One of my favorite 1980s movies was *Vision Quest*. The movie depicts 18-year-old Louden Swain, portrayed by Matthew Modine, who dreams of wrestling at the state’s most competitive weight class and winning against the three-time state champion. His Native American wannabe friend tells Louden that his setting such a seemingly impossible goal is the result of his personal vision quest, hence the title of the movie. A vision quest is the Native American spiritual process; a young person communes with nature and the spirits in order to receive a vision that helps him or her see and understand his or her purpose in life and destiny. Louden’s vision was simple, beat the three-time state champion.

**COMMUNING WITH YOUR INNER SELF**

Why am I talking about a Native American spiritual rite of passage and wrestling movies in *CRST*? Sometimes, you have to step away from the industry vernacular and commune with your inner self, family, mentors, and market forces in order to clearly articulate your vision for your successful refractive cataract practice business model. Over the years, I have had discussions with many surgeons around the world, and I continually hear physicians state a desire for a premium practice. During the past 2 years, *CRST* has dedicated a section of the publication to the business of developing today’s premium practice. This feature has covered various areas of business development as it relates to the changing landscape of refractive cataract and cornea practices. Section Editor Shareef Mahdavi, Contributing Editor Rochelle Nataloni, and Editorial Advisors Matt Jensen and I have addressed a number of compelling and relevant topics as diverse as marketing and branding to ambulatory surgery centers and electronic health records. This section has proven to be popular with *CRST*’s readership. Now, the goal is an expansion of these topics distilled down to simple steps guided by physician and business leaders who have championed the premium practice in refractive cataract surgery practices around the globe.

Before a dive into the details of how to achieve such a business model must come a vision of the premium practice. What exactly is a premium practice? This is where the vision quest comes into play. Refractive surgeons—like anyone contemplating creating and growing a business—must start by visualizing the outcome before the dream can be realized. The outcome of your personal and professional vision quest will help you understand the end goal and will serve as a guiding light along your journey. You will encounter many obstacles, regulatory restrictions, capital constraints, and personnel limitations. You will also find numerous opportunities and potential alternative paths as you move toward your ultimate goal.

“Vision without execution is just hallucination.” One of my favorite quotations, these words have been attributed to

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**CONTACT US**

This new section will provide a road map to achieving the practice of your dreams. Pathway to Your Perfect Practice relies on your input. Contact us with your challenges, successes, and questions. Send your e-mails to ppp@bmctoday.com.
THE PATIENT’S EXPERIENCE IS KEY

VANCE THOMPSON, MD

To have a practice that will thrive in modern-day medicine takes an understanding of what the patients who come to your center view as true differentiators. When trying to figure out those differentiators, it helps to understand what the definition and meaning of two terms used in the business world mean, namely, motivators and hygiene factors.

In their simplest senses, a motivator is something that a customer truly values, and a hygiene factor is something that a customer basically expects. As a matter of fact, about the only way a hygiene factor is noticed is if it is absent. Therefore, by definition, a hygiene factor is not a differentiator. Good service used to be a differentiator, but today, it is expected and thus a hygiene factor. If a business does not provide good service, it is not going to do well.

Jim Gilmore and Joe Pine say in their book *The Experience Economy* that our society has left the service economy and is now in the experience economy. They assert that what truly moves customers (or patients) are compelling and authentic experiences. For example, traditionally, in a doctor’s office when a technician or nurse goes to the waiting room to get the next patient, he or she will “announce” the patient’s name. Instead, in our practice, the front desk staff (whom we refer to as First Impressions) writes on the charge ticket what the patient is wearing and the exact chair in which he or she is sitting. Staff can walk up to patients, kindly say their name, and greet them like they are in their own home. Patients notice this and comment on it.

With my passion for refractive surgery and technology, I felt for the first third of my practice life that the main differentiator was the technology the practice incorporated. After enough patients told me that one of the main positive features that they noticed in
our practice was how well they were treated, I started to realize that the main differentiator was the patients’ experiences. When I found that the technology and service that I offered were something that they simply expected, it made me understand even more that the main opportunity for differentiation was creating an experience so positive that patients would feel like it was different from any medical experience that they had ever had. The experience would leave them with a very positive feeling and make them want to tell their friends. Some surgeons, including myself, personally call their patients on the night of surgery. It is amazing how much patients appreciate the gesture. They do not expect it, and it wows them.

Creating a world-class experience for patients is one of the most positive journeys you can take toward having a healthy practice. It takes commitment, work, and engagement with your team. It also creates a very enjoyable practice environment that energizes you, your staff, and your patients!

Vance Thompson, MD
- founder of Vance Thompson Vision in Sioux Falls, South Dakota
- (605) 361-3937; vance.thompson@vancethompsonvision.com
FOLLOWING THE PLAN

RICHARD L. LINDSTROM, MD

Minnesota Eye Consultants celebrated its 25th anniversary in 2014. I founded the practice in late 1989 after 10 years on the full-time faculty at the University of Minnesota. I was happy at the university, having been promoted to full professor, been granted the Harold G. Scheie Research Chair, and was serving as director of the Cornea Service, chief of ophthalmology at the Minneapolis VA Hospital, and associate director of the Minnesota Lions Eye Bank. I was training fellows, residents, medical students, doing meaningful research and providing quality consultative care.

Then managed care changed our lives, and we at the University Medical Center were suddenly excluded as a provider from nearly 65% of the state’s patients. As a busy clinician and surgeon, I decided it was necessary to transition to private practice. I opened a solo practice with six employees in a 1,500 square feet space with five examination lanes adjacent to the Phillips Eye Institute. During the next 25 years, we grew to five offices, four ambulatory surgery centers, eight ORs, 12 ophthalmologists, 10 optometrists, and 250 employees.

It would take more than a few paragraphs to cover the entire journey, however, I will try to share a few of the core principles that I believe have guided our success. First, right from the start, I hired the best practice consultant I could find, Bruce Maller of Maller and Associates, and 25 years later, he and his group are still a guiding light. Together we wrote a business plan with 1-, 5-, and even 25-year goals and objectives. Of interest, this past year, we finally completed our 25-year infrastructure development plan with the completion of our fifth office on the west side of town.

Our five offices give every one of the 3.5 million patients in the 50-mile surround of the Twin Cities easy access to our clinicians. We decided to focus on anterior segment surgery and ocularplastics, and refer out retina, pediatrics/strabismus, and neuro-ophthalmology. My core principle in hiring was to recruit, retain, and motivate only the best and the brightest in doctors and employees. My first two surgeon hires are now household names in ophthalmology, Drs. Tom Samuelson, and David Hardten. I also recruited an outstanding optometric leader and clinician, Laney Brown.

We decided to create an integrated eye care delivery model, with ophthalmologists, optometrists, physician’s assistants, certified ophthalmic technicians, certified ophthalmic medical technicians, opticians, and all team members equally valued and working collegially side by side. We adopted a patients-first culture, and encouraged collegial relations with ophthalmologist, optometrist, and primary care referral sources. Although common today, this was rare at the time. We decided on “high touch and high tech” as our value proposition, sparing no expense to provide the best possible care in a patient-friendly environment at a fair price. Basically, we strove to provide exceptional value to our patients and their third-party payers. We chose to continue to do research, to teach our colleagues locally, nationally, and globally, and to consult with industry.

Today, we are still active in training with ophthalmologist and optometrist fellows in our practice and ongoing participation in the University of Minnesota’s medical student and resident teaching efforts. Following our business plan—with excellent guidance from Maller and Associates—we grew in a controlled fashion and continue to do so today, adding a new partner track surgeon every 2 to 3 years and a new office every 4 to 6 years. We invested in quality management, including a very talented President and Chief Operating Officer Candy Simerson. Our practice includes partner surgeons from 34 to 67 years old and employees of all ages.

I believe we are well positioned for the challenges of the future. Our core culture remains the same: Plan carefully with the assistance of quality advisors; recruit, retain, and motivate the best doctors and employees; provide the highest quality patient care in a friendly environment at a fair price; help develop the next generation of drugs and devices in collaboration with industry and academia; and remain active in teaching colleagues and the next generation of providers.

Richard L. Lindstrom, MD
- founder of and an attending surgeon at Minnesota Eye Consultants in Bloomington
- (612) 813-3600; rlindstrom@mneye.com
Follow your conscience. Our creator placed in us a moral code of conduct that is innate across cultures and faiths. As a managing partner, one must exhibit ethical respect for patients, staff, and yes, even vendors. Never stray from doing what is in your patients’ best interest. If you would not have the procedure, do not recommend the procedure.

Never stray from doing what is in your patients’ best interest. If you would not have the procedure, do not recommend the procedure.”

When embarking on a quest that is time and capital intensive, a supportive spouse is a must. To expand requires diverting funds from personal take-home salary and diverting time to business. As the old saying goes, “If momma ain’t happy, ain’t nobody happy.” There is a delicate balance that must be struck between the premium practice quest and the premium family quest.

James C. Loden, MD
- president of Loden Vision Centers in Nashville, Tennessee
- (615) 859-3937; lodenmd@lodenvision.com

James C. Loden, MD). You will hear from leaders who are at different stages of developing their premium practices, and I will continue to seek input and guidance from a variety of visionaries in these pages.

WHAT IS THE SECRET TO SUCCESS?

What is it that lets these surgeons realize their dreams? Is it natural talent, business acumen, a relentless work ethic, simple luck, or a combination of several forces? I have talked to many of these ophthalmologists as well as to a handful of men and women in other industries such as hospitality, construction, real estate, and retail. What I have found is, yes, these leaders had some luck, great ideas, and skill. More importantly, however, they all relentlessly executed their business plans and focused on their objectives to achieve their vision. The character Louden Swain relentlessly pursued his goal of making weight and improving his skill, and he ultimately won the all-important wrestling match. He believed it could be done and dedicated his life to achieving his vision.

Readers who are standing on the dreaming side of your vision quest and looking across the chasm to that seemingly unreachable endpoint of success, how do you get there? What is the secret sauce, the magic bullet, the one thing? I think what we will find as we take this journey together is that there is no one thing. There are many ingredients in a successful recipe. Not all recipes are the same, because not all gustatory outcomes, geographical availability of ingredients, and culinary environments are the same. We would all love a short cut to success, but in most cases, it is a daily journey.

“Pathway to Your Perfect Practice” will rely on readers’ input. As you walk, run, and stumble along the journey to your ultimate vision of success, I want to hear about your challenges, successes, and questions so that, together, we can support each other in the realization of our individual goals. Send your e-mails to ppp@bmctoday.com.

A great surgeon and experienced businessperson once told me that developing a business is like chewing glass (that sounds like fun). Think about chewing glass; it requires careful planning, attention to detail, concentration, and a lot of risk! If you are still not deterred, get involved in this section, not only by submitting your stories and questions, but also by providing feedback on how to make it better. I look forward to receiving your input and comments as each of you helps me to achieve my vision quest of understanding and simplifying the process of executing key steps along the path toward success as defined by you.

Section Editor James D. Dawes
- president and founder, J. Dawes Group
- principal and director, BK Ventures Group
- chief development officer, Vold Vision, Fayetteville, Arkansas
- registered member of the Cherokee Nation
- (941) 928-2589; jdawes@jdawesgroup.com