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Plan–Do–Check–Act: 3 Practice Leaders Share Process Improvement Steps for COVID-19 Recovery

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Many practices quickly realized that radical changes in practice protocols were required for both closing and reopening in the wake of COVID-19. As the recovery evolves, practices will need to incorporate continuous process improvement into their practice culture to remain nimble and resilient.

AAOE[®] recently interviewed three ophthalmic leaders who shared their perspectives on process improvement and workflow analyses: Ravi D. Goel, MD, a comprehensive ophthalmologist and the current senior secretary for ophthalmic practice, Robert E. Wiggins Jr., MD, MHA, a pediatric ophthalmologist, managing physician and former senior secretary for ophthalmic practice, and Stephanie Collins Mangham, MBA, COA, OCSR, chief operating officer at Austin Retina Associates and AAOE[®] Board member.

Their insights revealed that their continuous process improvement typically has included these four steps:

- **Plan**—Identify challenges, opportunities, problems and areas for change or modification.
- **Do**—Execute solutions and implement changes.
- **Check**—Request feedback, study results and measure performance.
- **Act**—Adjust, make improvements and facilitate practice change or evolution.

The initial two phases— “Plan” and “Do”—have been readily embraced by ophthalmic practices. Practices were able to pivot quickly, close and reopen. Successful practices also identify infection prevention, control gaps and address social distancing requirements. Many practices promptly executed solutions by eliminating waiting rooms, creating a virtual check-in, requiring personal protective equipment (PPE) and providing telemedicine.

Our experts share their experiences on the importance of incorporating the next process steps of “Check” and “Act” in the practice culture:

Ravi D. Goel, MD: Finding the Hidden Gem in Adversity

Like many ophthalmologists, Dr. Goel had to address social distancing and reduce crowding in the practice waiting room by implementing a no-guest policy for most patient encounters. He was initially concerned about the patient's experience and surprised by an unintended benefit: a calm, less hectic atmosphere for both patients and staff.

“Previously, patients would often arrive with a family member or friend. Now, with a few medical exceptions—including patients in wheelchairs, or with memory or language barriers—guests are not allowed.

“We have continued to assess this process and it not only accommodates social distancing, but it has actually improved clinical efficiency. The rooms are loaded more quickly, medical discussions with the patient often take less time, and the waiting rooms are not as crowded.

“On more than one occasion, I’ve called the family member (often an adult child) to discuss the patient’s case in real-time. I’ve also offered telemedicine appointments, especially with patients signing up for surgery, in the days after an in-office visit. The telemedicine appointment allows a patient to see you without a mask and allows both patients and family members to ask follow-up questions. As a result, we may implement this protocol long-term to maintain a lean practice.”

Stephanie Collins Mangham: Innovative Solutions Can Have a Season

Austin Retina Associates fully adopted lean in its practice many years ago. When the pandemic hit, it was well versed in the “Check” and “Act” processes.

“When the need for proper social distancing became evident in late March, we implemented a virtual check-in system and asked patients to wait in their car, where we would then text them when we were ready for their appointment,” Stephanie Collins Mangham said. “This process was embraced initially by patients and staff and was well implemented.

“Now, however, after re-assessing and preparing for inclement weather, our practice is in the process of identifying new solutions for an alternative waiting room. We have requested feedback and ideas from our staff and have started to identify new solutions as we continue to adapt and evolve.”

Continually assessing remote work has been advantageous. Mangham said, “Pre-COVID-19, our practice had specific employees working remotely. This was beneficial when the pandemic hit, because we already had protocols in place to transition others to work from home. We transitioned as many employees to remote work as possible—business office, administrative and accounting staff, and chart auditors.

“Moving the call center presented some challenges with incoming fax referrals and access to the internal servers, but we figured out workarounds with VPN tunnels and created systems to log in securely.

“The process continues to change, and as a result, what was once a deficit, or a benefit may change again. We were running out of office space and real estate is expensive, so these temporary solutions may be considered long-term even after the pandemic has resolved.”

Robert E. Wiggins Jr., MD, MHA: Utilize Your Staffs’ Special Talents to Improve Practice Process

Dr. Wiggins has long been a strong advocate for lean practice improvement. “It’s not satisfactory to tell our patients to plan on being in our clinic for a few hours—that doesn’t work anymore,” he said. “To execute a solution in our practice, we assigned clinical staff to conduct the pre-encounter assessment, including updating the patient history, collecting copays and updating demographics. This process change has reduced the patient’s time in the office, and unexpectedly, has produced new advantages.

“Our collections improved as a result of the technique used by one of our technicians. Her kind, yet firm approach not only collected the copay, but past due balances as well. We also assessed the process and identified that if we focused training for staff on history taking, our most complex patient histories improved, saving time for the physician during the encounter.”

With the ongoing crisis and practices working closer to normal patient levels, leaders and staff should work together to check on practice processes and take necessary action. These assessments can help point you to areas for improvement and ongoing opportunities for the future. [Be sure to check out E-Talk](#), AAOE®’s listserv, offering crowdsourced practice management solutions shared by physicians and practice administrators.

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