

THE FLUID PRACTICE

Technology That

The EPIC autorefractor streamlines the patient procedure process and ensures standardized test results.

Is it possible to train staff to deliver consistent, accurate test results while hopping between different office locations? We asked ourselves that question 6 years ago, and we found that we could get standardized refraction results from training staff members with no experience to fill a much-needed role.

At Victoria Eye Center, we have one full-time cornea/cataract specialist who also performs retina procedures and injections, one full-time glaucoma specialist, a pediatric ophthalmologist who visits twice a month and five full-time optometrists in our main center and four satellite offices. The practices see anywhere from 100 to 300 patients per day, with each doctor seeing 30 to 50 patients per day at a minimum. Because of our rural setting, the doctors at the eye center have to manage patients from a general ophthalmology perspective rather than that of a specialist. For example, the nearest retina specialty practice is about 100 miles from Victoria.

We purchased the EPIC system in 2005 to streamline our testing procedures, and also because we knew the system would enable us to standardize those tests. We could train staff to use the system and rely on consistent, dependable refractions because each one would be performed the same way with every technician at every office. And we could send any technician to any office, and that person would already know how to use the system. Our results have been excellent.

Balancing Patient Flow

The EPIC system certainly takes less time than other devices. In fact, it can take as little as 7 minutes. Like every part of the patient visit, we need to fit that time into a patient flow model that minimizes wait, keeps us busy and keeps patients happy. We've succeeded by dividing technicians' tasks and the physical space in

which they occur, then setting a timeframe for moving patients through the practice.

First, we realized we needed to divide the tasks and the technicians into two types of rooms: EPIC rooms, where techs perform refractions, and history rooms, where other techs take patient histories. This arrangement helped us tremendously. Now we keep patients going through both processes without distraction. Patients are simply handed off from the EPIC room to the history room.

Movement from the waiting room to the EPIC room to the history room to the doctor makes patients feel like they're getting somewhere. They're literally walking through the process, rather than sitting and waiting.

Next, we had to even out the timing. Our history technicians take about 10 to 14 minutes to interview patients, so we added responsibilities for the EPIC technicians. They now spend 10 to 12 minutes per patient. We don't get backed up and patients don't have long waits. In our main clinic, we have three EPIC rooms, each turning out five or six refractions plus their portion of the exam every hour.

Patients like this system, too. They aren't rushed through the exam. They feel good because their EPIC technician is a specialist who performs the same duties all day. They're comfortable knowing that they're getting a great refraction. Movement from the waiting room to the EPIC room to the history room to the doctor makes patients feel like they're getting somewhere. They're literally walking through the process, rather than sitting and waiting. Older patients



Works For All

have an easy time with the EPIC, too, because the keyboard stand at the satellite offices lets us maneuver to accommodate walkers and wheelchairs very easily.

Standardizing the Workup

We started training technicians with the materials that came with our first EPIC 6 years ago, and our training is very similar today. The training guide breaks down the steps that technicians need to follow, as well as what they should say to patients at every step. It's very easy for technicians to learn. The results are more reliable than manual refraction because we don't have to wonder whether the patient's understanding of the refraction process somehow impacted the result. There's no more guesswork or deciding to go off a patients' glasses rather than the automated refraction measurement.

In addition, because the EPIC process is broken down so clearly into steps, technicians always know exactly what's coming next and feel very comfortable talking to patients about what they're doing and what patients can expect during the process. Communications are laid out very clearly.

Technicians like using the system, too. Mastering the EPIC's skill set gives technicians an opportunity to offer more to the practice, so they feel like they are assets to the practice. They receive positive feedback for their work and gain a career skill, which makes them more vested and caring technicians.

By following the scripting, technicians also know exactly what patients should be looking at and what they should be seeing every step of the way. It's a completely standardized approach. This uniform approach means we rarely have patients return because their eyeglasses aren't working as they should.

Results are also consistent in terms of the doctor's workflow. The EPIC report printout makes it simple for the doctor to see a patient's current correction, today's refraction and his best-corrected visual acuity. The doctor doesn't have to dig or search for that information. And it all goes seamlessly into our electronic health record (EHR) and our other digital imaging and visual field data systems.

Investing in Cost-Saving Technology

Capital investments are always best when they promise to return some of your money. These results have made EPIC a good investment for us:

- Maintenance costs are very low. In fact, our 6-year-old EPIC systems are running perfectly with no maintenance issues.
- The higher rate of through-put means we can see more patients, which increases our income.
- We rarely have the luxury of hiring a trained technician, so we must train them from the ground up. Being able to train in segments (EPIC, History, Lane Tech) makes it easier and gives them a better chance to be successful.
- Segmenting the technician duties also saves money in terms of staff compensation, because our EPIC and history tech salaries are 25-40% less than those of a fully trained technician.
- Patients like and recommend our "high-tech" approach. They perceive that a higher level of technology means a higher level of health care.
- EPIC's small footprint gives us more room in our practice for other things.
- The uniform autorefraction has lowered our remakes from the 3-5% range to just 1-2%.

Communicating Better

In the main clinic, where we have the EPIC 5100 system, the small footprint has saved us physical space. We've located them in one condensed work area, which has also improved communication among technicians. With more technicians in one place, they don't have to go all the way across the clinic to pass along information. If a patient expresses a concern during EPIC testing, then the EPIC tech tells the history tech when the patient is handed off. Patients appreciate the continuity and feel confident that we're addressing all of their needs consistently. 

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