A Strategic Approach To Growing Patient Volume in an Academic Setting

Joseph B. Fleming, OD
Richard E. Stroud, MBA
Rodney W. Nowakowski, OD, PhD

Abstract

Adequate patient flow is an absolute requisite for fiscal health in any clinical environment. In an academic setting, patient visits are also a cornerstone of the curriculum. In order for clinical education to be effective, students and residents must have a reasonable volume of patient encounters. For these reasons, substantial efforts are aimed at maintaining the patient base in a school or college of optometry. This paper presents historical patient volume data of the University of Alabama at Birmingham School of Optometry and describes recent strategic initiatives, which have resulted in growth of patient volume by 23 percent in a single year. A rapid increase in patient visits is achievable, even in an academic health center. Lessons learned have wide applicability, inside and outside the educational arena.

Key Words: *Patient volume, patient flow, patient base, patient visits, clinical education*

All authors are associated with the University of Alabama at Birmingham School of Optometry. Dr. Fleming is an associate professor and the current chief of staff. Mr. Stroud is the practice manager. Dr. Nowakowski is a professor and the former chief of staff. Email: fleming@uab.edu

Background

The University of Alabama at Birmingham (UAB) is a research university and academic health center. Student enrollment exceeds 18,000. With more than 19,000 faculty and staff, UAB is Alabama's largest employer[1] and is located in the state's largest metropolitan area, with a population of approximately one million.[2] The entire campus encompasses more than 80 city blocks and includes a large graduate school, a world-renowned health care complex, and more than 70 research centers.[1] The UAB School of Optometry is centrally located within this large academic environment. As is true for all schools and colleges of optometry, the patient care program is at the heart of the professional program curriculum, and patient volume is an important metric by which the health of the patient care program is assessed. In addition to receiving didactic education, optometry students must see patients in order to attain entry-level competencies in eye care, and optometry residents must see patients in order to attain advanced competencies in eye care. In any practice, patient volume is important for economic reasons; in an academic practice, it is important for educational reasons, as well.

Around the turn of the century, a disturbing trend of declining patient visits became evident at the UAB School of Optometry. In an effort to reverse that trend, the school undertook a major renovation project to update the clinical facility. Goals of the renovation included heightened visibility with a relocated entrance, large windows, and a prominent and inviting optical area. This renovation involved years of planning and cost in excess of $5 million. The construction phase spanned 15 months from the summer of 2003 through the summer of 2004. During the construction phase, the clinic floor had to be completely vacated, and patient care was delivered in alternate locations throughout the building. Since the inception of the school, the clinical enterprise had been known as the UAB School of Optometry Clinic, and a new name seemed important from a marketing perspective. The process of selecting the name involved marketing experts as well as a focus group of people from UAB and the community.

On Sept. 7, 2004, the new clinic was opened for patient care under a new name, UAB Eye Care.

Patient volume had continued to drop during the clinic renovation. During the year immediately after completion of the renovation, patient volume grew. However, it became stagnant thereafter. By the end of the 2005/2006 fiscal year, it became apparent that the clinic renovation alone would not grow the patient base at UAB Eye Care. A stagnant patient base jeopardized not only the fiscal health of the program but also its educational effectiveness. There was an obvious need for a strategic plan aimed specifically at growth, but change is often slow in an academic health center, especially one within a state institution. One additional challenge was the saturation of the eye care market in the Birmingham area. Like any school or college of optometry, the UAB School of Optometry creates its own competition. When the school was founded in 1969, there were relatively few eye care providers in the area. Each year, the school graduates a class of new optometrists and releases them into the marketplace. Over the years, a significant number of graduates have remained in the Birmingham area, and competition for patients has increased. A clinically active Department of Ophthalmology located immediately next door to the UAB School of Optometry has further enhanced the competition for patients. Another challenge was a longstanding reputation of the school's clinic as a "teaching clinic" rather than a center of excellence delivering patient-centered care. In the face of these challenges, rapid and substantial growth was needed in order to maintain and improve the educational viability of the institution. A well-conceived plan to grow UAB Eye Care was crucial, and this paper describes that plan.

Strategic Plan Development

A strategic plan for growth of the clinical enterprise was developed, and implementation was begun during the 2006/2007 fiscal year. No consulting or marketing firm was employed. The plan had two major components: supply and demand. In this context, supply means the capacity of UAB Eye Care to see patients. Supply involves the density of appointment slots, as well as the efficiency of patient flow. As supply improves, more patients can be seen on any given day, and open appointments are available to prospective patients within shorter periods of time. Demand means the desirability of obtaining services at UAB Eye Care. Demand involves marketing and customer service. As demand improves, more of the public wants to come to UAB Eye Care for their eye care needs. Table 1 outlines the specific supply and demand elements of the strategic plan.

The supply elements of the strategic plan began with a complete reorganization and reallocation of the clinic staff. Historically, a UAB Eye Care staff member often simply inherited his or her responsibilities from the retiring or resigning person he or she replaced. A fresh look at staff assignments with a goal of maximizing patient flow resulted in substantial movement of individuals and responsibilities. In addition, a new emphasis on cross-training clinic staff began to allow temporary shifting of individuals to cover any unexpected staff absence or any bottleneck of patients to process. The primary telephone line had been answered at the main reception desk of the clinic. This function was moved to a back office location in order to allow staff at the main reception desk to give their undivided attention to patients entering and leaving the clinic. The patient parking lot had been poorly monitored. No one watched the entrance or exit, and a numeric code for the exit gate was given to each patient at check-out. As a result of this poor monitoring, people who were not patients regularly parked in the patient lot and periodically created an overcrowded situation where a patient would have to find remote parking and then arrive late for an appointment. An entrance gate with a camera and intercom was added. This allowed an employee inside the clinic to monitor the entrance gate, raising it only for patients, which ensured adequate park-

Table 1
Strategic plan for growth of the clinical enterprise. Plan elements are categorized as supply (capacity to see patients) or demand (desirability of services).

Supply	Demand
Reorganizing and reallocating staff	Focusing on patient-centered care
Cross-training staff	Articles in university publications
Moving telephone function away from main reception desk	Public interest stories in local news
Monitoring patient parking gate at entrance	Integrating new third-party vision plans
Installing telephone-based medical translation service	Optical trunk show
Hiring bilingual staff	Distributing "Save Your Vision" postcards through campus mail
Replacing clinic computer system	Publicizing discount for university employees and students
Increasing density of appointment slots	Participating in university Benefits Fair
	Screening at campus locations
	Agreements with government and charitable organizations to serve special clinical populations

ing for patients. With more patients on time for appointments, patient flow could improve.

Other supply elements of the strategic plan dealt with patient flow bottlenecks related to language barriers. The Birmingham area has a growing Spanish-speaking population, and a number of languages are represented in the university population. When a non-English-speaking patient telephones for an appointment or presents to the clinic to receive care, efficiency of patient flow can suffer substantially. Two steps were taken in an effort to improve efficiency for non-English-speaking patients. First, a telephone-based medical translation service, CyraCom's ClearLink, was installed at UAB Eye Care. Each telephone in this system has two handsets: one for the patient and the other for the person communicating with the patient. At the other end of the line, the medical translation service provides a person who is fluent in both English and the language of the patient. More than 100 languages are covered by this service. Second, because Spanish is the most frequently encountered non-English language and because UAB Eye Care had only one faculty member fluent in English and Spanish, a bilingual staff member was recruited and hired to replace a departing staff member. In addition to her regular duties in the clinic, she is available any time a Spanish-speaking patient calls or arrives.

Another supply element of the strategic plan dealt with the density of appointment slots. UAB Eye Care had been using outdated and inefficient software for patient scheduling and practice management. A new clinic computer system was needed. After writing a detailed request for proposals, interviewing the respondents, and arranging extensive demonstrations of each product, Compulink's Eyecare Advantage was selected and implemented. This new system's features allow faster processing of patients on the telephone and in person. It seemed desirable to have one consistent patient scheduling template which could be applied to the various appointment types across the entire clinic. Even more importantly, the template needed to allow room for an expanding patient base by providing additional appointment slots. A single customized template in the new computer system accomplished these goals. With more appointment slots available and a relatively simple procedure to schedule patients in them, UAB Eye Care could accommodate growth.

The demand elements of the strategic plan attempted to make UAB Eye Care more attractive to patients. These elements needed to overcome the challenges of enhanced competition for patients inherent in a saturated eye care market and of a long-standing notion that UAB Eye Care was simply a "teaching clinic." The specific focus was on people geographically close to the facility: those in the university community and downtown businesses. The primary goal was to build a solid reputation as a center of excellence delivering patient-centered care. From an internal marketing perspective, faculty, staff, students, and residents grew to understand the importance of letting every patient know that meeting his or her needs is at the core of UAB Eye Care and that diverse and deep expertise is available within the facility. External marketing, although soft and professional, was much more prominent than it had been. An enhanced media presence was aimed at keeping UAB Eye Care in the public eye. A series of articles was run in various university publications, and media releases resulted in public interest stories in local news. Faculty members were credentialed in some new vision plans, including Spectera and Humana Vision VCP, which had grown to cover a sizeable number of lives in area businesses. The first annual Optical Trunk Show was hosted at UAB Eye Care. "Save Your Vision" postcards were distributed to the university community via campus mail. These postcards simply promoted regular, preventive eye care, and contained instructions on obtaining an appointment at UAB Eye Care. A discount for university employees and students was publicized. This discount was a waiver of out-of-pocket expenses up to a total of $25 for an annual comprehensive eye examination. As required by federal regulations, those insured by a federal health care program were excluded from the discount. UAB Eye Care became increasingly visible across campus by participating in the annual university Benefits Fair and then holding screenings at a variety of campus locations. Although screenings had long been part of the professional program curriculum, most screenings had been held at public schools. Screenings had never been regularly scheduled on the UAB campus. Two campus screenings per month, utilizing the students assigned to the screening rotation, were simple to initiate. Finally, through agreements with the United Cerebral Palsy Center, Children's Rehabilitation Service, homeless shelters, and a foster children's ranch, UAB Eye Care was able to build its service to special clinical populations with unmet needs. Although these special populations provided only a small number of patient visits, they added diversity to the patient base and helped in accomplishing the public service aspect of the School's mission.

Strategic Plan Results

With strategic plan implementation beginning during the 2006/2007 fiscal year, the stage was set for growth in the 2007/2008 fiscal year. As a result of the strategic initiatives combined with the commitment and dedication of the team of people constituting UAB Eye Care, patient volume experienced growth of 23 percent in a single year, with 18,672 patient visits during the 2007/2008 fiscal year.

A patient visit represents a billable encounter in which codable services are provided, and optical visits and screenings are specifically excluded from the count. Figure 1 presents the number of patient visits during each fiscal year from 1998/1999 through 2007/2008. Each fiscal year begins on October 1 and ends on September 30. Patient visits declined from 1998/1999 through 2002/2003. The patient volume sunk to its lowest level in 2002/2003. Clinic renovation occurred during the 2002/2003 and 2003/2004 fiscal years. The patient volume recovered substantially in 2004/2005, immediately after the renovated clinic was opened to the public. However, patient visits became stagnant during the next two fiscal years. Rapid growth occurred in the final year, and a new record level of patient visits was attained in 2007/2008.

From a financial perspective, clinic income increased 26 percent from the 2006/2007 to the 2007/2008 fiscal year. Over the same two-year period, the quantity of human resources remained constant, with 26 full-time equivalents (FTE) of clinic staff, eight FTE of providers assigned to clinic, and 32 FTE

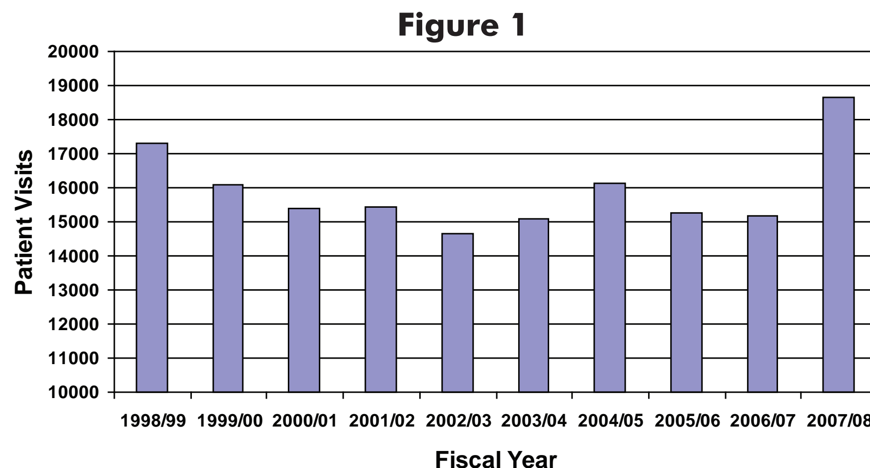
of students assigned to clinic. Students continued in their regular schedule of clinic rotations during the second, third, and fourth years of the curriculum. Noteworthy differences between the 2006/2007 and 2007/2008 fiscal years are summarized in Table 2. Many of these differences may be attributed to implementation of the strategic plan. With a marketing focus on the university community and downtown businesses, it is expected that the patient demographics would shift toward a younger age and an increased percentage of males during the 2007/2008 fiscal year. Because many in the university community and downtown businesses are covered by vision plans, growth in the percentage of “other insurance,” most of which is vision insurance, is predictable as well. Although the percentage of production from major medical carriers and from self-pay was lower in 2007/2008, the actual dollar amount of production from major medical carriers and from self-pay was larger. In a setting of strategic growth, an increased percentage of new patient visits and an improved show rate are also expected. In spite of the fact that the percentage of established patient visits was lower in 2007/2008, the actual number of established patient visits was larger, and this numeric growth is evidence of strong patient retention.

Discussion

A strategic plan for practice growth involves understanding the environment, strengths, and weaknesses of a practice and developing a plan to achieve specific goals.[3] Most practices plan for growth with a goal of financial reward, and an effective growth plan can produce significant financial benefits.[4] In the academic setting of UAB Eye Care, although substantial financial growth occurred in the 2007/2008 fiscal year and was welcomed, patient volume growth was the driving force because of its relationship to educational viability.

Early in the strategic planning process, it became apparent that movement toward patient-centered care would be central to UAB Eye Care’s success in growth. Patient-centered care was described by Balint in 1969.[5] Over the past four decades, the concept has evolved and expanded. A broad definition of patient-centered care is care that

Figure 1



Fiscal Year	1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
Patient Visits	17,311	16,080	15,411	15,429	14,673	15,085	16,136	15,244	15,189	18,672
Change from Prior Year		-7%	-4%	0%	-5%	+3%	+7%	-6%	0%	+23%

Renovation (2002/2003–2003/2004) 23% Growth (2006/2007–2007/2008)

Note. Annual patient visits, excluding optical visits and screenings, over the 10-year period beginning Oct. 1, 1998, and ending Sept. 30, 2008. Note the initial decline continuing into the period of renovation, the recovery immediately after the renovation (2004/2005), and the stagnation that followed. Also note the growth of 23 percent from the 2006/2007 fiscal year to the 2007/2008 fiscal year, coincident with implementation of the strategic plan.

Table 2
Comparison of the 2006/2007 and 2007/2008 fiscal years. Since 2007/2008 was the fiscal year of strategic growth focused on the university community and downtown businesses, many of the changes in measured parameters are expected. Specifically, note the shift toward an improved show rate, new patients, male gender, younger patient age, and payer mix more heavily weighted with vision plans (“other insurance”).

Parameter	Specific Measure	2006/2007	2007/2008
Show rate	Shows	70%	78%
	No shows	30%	22%
New versus established	New patient visits	28%	33%
	Established patient visits	72%	67%
Patient gender	Male	38%	42%
	Female	62%	58%
Patient age	0-25 years	42%	51%
	26-52 years	39%	34%
	53 years and over	19%	15%
Production by plan	Medicare	19%	18%
	Medicaid	10%	12%
	BlueCross BlueShield	25%	20%
	Other insurance	32%	35%
	Self-pay	12%	11%
	Indigent	2%	4%

revolves around the patient and the patient's wants, needs, and desires.[6] Many view patient-centered care as it contrasts with physician-centered care and as it increasingly involves the patient in making well-informed decisions about diagnostic and therapeutic options. In other words, the physician becomes more of a consultant and educates the patient about the choices that he or she can make.[7] In the educational setting, patient-centered care can be viewed as it contrasts with student-centered care. At UAB Eye Care, the history of a clinic revolving around the student and the student's wants, needs, and desires was the reason for a "teaching clinic" reputation and was a significant competitive disadvantage. Movement from student-centeredness and toward patient-centeredness could alter this reputation and serve as a competitive advantage. Patient-centeredness is intended to make every patient feel special and expertly treated,[8] and patient-centeredness was instrumental in moving UAB Eye Care toward a new reputation as a center of excellence.

In any strategic plan for practice growth, it is crucial that the entire team focus on the chosen goals.[3] At UAB Eye Care, adequate buy-in from the entire team of faculty, staff, students, and residents was a requisite for transforming the clinic from one centered around the student into one centered around the patient. Given the long history of student-centeredness, a cultural shift in attitude toward patient-centeredness was the most difficult aspect of the strategic plan to accomplish. Although no specific incentives were employed, frequent and interactive communication about the vision of patient-centered care was pivotal. The convincing message of patient-centeredness was carried to the regularly scheduled meetings of faculty, staff, students, and residents as a focal agenda item. One-on-one follow-up with individuals after the meetings was extremely helpful, especially for those individuals who initially resisted movement away from student-centeredness. Since patient-centeredness is not a concept that can be attained and subsequently ignored, periodic reinforcement was important in order to keep the patient first, even among those who initially supported the idea. This periodic reinforcement was accomplished through regular communication with the team, in a group setting as well as individually, and was enhanced through public and private recognition of those whose behavior exemplified patient-centeredness.

Little et al. demonstrated that patients prefer a patient-centered approach.[9] The unprecedented growth of UAB Eye Care's patient volume in the 2007/2008 fiscal year further suggests that patient-centered care attracts a viable patient base. Since a viable patient base is the foundation of effective clinical education, it follows that patient-centered care may be better for students than student-centered care. In fact, patient-centered care in an educational setting models appropriate practice for the students, and one can argue that it is "just the right thing to do."[10] If an environment of patient-centered care is created, effective education follows naturally.

Most of the strategic initiatives for growth presented in this paper and listed in Table 1 are not unique to academia and can be adapted for application in any clinical setting where growth is desired. However, a careful analysis of one's unique situation is necessary in order to formulate a customized strategic plan suitable for a specific setting.[3] The success of UAB Eye Care in achieving a rapid increase in patient volume is attributed as much to strategic planning itself, which resulted in an attitudinal shift toward patient-centeredness, as it is to any of the specific strategic initiatives. The primary lessons to be learned from this revival of a stagnant patient base are that strategic planning is an effective tool to grow a practice and that rapid and substantial growth is attainable.

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