

Improving Patients' Care and Outcomes in 2012

BY WILLIAM I. BOND, MD; NANCY A. TANCHEL, MD; JOHN A. VUKICH, MD;
AND JEFFREY C. WHITSETT, MD

As we start the new year, to which problems would you like to see a solution provided so that you can improve patients' care and outcomes in your practice?

WILLIAM I. BOND, MD

I would like to see a huge improvement in the FDA approval process so US ophthalmologists may have timely access to new technology rather than the out-of-control boondoggle we now have. I would like to see a return to sane Medicare reimbursement, beginning with a once-and-for-all abolition of the prohibitive 29.5% fee cut, a perpetual Damocles' sword as we try to do business and plan overhead. I would like to see physicians able to balance bill, so a true free market can regulate our charges rather than arbitrary governmental decree.

There is a need for genuine tort reform, which would protect patients and responsible physicians from the capricious and predatory legal system that we now have. I would like there to be a freeze on the implementation of electronic medical records so that they can actually improve office flow and patients' care instead of being a burden and a chore. For patients, I think that solutions to presbyopia would be ever so nice.

NANCY A. TANCHEL, MD

In order to improve care and offer the best for patients, I would like to see two things happen. First, the FDA approval process needs to be reorganized so

that it provides for patients' safety, not the bureaucratic, crony-driven, political morass that exists today. The current process has caused the United States to become a third world country in providing advanced medical care. A new process will allow physicians to provide the highest level of care in the United States without having to send patients to other countries for the best treatment options.

Second, in order to incentivize patients to get involved in their own care and to stop physicians from being government subcontractor drones, balanced billing needs to be allowed by the Centers for Medicare & Medicaid Services. The government should guarantee a minimum level of care for all, but it clearly cannot support the socialist system that seems to be taking hold today. Many advanced treatment options are elective and expensive. Patients should be able to make choices for themselves and pay extra for upgraded products and services from the best physicians.

JOHN A. VUKICH, MD

Accurate IOL power calculations in eyes that have undergone refractive surgery continue to be a challenge. The American Society of Cataract and Refractive Surgery's Web site, as developed by Warren Hill, MD, and Douglas Koch, MD, has helped tremendously. However, we still encounter patients who have had one or more enhancements, often by different techniques. These patients are the ones who commonly seek premium-channel cataract surgery and are also the very same patients in whom we can be least confident of the IOL power selection. One of the important next steps in the evolution of cataract surgery will be the development of IOL formulas that utilize direct measurements of effective lens posi-

tions in addition to accurate corneal power measurements.

JEFFREY C. WHITSETT, MD

I would like to see an improved ability to define true refractive corneal power more consistently in patients who have undergone refractive surgery. This information, along with a more accurate prediction of the final effective lens position, will allow us to better serve baby boomers who desire their best possible vision. ■

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