

“Building Your Ideal VT Practice” Part 1 Freedom and the Staff Run Office

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Every doctor thinks of freedom from the office differently. For younger optometrists, it may be getting home early enough to play with the children before bedtime. For older ODs, it could be being able to travel for fun, or to contribute by teaching or volunteering. What would you do with your freedom if your office ran itself?

Over the last 3 decades, we've guided many practices as they made this transition. The first step seems to be a doctor's personal motivation to make this switch. Building the staff, patient flow process, communications standards and internal/external marketing can be a daunting task. It requires time, creativity, careful hiring, intensive training and a systematic approach. Without an intense desire to have the freedom it brings, it is easy to get frustrated, fatigued and give up.

Whatever your vision of an ideal practice; small boutique, large and busy or something in between, consider these two initial steps:

1. Develop a plan. Forget about fixing what seems broken in your present practice. Sit down in a quiet place and visualize a perfect day in your ideal practice. Think about how it might have been from your perspective, the staff's perspective and (most important) from the patient's perspective.

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Focus on the step by step patient flow. From the initial phone call, through first appointment, case presentation, additional testing, parent/patient consultation (sign-up), first and subsequent therapy sessions, graduation and how you'll keep that precious referral connection alive after therapy. What, exactly happened at each step; what was said, what forms or structure would serve to keep each step in place and effective? We suggest you lay all of this out in a flow chart.

Consider the ideal marketing process. Workshops are the foundation of all internal and external marketing. We urge you to give serious thought to doing public outreach through talks and workshops both in the office and out in the communities around you. Virtually all clubs and organizations are made up of parents and grandparents, even professionals, educators and others in a position to refer. Every group includes many adults with binocular vision problems who don't yet recognize the limitation or realize it could be resolved.

Internally, what process will you use to identify, capture and stay connected to potential referral sources? What will you need to make all of that work? Hint: Think databases, email services such as Constant Contact (the service used by COVD), reprints for media and PR.

We suggested you consider two steps toward freedom. First, develop your plan. The second is to find the key person to help you achieve it.

2. Every staff run practice needs an Optometric Vision Therapy Administrator (OVTA). This is the key person who will execute your plan and operate your practice. Although this position may include some office management duties, the heart of the role is to make Optometric Vision Therapy thrive.

Take time to search for the perfect person. You will not find someone already trained for this role,

you will have to develop them through education and training.

This position is best filled by someone who is inspired by being able to help others, plus a practical, get it done attitude toward doing so. In a staff-run practice, the OVTA will replace the doctor for many non-clinical steps in the patient intake, enrollment and therapy process. In a new Optometric Vision Therapy (OVT) startup, s/he will probably answer intake calls at first. If the practice offers primary care, calls from potential OVT patients can be transferred to the OVTA for patient preparation. In a staff run practice the OVTA will handle much of the patient or parent consultation (sign-up). The OVTA will be the marketer-in-chief for the practice, a role which grows more important as the practice expands. In other words, a Super Woman/Man.

You're looking for a practical, grounded, open, communicative, people-come-first idealist. Where do you locate such a person? We recommend you start with your church or synagogue. Find an active volunteer who runs the phone tree and coordinates the many groups, facilities and activities thereof. Perhaps they even help with the congregational newsletter. This person always finds time and ways to help others. Ask your pastor, priest or rabbi if they can suggest such a person. Call other churches, volunteer organizations or community charities and ask them for help finding a great candidate. Don't forget to ask about reliability. Can the person be counted on? When they promise, do they deliver?

One of the best OVTAs we've met is a retired teacher. Many school districts have retired teacher organizations they tap for substitutes. Maturity counts. Give extra points to someone who has raised a family, they will be more understanding when working with moms and dads of potential patients.

While helping a friend with her thesis I learned that men and women go through five stages, ranging from self-centered to altruistic. Women in the study often occupied a middle stage, caring for family until the children were grown. Once liberated from that duty, many zoomed directly to the altruistic stage. Many had developed terrific organizing, communication and people skills through volunteer work.

Many empty nest moms have developed widespread ties to their community, the kinds of connections that are likely to accelerate your practice's growth. Sounds like Super Woman to me.

The OVTA role changes as the number of therapy patients rises. It includes the following duties:

- Performing about 10 hours of therapy per week during the startup
- Fielding appointment calls – preparing patients for what's ahead
- Escorting the parent/patient through the intake, evaluations and enrollment process
- Presenting the bulk of information in the doctor's report to parents and adult patients
- Handling financial arrangements, presenting policy and scheduling of new patients
- Leading the community outreach effort of workshops, web and PR
- Making certain the internal marketing effort is carried out effectively
- Keeping track of intake and enrollment numbers and reporting to the doctor
- Executing the plan to build and sustain a referral network

The OVTA position is a revenue producer and salary should reflect that. Training and development of this person requires courses and how-to education because no formal training programs exist for this position. A moderate starting salary is in order with clear steps for improving skills and effectiveness. Raises should be directly related to improved marketing and enrollment results.

These two steps may seem a lot to handle for someone who really just wants to go home on time. However, the doctor's initial investment of time, money and energy to create a vision and plan, and to develop an effective Vision Therapy Administrator has a huge payoff. It is a great way to help more patients, keep income high, make optimal use of valuable doctor time and to regain precious freedom.

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