developed a monograph to speed time to market for artificial tears and eye drops. As long as a manufacturer followed the basic recipe of approved ingredients and used essentially the same language for labeling, there's no need for clinical studies. No wonder the labeling on artificial tears appears the same.

But Alcon has gone beyond what's required to put SYSTANE through rigorous clinical studies comparing the efficacy period to other leading brands. Results: SYSTANE lasts up to three times longer than Refresh Tears*, and in those patients with corneal staining of grades five and above (0-15 system), SYSTANE significantly reduces corneal staining and relieves a.m. and p.m. dryness better than Refresh.

So while label claims may be the same, the products themselves are not. Well-designed controlled clinical studies and published data tell the real story. ■

* Registered trademark of another company.

SYSTANE

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for SYSTANE drops are:

- ◆ Women in their 40s and older who typically experience more dryness and foreign body sensation. "I always ask about dry or itchy eyes, but with women in this age group, especially if they're on hormone supplements, I'll probe a little more."
- ◆ Patients with end-of-day dryness.
- ◆ Computer users.
- ◆ Women and men who are displeased with red eyes. Women sometimes tell her they spend time and effort with their makeup, only to be disappointed with their overall appearance because their eyes are red. "With SYSTANE, they'll have less hyperemia without having to use a phenylephrine-based product. So they won't have the rebound effect when they stop using the drops. They're getting all the improvements they're looking for—cosmetically and physically." ■

CANCUN MEETING PHOTOS

At Work and at Play (l. to r. in each photo):

A: Drs. Polly Hendricks and Daniel Wendorff

B: Dr. Paul Vaccarella and family

C: Drs. Daraius Unwalla and Kristen Runke and family

D: Drs. Brian Berliner, Frank Verdone and Robert Rudman



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