

CREATING A PREMIUM PRACTICE

Using the most advanced technologies available allows physicians to provide the best results for their patients.

BY BRET FISHER, MD



Patients' expectations have changed over the past several years with regard to what types of services and care they receive from their physicians. Patients have higher expectations of doctors' ability to help them see better, feel better, use their vision better, and live their lives in a way that is consistent with their activities. Our practice was built to meet these expectations.

FULL-SERVICE PREMIUM CLINIC

Our main office, the Eye Center of North Florida, is located in Panama City, Florida, and is a full-service premium clinic. Our facility includes an optical center, a contact lens department, an on-site surgery center, a clinical research department, and a very active diabetes management group. On staff currently, we have four doctors, five optometrists, two cataract surgeons, one retina specialist, and an occupational therapist, who assists patients with low vision and diabetes. Additionally, we have three satellite offices that mainly provide primary care services.

Part of what constitutes a premium practice is the ability to address patients' current, elevated expectations and offer a full range of solutions for all types of visual needs. More and more, patients expect practices to be on the cutting edge of new technology.

IMPLEMENTING ADVANCED TECHNOLOGY

Using the newest, most advanced premium technologies available today helps physicians to provide the best and most accurate results for their patients. Although it is possible to give excellent care without the latest and greatest technologies, I believe physicians can do a better job with them, especially as the capabilities continue to evolve.

We employ many premium technologies in our practice. For us, devices such as the femtosecond laser greatly increase the accuracy of cataract surgeries. In terms of premium IOLs, we have used most of the available lenses, including toric and multifocal designs, since they were approved for use. Additionally, intraoperative aberrometry with the ORA system (Alcon) has greatly enhanced our ability to provide accurate results for our patients in terms of spherical equivalent outcome with the lens chosen and also astigmatic control and measurement. I find

this device essential for patients receiving toric and multifocal implants, for which accurate and appropriate spherical equivalent results are critical.

Likewise, we have enhanced our results by using Alcon's Verion system. Its ability to perform preoperative measurements, data transfer and outcomes analysis, surgical alignment, and pupillary tracking, as well as a number of other features allows us to truly provide premium care by improving our processes and helping us ensure the best possible outcomes.

OCULAR SURFACE CONSIDERATIONS

In terms of dry eye disease, we offer a variety of solutions to optimize the ocular surface, stabilize the tear film, promote healing from surgery, and minimize postoperative dryness. The TearLab Osmolarity System (TearLab) identifies dry eye patients and helps us track their progress once on therapy. TearScience's LipiView Ocular Surface Interferometer evaluates the meibomian glands and tear film, and we have found that treatment with the company's LipiFlow Thermal Pulsation System can improve patients' healing and outcomes after premium procedures. Optimizing the ocular surface is especially important with respect to the optics of multifocal lenses, because it is critical to have a healthy tear film and ocular surface for the best-quality outcomes.

The health of the ocular surface also plays a role in LASIK, and we have found that using advanced technologies enhances outcomes for these patients as well. Because the goal is to have the aqueous component of the tear film be robust, we prescribe Restasis (cyclosporine ophthalmic emulsion 0.05%; Allergan) routinely for our patients with dry eye disease who are considering refractive surgery or premium lens implants. This is all part of a comprehensive, multifaceted approach to optimizing the tear film.

CONVENIENCE TRANSLATES INTO IMPROVED EXPERIENCE

Another component of a premium practice is offering patients greater convenience. To this end, we provide our patients with a transzonular injection of Tri-Moxi (triamcinolone acetonide and moxifloxacin hydrochloride; Imprimis Pharmaceuticals) during cataract surgery. Droplax cataract

surgery has had a tremendous impact on our practice by making adherence to postoperative medical therapy a nonissue and, at the same time, improving patients' overall experience by reducing or eliminating the hassle of drops as well as the associated out-of-pocket expense.

We also offer Imprimis' proprietary combination eye drops for LASIK patients. Similar to dropless cataract surgeries, the LessDrops approach allows our LASIK patients the convenience of reducing the number of their postprocedural topical drops by half. We include Pred-Moxi (prednisolone acetate and moxifloxacin hydrochloride) as part of the LASIK package, relieving patients of the additional expense for medication. Compliance becomes less of a concern, because patients only need to use their drops half as often each day compared to traditional drop therapy.

EDUCATING PATIENTS

For patients who choose procedures covered by insurance, it is still advisable to educate them on the options available to improve their vision before they make a final decision. This can be facilitated by questionnaires, videos, informational pamphlets, and consultations prior to any procedure. The patient's interests or desired outcome after surgery can help guide the discussion. I want all my patients to have as good an understanding as possible of what options there are before they decide what route is best for them.

CUSTOMER SERVICE

Perhaps the hallmark of a premium practice is its attention to customer service. Patients who are considering paying out of pocket for upgraded solutions or surgical options have a reasonable expectation to receive excellent customer service. Most premium practices spend a great deal of time looking at customer service and enhancing patients' overall experiences in terms of waiting times, accessibility to physicians, responding to patients' concerns, and education. One physician, Steven Scoper, MD, in Virginia Beach, Virginia, has even gone so far as to have personnel from the Ritz Carlton Hotel train his staff in hospitality and superior customer service. This is an excellent example of what a premium practice means.

Collecting data, both objective and subjective, within a practice and modifying behaviors and techniques based on the results are another hallmark of a premium practice. Physicians should assess their results over time and perform internal quality measurements on an ongoing basis. Optimizing surgical procedures and gathering internal data can help achieve the most accurate results, as can surveying patients to judge their satisfaction and making adjustments based on that criterion.

BARRIERS FOR DOCTORS WHEN ADAPTING TO A PREMIUM PRACTICE

Adopting premium practice technologies is a significant undertaking, and some physicians do find some barriers to this process. One is cost. Frankly, the newest and most advanced

technologies available are often expensive, even for practices that already have the equipment in place. Once acquired, it is necessary to stay abreast of the latest generation of each device and keep everything updated. Ascertaining the return on investment and how much the purchases will help a practice to grow through word of mouth and patients' satisfaction can justify the expense. Even so, costs can be considerable, a daunting prospect for many solo practitioners.

Collaborating with peers who may have the necessary equipment or the ability to make capital purchases is one solution to help offset costs. Other services are available that allow practitioners to use technologies they might not be able to afford otherwise. For instance, some companies offer roll-on/roll-off access to femtosecond and excimer lasers so there is no initial capital investment, and others might allow a trial period before investing.

A second barrier is a lack of understanding of the new technology and why it is important to patients. Surgeons should consider attending national conferences and regional meetings, including the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons meetings, along with dinner talks or other small forums where experienced surgeons share their knowledge of these technologies. These meetings provide opportunities to obtain information about what is available. A lack of understanding does not need to be a barrier if a person is truly interested in discovering new ways of helping patients.

Some may hesitate to form any kind of relationship with manufacturers, but companies can be good sources of information. First and foremost, physicians are patients' advocates, but there are ethical and responsible ways to interact with industry that allow doctors to provide benefits to their patients.

CONCLUSION

The last hurdle for most physicians is simply habit. Changing something that has been successful for years can be difficult, and many question its necessity. Although traditional methods may work well, that does not mean there is no room for improvement. Doctors have a duty to their patients to advance with technology and with the treatments that are becoming available.

I feel physicians must go the extra mile, not only to achieve the best medical results for patients, but also to give them the best overall experience. This is what really sets a premium practice apart. ■

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