

DISCUSSING PREMIUM SURGICAL OPTIONS WITH PATIENTS

A standardized approach makes sure each patient is presented with the available options.

BY GARY WÖRTZ, MD



Ophthalmology has provided me with the opportunity to travel widely. Although some of the places I visited have seemed somewhat familiar, others felt very foreign. From the language to the customs and food, having a good interpreter is essential to enjoying the experience; otherwise, it is pretty easy to feel like a cast member on a bad episode of

Extreme Cuisine or Parts Unknown.

What does travel have to do with counseling patients about premium options for cataract surgery? In many ways, for patients, a cataract consultation is a journey into a foreign country. Optics, implants, lasers, and ultrasound are scary and unfamiliar. Patients desperately need an interpreter to distill the information, options, and opportunities down into an easy-to-understand proposition. We surgeons need to keep that in mind if we are to have the type of conversation that will enable patients to make a decision with confidence.

FOUR PHASES OF PREMIUM CATARACT SURGERY COMMUNICATION

Phase No. 1 Prime the Conversation

Patients referred to your practice must have access to the right information before they arrive. This is typically accomplished through a physical brochure and the information on your website. It is difficult to discuss visual goals with a patient who is surprised by his or her options. Getting referring optometrists involved in the conversation before the referral can be especially helpful, because they can give the patient some perspectives on the choices.

Date _____ Name _____

Cataract and Refractive Lens Exchange Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?
Distance vision (driving, golf, tennis, other sports, watching TV)
 Prefer no **Distance** glasses. I wouldn't mind wearing **Distance** glasses.
Mid-range vision (computer, menus, price tags, cooking, board games, items on a shelf)
 Prefer no **Mid-range** glasses. I wouldn't mind wearing **Mid-range** glasses.
Near vision (reading books, newspapers, magazines, detailed handwork)
 Prefer no **Near** glasses. I wouldn't mind wearing **Near** glasses.

2. Please check the **single** statement that best describes you in terms of **night vision**:
 a. Night vision is extremely important to me, and I require the best possible quality night vision.
 b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
 c. Night vision is not particularly important to me.

3. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses? **Distance Vision.** **Mid-range Vision.** **Near Vision.**

4. If you could have good **Distance Vision during the day without glasses**, and good **Near Vision for reading without glasses**, but the compromise was that you might see some **halos or rings** around lights at night, would you like that option? Yes No

5. If you could have good **Distance vision during the day and night** without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? Yes No

6. Surgery to reduce or eliminate your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract that is covered by insurance. Would you be interested in learning more about this option?
 Yes No Maybe, it depends on how much is covered by insurance.

7. Please place an "X" on the following scale to describe your personality as best you can:
 [-----]-----
 Easy going Perfectionist

Please Sign Here

Figure. Dell questionnaire.

Phase No.

2

The Surgical Counseling Program

Surgical counselors are key to a successful premium cataract practice. At our practice, the surgical counselors talk to every potential cataract patient about the surgical options, including their costs. This approach takes some of the awkwardness out of the conversation with the patient in the lane. We also use a video to explain the basics of cataract surgery, which serves to reinforce the information about the procedural choices. This standardized approach ensures that each patient is at least presented with the options that are available.

Phase No.

3

Analyze Your Patient's Preferences

It is impossible to recommend a dish if you do not understand the person's taste preferences. Some people like spicy and savory flavors, whereas others enjoy sweet and sour. The same is true for vision after cataract surgery. It is important to understand the daily tasks, profession, and visual priorities of each patient prior to making a recommendation. Incorporating a standardized form like the Dell Questionnaire (Figure) can be quite helpful. If the patient is new to the practice, it is also important to listen to the referring optometrist for insight, history, and even recommendations.

Phase No.

4

Discuss the Three Best Options, and Make a Recommendation

Medical ethics rightly dictates that patients take charge of their own health care decisions. Those who are educated on their options, however, benefit from the forthright recommendations of their physicians. Therefore, I begin with a high-level discussion of different options based on the patient's particular situation. I describe both the quality and quantity of vision each surgical option can provide, with the assumption that every patient would like to enjoy as much of both as I can provide given preferences and individual budgets.

Armed with the information about the patient's visual needs and biometry, I typically feel comfortable making a recommendation of the "good, better, and best" options.

We surgeons must always put the needs of our patients above our own and make the type of recommendation we



AT A GLANCE

- Think of yourself as your patients' travel guide when it comes to discussing premium cataract surgical options.
- By following the four phases of education outlined herein, you can ensure that patients have the detailed information that they need to make a decision that will affect the rest of their lives.
- Better-informed patients are likely to have better outcomes.

would for our own family members, free of any financial conflict of interest. This is an extremely high bar of professionalism that should never be crossed. We need to explain the potential for visual complications with each modality, especially when higher-cost options may carry a greater chance of causing unwanted symptoms and requiring postoperative enhancement procedures: "Mrs. Jones, just like a Ferrari, high-performance lenses can require more maintenance."

" Armed with the information about the patient's visual needs and biometry, I typically feel comfortable making a recommendation."

CONCLUSION

Patients do best when we can leverage our clinical acumen to make excellent personalized recommendations and our surgical skills to deliver the goods. We must remember to frame the information much like an interpreter, however, because our patients are making a decision that will affect the way they experience the world for the rest of their lives. When we act as educators, advocates, and interpreters, our patients get the information they need from a source they can trust. ■

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