




---

---

---

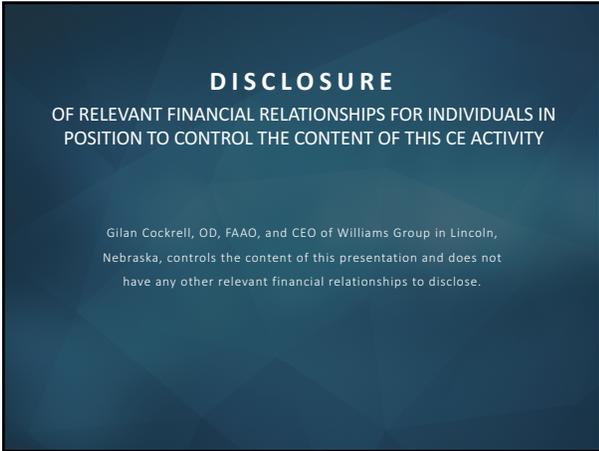
---

---

---

---

---




---

---

---

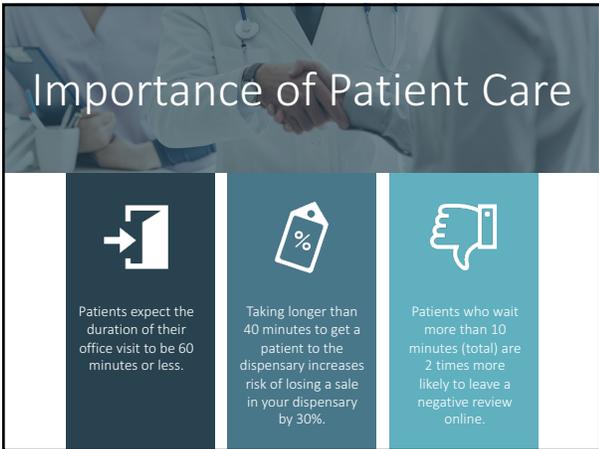
---

---

---

---

---




---

---

---

---

---

---

---

---

**50%** Half of all patients who walk out of the optical because they ran out of time will make a purchase elsewhere.

**25%** Those patients that come back at a later date typically spend 25% less in your dispensary because they can't remember the recommendation the doctor made in the examination.

**25%** 25% of patients who wait longer than two weeks for an appointment will seek an appointment elsewhere.

**\$15** On average, about \$15 of dispensary revenue is lost for every minute a patient waits.

---

---

---

---

---

---

---

---

What is the impact of a full schedule compared to a schedule that results in 80% of your comprehensive exam appointments actually coming to fruition?

---

---

---

---

---

---

---

---

**Impact**

			
TODAY	THIS MONTH	THIS YEAR	THE LIFETIME OF YOUR PRACTICE

---

---

---

---

---

---

---

---

*Two*  
SCENARIOS

**You** and **I** both schedule and plan to see 16 patients a day for comprehensive examinations.

Therefore, we both staff for and incur the fixed cost associated with seeing 16 exams per day.

---

---

---

---

---

---

---

---

*Two*  
SCENARIOS

Analysis of practice metrics at the end of the month shows:

**You** examined 16 patients a day.



---

---

---

---

---

---

---

---

*Two*  
SCENARIOS



**PATIENTS**  
I only examined 12.8 pts./day, 80% of my possible opportunities.



**STAFF COSTS**  
I still paid for the staff required to see 16 pts./day.



**FIXED COSTS**  
I incurred the fixed costs associated with an office that accommodates workflow for 16 pts./day.

---

---

---

---

---

---

---

---

*Two*  
SCENARIOS

*This begins the story of our*

**INCOME  
DIVERGENCE**

---

---

---

---

---

---

---

---

*Two*  
SCENARIOS

You performed **3.2** more exams  
each day than I did.

Per patient revenue in each of our  
practices is **\$400**.

**IMPACT ON TODAY?**

$\$400 \times 3.2 = \mathbf{\$1,280}$

---

---

---

---

---

---

---

---

*Two*  
SCENARIOS

**MY SCHEDULE**

I saw 12.8 patients,  
with a net of 25%

**YOUR SCHEDULE**

You saw 12.8 patients  
with a net of 25%

3.2 more  
patients

On those patients, you only incurred the  
additional lab costs associated with the visit.

---

---

---

---

---

---

---

---

*You are*  
**NOBODY'S FOOL**



Your cost of goods is approximately **25%**

You net **75%** on the additional 3.2 patients

$.75 \times \$400 = \$300$     $\times 3.2 =$

PPR   PPR   PTS

---

---

---

---

---

---

---

---

*your additional*  
**MONTHLY REVENUE**

Average of 16 days/month

$\$400.00 \times 3.2 \times 16 = \$20,480$

**NET**

$\$20,480 \times .75 = \$15,360$

---

---

---

---

---

---

---

---

*your additional*  
**ANNUAL REVENUE**

Average of 192 days/year

$\$20,480 \times 12 \text{ months} =$

**\$245,760/year**

---

---

---

---

---

---

---

---

*your additional*  
**NET**

Average of 192 days/year

\$15,360 x 12 months =

**\$184,320/year**

---

---

---

---

---

---

---

---

*this*  
**YEAR**

*On your first 12.8 exams each day over 192 days*

**YOU GROSSED \$983,040**

*You netted*

**\$983,040 X .25 = \$245,760**

---

---

---

---

---

---

---

---

*this*  
**YEAR**

*On your last 3.2 exams each day over 192 days*

**YOU GROSSED \$245,760**

*You netted*

**\$245,760 X .75 = \$184,320**

---

---

---

---

---

---

---

---

*this*  
YEAR

PER YEAR  
**\$430,080**  
TOTAL NET

---

---

---

---

---

---

---

---

*the next*  
30 YEARS

*Over 192 days/year for 30 years*  
\$245,760 x 30 years =

**\$7,372,800**  
PER CAREER

---

---

---

---

---

---

---

---

*the next*  
30 YEARS

*Over 192 days/year for 30 years*  
\$430,080 x 30 years =

**\$12,902,400**  
PER CAREER

---

---

---

---

---

---

---

---

*the next*  
30 YEARS

**\$5,529,600**

*More than I made through my career*

---

---

---

---

---

---

---

---

*average*  
OD INCOME

*Approximately*

**\$143,000**

---

---

---

---

---

---

---

---

*What could you do*  
**WITH THE MONEY?**

 Bonuses for staff	 Increase your own savings	 Invest back into your practice
--	--	---

---

---

---

---

---

---

---

---

### WHAT MIGHT HAPPEN?



What if you only invested \$100,000 per year into your savings?

What if you only averaged 5% annually?

What if you only practiced for 30 years at this level?

What would you have?

---

---

---

---

---

---

---

---

### SAVINGS CALCULATOR

STARTING BALANCE: 0

ANNUAL YIELD: 5.000%

SAVE FOR: 30 Years

INFLATION RATE: 0.000%

ANNUAL CONTRIBUTION: \$100,000

INCREASE BASED ON INFLATION RATE  
 SHOW IN TODAY'S \$ (NO INFLATION ADJUSTMENT)

SAVINGS BALANCE

**\$6,643,884.75**

---

---

---

---

---

---

---

---

### SAVINGS CALCULATOR

STARTING BALANCE: 0

ANNUAL YIELD: 5.000%

SAVE FOR: 30 Years

INFLATION RATE: 4.000%

ANNUAL CONTRIBUTION: \$100,000

INCREASE BASED ON INFLATION RATE  
 SHOW IN TODAY'S \$ (NO INFLATION ADJUSTMENT)

SAVINGS BALANCE

**\$2,048,433.70**

---

---

---

---

---

---

---

---

## SAVINGS CALCULATOR

STARTING BALANCE: 0
ANNUAL YIELD: 5.000%
SAVE FOR: 30 Years
INFLATION RATE: 4.000%
ANNUAL CONTRIBUTION: \$100,000
<input checked="" type="checkbox"/> INCREASE BASED ON INFLATION RATE
<input type="checkbox"/> SHOW IN TODAY'S \$ (NO INFLATION ADJUSTMENT)

SAVINGS BALANCE

\$10,785,448.65

---

---

---

---

---

---

---

---

*Can you*

MAKE IT HAPPEN?

YES

---

---

---

---

---

---

---

---

## KEYS TO SUCCESS

Schedule Design	Creation of courtesy wait lists	Creation of schedule alerts
Be positive; the patient needs to feel that you are doing them a favor by moving them ahead in the schedule	Coordination between the office manager, the pt. communication coordinator, and the front desk is critical	

---

---

---

---

---

---

---

---

## SCHEDULE DESIGN

*considerations*

- Your emotional and physical capacity to deal with people *(This is dynamic and, in my experience, changes about every three years.)*
- The efficient use of staff and equipment
- Don't do it yourself if you don't have to do it yourself!

---

---

---

---

---

---

---

---

## SCHEDULE DESIGN

*considerations*

- Identify demand spikes
- Determine how much time is required to move the patient through the examination process prior to the patient actually seeing the doctor
- Avoid telling the patient that their appointment is at 9:00 AM if the doctor does not plan to see them until 9:20 AM

---

---

---

---

---

---

---

---

## DOCTOR'S SCHEDULE

7:30 AM	
7:35 AM	
7:40 AM	
7:45 AM	Comprehensive Examination
7:50 AM	
7:55 AM	
8:00 AM	
8:05 AM	Comprehensive Examination
8:10 AM	
8:15 AM	
8:20 AM	Office Visit
8:25 AM	
8:30 AM	Office Visit
8:35 AM	
8:40 AM	
8:45 AM	Comprehensive Examination
8:50 AM	
8:55 AM	
9:00 AM	
9:05 AM	Comprehensive Examination
9:10 AM	
9:15 AM	
9:20 AM	Comprehensive Examination
9:25 AM	
9:30 AM	
9:35 AM	
9:40 AM	Comprehensive Examination
9:45 AM	
9:50 AM	
9:55 AM	
10:00 AM	Office Visit
10:05 AM	
10:10 AM	Office Visit
10:15 AM	Office Visit

---

---

---

---

---

---

---

---

## OFFICE SCHEDULE

	Special Testing	Pretester	Doctor
7:20 AM	OCT/NF		
7:40 AM	OCT/NF	Exam 1	
8:00 AM	OCT/NF	Exam 2	Exam 1
8:20 AM	OCT/NF	OV	Exam 2
8:30 AM	OCT/NF	OV	OV
8:40 AM	OCT/NF	Exam 3	OV
9:00 AM	OCT/NF	Exam 4	Exam 3
9:20 AM	OCT/NF	OV	Exam 4
9:30 AM	OCT/NF	OV	OV
9:40 AM	OCT/NF	Exam 5	OV
10:00 AM	OCT/NF	OV	Exam 5
10:20 AM	OCT/NF	Exam 6	OV
10:40 AM	OCT/NF	Exam 7	Exam 6
11:00 AM	OCT/NF	Exam 8	Exam 7
11:20 AM	OCT/NF	Exam 9	Exam 8
11:40 AM	OCT/NF		Exam 9
12:00 PM	OCT/NF		

---

---

---

---

---

---

---

---

---

---

---

---

## OFFICE SCHEDULE

	Special Testing	Pretester	Doctor
12:00 PM	OCT/NF		
12:20 PM	OCT/NF	Exam 10	
12:40 PM	OCT/NF	Exam 11	Exam 10
1:00 PM	OCT/NF	Exam 12	Exam 11
1:20 PM	OCT/NF	OV	Exam 12
1:30 PM	OCT/NF	OV	OV
1:40 PM	OCT/NF	OV	OV
1:50 PM	OCT/NF	Exam 13	OV
2:10 PM	OCT/NF	Exam 14	Exam 13
2:30 PM	OCT/NF	Exam 15	Exam 14
2:50 PM	OCT/NF	OV	Exam 15
3:00 PM	OCT/NF	OV	OV
3:10 PM	OCT/NF	OV	OV
3:20 PM	OCT/NF	OV + Exam 16	OV
3:30 PM	OCT/NF		OV
3:40 PM	OCT/NF	Exam 17	Exam 16
4:00 PM	OCT/NF	Exam 18	Exam 17
4:20 PM	OCT/NF	OV	Exam 18
4:40 PM	OCT/NF	OV	OV
4:50 PM	OCT/NF		OV

---

---

---

---

---

---

---

---

---

---

---

---

## 6 SCHEDULE ALERTS 15

14

- Keep a running list of patients that would like to move ahead in the schedule, if an opening occurs.
- As you schedule appointments, be sure to attach an alert noting the patient may be interested in moving to an earlier appointment. This allows you to contact them first if you have a change in the schedule.
- The alert should be simple. We used **"Call for schedule change."**

---

---

---

---

---

---

---

---

---

---

---

---



- 4 After moving up the next few patients, begin calling the patients on your courtesy list.
- 5 If the patients on your courtesy list do not take the opening, peruse the next few days of the schedule for patients whose appointments are around the same time of the day as the opening on your schedule.
- 6 Call or text these patients to let them know that you have had a change in the schedule, and ask them if they would like to come in a few days early.
- 7 This gives you plenty of time to fill the resulting opening in your schedule created by the move.
- 8 Always approach the patient in a positive manner by letting them know that there was a "change in the schedule" and that they can be seen earlier with minimal or no wait time.

---

---

---

---

---

---

---

---

- 9 Making the patient feel that you are doing them a favor is key.
- 10 **NEVER** make them feel that this is their only option.
- 11 If you are not able to move up a previously scheduled appointment, begin calling patients from the cancellation list.
- 12 This list consists of all patients who have cancelled an appointment within the last 1-12 months and have not rescheduled.

---

---

---

---

---

---

---

---

*Can you*  
**WIN WITH TECHNOLOGY?**



- SOLUTIONREACH
- WEAVE
- PATIENT COMMUNICATOR
- WEB SYSTEMS 3
- 4 PATIENT CARE & OTHERS

---

---

---

---

---

---

---

---

**THANK YOU!**



**Gilan Cockrell** *OD, FAO*  
Chief Executive Officer of Williams Group

[gcockrell@thewilliamsway.com](mailto:gcockrell@thewilliamsway.com)  
620.340.2255

---

---

---

---

---

---

---