

By Cynthia Matossian, MD



Cynthia Matossian, MD, FACS, is the founder of Matossian Eye Associates. Her email is cmatossian@matossianeye.com

New doctor on board: make a detailed list

You want a seamless transition, so prepare carefully.

A new U.S. president is elected in early November: 12 weeks later, he's sworn into office.

If only a new-physician orientation took so little time.

In our practice it takes longer. Acquiring licenses and hospital privileges, ordering the right surgical instruments, learning and populating the EMR system, and mastering the office processes can take months. That is fine, because our goals are always seamless transition, patient satisfaction and business growth. Consequently, the level of detail we have in our new-physician orientation plan covers everything from notices in the local newspaper to dealing with the new doctor's personalized embroidered lab coats.

REFERRALS IN-HOUSE

Adding a physician takes weeks of preparation before she or he sees patients for the first time.

The new physician's biography is written and distributed in-house so everyone knows the new ophthalmologist's professional background. The established physicians must become versed in the new specialist's skill set; if they see a patient with that disease subset,

then they can refer that patient to the new physician and keep the treatment in-house instead of referring out. All staff needs to know the new physician's areas of specialty. It is vital for our front desk personnel, as they answer patients' questions and phone calls. (We also discuss the new physician's expertise at our monthly staff meeting.)

Besides the local newspaper, the biography and picture are put onto our website.

SAVING TIME

We create a scheduling template in our EPM system months before the new doctor starts. So, when a patient calls or an in-house referral is generated, that appointment is captured.

Our new physician will also endure an intensive EMR orientation. He has to build his own content, especially if the subspecialty is new within the practice. Even if it already exists, the protocol of one glaucoma specialist, for example, will likely be slightly different than another's. Doing these tasks ahead of time allows for more accurate coding for our billing department and for a more efficient patient throughput at the time of the office visit. It's that simple.

THE HOSPITAL

Our situation is different because we have offices in two states. Our new physician must get medical licenses in Pennsylvania and New Jersey and obtain hospital staff privileges in both states.

The new surgeon must spend time reviewing the surgical equipment at each location. Maybe he trained on an Alcon phacoemulsification machine, but the surgery center has an AMO unit. He has to meet with product representatives, learn about the equipment and develop his parameters.

THE NEW DOCTOR

Sebastian Lesniak, MD, is our newest physician member. Dr. Lesniak, already published, recently completed his fellowship training in cornea at Wills Eye in Philadelphia. We are fortunate: Dr. Lesniak has his NJ and PA medical licenses and has passed the board's written part.

Dr. Lesniak said it is taking weeks to get the paperwork together that the hospitals and surgical centers require before they grant him privileges, including his procedures log, number of procedures performed as a resident and malpractice insurance history.

He starts in July. We hired him in March. **OM**