When one goes to a doctor’s office these days there is much more going on than a simple encounter with a doctor, a patient and a medical record. Bay Area Retina Associates (BARA) is a private medical practice founded in 1988 with four physicians who are ophthalmologists specializing in the retina, five offices distributed throughout the San Francisco East Bay and about twenty employees. The physicians perform inpatient surgeries at several different hospital sites and outpatient procedures in the office. To study the BARA organization and the flow of work, information, knowledge and learning within it is atypically complex because the doctors- and sometimes the staff – are moving dynamically from one site to another from week to week, even day to day.

For this paper, I will attempt to analyze just a few of the work processes that were observable in two office site visits and in two conversations. I spoke with KS, the BARA office manager who has been with the company for about ten years and has worked her way up through the organization, and with SD, one of the ophthalmologists, my husband.

The phenomena that I will address are

1. The Flow of Information: How a patient’s medical record tracks through the BARA network
2. Formal and Informal Networks: Job descriptions and apparent responsibilities of BARA office staff
4. Learning: The training of office staff
5. The Organization: How and why it all works
The Flow of Information:

How a patient’s medical record tracks through the BARA network

Bay Area Retina is typical of most private medical practices in their utilization of technology for medical records: they don’t utilize it. Other than a computer operating system for scheduling, email and billing, official record keeping and correspondence are done on paper. For several reasons including privacy, security, reliability and cost, BARA maintains its patients’ records in paper files.

As mentioned above, the physicians rotate from office to office during each week. For example, SD’s schedule is the following:

- Monday, Walnut Creek all day,
- Tuesday, Oakland office in the morning, surgery at Summit Medical Center in the afternoon
- Wednesday, Oakland office all day—once a month to UCSF for teaching retina clinic in the afternoon
- Thursday, Castro Valley office all day—often surgery at Eden Hospital in afternoon
- Friday, Fremont office 1/2 day; surgery or Castro Valley 1/2 day
  (The fifth office is a satellite in Vallejo where SD doesn’t service at present time)

Some patients follow the doctor (i.e. an Oakland patient would always schedule an appointment on Tues/Wed to see SD); others are satisfied to be seen by any of the four doctors. Because of rotating weekend call schedules and the fluid workflow, it’s not unusual that if surgery were required, a different partner than one’s regular doctor would perform it.

Keeping track of the patient medical records is a critical and on-going challenge for BARA. Within the charts are notes and letters regarding the patient’s ophthalmic
history, treatment, photographs. The bane of the doctors’ work existence is the necessity of dictating notes after most patient visits. Because retina is a sub-speciality, there is always a referring doctor who must be apprised of their patient’s condition, diagnosis and/or treatment. Patients often require brief periodic follow-up visits as frequently as every two months. BARA has a large patient base; a physician can see as many as fifty patients in a single day. Because of the patient volume, the notes are usually dictated after office hours, often on the weekend. The dictation tapes are transcribed by an independent service and mailed to BARA and the referring doctors. Current patient chart files are taken home by the doctors or are forwarded to the next office for his attention.

During my observation visit at the Fremont office, I observed an example of this complexity. SD had a patient’s chart with him for an Oakland patient who was scheduled for surgery later that day. There was a form missing from the chart and there was an issue regarding insurance that needed attention by a staff member. SD needed to dictate his notes and a medical history prior to the patient being admitted to surgery at the hospital. Several people needed to coordinate getting these tasks done quickly but there was only one physical chart. The information could not be easily shared- plus the doctor had three patients in the waiting room. It is apparent that a critically important patient chart can be misplaced or unaccounted for; it can easily turn up in a doctor’s car or in the wrong office. Improved technology for medical records management and voice recognition software will dramatically reduce dictation/transcription time and expenses and will greatly improve this flow of information. However, adequate and trustworthy technology has not yet been developed.

Formal and Informal Networks:

Job descriptions and apparent responsibilities of BARA office staff

The BARA Organizational Chart
The office staff is generally divided into two groups: front office and back office (plus the centralized business office which handles billing and insurance reimbursement). The people identified as back office, also do the front office work, but have substantially more technical skills than the front office. They fill an important role for the medical practice as ophthalmic photographers, also known as retinal angiographers. They do the necessary retinal photography, including developing the films so that the doctors can assess what’s going on in the back of the eye (where the retina is located). BARA currently has 4 1/2 photographers on staff; two are certified. All of them were trained internally (two chose to become certified after achieving some proficiency). So interestingly, BARA offers their employees opportunity to grow financially and to acquire impressive and marketable technical skills. Most of the office staffers are not college educated. The angiographic training is performed as informal apprenticeships to those who are already photographers.

Even the front office person acquires technical skills unique to an ophthalmic medical practice. No one is just a receptionist. The front desk personnel rotate as ‘screeners’.

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1 I recount what JL, a BARA employee, said about her job. ‘I had been in this job almost three years when I finally realized I needed to learn how to spell it, not only say it. I was filling out a form and the lady asked me if I knew how to spell ‘Ophthalmic Technician’. I couldn’t do it.’
They check in the patients, review the medical history form that is either on file or just received if it is a new patient. Then they do an important task to help in making things run smoothly and efficiently. The screener takes the three-page medical history form and gleans from it the most pertinent information that the retina doctor should see. While the patient is in the waiting room or the patient information alcove, usually waiting for the dilation drops to take effect, the screener transcribes the pertinent information by hand onto a short succinct ‘consult’ form. Although the task seems redundant, it is very valuable to expedite the patient flow through the office. The doctor can scan in a few seconds before examining the patient. The form was developed over many years by BARA so there are few subjective judgments that the screener actually makes. Usually there are at least three staff members at a given office every day: one photographer and two front office people.

**Work Process:**

* A new patient encounters BARA

There are several different scenarios for how a patient interacts with a BARA office. Existing patients are often monitored frequently and come in for brief follow-up visits. However, the practice also has several new patients on a given day. Here is the work process a new patient typically experiences:

1. The patient arrives (often with an escort as their vision is seriously impaired). He checks in with a front desk person.
2. The designated ‘screener’ takes the patient into an exam room. She extracts the ophthalmic medical history, current medications and chief complaint. Then she administers a visual exam, testing visual acuity in several ways. Finally she applies dilation drops to the patient’s affected eye/s.
3. The patient is shown to the patient education corner of the office where he watches a laser disk information video that pertains to his general ophthalmic condition or ailments. It takes about thirty minutes for the dilation to fully occur.
4. The physician reviews the patient’s forms and the screener’s notes and proceeds to examine and inform the patient. He makes his diagnosis and indicates to the front desk if further action is required.

5. About one third of new patients require retinal angiography. If needed, the patient is escorted to the exam room with the photographer, where a series of (unpleasant) retinal photographs are taken.

6. The patient leaves after an appointment is made for a short time later to return and review the doctor’s findings from the photographs.

Learning:

More on the training of office staff

As seen in the attached Job Description documents, all BARA employees must perform many different tasks and roles. In addition to typical office tasks such as filing, appointment scheduling and chart preparation, the front office people are the ‘face of BARA’. They are most responsible for the customer service of the patients. Generally, if a busy doctor is viewed as stressed or less than friendly, a patient is more accepting and forgiving than if the woman at the front desk is disinterested or sullen.

As the office person acquires experience and the requisite knowledge of how the practice runs, s/he (usually she) expands her role and is promoted within the organization. She has more contact with other doctors, coordinating and scheduling surgery, assisting with marketing efforts such as newsletters and even dealing with Medicare issues. In addition, the senior front desk people mentor and train new employees. There is not a high turnover rate at BARA but there is some. SD identified one long-term employee who is specified as the official trainer of all new front office employees. He stated that everyone is supposed to spend one to two months working alongside her as a training phase. However, he admitted, that stint occurs irregularly and definitely not for as long a period as one to two months. If the new employee is needed in a different office from this veteran, it is difficult to justify having that person away from where the need is.
The Organization:

How and Why it all Works

The Bay Area Retina practice is busy, fast-paced and non-static. A week can be full of emergencies, doctor/s on vacation, an office flu bug. A load of patient appointments may have to be moved due to any of these occurrences. These situations also mean that doctors need to switch offices to cover for each other, a photographer may have to travel to two sites during one day, or even take the day off if the doctor is out of town. The brunt of the management of this choreography falls to the office manager. KS prepares the weekly schedule for the practice. Their information technology system, Medical Manager, is accessed by all for patient scheduling and coordination of the doctors’ schedules. By design, the office staff is cross-trained. Back office and front office people have significant overlap of their skills and responsibilities. So, a photographer can do inventory if there is no doctor in the office that day. Everyone can do the basic paperwork, phone work and patient check in that is chronically required.

For the most part, this arrangement works successfully. As detailed above, computerized record keeping would improve the way the practice runs significantly. The difficulties that I observed involve personalities more than job activities. Although many office staffers work in the same office day to day, some do move around because the doctors do, and there are heavier patient loads in certain locations. The women in the office are somewhat protective of their ‘turf’ and gossipy. When people are around only some of the time, cliques arise and there are often personality squabbles. KS is also responsible for Human Resources and because she rotates among offices, she can’t consistently supervise each office. Petty problems can escalate. The exorbitant cost of living in the Bay Area also contributes to organizational problems. Many of the employees commute a long distance from western Contra Costa County for work at BARA. They resent being asked to work periodically at an office even further away from home.

Bay Area Retina Associates has been able to retain some employees for a long time. Currently there are four employees who have been with BARA for more than ten years.
The doctors are well respected by the staff and value diligent, honest employees. In addition to personal qualities, I attribute this retention to established practices and structure of the organization: the vast sharing of information, the opportunity for individual growth and the variety of tasks performed by all.