



# Best Practices

in Integrated Care

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# Best Practices

## in Integrated Care

This ongoing series, now in its second year, is featured in each issue of AOC and its sister publication, *CRST*. The articles will clarify how eye care providers can best work together to provide patient-centered care of the highest quality possible.

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## DIVERSIFYING THE PATIENT BASE THROUGH AESTHETICS

Trends in lifestyle health offer an opportunity to protect practices and practitioners against the changing medical landscape.

BY RICHARD A. ADLER, MD



There is no denying that we eye care providers are practicing medicine in a dynamic era. As more patients gain access to care, there are fewer dollars to pay for that care, yet the demand for high-quality delivery has grown. It is also no secret that eye care has seen the unintended consequences of these changes: our little corner of medicine is facing provider shortages,

dwindling reimbursement, and market forces that threaten the viability of solo and small practices.

For years now, *increased efficiency* has been the buzzword. The thinking has been that eye care practitioners need to figure out a way to increase patient volume to create more revenue. What has followed has been a bottom-up change in the way eye care is delivered in response to the top-down forces (namely, regulation and changing economic realities). The net result

has been positive for the eye care industry, and, ultimately, for patients. Several innovations have changed the eye care space, including integration of care extenders, a more complete understanding of practice management dynamics, and a generally more thoughtful approach to how technology can make us more efficient.

All of these approaches are aimed at increasing numeric volume within a practice (fitting more patients in during a given day), which is certainly one approach for expanding revenue to offset lowering reimbursement. There is perhaps another model for growing one's practice, however. The demand for aesthetics and the ability of eye care practitioners to participate in this field represents a means to expand the practice and diversify as a way to escalate volume.

### TRULY INTEGRATED CARE

My current practice model is admittedly a bit out of the norm compared with most of my colleagues in ophthalmology. Belcara Health is a multispecialty practice in the sense that we offer the full gamut of aesthetic and cosmetic services from the toes to the top of the head. Our clinic has practitioners in plastic surgery, dermatology, ophthalmology, and podiatry. We are in the process of incorporating an internist who specializes in weight loss, hormone therapy, and other wellness concepts. We also have a medical spa, two ORs, and a retail area that combines products from these different areas. Although atypical, our practice philosophy is simple: we seek to create a truly integrated model where a patient can come in and get head-to-toe care in a high-end setting—one that encourages a sense of wellness and attention to detail that might not be present in a traditional ophthalmology practice.

The selection of the clinic's specialties was deliberate because of the natural "cross-pollination" among them. On the one hand, we have a set of trigger medical diagnoses that automatically prompt referrals to other interoffice specialists. Patients with diabetes, for example, are recommended to follow up with the staff dermatologist to review potential skin issues that I have already seen, to understand if any ocular complications are occurring and are also sent to a podiatrist as needed. We know from experience that individuals who express a desire for cosmetic procedures, such as LASIK, might be amenable to other services, such as face-lifts or breast augmentation.

My practice consists of more than boutique services. In addition to aesthetic and cosmetic procedures, I also treat diabetic eye disease, macular degeneration, glaucoma, cataracts, and other ocular conditions. This is important because as ophthalmologists and optometrists have begun offering aesthetic services, there has been some push back from other medical specialties. A potentially sensitive area, this is something that physicians should think about, both within their clinic and in their geographic location.

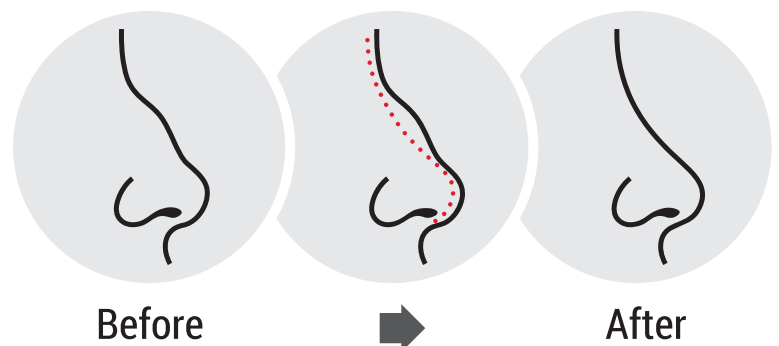
### BOUNDARIES

In our practice, we have defined where one set of services begins and another ends, creating clear boundaries. Rather than an atmosphere of contentious competition, we foster an environment of complementary integration. We intentionally offer services such as a full wellness program, where a patient can get a mole checked, have a cataract evaluation, and receive a cosmetic injection in the same day. A patient with facial rosacea can see the dermatologist and the eye care provider, because the condition may require treatment by both. A patient undergoing an eyelid procedure in our plastics clinic is also sent to me, so that I can assess the functional status of their lids and look for dry eye disease. There are medically relevant reasons for our care to overlap.

I think that the underlying principle of our practice model may be applicable to the larger question of how eye care can fit into the overall aesthetics market without creating territorial disputes. One could take the negative viewpoint that the aesthetic and cosmetic services eye care providers seek to provide are the natural territory of other medical fields. However, eye care should be able to add its expertise to what other specialties offer, resulting in greater total services to the patient population. Our training in eye care issues and expertise in the skin around the eye is an asset to patients' overall health. Thus, we do not have to be only a number of different medical specialties paying rent to the same landlord (or, really, competing for the same insurance dollars or pool of out-of-pocket expenditures). Instead, the idea of collaboration offers a model to address the multiple needs of a shared and diverse patient base.

### PATIENT DIVERSIFICATION

Our practice model can be seen as analogous to the age-old financial advice, "Don't put all of your eggs in one basket." We have diversified our service offerings so as to obtain revenue from different sources, thereby insulating ourselves against financial cutbacks in health care. In addition to the insurance-based services of traditional eye care, we have added a number of cash-based options for patients who want them.



The US health care system is subspecialty based, and providers typically pull from a finite set of patients (further confined by one's geography). When multiple subspecialists practice in the same locale, they compete for the same patients, thus creating a natural ceiling on the potential for growth. Expansion potential seems then to exist in lateral growth by diversifying the patient base.

I have come to realize some things while practicing aesthetic medicine that have allowed me to maintain a solo practice mentality. I think one of the unfortunate unintended consequences of the hospitalist movement in the health care system is that solo and small practice ophthalmologists have been forced into larger conglomerates to gain purchasing power. A larger economic framework is good insurance against lagging revenue. Yet, our practice has achieved economic flexibility through subspecialist integration. Our technicians and office staff are cross-trained (another aspect of integration), and we have centralized marketing and billing services that handle our collective back office needs. The fact that I have been able to maintain a personal approach to medicine appeals to me. I imagine aesthetics and cosmetic services could offer a similar level of freedom to like-minded practitioners who want to maintain a small-office approach to eye care.

### STRENGTH IN NUMBERS

There are many aspects of our integrated model that are easily identifiable as beneficial for the provider side. From the patient perspective, we are able to provide an exceptional level of easily accessible care and unprecedented convenience. Many patients are interested in *lifestyle health*, which describes a positive construct built around the idea of empowering patients to better understand and manage their disease condition. In addition to emphasizing preventive medicine, lifestyle health invites patients to seek enhancement of their health through wellness and beauty. It is built on a philosophy of holistic care.

The eye care field lends itself naturally to introducing aesthetic services. Most obvious is that many patients have concerns about aging around the eyes, which is a natural entry point

“Ophthalmologists and optometrists receive training in the anatomy of the area around the eye.”

into a discussion about injections and fillers. Ophthalmologists and optometrists receive training in the anatomy of the area around the eye, and ophthalmology has always been one of the core specialties that has been involved with the use of onabotulinumtoxinA toxin (Botox; Allergan). Speaking to patients about services around their eyes offers a path into discussions about the skin around their nose, chin, and neck. From there, it is not hard to imagine becoming a trusted advisor on other health and wellness topics.

### CONCLUSION

When providers are thinking about new services to their practice, whether or not it will enhance patients' outcomes should be of utmost importance. There is overall value in diversifying one's practice to be successful during times of change. Adding clinically meaningful services brings in new revenue streams, allowing the practice to maintain economic viability and ensure the continued delivery of the core services that eye care patients expect.

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# GAINING COMFORT WITH ANTIAGING MEDICINE

Educating patients about preventive strategies early in life is a natural segue into conversations about treatments.

BY JENNY Y. YU, MD



The potential financial rewards in the antiaging marketplace offer a welcoming incentive for those interested in providing these services. More than ever, patients are willing to pay out of pocket for treatments that make them look younger. In 2013, the global antiaging market was worth an estimated \$260 billion.<sup>1</sup>

The financial aspect aside, providing antiaging services can have a meaningful impact on patients' lives. Our society has never quite accepted aging as a fact of life, and the marketplace offers an abundance of over-the-counter products, injections, and treatments for those wishing to defy time. The trend is to create a fresh look with rejuvenation. Maintaining a natural look is the focus. Much of the potential for eye care providers to enter the aesthetics space has focused on how this market can help the bottom line. More emphasis, however, could be placed on the fact that helping patients feel better about their appearance can be extremely rewarding for them as well as their provider.

## THE SCIENCE OF AGING

### Biological Process

Aging occurs due to both biological processes and environmental factors. Overall, the contours of the human face are defined by the structure of the bony skeleton, with texture provided by the overlying soft tissue—primarily muscle and fat. As humans age, gravity, soft tissue maturation, skeletal remodeling, muscular facial activity, and changes caused by solar exposure contribute to the development of lines, wrinkles, contour irregularities, and sun-related skin damage.<sup>2</sup>

Different effects of these processes occur in the three regions of the face. In the forehead and brow region, the most promi-

nent sign of aging is the descent of the brow resulting from loss of tissue elasticity, bone resorption, gravity, and as a consequence of a lifetime of facial expressions.<sup>2</sup> Excess skin of the upper and lower lids along with periocular wrinkles add to the aging effects in this region. In addition to these changes, a combination of skin atrophy and weakening of the orbital septum leads to herniation of the intraorbital fat and the creation of "mounds." The signs of aging become more pronounced with the addition of glabellar frown lines and forehead lines in the upper region.

Within the midface, signs of aging manifest as the bony orbit expands, changing the overlying soft tissue and resulting in an irregular contour.<sup>3</sup> In the lower face and neck area, the most prominent feature of aging is the development of the submental fat pad leading to the development of jowls and loss of definition along the jaw lines

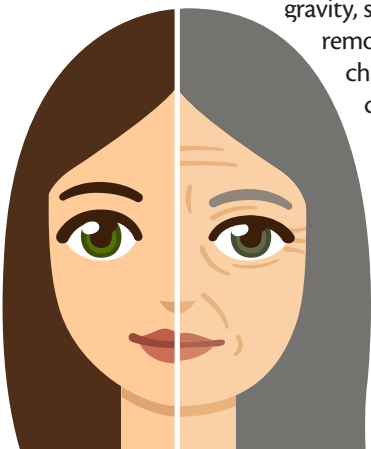
### Skin Habits Matter

Although the aging signs appear much later in life, good skin habits in the early years can lessen many of the consequences. Wrinkles around the eyes from sun damage can start to manifest as early as the third generation of life, but behaviors such as wearing sun protection, thorough makeup removal without abrasives, the use of noncomedogenic products and daily moisturizers are easily relatable for individuals in their 20s. The early signs of aging can be treated and further damage delayed by intervening in a thoughtful manner. A good daily skin care routine is crucial. This may include the incorporation of collagen-boosting, vitamin C-rich serums into the daily routine to help restore natural skin tone and exfoliation products to help reduce sebaceous glands that create enlarged pores.

## EDUCATING ON PREVENTION

### Lifestyle Modifications

Perhaps the simplest way for eye care providers to become involved in anti-aging medicine is to engage patients in informa-



tive conversations. These conversations should center around the benefits of lifestyle modifications that benefit the health of the face and the eyes. That conversation can, for instance, include the topics of smoking cessation and maintaining a healthy weight. The numerous toxins of cigarettes reduce the natural regenerative properties of the skin, accelerating the formation of wrinkles. The repeated motion of smoking can accelerate the formation of fine lines around the mouth. Both drastic weight gain and loss can cause dramatic aging changes to the face. Maintaining a steady weight reduces the dynamics of the skin elasticity reducing wrinkle formation.

### Nutrition

A central construct in educating patients about aging is to convey that there are steps one can take to restore or protect the skin's natural regenerative properties. This is a concept many eye care practitioners are familiar with from the dry eye space, where assuring the maintenance of homeostasis functions as a long-term treatment and prevention strategy. Talking about nutrition—something that many eye care practitioners already do—is another way to broach the antiaging conversation. Omega-3s present in fish, avocados, and certain plants enhance the skin's ability to create collagen and permit the cells to regenerate. In a similar vein, proper hydration—drinking 8 to 10 glasses of water a day—helps keeps the dermis and epidermis hydrated to stave off aging signs.

### Ultraviolet Protection

Speaking of skin protection, the use of sunscreen and ultraviolet-protecting sunglasses can also be part of the conversation. Eye care providers can also easily educate patients about eyelid hygiene, which can include the use of skin care products to help maintain proper moisture and lubrication.

## PROCEDURES AND TREATMENTS

There is a wide expanse of services, procedures, and antiaging treatments that eye care providers can offer to patients, all depending on one's comfort level and interest. If educating about preventive strategies and healthy habits is a good entry into the antiaging field, it is also a natural portal into conversations about treatments that may be appropriate to address patients' issues.

### Natural Products to Injections

Suggesting products or even making them available in the office is likely the easiest first step providers can make. I am an advocate of using natural products, such as plant-based moisturizers, but it is also important to recommend products that are hypoallergenic, especially for patients with sensitive skin. From there, it is not difficult to start thinking about nonsurgical options, including onabotulinumtoxinA toxin (Botox; Allergan) and injectable hyaluronic acid, to provide a more youthful appearance.

There are many potential applications for using injectables around the face for antiaging purposes, although not all patients should qualify. Overall, the use of fillers and neurotoxins in the periocular region is safe, but the long-term implications from use in younger patients are not well understood. The mechanism of onabotulinumtoxinA is to inhibit the neuromuscular junction, which may lead to atrophy over time with repeated exposure, and especially if the body develops immune responses to the toxin.

### Lasers

Other treatments, such as the use of various laser platforms, may be more appropriate for early aging signs and may avoid the potential for muscle atrophy if they are treating the skin at a more superficial layer. Many ophthalmologists will already be familiar with the application of lasers in ocular disorders and will therefore be somewhat comfortable with transitioning to using a CO<sub>2</sub> laser or even intense pulse light therapy to address pigmentation issues, hemangioma lesions, and facial rosacea. Offering these kinds of services obviously entails a larger capital commitment than most other antiaging offerings, and so it may be prudent to think about their value in terms of whether and how they will add to patient care.

## CONCLUSION

The changing financial landscape within eye care has led providers to explore new offerings in hopes of attracting new patient types. Not only do aesthetics provide burgeoning opportunities to address patients' concerns about and unease regarding aging, they also offer myriad opportunities for a practice to grow financially. Yet, as is true of most services that are added to an eye care practice, there should be justifiable benefit to patients that outweighs the time, effort, and resource commitment necessary to launch a new service. When it comes to antiaging medicine, those opportunities abound, as helping patients counteract the effects of time and making them feel better about their appearance and wellness provides nearly immeasurable benefit.

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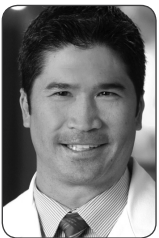
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# COSMETOMETRY: YOU ALREADY KNOW A LOT MORE THAN YOU THINK YOU KNOW

There are many parallels in aesthetics to the core services optometrist already provide to patients.

**BY WALT WHITLEY, OD, MBA**



Injections, fillers, cosmetics, cosmeceuticals, products, ointments, creams, etc.—there is a seemingly endless list of aesthetic products and services on the market, so much so that it would be easy to be overwhelmed by information overload. How does the optometrist interested in expanding into aesthetic services even start to understand the volume of offerings, especially if he has no personal experience with beauty products? On the one hand, analysis paralysis could lead to never introducing new services, and what a shame that would be, given that there is tremendous opportunity to grow the practice and serve patients by offering beauty and wellness products and procedures to complement one's eye care practice.

After a pause to think about the aesthetics market, it becomes apparent that much of the training that optometrists have prepares them to extend into this area. Who better to educate patients about the skin around their eyes, their eyelids, and the ocular anatomy than eye care practitioners who have spent years studying it? Optometry has spent the past decade in a state of transition into the medical model, wherein the field is looked upon as the primary providers of eye care. Thus, we can and should think about what kinds of services are appropriate for our field to offer to patients so that we are delivering optimal care reflecting the breadth of our training.

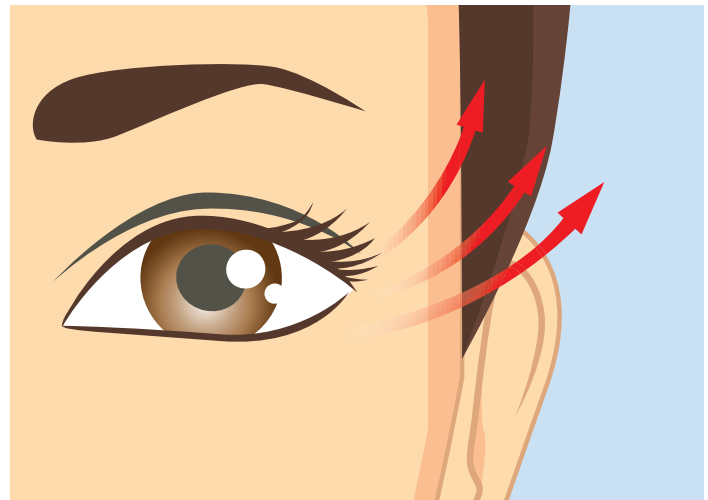
The aesthetics market is not as intimidating as it seems at first blush. Much of what leads to success with these services parallels much of what we do on a daily basis—educating patients, listening to their concerns, offering solutions, and generally making them happy.

## MARKET AWARENESS

The size of the health and beauty market is unmistakable. That it is growing by leaps and bounds is obvious. The volume

of products in this space, however, should not deter providers interested in offering aesthetics to their patients.

Quite simply, once an optometrist gains market awareness, he or she can use his or her training and expertise to judge the quality of those products and determine how to relate them to patients. I believe it is a matter of confidence more than anything. We know that medical-grade products that have been thoroughly tested and held to a high standard provide the best assurance of quality outcomes; it is a principle we are familiar with in comparing branded and generic topical medications. Once we know that companies like Allergan, Teoxane, and OcuSoft, are producing high-quality cosmetics that have been thoroughly vetted, it becomes easier to talk about their benefits or even to sell them in the practice. Providing products or talking about best practices for caring for the skin around the eyes is not a foreign concept for



optometrists if such education is offered under the premise of overall ocular health.

Other aspects of optometric services like lid hygiene lend themselves naturally to discussions about beauty, health, and wellness. Talking to patients about the importance of washing their lids and removing their makeup, as well as how to do it properly and which products to use is a conversation many optometrists already have almost daily. We already know how these practices affect the potential for dry eye disease (DED) and other ocular surface diseases, so it is not a stretch to add information about why good eyelid hygiene and makeup removal can have aesthetic benefits as well.

Speaking with patients about lid hygiene may lead to a conversation about the options for boosting the appearance of the lashes. One option is permanent eyelid tattoos. At least one study showed that patients who get eyelid tattoos may have a much shorter tear breakup time (4.3 seconds versus 11 seconds).<sup>1</sup> Granted, this was a small study of 10 patients, but we have some data at the ready with which to educate patients. We can let them know about products like Boost Lash (OcuSoft), which is an over-the-counter but well-tested intensifying serum designed to amplify the appearance of the lashes. Certainly bimatoprost (Latisse; Allergan) offers another approach, albeit one that requires a prescription.

DED is another category where there are natural parallels to our skill set. Many patients attempt to self-medicate for ocular irritation with vasoconstrictors that may work in the short term but that can have dire consequences if used inappropriately. If patients are experiencing red eyes that they perceive as a cosmetic issue, I would argue that we have a duty to evaluate that eye to determine if there is a valid medical cause—DED, ocular allergy, or otherwise—that requires pharmacotherapy or other interventions.

## WHAT WE CAN LEARN FROM THE INTEGRATED CARE MODEL

To my thinking, the question about optometry's potential role in the aesthetics market is not so much a matter of fit but of personal preference. Beyond the educational aspects of informing patients about good ocular health, there is a world of products and procedures that optometrists can discuss with their patients.

Within the integrated care model, many optometrists already spend a great deal of time discussing the cataract, refractive, and surgical glaucoma services that their ophthalmology colleagues can provide. Is it really so different to discuss the work of oculoplastic and cosmetic surgeons in one's network or to share information about the cosmetic surgeries that ophthalmic surgeons may provide?

Such conversations do not have to be exclusively about elective surgeries. For example, pterygium surgery may be

covered by insurance in some cases if the growth is interrupting the visual axis. Similarly, blepharoplasties are excellent for restoring a youthful appearance to the eyelids, but they may be medically indicated if droopy eyelids or other correctable lid issues are having a negative impact on vision.

A similar paradigm exists for some causes of DED. There is a known association between ocular rosacea and meibomian gland dysfunction,<sup>2-4</sup> and each is treatable with intense pulsed light therapy. The skin manifestation is easily identifiable in patients being examined at the slit lamp for DED and fluctuating vision, and there may be a treatment benefit for DED if intense pulse light therapy is used for ocular rosacea.<sup>5</sup>

## A FINAL THOUGHT

Beyond the financial motivation for optometrists to offer aesthetic services is the opportunity to be important connectors of patients to valuable information about products and services that help to enhance beauty and that promote wellness. Our field has positioned itself to provide care to patients on a more holistic level, inclusive of topics such as the role of nutrition for ocular health and how patients with diabetes need to be cognizant of their A1C levels. In other words, we are already more comprehensive in the services and education we provide by thinking beyond the eye to benefit eye health. In some ways, cosmetic and aesthetic services are another extension of this principle.

Not every optometrist will be interested in the aesthetics market, and this is perfectly fine. After all, not all optometrists offer contact lenses in their practice. Each and every optometrist has the opportunity to provide health and wellness services and education if we so desire, however, we should not let the seemingly overwhelming volume of products in this market intimidate us when there are so many parallels to the core services many optometrists already provide.

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# BREAKING DOWN BARRIERS TO OFFERING AESTHETIC SERVICES

Are optometrists limiting their own success?

BY WHITNEY HAUSER, OD



Despite numerous opportunities for interested optometrists to add aesthetic services to their practices, for some, getting started is a large obstacle. Perhaps it is the opportunities themselves that become barriers. So much is potentially at stake—money, reputation, time—that one wants to get it absolutely right from the start. The benefits of adding such

services, especially in light of declining reimbursements, are obvious. Diversifying one's patient base is certainly important, and beyond that, a cosmetic focus may be a natural evolution of where optometry is going. Many practices are gravitating toward a wellness model, which is complemented by aesthetics. Wellness is not only about feeling great, eating healthfully, and exercising. It is also about looking good, which can be extremely important for patients' self-esteem.

What I sense from conversations I have had with colleagues is hesitation or unease with finding an "in" to get started with aesthetics. Are some of these barriers self-imposed? Are some interested optometrists over thinking things?

## FINDING PATIENTS IN THE EXISTING ROSTER

One of the questions I am asked about aesthetics is some variation on the following: "Are there patients in my practice who might be interested in aesthetic and cosmetic services?" The answer is likely yes, and the population may be larger than expected.

I see a lot of patients with dry eye disease (DED), and these individuals may be more inclined than others to ask about wellness and health as an adjunct to their eye care needs. DED patients tend to be amenable to conversations about ocular health and are interested in strategies and approaches that will benefit their ocular surface while also yielding a cosmetic improvement. They are attuned to quality-of-life issues as a consequence of ocular discomfort. In general, these patients are frustrated by their inability to read without glasses or look at their



phone comfortably, so they are receptive to solutions—including cash-pay services—that provide lifestyle enhancements in addition to addressing their medical problem. Conversations about lid scrubs and hygiene, for example, are a natural fit. From there, talking about the health and appearance of the skin around the eye follows easily.

Providers who successfully prescribe multifocal contact lenses are treating patients who are making a cosmetic choice to get out of glasses and are willing to pay a little more for the convenience of correcting their presbyopia. Not coincidentally, the largest population of multifocal contact lens wearers is patients in their 40s who may be experiencing their first encounter with signs of aging. Talking about presbyopia can lead to conversations about other facial signs of aging.

## HOW TO THINK ABOUT THE MARKET

Classically, the population in search of the magical elixir that will turn back the hands of time has been older women, but that is not the sum total of the aesthetics market. Patients are

thinking about health and wellness products earlier in their lives. Aging signs like wrinkles and frown lines may show up later in life, but they are preventable if corrective behavior is started earlier. Although older women are still the most likely candidates for aesthetic services, more than ever, men and younger individuals of both sexes are also seeking ideas to keep them looking youthful and vibrant.

In terms of approaching men versus women with advice and education about cosmetic and beauty products, how the message is delivered is important. In my experience, women are willing to listen to beauty-centered conversations that convey aesthetic outcomes, whereas men want reasons why they should change their behavior. I find that women generally want to understand how a product will make them feel or look, whereas men may need a more linear connection between using a product and the benefit it will provide. In some respects, men may be more willing to listen to conversations about health and wellness in the setting of an optometrist's office, where the environs are more medical in nature, versus a spa or retail distributor of beauty products.

Comfort in the aesthetics realm is also necessary on the provider's side. I am comfortable leading and participating in conversations about aesthetic services. I have, however, spoken with some peers—both men and women—who are afraid of offending a patient if they say the wrong thing. These individuals could consider assigning this role to a staff member, one who has been trained and who may feel more confident about approaching patients.

### IS RAMPING UP A SIGNIFICANT CHALLENGE?

Another commonly cited barrier to integrating aesthetics is how difficult it might be to provide training and resources to ramp up capabilities. The level and extent of ramping up will mostly depend on what services one plans to provide. Some providers may be surprised to learn that many of the core necessities are already in place.

Offering a product line, such as the various formulations with retinyl palmitate and hyaluronic acid to help smooth out wrinkles, is a relatively low-risk way to dip a toe in the aesthetics market. From there, medically oriented products, such as those designed to treat rosacea, are a natural extension. The next layer of involvement would be equipment based, such as intense pulsed light therapy or radio frequency to treat wrinkles.

Regardless of the optometrist's level of involvement, resources are available. Many manufacturers of skin care lines provide training in the office, which could be especially valuable to providers who intend to rely on staff to engage patients. On the other hand, for someone interested in offering platform-based services, it is incumbent on the provider to become the expert. As a person gets more sophisticated in his or her intended offerings, the need for and intensity of training will increase.

Many practitioners may be surprised to hear that they may

**“Practitioners may be surprised to hear that they may already have a framework upon which to add wellness services.”**

already have a framework upon which to add wellness services. Those who have a high-end optical boutique or who do a lot of LASIK shared care, for example, are already active in services designed to enhance patients' experiences, a principle that is central to health and beauty offerings. Equally applicable to aesthetics offerings are many of the principles that drive success in these lifestyle services, including consistent messaging and engaged patient encounters with well-trained staff from the front desk all the way to billing and support members.

That said, something that I have found in my encounters with eye care practices is that there may be a lot of people on the bus but that not all of them are in the right seat. My advice to anyone thinking about adding aesthetics would be, before even thinking about making a capital investment in this arena, to talk with the staff, decide how to get them excited about and involved in this new service, and make sure everyone is on the same page.

### CONCLUSION

I think that many of the perceived barriers for entering the aesthetics market may be self-imposed. Sure, the process can be tricky and difficult, but there are ample opportunities in lifestyle services for those interested. I believe it may be a matter of motivation more than anything else. Most optometrists would be surprised at the number of patients already in their practices who would be interested as well as how easy it could be to attract new patients. Successfully adding health and wellness services to an already busy practice may require a new way of thinking and a new vocabulary, but many principles we already use in patient encounters may be applicable. As in many things in life, fear of the unknown may be the greatest barrier to success.

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# COSMETIC CONTACT LENS OPTIONS: BEYOND THE OBVIOUS

From subtle change to dramatic overhaul, options in cosmetic lenses offer great potential to address patients' lifestyle and beauty needs.

**BY MARGIE RECALDE, OD, FAAO**



At a time when many eye care providers are thinking about adding lifestyle-enhancing services to their practices, it is worth noting how expanding the clinic's contact lens (CL) offerings can be complementary. There is a category of patients, including those with plano or minimal glasses prescriptions, who want CLs solely for cosmetic reasons. Those interested in cosmetic

CLs should be educated about the available options, including the dangers of using over-the-counter choices offered without a prescription.

## OPTIONS FOR COLORED CONTACT LENSES

As with all CL modalities and platforms, patient selection is crucial for success. Cosmetic and colored lenses range from products that offer a complete change in the eye's appearance to those with a more subtle appearance. Currently, there are no cosmetic options for multifocal patients or for those with greater than 1.00 D of astigmatism.

In some cases, making a small change to a patient's appearance can have a dramatic impact. For example, the Japanese anime look—the appearance of very large eyes—is a popular beauty trend, especially in the Asian population. The Acuvue Define product line (Johnson & Johnson) has daily-wear option that makes the iris appear slightly larger. Many of my patients report that even though it is a subtle change, it makes a significant difference.

There are also options for patients who want a more dramatic change, including special purpose lenses (such as zombie and vampire lenses, baby eyes, and blackout lenses) and others with less tint for a more subtle change. Several companies even offer

packages so patients can purchase their regular contacts plus a box of colored lenses.

The growing number of cosmetic contact lens options adds to the provider's ability to customize contact lens options to suit their patients' vision and lifestyle goals.

## UNEXPECTED BENEFITS OF COLOR CONTACTS

The most common reason patients turn to colored lenses is for cosmetic purposes, however, these lenses may offer some unexpected benefits. Presbyopic CL wearers can struggle to



insert their lenses. A slightly tinted or full-color lens is easier to see in this case, assisting with the insertion and removal process. The amount of tint does not have to be extensive to provide a benefit; I have a number of patients who chose colored lenses for this reason.

Colored lenses may be warranted for medical reasons. One of the options for patients who have suffered an ocular trauma is a lens that helps provide a more natural appearance to a damaged pupil or iris (HP Prosthetics; Alden Optical). It is by no means perfect, and close inspection reveals that it is cosmetically different than a normal eye. These prosthetic colored contact lenses, however, which are available in spheric and toric models, can provide significant psychological benefits for patients in addition to vision correction. Prosthetic options can help restore a balanced appearance in the color of patients' eyes. Orion Vision Group manufactures custom-tinted contact lenses intended to approximate the bilateral eye color in patients with albinism, color-vision deficiencies, amblyopia, or other ocular anomalies.

Prosthetic lenses colored for cosmetic purposes can also be used as a shield to protect the eye in blind patients. Those with photophobic issues can also benefit from colored lenses, as the addition of color will help filter and occlude certain spectrums of light. Red-colored contact lens options help patients who are colorblind. These lenses do not correct colorblindness, they do enhance color perception, which is a visually meaningful benefit.

## COSMESIS AND THE CL WEAR SCHEDULE

Regardless of the reasons patients have for choosing to use contact lenses, they expect that their decision will have only positive aesthetic consequences. For these and many other reasons, daily disposable CLs offer advantages over other modalities. Above and beyond benefits related to vision, comfort, and convenience, daily lenses are associated with greater patients' compliance<sup>1</sup> and less severe microbial infections compared with lenses with longer wear times.<sup>2</sup> These characteristics explain why we see less redness and irritation and healthier eyes in patients using daily disposable lenses.

In some ways, educating patients about daily disposable lenses is reinforcing the cosmetic choice the patient is already making. If a patient does not want to wear glasses, then he or she does not want to deal with red, irritated, inflamed, and perhaps painful eyes. This is not to suggest that 2-week and monthly lens modalities have no role; in fact, optometrists should customize the lens choice for each patient based on his or her history, current lens modality, lifestyle needs, vision, comfort, and compliance. Daily lenses are positioned to give patients the best chance to achieve their refractive goals and reduce the possibility of encountering complications.

Within the daily CL category, several companies offer colored lenses for added cosmetic benefit. Some of my patients use col-

ored lenses only part of the time, so having this option provides a convenience factor. There is a medical benefit to this because asking patients to properly store and clean reusable colored contact lenses would seem to invite the potential for microbial infection and other negative consequences.

Daily disposables offer so many significant advantages that they merit a conversation with all CL patients, regardless of whether the platform is multifocal, toric, refractive, or purely cosmetic.

## CAVEAT

Helping patients learn about cosmetic options in the CL market is an important service. Beauty, however, cannot come at the expense of health, so perhaps the greatest benefit we can provide to our patients is education. Discussing the pros and cons of the various modalities and platforms and informing them of potentially dangerous habits are equally important aspects of our duty to our patients.

Many individuals seeking cosmetic CLs ultimately purchase them online without ever consulting with an eye care specialist. One study suggested that as many as one in four individuals who use contact lenses for cosmetic purposes obtains their lenses illegally without a prescription.<sup>3</sup> To say that this is dangerous behavior is an understatement. The risk of bacterial conjunctivitis, corneal abrasions, and other complications is much higher among individuals who have not been properly fitted or educated about how to care for and clean CLs.

## CONCLUSION

Many patients do not take seriously that CLs are regulated medical devices that require a proper fitting. Failing to realize this can have devastating consequences for ocular health, up to and including blindness. The US Food and Drug Administration has offered strong warnings on this topic,<sup>4</sup> and we should definitely be telling patients that CLs obtained without a prescription are not worth the risk. ■

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