

# PREMIUM PRACTICE

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TODAY

## TECH TALK

### Know When to Hold 'em, Know When to Fold 'em

Making tough equipment and technology choices.

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# Tech Talk: Know When to Hold 'em, Know When to Fold 'em

Making tough equipment and technology choices.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

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*Among medical specialties, ophthalmology ranks at or near the top in terms of technological innovation and its impact on the clinical and surgical aspects of the practice. In just a single generation, most ophthalmic surgery has migrated from the hospital to the ambulatory surgical center and/or the office environment. Diagnostic evaluation has likewise been put almost entirely into the clinic, allowing sophisticated testing to be completed alongside the clinical examination. This megatrend, which has accelerated with the advancements in imaging, computing, and lasers, has transformed the ophthalmic landscape and dramatically improved the clinician's ability to preserve and improve vision. This benefit comes at a cost, the burden of which falls on the practice in terms of where to invest. The wisdom offered by the surgeons we interviewed this month reflect what I believe are the two critical decision-making components: performance (of the technology being considered) and promises (being kept by the company and its representatives). These trump cost and the decision to buy solely on who offers the cheapest box (which, in my opinion, is a huge mistake). Read on!*

—Section Editor Shareef Mahdavi

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When it comes to running a medical practice, business acumen is certainly important. When it comes to operating a successful premium practice that consistently exceeds the expectations of even the most discriminating patients, the ability to make tough business decisions is paramount.

Whether you are making a pivotal personnel decision or weighing the pros and cons of investing in the newest technology, knowing whether to “hold ‘em or fold ‘em, walk away or run” can make the difference between being the leading cataract and refractive practice in your market or treading water in a sea of red.

Given the cost of medical equipment, the choice of whether to upgrade to a newer laser or add an additional diagnostic device can be among the most difficult decisions facing surgeons today. Complicating matters even further is the fact that return on investment is often more than a simple mathematic equation. Sometimes, patients' perception is a hidden variable.

“People like high-touch and high-tech things, and when you can promote that, you have the latest and greatest state-of-the-art technology and best-in-class diagnostics. People respond to that and want that,” says cataract and refractive surgeon, Robert J. Weinstock of The Eye Institute of West Florida, in Largo, Florida. “When you feature these capabilities in your print and online marketing materials, it is easy for patients to identify with how these things can improve their outcomes.”

Although the way prospective patients perceive a practice is critical to growth, outfitting one's practice with state-of-the-art hardware obviously has tangible benefits, as well. “This technology helps us achieve refractive goals for the patient,” says Dr. Weinstock. “So when they have their surgery, there is a high probability that they are going to be happy and satisfied with their outcomes, and there is absolutely nothing that is going to build a practice better than that.” He points out that an optical coherence tomography (OCT) unit is among several key

pieces of capital equipment that have elevated his practice to the premium level.

“Diagnostically, getting an OCT on our premium IOL and cataract patients preoperatively is something that we do routinely to help us make decisions about implants and recommendations about cataract surgery,” he says. Preoperatively, he points out, the IOLMaster (📍 [www.meditec.zeiss.com/iolmaster](http://www.meditec.zeiss.com/iolmaster); Carl Zeiss Meditec, Inc.) and the Lenstar LS900 (📍 [www.haag-streit.com/products/biometry/lenstar-ls-900r.html](http://www.haag-streit.com/products/biometry/lenstar-ls-900r.html); Haag-Streit AG) optical biometer are excellent tools that help him attain more accurate biometry to make better lens power selections and evaluate vision intraoperatively. “Intraoperative aberrometry has been extremely beneficial to help guide decision making in the OR, help place toric lenses, do astigmatic corrections, and choose the IOL’s power,” says Dr. Weinstock.

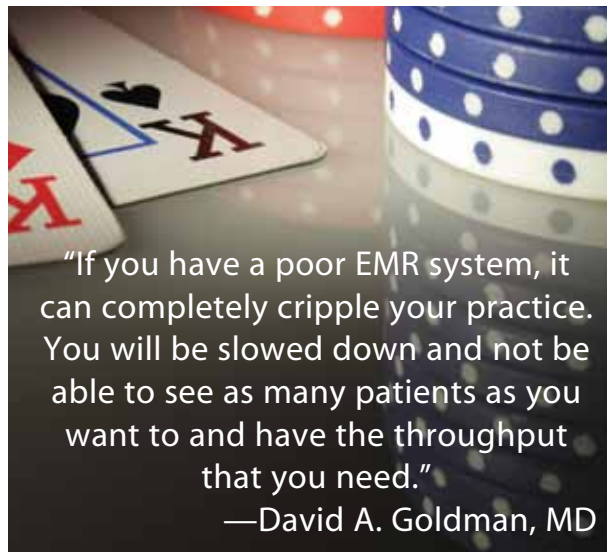
An equipment choice that he considers an extremely positive decision was his acquisition of a femtosecond laser. “This laser,” he says, “has made cataract surgery more precise and exacting, and the three-dimensional virtual guidance software from TrueVision Systems, Inc. (📍 [www.truevisionsys.com](http://www.truevisionsys.com)), has also been a wonderful piece of technology that helps in the positioning of toric lenses and manual limbal relaxing incision guidance, as well as in improving the overall experience for the entire OR staff to be better able to see the eye.”

### PROS AND CONS

The advantages of having the latest and greatest equipment are innumerable, however, Dr. Weinstock warns against the kid-in-a-candy store approach. “Don’t add all of these devices at the same time,” he says. “There are pros and cons. You have to have extra staff to perform the diagnostics; using these tools extends the preoperative process, and they slow things down intraoperatively.” What’s more, he adds, “These are expensive machines. There has to be a weight put on how much time and cost it’s going to add to your practice versus what the benefits are going to be. These are not decisions that can be taken lightly.”

Dr. Weinstock advises a walk-before-you-run strategy. “Take your best guess at what you think will offer the biggest bang for your buck, and then if you are successful and feel that it’s additive to your practice, you can move on to other devices that may also accomplish these goals for you.”

David A. Goldman, MD, did not have the luxury of taking it slowly. Having recently founded Goldman Eye in



“If you have a poor EMR system, it can completely cripple your practice. You will be slowed down and not be able to see as many patients as you want to and have the throughput that you need.”

—David A. Goldman, MD

Palm Beach Gardens, Florida (📍 [www.goldmaneye.com](http://www.goldmaneye.com)), after a lengthy and successful tenure at the University of Miami Bascom Palmer Eye Institute, Dr. Goldman needed to outfit his entire practice. In the process of starting his new practice, here’s what he learned as far as capital equipment expenditures: “I had to literally outfit an office from scratch, but the most important decision came down to choosing an [electronic medical records {EMR} system] because it’s the most painful thing for any practice in terms of efficiency,” he says. “You can talk about the improvements of one topographer over another or one OCT device instead of another, but the reality is that what these devices can provide is relatively similar in terms of information and the amount of time that it takes you to acquire it. On the other hand, if you have a poor EMR system, it can completely cripple your practice. You will be slowed down and not be able to see as many patients as you want to and have the throughput that you need,” says Dr. Goldman.

He chose the EMA ophthalmology suite (📍 [www.modmed.com/emaophthalmology](http://www.modmed.com/emaophthalmology)) from Modernizing Medicine, Inc. “First, I wanted a cloud-based EMR, because I think without question, it offers way too many advantages to overlook. You don’t need all of the hardware that you need for server- or client-based products,” he explains, “you can take it with you anywhere. If I ever expand to more satellite offices, all I need is Internet access, and I’ll have all of my records there. If I am on call and a patient gets in touch with me, and I want to pull up the patient’s information, I don’t have to log into my practice-based system. I can have everything at my

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fingertips very easily on my smartphone or tablet, and when I chart my notes during a patient visit, it is very easy to do that on my iPad [Apple, Inc.]. I don't have to turn away from my patients, and I can easily show them diagnostic photos that I've taken or anything else that I've documented that can help them understand their condition." The system Dr. Goldman uses also automatically updates every few weeks and offers exemplary technical support. "I can always speak to someone there whenever there's an issue. It's a small company, and they are very responsive," he says.

## VENDOR DOs AND DON'Ts

The economic landscape in health care today makes every purchasing decision critical. One of the key ingredients in the decision-making process is the dynamic between the vendor and the surgeon or the executive in charge of making purchasing decisions. We asked several surgeons what they value in a vendor relationship. Here is what they said:

### Cary M. Silverman, MD

[www.eyecare2020.com](http://www.eyecare2020.com)

Medical Director, EyeCare 20/20  
East Hanover, New Jersey



I appreciate when a vendor makes me feel like I am an important and valued client, not just another customer who will be forgotten about once I sign the contract. To strike a deal with a company, I need to feel like it will stand behind the product, and it is very important to me that they answer my questions with information about their device and not badmouth the competition. When the vendor says negative things about other companies or devices, it does not make me feel better about their company or device. Perhaps most important of all, I absolutely hate when sales representatives suggest that I should buy a device because a particular surgeon who is obviously a paid spokesperson for the company uses it. In fact, when they use that sales tactic, it has the opposite effect.

### Stephen C. Coleman, MD

[www.colemanvision.com](http://www.colemanvision.com)

Director, Coleman Vision  
Albuquerque, New Mexico



When you buy a piece of equipment, you are really buying a small part of a company. Particularly in today's environment, technical support has a tremendous influence on my purchasing decisions. I find that my great-

## IT IS A GAME CHANGER

Stephen C. Coleman, MD, of Coleman Vision in Albuquerque, New Mexico, says the most significant positive impact that a new technology has had in his practice "by far" has been the iFS ([www.amo-inc.com/products/refractive/ilasik/ifs-advanced-femtosecond-laser](http://www.amo-inc.com/products/refractive/ilasik/ifs-advanced-femtosecond-laser); Abbott Medical Optics Inc.) for creating LASIK flaps. "In my opinion, this ranks right up there with the other true laser eye surgery 'game changers,'" Dr. Coleman says. "It is as important as the introduction of eye-tracking and custom wavefront-guided ablations.

est learning opportunities, aside from patient care, are a direct result of my interactions with bright, well-informed and motivated technical people working at companies that provide the products I use. The relationship between physician and engineer or physician and field-service technician is a critical one, which has been very gratifying for me from an educational standpoint, over the years.

For me, the primary motivators to do business with any company are not specific to ophthalmology, but are consistent across a broad range of professions. The company must have a great product absolutely on par with or ideally better than whatever else is available. It must have technical support that is consistently responsive and informative. Part of this formula includes knowing who the customer is—quite literally—by name. It can be deflating for a physician to do business with a company, and have a person in that company leave or change positions, and put the onus on the physician to essentially reintroduce him- or herself and the practice to that person's replacement. It is no different than a former patient calling a doctor's office and being received as a total stranger, as if prior interactions were irrelevant. Finally, there must be a dedicated sales force behind a product to serve as a secondary bridge between the product and patient.

### Brian S. Biesman, MD

[www.drbiesman.com](http://www.drbiesman.com)

Director, Nashville Centre for Laser  
and Facial Surgery  
Nashville



Ultimately, I look for stability and integrity. How long has the company been around? What is its reputation? I like a company that presents all the information that you need to know rather than just the things that you want to hear. For instance, some devices have a 1- or 2-year warranty, but then there is an annual \$20,000 service contract

The speed of this laser is astonishing, which translates into greater comfort for patients, smoother beds, and faster visual recovery; and the flexibility of this system and the parameters that can be adjusted allow for a truly customized flap for each patient.” These parameters, he explains, include but are not limited to the ability to adjust the angle of the side cut beyond 90°, flap thickness, flap diameter, hinge position and length, as well as the actual shape of the flap itself—oval versus round. “The result of all of this has changed my preoperative consultation process, the way my staff and I prepare

that they conveniently forgot to mention. Then, you get a bill for a service contract that you did not know was coming.

### Robert J. Weinstock, MD

● [www.eyespecialist.com](http://www.eyespecialist.com)

Cataract and Refractive Surgeon  
The Eye Institute of West Florida  
Largo, Florida



The relationships with the vendors are very important. Physicians cannot be pushed into doing anything. They need to make the decisions on their own. Some physicians are concerned about how a device is going to affect patient flow and how the device is going to integrate into the practice. Others are more concerned about what the financial ramifications are, what the payment structure will be, and how this will work from a cash flow perspective. Still others are concerned purely with the science and need to be sure that the scientific data are there. The companies need to make sure that they can provide whatever the physician needs in terms of information on all of those fronts so that the physician can feel comfortable engaging in the new technology.

The more that these companies can make it a win-win for the patient, the physician, and the company, the more successful they will be. First, it has to be well proven that the equipment is going to benefit patients and outcomes; second it is going to have to benefit the physician and the practice; and third, it should therefore then benefit the company that is selling the device. If the company does not have that in the right order, in my opinion, they are not going to be successful.”

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patients for the day following surgery, the way we administer steroids, and the way we conduct long-term follow-up,” he adds.

There is always something on the horizon, and long-term planning of future purchases comes down to careful evaluation of research and development. “I am currently very closely watching the development of corneal cross-linking, specifically with respect to the future role it will play in laser vision correction,” says Dr. Coleman. “As a therapeutic modality, it undoubtedly will have a significant impact, but where it will fit in relative to routine LASIK is being hotly debated and remains to be seen.” The issues that are being studied most closely include surgical technique regarding the epithelium, the concentration of riboflavin, duration of exposure and postoperative treatment regimen, among other things, he said. “As these issues are clarified, my sense is that the procedure overall will gently slide into its appropriate position in the armamentarium of ophthalmic surgeons.”

Cataract and refractive surgeon Cary M. Silverman gave the thumbs up to a femtosecond cataract laser recently himself after growing somewhat impatient with indecisiveness among his 19 partners at Eye Care 20/20, an ambulatory surgery center (ASC) in East Hanover, New Jersey. “I feel it is important for our center to be the first in New Jersey to have this technology, so I offered to purchase the laser and place it in our ASC. I went to the American Academy of Ophthalmology meeting, evaluated all approved femtosecond lasers and decided on the Catalys [● [www.optimedica.com/catalys-overview](http://www.optimedica.com/catalys-overview); OptiMedica Corporation]. I put a deposit on the unit and expect to finalize finances very soon. All this has happened in 3 weeks; there is no way this could have been achieved so quickly by a committee of 20,” he says. At press time, his goal was to have the laser on site by the start of 2013.\*

### LOW TECH BUT HIGH PRIORITY

Ironically, very soon after making a decision to move forward with what is probably one of the largest—if not the largest capital investment an eye surgery center can make—a minor piece of equipment proved just how necessary it really is. After Superstorm Sandy, which was close enough to leave Eye Care 20/20 without electricity for 8 days, but far enough away to spare the ASC structural damage, Dr. Silverman said, “If we had a generator, we would have been able to function seamlessly. Instead, all we had was a few days worth of charts to take home with us. We called patients from our homes to tell them their procedures would have to be postponed until we had

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“Our devices and equipment are support systems. We surgeons need the skills to satisfy our patients, but it’s the equipment that allows us to deliver what we promise.”

—Cary M. Silverman, MD

electricity restored. A generator is the very next piece of equipment that I plan to buy.”

Although part of the reason Dr. Silverman moved ahead with the new laser purchase was because he wanted to be the first in the market to offer the cutting-edge technology, he says that equipment acquisition decisions are about more than keeping

one step ahead of the competition. “Our devices and equipment are a support system,” he says. “We surgeons need the skills to satisfy our patients, but it’s the equipment that allows us to deliver what we promise.” ■

*\*Addendum: Premium Practice Today received late word from Dr. Silverman that the laser should have already been installed; however, the lawyers have gotten involved and the deal has been held up. “Looks like the quick decision may still require a committee of 20!”*

*Stephen C. Coleman, MD, acknowledged no financial interest in the product or company he mentioned. Dr. Coleman may be reached at (505) 821-8880; [stephen@colemanvision.com](mailto:stephen@colemanvision.com).*

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