

The overall goal of this project was to talk to as many Leadership OD members as possible to understand:

- The benefits of Leadership OD membership that are most valuable
- The membership's level of preparedness for vast changes in healthcare

The method I used was to get in touch with as many people as we could by phone or webinar. Summer schedules made this a daunting task, but we were able to accommodate over half of our membership. We are still reaching out to those we were not able to connect with.

On these calls, there was a very loose agenda and we just talked. Most calls lasted about 45 minutes to an hour. It was indeed an enlightening process and I have shared with you below a brief summary of what I got out of the conversations.

I hope that I was able to summarize this input in a way that makes sense and you enjoy reading it as much as I have enjoyed collecting it.

My overall conclusion is that Leadership OD members have a true passion about being the very best at what they do. They love the profession, their teams and their patients. They have a very strong affection for their families and are "givers." I am blessed to know each of them.

I want to thank everyone who was able to participate. I know you have a lot going on and it means a lot to me that you took the time to do this for me.

Truly yours,  
Mike

P.S. While I have honestly made every attempt to be impartial, I think it is important that I disclose that I am a consultant for Revolution EHR and I am a member of the Vision Source network as both are mentioned in this report.

## Readiness for Healthcare Changes

**EHR\* usage:** 100% of the Leadership OD members we talked to are currently using some type of Electronic Health Record. Almost all are using either Revolution EHR or ExamWriter by OfficeMate. In general, no one is looking to change, yet the Revolution EHR users sound most satisfied. Most EW users would change if they had the time to do everything they needed to do to make the switch, but it is seen as too much of a hassle. Revolution users tend to be more satisfied the longer they have used it.

**Letters to Primary Care Physicians:** All Leadership OD members say that they send letters to PCP's for every diabetic patient and we vary a lot for other patients. Susan Daniel in California limits her practice to vision rehab and VT, so she sends letters to PCP's for most of her patients and does a great job using templates. Most of us just sort of "play it by ear" when we send a letter (except for the diabetics).

How we create and send those letters has a lot of variation. Many of the Vision Source\* doctors are using a paper form that is filled out after the exam. It is attached to the "superbill" of all diabetic patients and completed independently of the EHR. They check off if the patient was dilated, if there was any retinopathy and what diagnosis code was given. Then the form is sent to the PCP. Chris from North Carolina recognizes that this method is a BandAid, and not sufficient for a final solution. *"It makes sure the report is sent, but doesn't document in my record that it was sent."*

Very few of the doctors that I talk to use their EHR to create templates that auto-populate with data from the record. The most common method is to type or dictate an individual letter. Someone (sorry, I can't recall who) said, *"My template just has the patient's name and age and I type up the rest of the letter."* George in Alabama makes good use of auto-populated templates for his letters to PCPs. Now that he has taken the time to customize his templates he says, *"It's not all that difficult to do. Once I hit print, the staff sends it and that's it."*

### **Collection of health related data - BP, glucose levels, weight / height, tobacco use**

Most of us are only doing what we have to in this arena. Some of us are checking blood pressure routinely but very few are weighing our patients. One exception is Kelly from New Hampshire. She says they have been doing it for about 18 months now and it is getting easier. She says that she got a lot of push back at first, but now her staff simply says to complainers, *"Yeah we know, everybody hates it."* Then they just keep looking at the patient until they climb up on the scale.

## Leadership OD membership benefits

Overwhelmingly, the favorite benefit of membership in Leadership OD is the meetings. Big meetings, little meetings, virtual meetings. We all just seem to crave the sense of community amongst our peers.

Rusty from Arkansas may have said it best, *“Sometimes you don’t even know what your problems are until you get some perspective from somebody else.”* Ellyn from North Carolina explained it as having an *“accountability partner,”* someone to ask you about those things you said you were going to do. Several members asked for help with accountability.

“Small group discussion” is the overall favorite of every meeting, but we also like the collaboration of all the “small groups” with good lectures from experts about relevant topics. My feeling is there is a giant thirst for anything that helps us run our practices better. Heather from North Carolina said, *“While I didn’t do anything that was recommended at the meeting, it gave me the chance to really talk it out and think about it.”*

“Virtual” Meetings (Webinars, Google Hangouts, Conference Calls) are all perceived as good at filling in between meetings. But the consensus is that it is hard to find the time. Somehow it is easier to block out enough time for a trip across the country than it is to get on a call after a day in the clinic.

At our annual meeting, we are going to keep all that in mind. On January 29 - 30, 2015 we will be having the [Leadership OD Executive Retreat](#) in Georgia. Returning to Foxhall Sporting Resort, it is a unique setting where we can get plenty of work done, but also have a great time. It is going to be the perfect combination of world class lectures and small group discussion.

The *BluePrint™* which started the Leadership OD concept works amazingly well for those who are able to commit to the program. Everyone agrees that it is comprehensive and thorough, but 8 weeks is a commitment that many doctors just can’t make. Mark from Tennessee and Kathy from California both completed the program and say they routinely refer back to the Executive Summary or the Responsibility Grid. They both say it helps them not lose the work they have already done with their teams.

We are working to break the *BluePrint™* into modules rather than an 8 week regimented program. This will hopefully give the same benefits and add some flexibility.

The Call Scheduler is growing in popularity. Being able to schedule calls with all of our coaches and consultants is seen as comforting, but finding time in our busy schedules continues to be the challenge. Usually, if someone wants to talk, they want to talk now.

This input is helping us know where to put our efforts as we continue to build the program.