Private Practice in Ophthalmology
- Making it Work

A workshop organized by
LAICO – Aravind Eye Care System
In association with AIOS

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Significance of Private Practitioners
Private practice forms a significant part of the eye care scenario in India – it is said that up to 80% of the ophthalmologists are involved in private practice.

Most eye care institutions – large or small – start out as small private practices. It is only after achieving a certain scale that they are able to grow and consolidate into large institutions such as corporate, private or NGO hospitals. Private practice forms the origin of most established eye care services in the non-government sector.

Given the competition that they face private practitioners are early to adopt new technology and test innovations and in this way become the trend-setters for eye care in the country. Other large institutions remain followers of such change – adopting new techniques and technology only when the benefits are proven.

Challenges in Private Practice
Ophthalmology today has become highly complex in terms of technology, the range and competence of the manpower required and the many regulations that need to be adhered to. Moreover, private practitioners operate typically at a small scale and so, are greatly influenced by the market forces such as competition, staff turnover, changes in technology etc. that they are subjected to. Given this scenario, the challenges faced by the private practitioners are unique to this sector.

However, while there are a lot of issues in private practice, several practitioners have demonstrated how they have been able to rise above these challenges, build and sustain a thriving practice. There is a tremendous amount of knowledge amongst the private practitioners – both about the issues as well as the solutions.

LAICO- Aravind Eye Care System brought together private practitioners across the country for a two-day workshop in October 2010 in order to tap into this collective knowledge and to provide a platform to discuss the various issues relating to private practice and to elicit best practices. This report offers a glimpse of the lessons learnt at the workshop.

Scope of this Report
While several ideas and inputs apply to private practice, this report is confined to the lessons derived from this workshop. Therefore, this report is not an exhaustive guide for ophthalmic private practice. It does not cover certain important issues, for instance, regarding succession planning for private practice. Seeing the amount of learning and interest that this workshop has been able to generate, LAICO recognises that there is a scope for such workshops for private practitioners in ophthalmology on a continuous basis as it provides a platform for them to sound out their concerns, learn from each other and most importantly come together to form a unified body.

This report discusses the challenges faced at different phases of a private practice...

- Starting up the Practice
- Managing the Practice
- Growing the Practice
- Dealing with Change
• Starting up the Practice

Am I ready to start?

It is recommended that one gains some experience at a larger institution before setting out to start individual practice, to sharpen the clinical skills and learn to build the patient confidence.

When setting up practice, it would help first time practitioners to run through a primary checklist in order to ensure that basic aspects of the practice are thought through:

- Where should I register?
- What licences and permits need to be obtained?
- What other paperwork needs to be fulfilled?
- Whom to contact?
- Whether to start with a basic set up or a full-fledged set up?
- Where do I procure the basic ophthalmic equipment? What is the acceptable price for each item?
- How to create an awareness of my practice in the community?

Look for guidance and develop a network with those can provide support for all aspects of the practice – auditors, banks, referral doctors, other ophthalmologists, suppliers etc.

Where should I start my practice?

Options for a location for your practice can range from outright purchase of a property, to renting to starting small at one’s own home.

While investing in a location, keep in mind the space requirements for future expansion and the minimum space requirements for important areas such as the operating room. Also, remember that you will need to provide spacious rooms for your patients – you don’t want to have cramped outpatient areas or wards.

Where do I get the funds?

While striving to finance the capital for your practice seek the support of an auditor and explore the various options available – family funds, bank loans etc. Also, look into the option of starting at a smaller scale so that the initial capital required is small. Other options to be explored may include starting up as a partnership with like-minded fellow practitioners.

It is recommended that a detailed business plan is prepared before investing. This would oblige the practitioner to forecast and think through the various expenses involved and the income you expect to generate. This gives an idea of the time period over which the investment can be recovered and allows one to be in a better position to make decisions regarding investments.
Who should I employ?

Try to develop a basic understanding of the labour laws and regulations. Look within your service area and try to identify who would fit this job and strive to meet their expectations. Where it is not feasible to recruit trained personnel, you can train them on-the-job and orient them for the initial months.

During the initial days, when the practice is still small, one can train each staff to multitask. Focus on building on their strengths and interact with them on regular intervals to receive feedback in how they perceive their work. It is important to develop leadership among your staff and to empower them to take decisions. You can also explore the option of sending them to be trained at other larger institutions.

Maintain a good working atmosphere:
- Treat your staff with respect and dignity
- Pay salaries on time
- Clarify what is expected
- Create a ‘family’ atmosphere
- Appreciate good work
- Ensure their welfare
- Ensure that you act as a role model for them
- Don’t micro-manage, empower the staff to take appropriate decisions and lead
- Ensure that you communicate your vision to all your staff so that the alignment is strong

How do I manage cash flow at this stage?

To the extent possible, institute systems at the earliest to track cash flows. Review and update these systems as needed. Communicate the system to your staff clearly.

It is strongly recommended that one seeks the guidance of a chartered accountant right from the beginning. S/he can help you start off with the right systems, maintain mandatory records and manage cash flows better.

Ensure that a 3 month buffer of liquid funds is available at any given time. At the initial stage salary expenses can be reduced by having your staff take up multiple tasks. While investing in equipment if you can get a group of your friends who also would like to make the purchase – place a combined order so that you can negotiate.

What to do when there is a shortage of cash inflow:
- Make sure all cash receivables are followed up (reimbursements, insurance, etc.)
- Defer your payments to your vendors for a while

It is important to maintain a good relationship with your bankers. If your practice is suffering a setback, discuss it with them rather than concealing it. It is likely that they will be willing to help you – for e.g. by offering an installment-free period.
How do I manage everyday tasks?

**Standardise Work flow:** It is important to simplify the tasks and create a structured workflow within the practice. It is better to simplify the systems from the patient’s point of view – this not only ensures ease for the patient but also ensures the stability of the system over time. Standardising protocols for clinical and non-clinical processes is important. Otherwise, you will be forced to look into every detail and expected to make even basic decisions. To the extent possible, try to automate the tasks.

**Ensure Quality:** It is important to set protocols and standards to ensure quality – it is important to look into errors and develop systems that will ensure that these errors are avoided. These systems will have to evolve in iterations. While defining and monitoring quality look equally into non-clinical aspects as well – is the care that is being provided compassionate and patient-centric?

**Monitoring:** It is important to establish a system for monitoring. This will help you be informed about performance of the systems, errors and will help you act in time.

**Documentation:** It is recommended that proper documentation is maintained for both patient case records and for administrative documentation (finance, staff, etc.). To the extent possible, try to computerise the documentation.

**Communication:** Communicate standards and protocols clearly to your team, clarify what is expected of them and establish accountability.

**Resource Utilisation:** Continuously deliberate on how to bring down costs by optimising the way you deploy your resources such as manpower, space, time and inventory, money.

How do I balance time between work and my personal life?

**Goal-setting:** It is important to define your personal goals for effective time management – it helps to have a ‘personal mission statement’. Understand that each of us has many roles to play – professional, spouse, parent, student, teacher, etc. – and we have to decide how we are going to balance these roles. Setting personal goals early will help you prioritise things and you will find it easier to make decisions.

**Prioritising tasks:** Handle important tasks as early as possible – don’t wait for them to become urgent. This will ensure that you are not continuously in a fire-fighting mode. Remember, when you handle urgent issues you cannot do your best and it can be stressful.

**Get into a routine:** Get your work life disciplined so that you can spend enough time for your family, friends and your personal hobby. When you clearly define your work timing and stick by it, over time, your patients will come to follow the same. In case you would rather have your clinic open for longer hours, get a colleague with whom you can change shifts with. This will also help you to cover your practice when you have to be away or during emergencies.
Is my practice compliant with all legal requirements?

The regulations that govern private practice is different depending upon the size of the practice, the number of staff employed, the state in which it is located, etc., and so it is necessary to understand the local requirements. Remember, ignorance of the law is not an excuse.

While enforcement of rules has been weak in many areas we can expect them to become more stringent in the future. It is important to register your organisation and obtain the required licences and permits. Seek guidance from someone with experience. As health is a state subject the regulations vary from state to state

Look into the regulations that are specific to your set up, with respect to:

- Building and Land development Acts
- Registrations related to starting or managing a private practice (such as Shop and Establishment Act/Nursing Home Registration Act/Clinical Establishment Act)
- Display of registration numbers
- Safe and hazard free environment (Prevention and control of pollution Act, Noise pollution, Fire Permit, etc.)
- Indian Medical Council’s regulations for Professional Code of Conduct, Etiquette and Ethics
- Regulations governing maintenance of Medical Records
  - Medical records pertaining to inpatients have to be maintained for a minimum of 3 years from the date of commencement of treatment
  - It is recommended that efforts are made to computerize medical records
- Restrictions on advertising
- Membership and active participation in medical societies
- Bio-medical waste disposal
- Security of patients
- Safe Medication (Drug & Cosmetics Act, Pharmacy Act, NDPS Act, etc.)
- Employment rules – labour laws, provident fund
- Protecting the right of the patient (RTI Act, patient consent for procedures)
- Other regulations governing the business aspect (Charitable and Religious Trusts Act, Income Tax Acts, Sales Tax Registration –for Opticals and Pharmacy, Vehicles Registration, Insurance Act, etc.)

It is recommended that the discussions on the Clinical Establishment Bill 2010 which is being debated and adopted by different states be followed as it can also have an implication on your practice. Further guidelines are given in the attached document (see: ‘Annexure - Regulations for Private Practitioners.pdf’).
It is essential that one initiates the practice in a sound manner with appropriate infrastructure, adequate and capable human resources and sufficient cash flow. It is also imperative that the work processes are organised and standards are established. It is important to constantly monitor and evaluate the work systems to ensure that one is making the best use of one’s resources including funds, staff, equipment and time.

Once these basic elements are in place, it becomes equally important that the practice does not stagnate - is essential to build it up to take it to the next level. There are many perspectives that one can take to grow one’s practice:

- Increase patient volume
- Widen the range of services that you provide
- Go beyond single-ophthalmologist practice

How do I increase my patient volumes?

**Create better awareness:** Growing the external patient base can be accomplished through attempts to build the community’s awareness about eye care as well about your service by using brochures, patient education material etc. Though this requires effort and organization, it pays better dividends than investing in hoardings or mass media as they are not only expensive but their impact is also short-lived.

However, one may leverage the opportunities presented by occasions such as World Sight Day, World Glaucoma Day and Eye Donation Fortnight etc. While this is done to promote awareness about eye care and certain eye diseases in specific, it can also help to create better awareness about your services.

**Tap the unmet need:** It has been estimated that a mere 10% of those who need eye care proactively seek care from an ophthalmologist. It is then apparent that there is a large untapped market. Focussing on the non-customer takes you into untouched population. Doing this requires ingenuity in creating awareness, reaching out, identifying and treating those in need. However, the benefits of doing so are that this is an untouched segment where there is almost no competition and even though these patients pay less this can be more than offset by the patient volume.

**Network:** It is advisable to reach out into the community and develop strong relationships with key stakeholders - referral doctors, diabetologists, physicians and your potential community partners – headmasters, teachers, parents, local clubs, NGOs. You must also consider empanelment by local companies.

**Internal marketing:** Internal marketing is a good way to build your patient volume. When patients come with attendants to your clinic use the opportunity to offer a free basic vision test to the attendants at no cost. Those who are identified to have deficient vision can then be counselled to register with you as a patient. It has been reported that many attendants have been found to have some defect (but were unaware of the fact) are ultimately grateful that they were screened and appreciate this gesture.
Also ensure that you create a strong internal referral system among the different specialty departments within your hospital. Use counsellors to increase patient compliance to the treatment advised. When you have patients with conditions such as glaucoma, diabetic retinopathy and refractive error, be sure to counsel the patient that it is likely that others in his family also have the same defect and that s/he should have their eyes examined as well.

**Your most powerful advertisement:** Remember that finally it is the word of your satisfied patients that will create positive awareness for your practice. Word of mouth is the most effective method to increase your patient pool – reinforcing the fact that you should focus your resources and efforts to provide good quality treatment with compassion to your patients, to build confidence in your practice and satisfaction.

**How do I enlarge my range of services?**

While striving to develop sub-specialities in addition to the investments in equipment and technology, it is important to develop both the competence to provide the service as well as build up a clientele for it.

You can rope in a colleague trained in a specialty or train yourself to provide such care. In the initial stages it is advisable to develop the referral for this specialty by being a visiting consultant at other practitioner's clinics and when you have established a reputation for your services you can ask that they refer the patients to your clinic.

It is recommended that the patient base for your specialty services is built up through extensive outreach work and creating a strong referral network:

- School screening camps – train your ophthalmic assistants to screen the entire school and refer only those suspected to you
- Diabetic retinopathy screening – link up with a diabetologist who can screen all patients and those identified to have diabetes can be referred to you
- Create awareness about the different eye diseases to increase the number of patients who will seek care.

**How do I get more ophthalmologists to work with me?**

A good way to start is to get fresh ophthalmology graduates who are interested in gaining experience at the early stages. Ensure, that in whatever way you engage another ophthalmologist, it should be a win-win situation for both.

**How do I stay profitable as I grow?**

**Spectacle dispensing:** This remains an important source of revenue for private practitioners. Given that on an average over 20% of one’s outpatient needs refractive correction and that spectacles need to be replaced once every two years, it is advisable to have your own optical dispensing unit. It is important to ensure that your patient receives the advised correction and it is easier to ensure the quality of the spectacle he procures when you yourself are dispensing it. While most practitioners shy away from starting their own optical shop, it is advisable not to outsource this because of the potential revenue it can generate. And the competence for running and managing an optical shop is relatively easy to institute.

**Get better mileage:** Look at your costs and see which areas can be addressed. Costs are either fixed (rent, salaries, interest, etc.) or variable (consumables, etc.) depending upon
the number of patients seen – study them to see how you can get more out of a single resource. Try multi-tasking, increasing the efficiency of your staff, price revision ad tweaking the systems in place to experiment if more patients can be seen by the same amount of resources such as time, manpower. Increasing quality and reducing errors go a long way in reducing your costs.

Invest in sturdy, long lasting equipment, try to adopt free open-source software, negotiate annual and comprehensive maintenance contracts. Invest time in maintaining your equipment so that they serve you longer and suffer fewer breakdowns. It also pays to keep a tab on the performance of the equipment – both the clinical performance as well as financial performance – whether you are able to get a good return on the investment.

One may look at maximising the usage of your capacity such as pooling surgical cases to utilise your OT better can save autoclave and air conditioner expenses. Decrease hospital stay to increase bed utilisation rate. With good networking with other practitioners you can share the use of expensive equipment so that the machine is not underutilised.

**Task-shifting:** Another way to lower your manpower costs is to see if you can shift tasks downwards – can some of the simple, routine tasks such as refraction and counselling be done by an ophthalmic assistant rather than by an ophthalmologist?

**Pace your growth plans:** Make sure that your plans for growth are not overambitious – estimate your ability to take risks and handle unforeseen setbacks.

Make sure you have an annual budget. Try to estimate if you will have any major expenditure such as equipment purchase during the year and prepare a purchase plan.
Stay updated

It is important to stay updated about the changing scenarios within which we operate and understand the implications to our practice. It is essential that we are proactive in responding to these changes.

With regulations on the increase and becoming more stringent it is important to ensure that one is compliant with the legal requirements. With more and more patients taking to insurance – one needs to gear up the internal systems to handle the necessary formalities for this.

With technology improvements at a rapid rate, one should be able to stay informed and also be able to evaluate when to adopt the innovation.

Dealing with Competition

In today’s highly competitive market, it is both important to maintain a competitive edge as well as maintain a healthy relationship with fellow practitioners. It is in this scenario that it is important to provide service that is patient centric – it should be compassionate and the patient finds the service complete and comprehensive.

Feel the patient’s pulse

Stay in touch with your patients and watch out for their feedback. With the increase in affordability and the choice that the patients have to access eye care it is important to respond to the changing expectations of the patient.

Network

An important challenge in private practice is the lack of a unified body to voice the concerns of the private practitioner. While 80% of the country’s ophthalmologists operate in the private sector, there is no platform where they can come together to advocate for their concerns. It is advised that the private practitioners should network with one another to create better synergy among the individual practitioners.
In summary...

Provide patient centred care – care that is ethical and compassionate and comprehensive

Resource optimisation – get the most out of your staff, equipment, infrastructure and time

Involve stakeholders – build lasting networks with community partners and fellow professionals

Values should be at the core of your practice – patients should get good clinical care irrespective of their status

Always stay abreast of changing patient expectations and be responsive to it

Take ownership for the completion of your patient’s treatment cycle – proactively ensure acceptance to treatment advised and follow up compliance.

Educating the patients and the community at large is your responsibility
Acknowledgement

This report presents insights and lessons drawn from the workshop, Private Practice in Ophthalmology – Making it Work, organised by LAICO-Aravind Eye Care System at Madurai, in collaboration with AIOS during Oct 2-3, 2010.

This report is a direct result of the workshop which saw many practical insights put forth by the speakers who generously shared their experiences and innovative ideas through lectures and panel discussions. This report also captures the wealth of knowledge generated through the rich discussion with the participants.

We thank the key facilitators and speakers who made this workshop constructive and useful and to the participants who made the workshop meaningful with their active involvement.

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Lions Aravind Institute of Community Ophthalmology (LAICO) is the training and consultancy arm of Aravind. Established in 1992, with a mandate to support eye care programmes globally, in order improve eye care services, LAICO has worked with over 270 eye hospitals from India and other developing countries through a collaborative process of consultancy and capacity building.

Over 1,800 eye care professionals from 70 countries have been trained in the management courses and other more specific task-oriented training programmes. LAICO has developed several need-based management tools in eye care and has also been involved in the design of national eye care programmes for India and other developing countries.
Private Practice in Ophthalmology: Adherence to Rules

Dr. T. Nirmal Fredrick

Rapid changes in the medical field have strained the age-old good relations between the patient and the treating physician or surgeon. Regulation is government action to manipulate prices, quantities (and distribution) and quality of products. The regulatory process involves setting the policy agenda, designing the legislation, implementing and enforcing it.

Factors that are found to effect poor quality of services provided by doctors in private sector include lack of monitoring, outdated and inadequate legislation, inability of the government to enforce the existing regulation.

Practicing Doctors need to know that...

Criminal law is applicable to all individuals, and doctors are no exception to it. According to the provisions of Indian Penal Code 1860 (IPC), any act of commission or omission is not a crime unless it is accompanied by a guilty mind (mens rea).

Most of the time, the doctor’s treatment is in good faith, with the consent of the patient and hence most of the provisions of IPC are not applicable to the doctors unless or until there is rashness or gross negligence.

The following sections of the IPC relate specifically to the medical profession:

- **Sec. 29:** Deals with documents
- **Sec. 52:** Describes "good faith"
- **Sec. 90:** Related to consent
- **Sec. 176:** Failure to inform police whenever essential
- **Sec. 269-271:** Related to spread of infectious disease and disobedience of a quarantine rule.
- **Sec. 272-273:** Related to adulteration of food and drinks.
- **Sec. 274-276:** Related to adulteration of drugs.
- **Sec. 304A:** Deals with death caused by an negligent act.
- **Sec. 306-309:** Related with abatement of suicide.
- **Sec. 312-314:** Related to causing miscarriage, abortion and hiding such facts.
- **Sec. 315-316:** Deals with act to prevent child being born alive or cause it to die after birth.
- **Sec. 319-322:** Related to causing hurt, grievous hurt, loss of vision, loss of hearing or disfigurement.
- **Sec. 336-338:** Deals with causing hurt by rash or negligent act.
- **Sec. 340-34:** Related to wrongful confinement.
- **Sec. 491:** Related to breach of contract
- **Sec. 499:** Related to defamation
Grievous hurt (Sec. 319-322 of IPC): Related to causing grievous hurt for example loss of limbs, loss of vision, loss of hearing or disfigurement etc. Sec. 336-338 deal with causing grievous hurt by rash or negligent act.

For instance:
- A surgical procedure is done on eye, limbs, face etc. without adequate aseptic precautions resulting in local infection. This may lead to loss of eyes, limb or disfigurement of face.
- An unqualified doctor performing surgical procedure which results in permanent damage to eyes, limbs, hearing etc.

Wrongful confinement (Sec. 340-342 of IPC): A patient cannot be detained on the grounds of non-payment of hospital charges. This may constitute the offense of wrongful confinement under Sec. 340-342 of IPC. Doctors can take advance or fee from the patient before starting the treatment.

Consent in Criminal Law (Sec. 90 IPC): A valid consent must be given voluntarily, by an adult who is not of unsound mind. The consent must be given after reasonable understanding and without any misrepresentation or hiding of the facts. Thus the consent should be an informed consent, preferably in writing and in presence of witnesses. All components of valid consent are applicable even for the consent in criminal law. According to criminal law, it is an offence to cause injury to any person even with his consent.

Criminal Liability
A person, who commits a wrongful act, shall be liable for it. The crimes are public wrongs and aim of criminal proceeding is to punish the wrong doer. The law imposes liability on him who fails to perform duty. The wrongful act may be:

- **Intentional or willful wrong:** This usually doesn’t apply in medical practice as no doctor has intention to cause harm to his patient
- **Negligent act:** The doctor fails to take proper care, precaution and is indifferent to the consequences of his act. Lack of skill proportional to the risk undertaken also amounts to negligence
- **Wrongs of strict liability:** Created by some special statutes like transplantation of human organ act (1994)

Can a doctor be arrested?
Doctors have no immunity against arrest (as any other citizen of India) for the various criminal acts as per the provisions of IPC or CPC of India. Illegal organ trading, unlawful sex determination etc. are non bail-able offenses. But the question is whether a doctor be arrested for:

(a) alleged medical negligence during day to day care of a patient,
(b) unexplained hospital deaths like SIDS etc.,
(c) post-operative complication or failure of operation;

(d) not attending or refusing a patient (who was not already under his care) who becomes serious or dies and

(f) not attending a case of roadside accident.

**Implications of the Clinical Establishments (Registration and Regulation Act) Bill, 2010:**

This bill, approved by the Union Cabinet last month, makes it mandatory for all clinical establishments to provide medical care and treatment to stabilize any person in an emergency condition.

- If the Bill is passed in Parliament, this will be the first time emergency medical care is made obligatory under law in the country.

- While there is no provision for imprisonment for non-compliance, the registering authority can impose a heavy fine — up to Rs. 5 lakh — on the erring establishment. If it fails to pay, the fine will be recovered as arrears of land revenue.

- In 1989, the Supreme Court gave directions that emergency care be not denied to victims under any circumstances. The Law Commission also recommended legislation to make it mandatory.

- As per the Bill, all clinical establishments will be required to register themselves with the State Council for Clinical Establishments. These include hospitals, maternity homes, nursing homes, dispensaries, clinics and similar facilities with beds that offer diagnosis, treatment or care for illness or injury or pregnancy under any recognized system (allopathy, yoga, naturopathy, ayurveda, homoeopathy, siddha and unani). Clinical establishments also include any laboratory (an independent entity or part of an establishment) which offers pathological, bacteriological, genetic, radiological, chemical, biological and other diagnostic or investigative services.

- Whether the establishment is owned by the government or a department of the government, a trust (public or private), a corporation (including a cooperative society), a local authority or an individual, registration will be compulsory.

- The legislation will help in addressing unregulated growth of the private sector, often accused of inadequate treatment, excessive use of higher technology, medical malpractices and negligence.

- It would also empower the State governments or the Registering Authority to direct any clinical establishment to furnish details, statistics or any other information. This would be extremely useful for monitoring outbreaks of diseases.