

A SUPPLEMENT TO

Ophthalmology  
MANAGEMENT

FEBRUARY 2011

# Improving OR Efficiencies in the ASC



*Highlights from a 2010 roundtable discussion held during the annual meeting of the American Academy of Ophthalmology*

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**Paul S. Koch, MD, Moderator,** is Medical Director of Koch Eye Associates in Warwick, R.I.



**William F. Wiley, MD,** is Medical Director at Clear Choice, the Cleveland Eye Clinic and Toledo LASIK Center.



**Larry E. Patterson, MD,** is Medical Director of Eye Centers of Tennessee and immediate past president of OOSS.



**Kevin L. Waltz, OD, MD,** is Medical Director at TLC Laser Eye Centers in Indiana.



**Louis Sheffler, MPS,** is Chief Operating Officer at American Surgisite Centers Inc. in Somerset, NJ.



**Farrell C. Tyson II, MD, FACS,** is in practice at Cape Coral Eye Center in Cape Coral, Florida.

# Ophthalmology MANAGEMENT

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In this time of changing healthcare reform, HOYA Surgical Optics and Advantage HOYA provide products and services to address the evolving needs of ophthalmic practices. We offer technological innovations, precision manufacturing and non-disruptive business solutions that can be seamlessly integrated into practices and create added value for patients.

HOYA has taken a stake in the ophthalmic industry by partnering with industry advocates such as the Outpatient Ophthalmic Surgery Society (OOSS) to collaborate on what matters most in ophthalmology.

Together, we strive to deliver exceptional patient outcomes, improved practice efficiencies and advocacy in the ophthalmic industry.

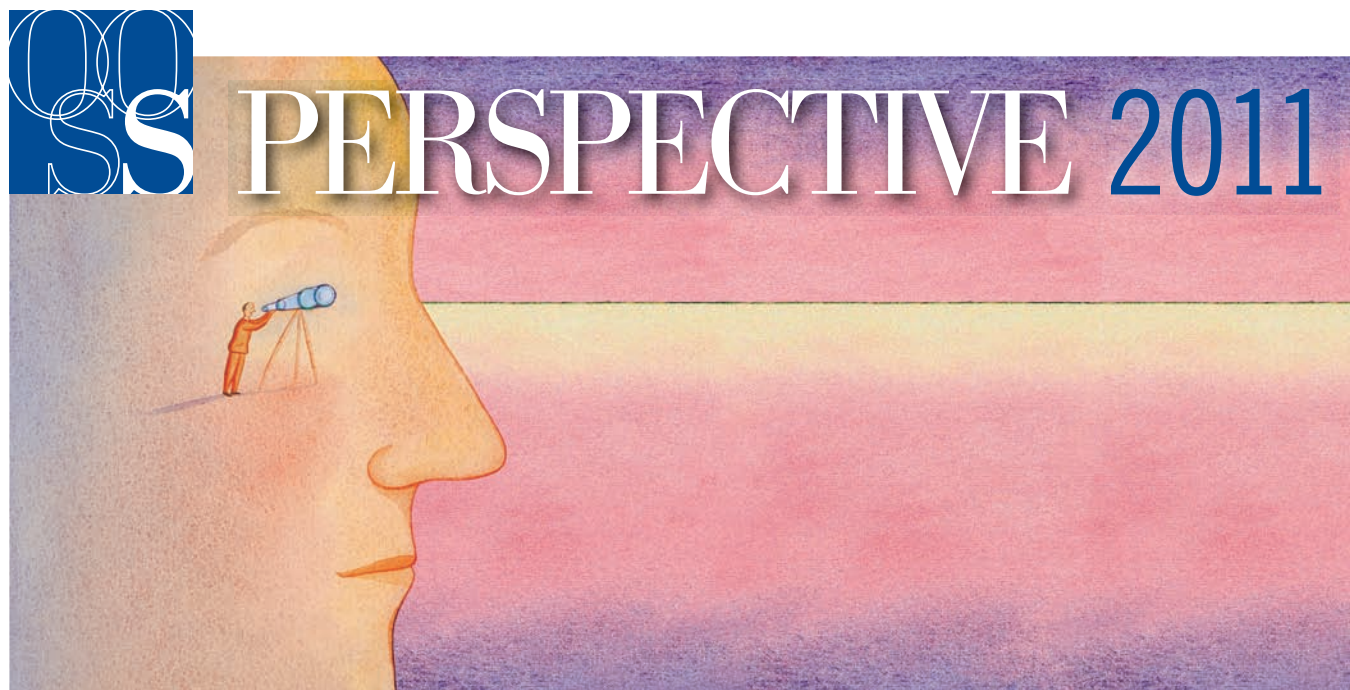
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## LOOKING BEYOND, A CONVERSATION WITH KARL ROVE

March 27, 2011 ■ San Diego, California ■ Presented by OOSS at the ASCRS/ASOA Symposium & Congress

This event is made possible with the generous support of Hoya Surgical Optics and American SurgiSite Centers.

Perspective 2011 is for OOSS Members and Guests only. Space is limited, RSVP required. Contact Claudia McDougal at [claudiamcdougal@ooss.org](mailto:claudiamcdougal@ooss.org) for more information.

# Streamlining Cataract Surgery With a HOYA iSert® Preloaded IOL Implantation System

*Surgeons are finding the iSert System improves safety, efficiency and predictability.*

**Dr. Koch:** Our discussion today focuses on how to increase productivity and profitability in our ambulatory surgery centers. Specifically, our panel will address products, processes and partnerships that help us improve efficiency while delivering optimal care. Let's begin by discussing a new product, the iSert Preloaded IOL Implantation System (HOYA Surgical Optics), and its impact on the work we do.

**Dr. Patterson:** The iSert is a unique device that delivers features we have been wanting for years. The implant, which is preloaded in an injector, ensures sterility and reduces the risk of lens damage from mishandling. Not only does the iSert eliminate steps in our surgical routine, it also ensures consistent IOL delivery. In addition, contamination is not an issue, because the first time the implant is outside the device, it is inside the eye. I think it is a remarkable advance.

## Enhanced Safety

**Dr. Koch:** To prepare the iSert, you insert viscoelastic, then gently push the sleeve forward and start screwing it into the eye. No one has to touch it, which minimizes any opportunity for cross-contamination, which, in turn, minimizes the risk of inflammation.

**Dr. Tyson:** Although we don't see much endophthalmitis, toxic anterior segment syndrome (TASS) is a serious concern, and the closed, preloaded iSert system helps eliminate some of the risk of TASS in the OR.

**Dr. Koch:** TASS was first described during a time when we used metal cannulas to inject viscoelastic. The industry immediately switched to disposable cannulas when it was determined improperly cleaned cannula tips were contributing factors. Yet many of our IOLs are injected with a cartridge that goes into a metal injector that is difficult to clean. If every trace

## HOYA's Innovative iSert Design

HOYA Surgical Optics' iSert is the first FDA preloaded IOL implantation system that provides controlled delivery of an aspheric, glistening free, hydrophobic blue light filtering or UV absorbing IOL through a sub-2.4 mm incision. The HOYA AF-1 lens is a novel design in which PMMA is fused to an acrylic center and machine lathed to create a unique one piece, two material lens. The PMMA haptics are designed to be thin and firm resulting in a perfectly centered optic with unmatched stability. The HOYA AF-1 lens is well-suited to a variety of placement options: in the capsular bag, in the ciliary sulcus, in the sulcus with optic capture through the capsulorhexis, or even sutured to the back of the iris.

The average cornea has approximately  $+0.27 \mu\text{m}$  of positive asphericity, although the standard deviation is significant. The HOYA AF-1 lens has  $-0.18 \mu\text{m}$  of negative asphericity, which is enough to balance a wide range of refractive errors but not enough for an overcorrection, as is possible with IOLs that have stronger asphericity. The HOYA AF-1 lens has an aspheric balanced curve (ABC) design that allows it to provide the visual benefits of an aspheric optic, even if the lens is decentered by up to 0.50 mm.

of dried BSS or viscoelastic isn't removed from the injector tips, we run the risk of injecting something into the eye that should have been removed during cleaning. With a disposable system, we avoid the potential for having a contaminant enter the eye with the lens.

I think of the iSert as having three significant and beneficial characteristics: safety, efficiency and pre-

dictability. We've talked about safety, now let's discuss efficiency.

### Creating Efficiency, Minimizing Stress

**Dr. Koch:** In our center, loading a lens routinely takes 30 to 60 seconds, but if there's any sort of delay, it can take 3 or 4 minutes. With the iSert, after the viscoelastic is injected into the tip, the preparation for injection runs 3 to 4 seconds. How does this impact your efficiency?

**Dr. Wiley:** Surgical advancements over the past 10 years have helped us become more efficient.

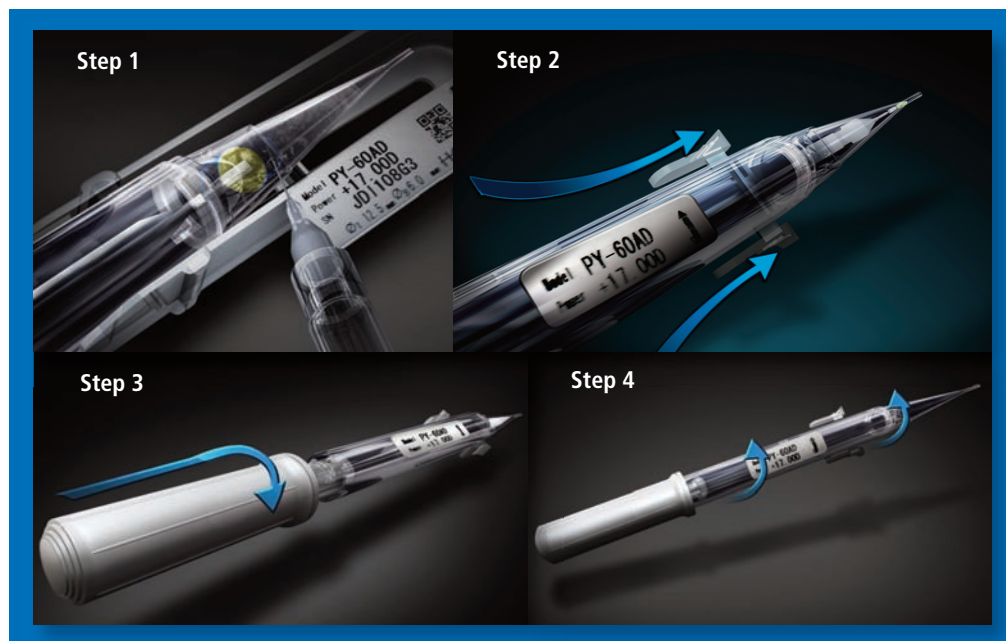
With more recent advances, however, we're achieving better outcomes but adding more time. ORange intra-operative aberrometry [Wavetec Vision] has helped increase precision in IOL choice and placement, but has added a minute or two to the case. In addition, I would expect the new femto-phaco technology to increase safety and efficacy, however this will likely increase case time due to potential inefficiency and flow disruption. To be able to gain a minute or a minute-and-a-half — 10% to 20% of our OR time — with the iSert is valuable, particularly as the complexity of our cases increases.

**Dr. Tyson:** As we reduce our case times, our scrub



*“The iSert is a unique device that delivers features we've been wanting for years. The implant is preloaded in an injector, which ensures sterility and reduces the risk of lens damage from mishandling.”*

—Larry E. Patterson, MD



The HOYA iSert preloaded aspheric IOL system uses a four-step procedure. (1) injecting viscoelastic into the fusion port; (2) advancing the IOL to the proximal end of the inserter; (3) pushing the plunger forward and rotating it to advance the IOL; and (4) rotating the iSert's body counterclockwise to implant the IOL.

nurses have less time to perform their tasks. When the lens is preloaded, the nurse doesn't feel so rushed.

**Dr. Koch:** A distracted nurse is not a helpful nurse, and loading the lens is a stressful task for nurses. They know you need something at a certain time, and if they have difficulty preparing it for you, it makes them uncomfortable. Ultimately, everything that happens with the lens falls on them. Have your nurses comment to about the preloaded lens?

**Dr. Patterson:** Trying to load a lens properly and quickly is stressful. Generally, the nurse prepares the lens while I am doing the phaco, and these days, some cataracts come out fairly quickly. So someone may need to wet the cornea for me, and I may need to change the phaco handpiece to the irrigation and aspiration (I/A) handpiece on my own because the nurse is still loading the lens. What's more, every time I inject a lens into an eye and something goes wrong — the haptic is bent or torn, for example — the nurse realizes it may have been because the lens was loaded improperly. We all know that once a lens goes into an eye and it is damaged, it is difficult to remove. Relieving the nurses of that stress is a tremendous benefit.

**Dr. Koch:** In my office, the nurses open the iSert injector and place it on the table while I am doing my I/A. They don't even look at the lens while I'm doing the cataract operation. When I get to I/A, they open

the lens, and they have it ready for me by the time I am ready to inject it. It's that quick.

Mr. Sheffler, you manage numerous surgery centers. What has been your experience with the nursing staff and the surgeons who use the iSert system?

**Mr. Sheffler:** One of the nicest features of the iSert, which is available with a variety of different hydro-phobic IOLs, is that the lens model and power is printed on the injector, so the surgeon can confirm that he has the correct lens before injecting it. Our surgeons perform 35,000 cases a year and, occasionally, the wrong box is selected. Having the lens model and power printed on the injector reassures the surgeon he is using the correct implant for a specific case.

**Dr. Waltz:** All of these features are important, but especially when we operate in an environment where we may have different assistants. If you've worked with an assistant for 20 years, she's very good at what she does. Sometimes, however, I operate in places where I have a different assistant every time. In those situations, the benefits of the iSert are even more apparent.

### Inventory Advantage

**Dr. Waltz:** Another advantage to the iSert System is that there are fewer pieces to inventory. With the traditional set-up, we have a metal casing for the injector, but just as importantly, we have the cartridges, and occasionally, these get out of sync. I have actually run out of cartridges at various facilities because we usually think about them in terms of whole boxes. If the whole box is not there, all of a sudden, you have an issue. The iSert is all one piece, and one piece equals one lens equals one insertion.

**Dr. Wiley:** That is a great point. If you are using toric or multifocal lenses, you can have six or seven different cartridges, and I have lost track of how many different ICL cartridges are available. Maintaining the proper inventory of cartridges and injectors can be difficult. Having the lens and injector packaged as one unit is much more convenient.

### Value of Predictability

**Dr. Koch:** How important is predictability in our cataract surgeries?

**Dr. Tyson:** When we look at what makes an OR efficient, it's not how fast we perform one small task, but how smoothly the entire day goes. There is a beauty to the iSert packaging, but what I really like is

## Key Features and Benefits of the iSert

The HOYA iSert Preloaded IOL System offers a new standard of safety, efficiency, and predictability in IOL implantation.

- An untouched IOL in a disposable, closed preloaded system for ultimate sterility and reduced lens damage.
- An easily repeatable and disposable system that reduces the time-consuming aspects of inserter preparation, cleaning and sterilization.
- An ergonomic design provides consistent, controlled and safeguarded delivery of the preloaded IOL.
- An easy-to-read label confirms the lens model and power.
- The clear construction of the injector allows for easy visualization of the IOL during implantation.

how it works. The screw-drive mechanism delivers the lens in a controlled fashion, and the delivery is the same, over and over again. When lens delivery is the same every time, you pick up speed during the day because you're not making any extra movements to counteract a surprise. The iSert goes in easily, the lens delivery is the same every time, you place the lens where you want it, and you move on to the next case. When everything goes smoothly, that calm transfers to the other staff members. The adrenaline level never increases, and your day is much more relaxed.

**Dr. Waltz:** The importance of predictability can't be overstated for our well-being and that of our staff. As surgeons, we invest a lot of money and time controlling predictability because we know how unsettling an unforeseen problem can be.

### Welcome Addition to the OR

**Dr. Koch:** Our life in the OR and our nurses' lives are affected by safety, efficiency and predictability. I believe the iSert System is a welcome addition to the products we use in our operating rooms. People who have used it have been very excited about it and are finding it difficult to remember a time when we did not have a preloaded IOL.

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# Strength in Numbers: Advocating for Ophthalmic ASCs

*Panelists discuss the benefits of membership in the Outpatient Ophthalmic Surgery Society.*

In addition to managing the daily operation of your ASC, keeping track of the latest regulations and reimbursement changes is challenging. OOSS provides leadership and advocacy in promoting the interests of ASCs. HOYA is pleased to announce its new partnership with OOSS to support its mission to offer guidance in finding your marketing edge and employing best business practices, while ensuring your right to ASC ownership and expansion and negotiating responsible reimbursement and fee schedules.

HOYA has taken a stake in the ophthalmic industry by partnering with OOSS to collaborate on what matters most in ophthalmology.

**Dr. Koch:** The Outpatient Ophthalmic Surgery Society (OOSS) has been a yeoman in supporting the ASC community in numerous areas, primarily education, advocacy and leadership.



*“No other organization keeps its finger on the pulse of the Washington scene like OOSS.”*

*—Louis Sheffler, MPS*

Mr. Sheffler, you manage several ASCs, and you are active in OOSS. From an administrator’s point of view, why is OOSS critical to the ASC community?

**Mr. Sheffler:** Eye surgery is one of the highest volume operations performed in the United States, and for that reason, the government frequently scrutinizes ophthalmology for potential cost savings. Although OOSS was organized to help ophthalmologists set up surgery centers, advocacy — particularly efforts to keep reimbursement rates up — has

always been a mission of the society. No other organization keeps its finger on the pulse of the Washington scene like OOSS. I believe that has been the most important function of OOSS over the years.

**Dr. Koch:** Dr. Patterson, you are the immediate past president of OOSS, and you have a working knowledge of its day-to-day activities. Please share your perspective.

**Dr. Patterson:** OOSS is the only ASC organization just for ophthalmologists. Originally, it was more of a “how-to” organization, and it still is a valuable resource for anyone building and operating a surgery center and navigating regulatory hurdles. In addition, however, the society has an important role as an advocate, and it has strengthened its position by joining with other like-minded organizations. For example, we are collaborating with the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery on a position paper we will send to the Centers for Medicare and Medicaid Services. We also recently partnered with the ASC Association, which is a powerful advocate for surgery centers in general.

## OOSS Gains New Industry Supporter

**Dr. Patterson:** OOSS could not survive without the dues of its membership, but OOSS couldn’t do what it does without industry support. Across the board, year after year, several big companies have supported OOSS via unrestricted grants, special products and services. HOYA Surgical Optics is one of OOSS’s newest partners and has been generous in underwriting not only our general activities, but also special projects, such as symposia and publications.

**Dr. Waltz:** HOYA offers assistance through quality products as well. For example, HOYA lenses are top quality, acrylic aspheric lenses, and the special OOSS pricing has been a real boon to our surgery center’s bottom line.

**Dr. Tyson:** In Florida, with this recession, more people are now covered by Medicaid. Unfortunately, Medicaid does not reimburse well, either on the facility side or the physician side, and many doctors aren't accepting Medicaid patients. We still do, and it's nice to have a high-quality aspheric lens that is cost-effective enough to use in these patients rather than a standard monofocal lens.

**Mr. Sheffler:** I want to add that HOYA has made the strategic decision to stay ahead of the curve and offer surgeons solutions to counteract the upcoming reimbursement cuts and fee reductions associated with Medicare's Sustainable Growth Rate.

For example, similar to the OOSS benchmarking initiative, The Advantage HOYA program can perform a Practice Optimization Analysis (POA) that analyzes a practice's patient demographics and provides valuable information on how your practice is perceived in your local market.

### Protecting the Future of ASCs

**Dr. Koch:** In recent years, thanks to the efforts of OOSS, the list of procedures that can be performed in



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*—Larry E. Patterson, MD*

an ASC has increased. Recently, however, we have seen hospitals take aim at single-specialty hospitals and, for all practical purposes, shut down development of new physician-owned hospitals. In addition, some have suggested that ASCs should not be owned by physicians. OOSS helps us stand up to these challenges. I believe the advocacy of OOSS is critical to our survival.

## OOSS Delivers ASC Benchmarking

**By Kent L. Jackson, PhD, Vice President of Member Research & Development, OOSS**

The OOSS Benchmarking Initiative, including a comprehensive annual survey and online benchmarking tools, is the only program designed for single and multispecialty facilities for which ophthalmology is the exclusive or primary focus. OOSS Benchmarking enables facilities to compare clinical and business practices/outcomes against industry standards, with information from more than 150 facilities from across the country.

Facilities utilize results to monitor performance, identify and enhance best practices, plan and set performance goals, increase efficiency and address accreditation requirements. OOSS collaborates annually with the American Academy of Ophthalmology, the ASC Quality Coalition, ASCRS, The Accreditation Association for Ambulatory Healthcare (AAAHC) and other accrediting entities to refine and improve the benchmarking process. The OOSS Benchmarking Initiative

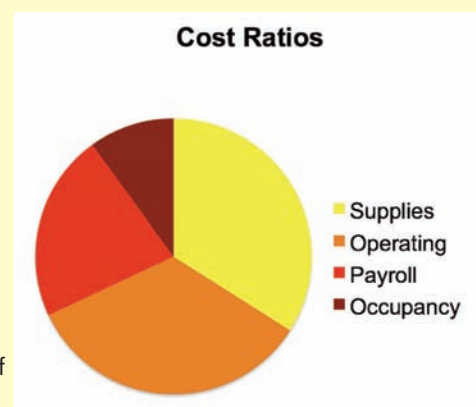
### Sample Overhead Measures from 2010 OOSS Benchmarking Survey

Mean Supplies Costs represent 31% of net collections – measure of surgeon preferences

Mean Operating Costs represent 31% of net collection – measure of operational efficiency

Mean Payroll Costs represent 20% - measure personnel efficiency

Mean Occupancy Costs represent 9% - measure of facility efficiency



generates topical surveys based on participant interest, and provides content for educational programs presented at OOSS, AAO/AAOE, ASCRS and regional/state ASC conferences.

For more information about the OOSS Benchmarking Initiative visit [www.ooss.org](http://www.ooss.org) or call (303) 910-7314.

**Dr. Tyson:** I believe OOSS will have an even bigger role in the future, because some projections show that facilities reimbursement for ASCs will stay flat, but reimbursement for cataract surgeries in hospital outpatient departments will increase. So the hospitals, which have more lobbying dollars, will want to move those cases out of our ASCs into their departments. OOSS will become much more important because we will need its political arm to advocate for us.

**Dr. Patterson:** Some people are predicting as soon as 5 years from now, ophthalmic and other ambulatory surgery centers will be in severe jeopardy because larger corporations, hospitals in particular, will believe it's in their best interests to take them over, either through their financial power or through regulatory action. There is much debate about it right now, and I think membership in OOSS and similar organizations will be more important than ever. Most of us don't have time to keep up with the issues and lobby on a daily basis. We need people working full-time in Washington to look out for our interests.



*“In addition to advocacy and information on opening and running an ASC, OOSS provides ongoing training and benchmarking information on salaries, supply expenses and throughput.”*

*—Louis Sheffler, MPS*

### Not Just for Cataract Surgeons

**Dr. Koch:** Who should join OOSS?

**Dr. Patterson:** For years, OOSS was primarily a group of cataract surgeons. Thanks to the society's efforts to increase reimbursement for retina procedures, however, the surgery center environment is now a viable option for retina surgeons, and they're the fastest growing segment of our membership. We also have an anesthesiologist on our board, and he brings a different perspective to the organization. So OOSS is not just for cataract surgeons.

**Mr. Sheffler:** Anyone who works in an ophthalmic surgery center, from surgeons to nurses to anesthesiologists and definitely administrators, should be a member of OOSS. In addition to advo-



*“I wish we had joined OOSS during the building process to help us with our plans and the decisions we made along the way. If we had joined earlier, I believe we would have saved time and money.”*

*—William F. Wiley, MD*

cacy and information on opening and running an ASC, OOSS provides ongoing training and benchmarking information on salaries, supply expenses and throughput. It touches every area of the business of eye surgery in an outpatient setting and is an incredible resource.

**Dr. Patterson:** Slightly less than half of all ophthalmic surgery centers are members of OOSS, which is disappointing because many people are paying dues, doing the leg work and fighting on behalf of all ophthalmic surgery centers. While we've watched our cataract fees plummet over the last 20 years, our surgery center fees have remained stable, which right now in medicine, and for the future, is a huge accomplishment.

**Dr. Waltz:** We should mention that OOSS isn't just about reimbursement. The organization supported us when we had the issue with short-cycle sterilization, which was important in terms of patient safety, convenience and efficiency.

### Never Too Early

**Dr. Wiley:** We built our surgery center about a year and a half ago, and we just recently joined OOSS. In retrospect, I wish we'd joined the society during the building process to help us with our plans and the decisions we made along the way. If we had joined earlier, I believe we would have saved tremendous time and money, and maybe we would have done things a bit differently.

**Mr. Sheffler:** OOSS offers discrete and timely programs and services that enable member facilities to stay current, to innovate and to establish performance standards for quality, efficiency and sustainable profitability. I would encourage everyone involved with an ophthalmic ASC to join.

# Creating ASC Efficiencies Outside the OR

*Managing an ASC presents unique challenges both inside and outside the OR. Here are real-world solutions you can implement in your practice.*

**Dr. Koch:** What are some of the challenges facing ASCs in the current political/economic/demographic climate?

**Dr. Tyson:** More baby boomers are approaching the age when cataracts become prevalent, so we'll be seeing more patients in our ASCs. We'll have to be more efficient to handle this volume. At the same time, we know Medicare reimbursements will decrease, which means we must be even more efficient. Politically and economically, our challenges will be to protect our independence while continuing to show that we provide a value-added service to the medical community by delivering excellent care in an efficient manner.

**Mr. Sheffler:** As the non-physician in this discussion, my view is that doctors are, of course, focused on clinical excellence and being efficient in the operating room. But many of my colleagues in OOSS who are physicians don't pay enough attention to the administrative and business side of their ASCs. As an example, medicine is the last bastion of non-usage of computers. Electronic medical records are just arriving, and electronic inventory is tremendously important. In our businesses, we spend the most money on supplies, not employees, yet most people don't have electronic inventory systems to see exactly what they have on the shelf. These types of efficiencies are the next important initiative. We have made surgery efficient. Now we need to make our administration of these facilities more efficient.

**Dr. Tyson:** The paperwork is becoming more of a nightmare. Whenever we receive a new set of regulations, all of our forms have to be changed. I estimate I spend more than 40 minutes just signing paperwork at the end of a surgery day. I've looked at many different EMR packages, and they're usually not ophthalmology-specific, so that's another challenge. Finding a package that manages your optical shop and your ASC, and does it well, is difficult.



*“Looking at paper records and electronic records, I can use an analogy with our surgery center. Paper records are our disposables. We buy a product, use it once, and never use it again. Electronic records are our reusables. That is, we pay a higher price for the item in the first place and then use it over and over again, which is a savings compared with disposable costs.”*

**— Paul S. Koch, MD**

**Dr. Koch:** I hold the view that medical records have not changed significantly since the Civil War, when they were written on paper and put in a box somewhere. Here we are, 150 years later, doing essentially the same thing.

The procedures for handling records may vary depending on the size of the ASC. For instance, in a facility with a large number of doctors, there may be various protocols. They may be more consistent in an ASC with only one or two doctors. How are you handling your medical records?

## Seeking a Good EMR Fit

**Dr. Waltz:** In our ASC, we don't use electronic medical records in the usual sense. We use a hybrid system. I found I was filling out a form in the office — name, demographic information, and so on — and then filling out a form in the surgery center with the same information. Not only was this repetitious, but it also created numerous opportunities to make mistakes. Now, we use

a program that populates our forms automatically. The program also corrects misspelled drug names and shows the various dosing options. We still use paper, but we are moving toward a fully automated process to decrease our costs, increase our efficiency and, at the same time, minimize errors.

**Dr. Koch:** What are some of the differences between using EMR in your office and in your ASC?

**Dr. Wiley:** We are two surgeons with the same protocols and relatively high volume. With cataract surgery, each patient is, at most, a two-event situation — cataract right eye, cataract left eye — compared to a glaucoma patient, for example, whom we may see 4 or 5 times a year. Repopulating paper charts for glaucoma patients is inefficient, so an EMR does make sense for that type of patient.

What may be holding us back is the current EMR technology. When you consider the advances that have been made in consumer and other business electronics, such as computers and cell phones, it becomes apparent that EMR technology for an ASC needs to catch up. I think it will get there, but it's not there yet.

**Mr. Sheffler:** We really must reduce our personnel and storage expenses as much as possible to stay profitable. We have to do it. It is imperative.

**Dr. Tyson:** As for the future, I believe we will start seeing EMR programs that are more flow-oriented, because now we must document every encounter with a patient throughout the OR day, not just check-in, check-out and how much we billed. Now, we need to track who touched which drugs, when each drug was administered, and when a patient went from station A to station B to the OR and discharge.

**Dr. Koch:** Looking at paper records and electronic records, I can use an analogy with our surgery center. Paper records are our disposables. We buy a product, use it once, and never use it again. Electronic records are our reusables. That is, we pay a higher price for the item in the first place and then use it over and over again, which is a savings compared with disposable costs.

### New EMR Solution for ASCs

**Dr. Koch:** Lou Sheffler runs a group of surgery centers with 300 doctors, so he's responsible for managing numerous protocols. Tell us how you maintain efficiency, and also explain how being a member of

## Incentivizing Efficiency

Your staff can be an important resource for improving efficiency. In our surgery center, we've tried to incentivize our staff in the right way, and it's remarkable the savings they create. For example, the person who does our ordering is empowered to make decisions about — and is rewarded for — saving us money. We also have a profit-sharing plan that rewards efficiency. We count how many employee-hours it takes to generate one surgical case, and the employees receive a bonus every quarter based on how much that number is reduced. We've driven that number down from more than 10 employee-hours per case to less than seven employee-hours per case. Every time our employees improve efficiency, we share the rewards with them. They work to improve efficiency, in part, because it makes a difference in what they take home.

— **Kevin L. Waltz, MD**

OOSS can be beneficial in this area.

**Mr. Sheffler:** We had a hybrid paper and electronic record-keeping system but have switched to all EMR. We found that paper medical records are not free. In fact, they're expensive when you factor in the time and labor spent handling paper charts, as well as the supplies, such as toner and fax machines. Even in our smallest surgery center, where 2000 cataract surgeries are performed a year, we found we were spending \$42,000 annually on paper records.

We now use a browser-based system by iMediware called iASC, which addresses the needs of ophthalmology offices and surgery centers. The system is endorsed by OOSS and available to OOSS members at a discount. It's also compliant with federal guidelines for paperless offices.

**Dr. Wiley:** Is the system truly paperless?

**Mr. Sheffler:** Yes. Tests, such as EKGs, are faxed to us, and the system converts them to PDF files, which are placed in the electronic chart. All consent forms are signed electronically. Even the scheduling at the doctor's office is done via the Internet.

**Dr. Wiley:** That is a huge point. Unfortunately, not all EMR systems are paperless. You can be in a situa-

tion where you have an EMR, and you are still printing documents, having consents signed on paper and scanning, which is not efficient or cost-effective.

**Mr. Sheffler:** The iMedicware system is tremendously efficient because it enables you to manage records securely from any computer with Internet access at any time. In addition, records are fully auditable for the Accreditation Association for Ambulatory Health Care and the government. You can view every chart that has been signed, find out how many 4-diopter lenses you used in the last year, look at vitrectomy rates, surgeons' speeds, the

efficiencies of nurses and time between OR cases. You can obtain metrics on numerous aspects of your practice.

**Dr. Tyson:** So this is more than just EMR. It's EMR plus ASC management system.

**Mr. Sheffler:** Yes. It's a complete ASC management system. The iMedicware system predefines by doctor by procedure, so everything changes based on the procedure: the operative report, the medications and the postoperative report. The system is the same in the doctor's office. When surgery is booked, all the patient's information comes across to the surgery center.

## Business Services Offered By Advantage HOYA

HOYA Surgical Optics offers many programs that help practices become more patient-centric, efficient and more profitable, whether it's by streamlining business protocols or expanding the healthcare services we offer our patients.

Advantage HOYA is a collection of non-disruptive business services that identifies key areas in which to improve a practice's performance. In addition to offering Practice Optimization Analysis, which offers an in-depth report analyzing the parameters and characteristics of your practice, there is also an Advanced Vision program which is a patient-centric approach to address presbyopia at the time of cataract surgery. The Advanced Vision program, fueled in part by RevitalVision, helps practices address a patient's lifestyle needs by restoring a broad range of vision and the patients overall ocular health, while also adding to the practice's bottom line.

To capitalize on the unmet hearing care needs of your patients, there is a comprehensive hearing healthcare program that diagnoses and treats hearing loss. Another service Hoya provides is turnkey optical dispensary management. Adding this service can expand your practice's revenue growth.

These programs provide concrete strategies and tactics to deal with the needs of patients, and the economic and staffing challenges facing practice today.

Some of the services offered include:

- Practice Optimization Analysis that identifies key areas to improve patient experiences while enhancing your practice's image, growth and profitability
- An in-depth practice analysis of operational, management and technological systems that identifies lost dollars and key areas for growth and development
- Assistance with evaluation of the needs of your practice and integration of an EMR strategy that will comply with government regulation
- A spectrum of patient-centric vision and hearing healthcare programs to improve overall patient wellness
  - Advanced Vision for the correction of presbyopia
  - Evidence-based nutritional supplements that maintain and restore overall ocular health
  - Comprehensive hearing healthcare program to address the unmet hearing care needs of patients
  - Turnkey optical dispensary management

Advantage HOYA provides value and actionable information on the challenges and opportunities facing today's practices. Advantage HOYA helps practices enhance the lives of patients and move the practice to the next level.

For more information on Advantage HOYA, visit [www.joinadvantagehoya.com](http://www.joinadvantagehoya.com).

# Advances in Inventory Management

*Panelists discuss a new inventory management system from HOYA Surgical Optics.*

In today's healthcare environment, many eyecare practices are in need of business solutions that improve performance and operation efficiency in order to enhance profitability. Advantage HOYA is a collection of business services that identifies key areas to improve patient experiences while enhancing your practice's image, growth, and profitability. One of the featured services is SAMI (Smart Automated Microtag Inventory), a smart supply chain management solution that ensures you have the lens you want when you need it, while reducing lens-supply costs.

**Dr. Koch:** There are probably as many ways to handle inventory in an ASC as there are people sitting at this table. Let's discuss what's available, what's new and what's still on the horizon.

**Dr. Tyson:** Inventory control is an important aspect of maintaining profitability in an ASC. You can lose money if purchasing is mismanaged. Even a bottle of propofol, for example, if it is ordered from the wrong vendor, can be costly.

**Dr. Patterson:** I am the only surgeon in a small surgery center, and I operate 1 day a week. One staff person is responsible for checking inventory, usually at the end of the week, against the list of patients scheduled for surgery the following week and making sure everything is in order. This works for us now, but it would be nice to have a better way.

**Mr. Sheffler:** We have an accounting system that tracks our inventory. It identifies slow-moving items, such as a keratome that a surgeon no longer uses or an overabundance of sutures, so we can decide whether or not we should return them. Ten glaucoma shunts tucked away in a forgotten drawer can amount to \$5,000 or more. Once we instituted an inventory control system and identified and returned excess supplies, our inventory costs dropped by about \$150,000.

**Dr. Tyson:** Inventory management is becoming a much more common problem in ASCs, and not only with glaucoma shunts. If a couple of premium lenses go missing, so does your profit.



*“Inventory management is becoming a much more common problem in ASCs. If a couple of premium lenses go missing, so does your profit.”*

*—Farrell C. Tyson II, MD, FACS*

## Advanced RFID Inventory Management

**Dr. Koch:** HOYA offers the Smart Automated Inventory Management (SAMI) System to help us manage our IOL inventory. Dr. Tyson, you have the SAMI System in your practice. Please give us an overview. What does SAMI do? How does it work?

**Dr. Tyson:** The SAMI System provides automated lens reordering and real-time, automated inventory management. Most of us have already had experience with the technology employed by the SAMI System. It utilizes small radio frequency identification (RFID) devices, similar to those used on clothing in stores to monitor an item's whereabouts.

The SAMI System reads the RFID micro-tags on boxes of IOLs through a “smart” cabinet that receives and records the information. Not only does the cabinet register whether or not the lens is inside, but it also knows the serial number and power of the lens. The system includes an RFID reader that can be used to scan boxes and verify lenses for check-in and check-out.

**Dr. Koch:** The SAMI System scans inventory every 18 minutes and provides feedback to the computer, including lens powers and serial numbers. When a lens is removed from the cabinet, within 18 minutes, its absence is recorded. The computer will eventually ask, “What happened to this lens? Was it put in a patient? Was it sent back? Did the sales representative take it?”

Did you waste it? Was it destroyed?” It helps you keep track of every lens.

**Dr. Tyson:** The beauty of this system is how much staff time it saves. The SAMI cabinet knows what’s there, what’s not there and what needs to be reordered, so my staff does not have to manually count, record and reorder. In addition, its utility isn’t limited to IOLs. The system will track any items that have micro RFID tags.

**Dr. Koch:** The SAMI System has brought inventory management from the clipboard era into the electronic era. We have more than 1,000 lenses in inventory. In the past, we had to wait for a sales representative to come in with a bar coder every 3 months to check our inventory. Inevitably, they would find lenses missing and have to charge us for them. We knew we didn’t lose those lenses. It was a problem. Now, every 18 minutes, we know exactly what is in stock, and everyone is in total agreement. It’s been a tremendous step forward in managing inventory.

### SAMI Facilitates Ordering

**Dr. Koch:** If you have ever observed your staff order intraocular lenses, you know it can take 3 to 5 minutes per lens. With the SAMI System, a lens can be ordered in 2 or 3 seconds. When the bar is passed over the spot scanner, the computer asks, “What do you want to do? Reorder the lens?” And it’s done.

**Dr. Tyson:** Another benefit is that this system eliminates errors. In the past, after surgery, a staff member would take the sticker from the IOL box and affix it



*“The SAMI System has brought inventory management from the clipboard era into the electronic era.”*

*—Paul S. Koch, MD*

to a piece of paper. At the end of the day, we would have all these stickers on the paper and then fax them to the company to order a fresh supply. Even with such a simple system, errors could be made during order entry at the manufacturer’s office. Then we would have to deal with the inefficiency of correcting

## Advantages of the SAMI System

The Smart Automated Inventory Management (SAMI) System developed by HOYA Surgical Optics is a supply chain management solution that ensures that your practice will have the lens you want when you need it, while reducing lens-supply costs.

The SAMI system enhances ASC efficiency in numerous ways. The system facilitates inventory check-in and creation of purchase orders. It also integrates with your patient log book, EMR and accounting system.

In addition, it creates various reports and alerts, including:

- Product usage trend report
- Delivery charge report
- Value of inventory report
- Lens utilization by doctor report
- Alert for items ordered but not received
- Alert for items above or below par level.

those errors. With the SAMI System, everything is digital. What goes in is what comes out, and transcription errors are avoided.

**Dr. Koch:** Problems also can occur when the number of items in a shipment isn’t the same as those listed on the packing slip. If the shipment is short and the discrepancy goes undetected, you would be billed for lenses you never received. The SAMI System is quite a step forward because lenses are scanned when we receive them, and we know exactly what is there. The computer acknowledges and confirms that what we have is what the company thinks we have. It eliminates confusion and error.

**Dr. Waltz:** In our practice, we produce monthly and annual reports of IOL usage by surgeon, which is a time-consuming task. One of my hopes is that somehow the SAMI System can be combined with an EMR package like the iMedicware EMR system. One creative application would be to put micro-tags on patients’ ID bracelets and install readers at every doorway in the ASC to evaluate patient flow in an automatic fashion.

**Dr. Koch:** Combining the SAMI System with an EMR system would be a benefit to all of our ASCs.

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## Experience a Broader Solution with HOYA's SAMI System

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