



Best Practices

in Integrated Care

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This ongoing series, to be featured in each issue of *AOC* and its sister publication *CRST*, will clarify how eye care providers can best work together to provide patient-centered care of the highest quality possible. In this first installment, the chief medical editors of *AOC* and *CRST* share their mission statement for this initiative.

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In today's ever-changing world of eye care, the primary providers—ophthalmologists and optometrists alike—must be prepared to work together as a team to deliver the best care possible across a range of patients' needs.

A PERFECT STORM

Currently, we are in a climate of increased specialization and training, and higher patient volumes due to a geriatric demographic boom, at the same time, there are fewer trained eye care providers and decreased reimbursement. This perfect storm almost necessitates sharing eye care responsibilities among a range of providers depending on patients' needs. What we envision, however, is something much greater than cooperation forced out of need.

Well-established practice patterns that involve informed consent, the delineation of responsibilities, and clear communication are critical and mandatory for the model to work. Collaborative care, referred to as *comanagement* in the past, more recently has been termed *integrated care*. Across the country, ophthalmologists and optometrists have developed a model of shared patient care that allows each specialty to concentrate on what it does best.

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Collaboration can improve outcomes, patients' experiences, and the efficiency of services provided. Looking past tradition and conventional patient care models, however, is a critical step in understanding the potential of shared care. Providing optimal patient care will serve as our compass in meshing the unique capabilities of each profession into a patient care delivery model that is unrivaled in health care. The combined reach and patient care capabilities of optometry and ophthalmology working together will ensure the greatest possible impact on public health.



Dr. Weinstock (left) discusses shared care with Priti B. Panchal, OD. See more at eyetubeod.com/series/best-practices-integrated-care.

Cataract surgery represents one of the most established arenas in which the integrated model has proven successful. Now, more evolved providers are expanding the shared care model into eyelid surgery, diabetic eye care, corneal disease monitoring/treatment, and YAG capsulotomy treatments, for example. From preoperative patient selection to postoperative management, the continued goal is the creation of an infrastructure that puts the patient's visual needs and outcome at the top of the priority list, followed by the eye care provider's success and efficiency of eye care delivery. The fast-paced rate at which new technologies and new solutions become available underscores the importance of an educated patient, and caregivers can join forces to accomplish this task. For all medical and surgical treatments, the common denominator is the health of the ocular surface. To achieve the best outcomes for our patients, we have to prioritize its optimization.

This joint care model will continue to find success in busy demographic regions where providers can rely on each other to share the responsibility of patients' growing needs, and continue to practice medicine at the apex of their skill set. We are up against a century of professional segregation. Every one of us has an opportunity to contribute to the most significant interprofessional change that each of our disciplines has ever seen.

COMMUNICATION IS THE KEY

As in any relationship, communication is of the utmost importance and everyone needs to be on the same page, from the patient to the optometrist, to the ophthalmologist, to the primary care provider. Continuous communication via such things as patient portals, phone calls, faxes, and secure direct messaging allows all parties to understand their role in the process. Nonetheless, communication in and of itself is not enough, everyone must be fully engaged in the process.

Patients need to be engaged and understand their role in their personal health. Whatever the diagnosis, treatment, or management protocols given, patients need to understand what the goals are for their disease state. Who do they go to and where? What is their diagnosis? What is the prescribed plan? What role does their compliance and adherence play? Making opportunities easily avail-

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able for patients to connect to their providers and access this information will help improve their care and outcomes.

Optometrists need to be engaged and work closely with the patient and surgeon when indicated. As the primary eye care provider, optometrists provide more than 66% of all eye examinations and 78% of all first-time eye examinations. From the routine vision exams to medical eye care, optometrists play a critical role as the quarterback for their patients' eye and health care. In regard to the integrated practice, educating patients on their condition, available treatment options, who to see for secondary/tertiary eye care, and their role in the perioperative care will help provide optimal patient results. Clearly communicating patient preferences and any specific recommendations for surgery will help the patient and surgeon understand the goals for treatment.

Ophthalmologists need to be engaged throughout this process by letting the patient know that they have received/reviewed the notes and recommendations from the referring provider. Ophthalmologists must make sure patients understand why they are coming to them for a specific procedure, evaluation, consultation and the complementary role the optometrist plays in providing care. In an integrated practice, surgeons should only do what only surgeons can do, such as performing the intricate surgeries and procedures. Joining an integrated team allows them to do that.

CONCLUSION

What are the best practices in integrated eye care? It all comes down to patient-centered care with optometrists and ophthalmologists providing complementary services at the right place and the right time. ■

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*Joe Ellis, OD, EyeCare Associates of Kentucky
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COMMUNICATION IS THE KEY TO QUALITY CARE

BY JAI G. PAREKH, MD, MBA



Integrated care involves four stakeholders: the patient and his or her family, ophthalmologists, optometrists, and primary care providers. The quality of care depends on there being an effective network of communication. This is true whether the patient has diabetes and requires annual eye examinations, has glaucoma and requires three or four visits a year for surveillance, or requires cataract surgery and needs to be educated on emerging technologies.

To provide not only good eye care, but optimal shared care with excellent outcomes, we need to have a structure in place that puts the patient at the center as it guides him or her and the respective caregivers. Many technologies exist to help direct the patient's journey; most are still in discovery mode. In some ways, I am a traditionalist. I feel comfortable with my ability to articulate the prognosis of a patient; therefore, I get on the phone and call my referring doctors. I will call the primary care doctor, especially if there is an emergency, for example, when a patient has a loss of vision, a corneal ulcer, flashes or floaters, or a diabetic retinal bleed. Speaking to the primary care providers, nurse practitioner, optometrist, or other referring doctors is incredibly important. Of course, some providers still use letters—but no one reads them. Letters generated through electronic medical record (EMR) systems are sometimes a lengthy five pages, when really, only a few “punch” lines are needed.

TECHNOLOGY IS THE TOOL

Obviously, technology is very important when it comes to communicating with the rest of the care team. One company that focuses the patient's journey around cataract surgery is Dr. Richard Awdeh's CheckedUp app.

Pingmd is a medical messaging app that claims to be secure, Health Insurance Portability and Accountability Act compliant, fast, and convenient. Another new company is OcuHub, the brainchild of Barry Barresi, OD; I am the chief integration officer and the system is still in the process of being built. Essentially, it uses cloud-based technology to enable providers to connect with each other and share information regarding patients' care to achieve optimal outcomes in disease management. This collaborative sharing of information via portals can enhance the quality of care in patients with diabetes or glaucoma, those who need refractive or cataract surgery, or who have retinal disease.

It is important to remember that EMR is only a tool. There may be some modalities available in these systems that can enhance communication among integrated care providers, but the problem is that one practice's EMR might not speak to another practice's EMR. In a hospital setting, the communication is much easier because everyone is under one roof. When you consider

OCUHUB

OcuHub is a single system that can help “effectively and efficiently grow the practice, retain existing patients, and acquire new patients.” According to the website, OcuHub allows eye care professionals to securely and easily share information with other professionals involved in a patient's care. OcuHub's shared-care platform is web based, with no software or hardware to purchase. It features selectable Single Sign On subscription-based applications that enhance practice workflows. OcuHub enables users to protect access to patients covered by new payment systems and accountable care organizations.

CHECKEDUP

CheckedUp's mobile health care app has two different interfaces—one for patients and one for doctors. Dr. Awdeh says he and his colleagues work directly with their medical advisory board to create medically accurate information on conditions and treatments. This content is then available to doctors, who choose which information each patient sees, according to his or her personal medical history and condition.

Patients can then make informed decisions regarding their surgeries, medications, and treatment options, while simultaneously reducing their anxiety levels. The patient-facing interface assists them in preparing for procedures, communicating preferences with their doctor, and sharing information with their families or caregivers. Patients can also receive medication and appointment reminders as well as coupons and vouchers from the convenience of their computer, tablet, or phone.

The platform extends the doctor-patient relationship beyond office walls. CheckedUp empowers patients through educational content customized for them and their procedure by their doctor so that they can become advocates for their treatment preferences. It takes advantage of the high rates of mobile adoption among doctors and patients and aims to strengthen the relationship between them, according to the website.

CheckedUp helps doctors overcome communication challenges (time, influx of patients, etc.) by ensuring that by the time patients gets in the office chair, they are able to have a more meaningful conversation. The platform also allows patients to integrate families into their treatment plans. With access to information and medical alerts from home, patients have a greater chance of medication adherence and, thus, better health outcomes.

instances when ophthalmologists and optometrists need to speak with other specialists outside eye care, then they have to integrate into the bigger picture. I think cloud-based technology is definitely the only way to go.

Today, I assure you, we have only seen the tip of the iceberg in terms of the integration of care around the eye patient. There will be much more technology coming out that will link these integrated care providers. Connecting eye care with primary care is really the biggest part of the puzzle. Consider the epidemic of diabetes that continues to grow by leaps and bounds. We are doing a horrible job as a nation in terms of ensuring that diabetic patients receive the standard eye care, in regard to prevention and sometimes even intervention, that they need. The same can be said of glaucoma care in some parts of the country. If we can catch conditions sooner, we can intervene earlier and help alter the disease curve.

As far as the best way to communicate among providers in the shared care model, I think we are 2 to 3 years away from having a really good system; no one technology has it perfect yet. The technology also needs to be studied retrospectively and prospectively to ensure that the patients are receiving the best integrated eye care and outcomes possible.

THE FUTURE: WEARABLE GADGETS

The role of wearable gadgets will dramatically increase. This technology is being used in the management of congestive heart failure, for example. Wearable gad-

gets can help patients with control of their salt intake, dietary choices, and weight management. Gadgets put the patient in control as well, and show him or her the importance of compliance. Early data show that in certain parts of the country, congestive heart failure admission rates are going down because of integrated care that includes the nurse practitioner, cardiologist, internist, patient and family, and wearable gadgets. We need something like this for eye care. We will get there with the hard work of the innovators and entrepreneurs who are working to bring some of this technology to the eye care platform.

CONCLUSION

Eventually, we will all be measured by our outcomes, and we will be paid based on good results. When that happens, there will be more competition, and capitalism and entrepreneurship in eye care will lead to much better outcomes in integrated eye care. ■

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