Morgan L. Taylor, III, CPA, COE, is the administrator of Palm Beach Eye Center in Palm Beach, Fla., a single-site practice with one full-time and two part-time ophthalmologists, an optometrist, and a staff of 12. On average, this cataract, retina, and neuro-ophthalmology practice sees between 55 and 65 patients each day.

Mr. Taylor served on the ASOA Board for seven years and was president from 2005 to 2006. In 2007 he was elected for a three-year term to the National Board of Certified Ophthalmic Executives (NBCOE) and was recently re-elected for a second three-year term.

**AE:** What brought you into ophthalmology management?

**MT:** I worked it backward. I’m a Certified Public Accountant by trade and I started out as a management consultant with a healthcare firm that had some ophthalmic clients. In 1988, I transferred to the Florida office of the firm. The ophthalmic specialty was always of interest to me, so I then went over to an ophthalmic practice. A lot of ophthalmic administrators get into management and then branch out into the consulting realm; I worked it the other way. All in all I’ve been in ophthalmic management for almost 26 years.

**AE:** It’s fair to say you’ve been around the block. What’ve been some of the major changes you’ve seen in ophthalmology practice?

**MT:** That’s a two-fold answer. One change to deal with was payment reform and RBRVS (Resource-Based Relative Value Scale) when it first came onboard in 1992.* That was the biggest change to deal with from an operational standpoint. Then, there have been many changes in technology. There have been major advances in diagnostic and treatment equipment. Bringing that into the clinic and being able to afford that has been a big adjustment. Primarily, the biggest factor has been payment reform. We’ve seen $2,500 cataracts go to $400.

**AE:** Are you implementing any major projects in your office, such as an electronic medical record (EMR) system?

**MT:** We’re holding off on that. We do have a billing system that we’re very satisfied with, but we’ve taken that first step this year toward EMR in that we are e-prescribing.

I’ve watched some of my peers tackle the conversion to EMR and I’m being patient. Right now we are waiting to see what standards will be established by the Federal Government.

ASCRS has indicated that the government will set some standards soon and there may be some financial incentives coming through to help us pay for the conversion. So we’re taking a wait-and-see approach, while we’re poised and ready to move.

**AE:** When did you join ASOA?

**MT:** I joined in 1993; my first meeting was in Seattle. I was amazed; I didn’t know that this type of group existed within any medical specialty. I found friends and the mechanism for learning from each other.

Networking was such a huge benefit to me. I left that first meeting with a handful of contacts and over the years I’ve fostered and developed those friendships. Conversely, I’ve tried over the years to give back to ASOA through service on the Board and to NBCOE. I’ve enjoyed this very much and found that has been the primary source of training for me other than on-the-job training. It’s absolutely invaluable.

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*RBRVS assigns procedures performed by a physician or other medical provider a relative value which is adjusted by geographic region (so a procedure performed in Manhattan is worth more than a procedure performed in El Paso). This value is then multiplied by a fixed conversion factor, which changes annually, to determine the amount of reimbursement.