

EMERGING TECHNIQUES MEET CONTINUITY OF CARE

A focus on consistent branding and infrastructure helps keep Bowden Eye & Associates among the MVPs of South Florida's ophthalmic practices.

BY ROCHELLE NATALONI, SENIOR STAFF WRITER

When the Jacksonville Jaguars advanced to the AFC Championship football game earlier this year, team ophthalmologist Frank W. Bowden III, MD, FACS, was right there with them (Figure 1). Dr. Bowden has been caring for the team's routine and trauma-related ophthalmic needs since its inception in 1993. His relationship with the Jaguars was a result of having performed surgery on the mother of the team physician; her excellent experience and outcome inspired the invitation for Dr. Bowden to care for the ophthalmic needs of the players and coaches. To repair a ruptured cornea and then see that player on the field playing in a championship game is quite an experience and one that Dr. Bowden relishes, along with having the occasional opportunity to travel with the team to their away games.

His involvement with the Jaguars transcends his love of the game and dedication to the team; it is reflective of the generational care that is an increasingly crucial part of Bowden Eye & Associates' growth and success. Dr. Bowden says he is seeing more instances in which a patient presents saying that his or her parents were previously cared for by Dr. Bowden or even that Dr. Bowden had treated that patient as an infant.

"For example, a young woman came in recently and showed me a photograph of me holding her after doing her corneal transplant when she

was 6 months old. She was heading off to college, and we took another photograph together. Those experiences are so rewarding, and that lifelong care and continuity of care from one generation to the next is going to be what secures this practice's future," he said.

Dr. Bowden says he made a conscious decision to have the kind of practice that allows continuity of care. "There are some surgeons who do one or two procedures; they treat patients and send them away never to see them again. That's a model that works and is viable, but it is not for me," he explained. "In medicine, you should have a career that matches your personality. I am a social person; I like to engage with patients and enjoy a long-term relationship with those patients. That is a rewarding part of my professional life. For a person like me, at this stage of my career, to still be energized and look forward to going to work every day is a real blessing."

LABOR OF LOVE

The practice's success is founded on lessons learned and strategic planning. Dr. Bowden was once a partner in a group practice that dissolved, in part, because the key stakeholders were at cross purposes. "They each wanted to do their own thing, and that doesn't work in the long run," he recalled.

Dr. Bowden applied the lessons learned from that experience in founding Bowden Eye & Associates, in 1999, in Jacksonville, Florida (Figure 2). His

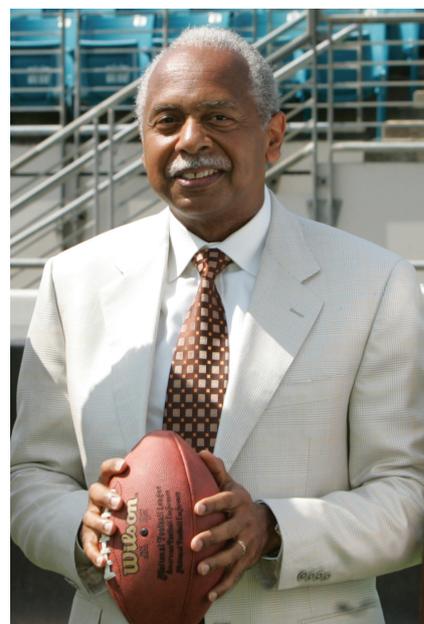


Figure 1. Dr. Bowden, Jacksonville Jaguars team ophthalmologist, holds one of the team's footballs (top). EverBank Field, home of the Jaguars, features Bowden Eye & Associates' "Closer Look" marketing campaign messaging (bottom).

objective for the eponymous endeavor was to bring together like-minded physicians who would work toward common goals to benefit the group, their

patients, and the staff. Dr. Bowden's passions include investing in innovative technologies, enthusiastically exploring the latest techniques, and continually improving a surgical skillset that spans several subspecialties. He is not, however, keen on getting involved in the nitty gritty of daily management. For that aspect of Bowden Eye & Associates, he relies on practice administrator, Patti Barkey, COE, OCS. "When we first started this practice, we made a pact that has worked out well," Dr. Bowden said. "I told Patti I only want to do those things in the practice that require a medical degree, and I said that if she would handle all the rest we could have a long, productive future. That was almost 20 years ago."

Ms. Barkey describes the practice as a labor of love that they developed with a shared spirit of building a best-in-class practice that would be widely recognized as a place that provides the latest in eye care and the best outcomes to the surrounding community. "It has been critical to have a trusting relationship with our practice administrator," stressed Dr. Bowden. "Patti basically functions as a business partner; she navigates the various attorneys and accountants and industry representatives, and she runs interference so that I can focus my time and energy on patient care, which I love so much," he said. "Patti has continued to grow and represents us in the industry well. She is currently serving an elected position on the ASOA Board of Directors, along with being on faculty for several educational programs," he said.

COMPREHENSIVE CARE

Bowden Eye is a comprehensive practice that provides surgical services encompassing cataract, refractive, cornea, glaucoma, and oculoplastics, as well as dry eye management, aesthetics, hearing screening, and routine eye care.

The practice, with four locations in the Jacksonville area and a nearby ambulatory surgery center (ASC), is home to three fellowship-trained surgeons, six optometrists, and an

DRY EYE UNIVERSITY

Bowden Eye & Associates had a large ocular surface disease patient population, and treating these patients is rewarding in more ways than one. Frank W. Bowden, III, MD, FACS, enjoys knowing that he can improve the outcomes of his surgical patients if he diagnoses their dry eye disease (DED) and optimizes their corneal surface preoperatively, and administrator Patti Barkey, CEO, COE, OCS, finds it gratifying that the practice is able to implement emerging interventions in a way that has transformed dry eye management into a profit center.

"Practices today have the good fortune to have access to an arsenal of awesome diagnostic tools, products, therapies, and medications that even 5 years ago didn't exist," Ms. Barkey says.

Vendors in the dry eye space took notice of the practice's strides within the subspecialty and began to send other ophthalmologists and ophthalmic administrators to Bowden Eye to learn how to effectively and profitably implement dry eye diagnostic and treatment products into everyday clinical use. Ms. Barkey saw the writing on the wall: DED patients needed help, and practices needed help learning how to address the needs of this notoriously undertreated group, and Bowden Eye could provide that help. Dry Eye University (www.dryeyeuniversity.com) was born.

optical dispensary. "We embraced an integrated eye care model before it became fashionable because we recognized the important ancillary role that optometry could play," Ms. Barkey said. "This has worked well for the practice and our patients. Although we offer optical and optometry, we still get referrals for specialty surgical and dry eye care from local eye care providers."

Ms. Barkey started out as an optician and has been in the eye care field for 38 years. One area where her insight and strategic thinking has made a major impact is in ocular surface disease. She has been integral to Bowden Eye's development of a dry eye educational program (see *Dry Eye University*) and is sometimes—perhaps tongue-in-cheek—referred to as the *Dry Eye Queen*.

"Having taken the lead in the development of a dry eye standard within our practice we achieved success very early," says Ms. Barkey. "My anecdotal observations suggest that only 3% to 5% of eye care practices actively participate in the diagnosing and treatment of DED. We as an industry haven't done well by this large segment of patients. Dry Eye University was created as a way to give back in an area that had drastic need," she says.

Dry Eye University will host its 10th program in June. "The program has had the good fortune to have hosted practices from every state, as well as international practices from Puerto Rico, Ireland, Canada, France, and Australia," Ms. Barkey says.

The course, held in Orlando this year, runs for about 12 hours with an agenda that encompasses:

- Defining the components of DED;
- Defining the available options for diagnosing and treating DED; and
- Developing DED flow, process, and a practice standard of care.

"Our hope," Ms. Barkey says, "is that one day every dry eye patient will have their symptoms heard instead of dismissed, and that practices will adopt the new technology that allows these patients to get relief and a better quality of vision and life."

"When we first started that initiative, we had about 25 participating providers and a handful of industry representatives. Over the past 3 years, provider attendance has more than quadrupled,



Figure 2. Bowden Eye & Associates front desk.

and all of the dry eye disease industry stakeholders take part as well,” she said.

In an interview with *CRST*, Dr. Bowden and Ms. Barkey discuss the steady growth of Bowden Eye & Associates, its branding as the go-to place for innovative techniques, and their seamless and synergistic professional pairing.

***CRST:* How has your training and career experience brought you to the point where you are overseeing a practice with four locations and an ASC?**

Dr. Bowden: I did fellowship training in cornea and external diseases at Wills Eye Hospital in Philadelphia back



in the 1980s and then had an exceptional training experience at the US Naval Hospital in San Diego. When I came to Jacksonville, I was one of two cornea specialists in town and became busy doing more than 100 transplants a year.

We have evolved over the years to provide the latest offerings, and today something that distinguishes our practice from others in the area is that I have embraced the newest microinvasive glaucoma surgery procedures, and that complements our refractive, cornea, and cataract surgery offerings. In my training, I started out doing penetrating corneal transplants and have evolved into lamellar corneal transplants and then embraced Descemet stripping endothelial keratoplasty a decade ago, and I am now doing Descemet membrane endothelial keratoplasty. It’s challenging and fun to embrace these new procedures that provide better outcomes and make life easier for our patients. To have a corneal transplant patient ultimately have functional vision without glasses is a thrill.

***CRST:* How has having an integrated eye care model helped your practice?**

Dr. Bowden: We utilize optometrists to provide the comprehensive care that I no longer embrace, and it frees up



Figure 3. During one recent staff meeting, attendees wore Minion masks.

more of my time for specialty care and the services that I enjoy.

***CRST:* How is Bowden Eye & Associates doing in terms of growth?**

Ms. Barkey: We have yet to have 2 years in a row that were the same, as far as measuring growth. We continue to upgrade and invest in technology so that we can broaden the services we are able to provide to our patients. We enjoy a stable 5% to 10% growth in our new patient following each year. Our goal is to keep each one of those patients happy so that they bring in their families and friends, whether it be for surgical or routine care.



***CRST:* What would you say is integral to Bowden Eye’s success?**

Ms. Barkey: Our success stems from focusing on and strengthening the infrastructure of the practice. We look at every detail of the patient experience. We dwell on the details instead of pretending that issues don’t exist, and we fix the faults. We recognize that a good consultant can fix anything—but only if we listen, evaluate the advice, and act. We value our staff, and we institute measures that make our employees want to come to work. We all benefit from the fact that our staff is second to none and enjoys having fun together (Figure 3; <http://bit.ly/bowdenvideo>).

***CRST:* Does the practice have unique strategies in place that help to maintain its status as a market leader?**

Ms. Barkey: We make a continual effort to brand ourselves as the go-to place for the latest in care. Stepping out of the box has been an interesting process; it is a path that can have some bumpy terrain. Not all patients embrace the modern medical practice. Some older patients have never been to a practice that allowed them to purchase eye care products as they check out. Some love the convenience, and others seem taken back.

We continue to educate our patients about how this provides a benefit to them.

***CRST:* What makes the practice unique?**

Ms. Barkey: Giving back is a major part of our practice development. Dr. Bowden; Jerry Robben, OD; Sarah

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Darbandi, MD; and I all lecture and participate in local philanthropic endeavors. We have staff members who take pride in knowing that our leadership is respected in the outside community. We are proud to have two COEs in our practice and encourage our many COAs and COTs to rise to the next level. We never stop learning or sharing to make ourselves better.

CRST: What has been paramount to practice growth?

Ms. Barkey: We focus on developing an infrastructure and culture that stresses consistency. For instance, all of our providers follow the same standards of care, so, when a staff member responds to a question about postoperative medications, there is no need to check which doctor performed the surgery because they all follow the same routine.

I tell our staff this: If you worked at McDonald's, you would know what goes on a cheeseburger; the same ingredients would go on the cheeseburger whether the McDonald's was in Jacksonville or Miami. We emphasize that if a patient goes to Bowden Eye on the North Side or to Bowden Eye on the South Side, he or she should not be able to detect any difference. Developing consistency is part of our whole branding process. If you brand

appropriately, the practice should have the same feel no matter what part of town it is in.

CRST: What's next for Bowden Eye?

Dr. Bowden: We are working on deeper involvement in the research and development area. We are well equipped with diagnostic tools and patient volume to provide lots of contributions to the space. We are looking toward an additional location in the next year or so. Venture capital investors have expressed interest in us, but our hope is to continue to personally develop the Bowden Eye & Associates legacy and keep it strong for many years to come.

CRST: What makes your practice special?

Dr. Bowden: I think the wide variety of specialty and subspecialty services under one roof makes us a convenient and attractive option. It reduces fragmentation of care and allows consistent messaging to patients. We provide the kind of a patient-centered approach that helps patients to feel that we genuinely care about their problem. We take the time to help them understand the nature of their problem and how we are trying to manage it, and we do so in a way that makes sense to them.

Sometimes I find that patients coming from other practices are actually taken aback by the fact that we talked with them—that they are not just a number, not just another case.

CRST: What are some challenges that the practice has successfully faced?

Ms. Barkey: This past year, we lost a beloved physician due to a brain tumor. Breno da Rocha Lima, MD, was a double fellow specializing in medical retina and uveitis. Over 3-plus years, he developed a following of devoted patients. This was a challenge and one that we hope never to face again. He loved his position at Bowden Eye and had just become a minor partner when he was diagnosed. He is still missed and will always ultimately be a part of the culture of our practice. ■

FRANK W. BOWDEN III, MD, FACS

- Private practice, Medical Director, Bowden Eye & Associates, Jacksonville, Florida
- fbowden3@hotmail.com
- Financial disclosure: None

PATTI BARKEY, COE, OCS

- Practice Administrator/Chief Executive Officer, Bowden Eye & Associates, Jacksonville, Florida
- pattibarkey@hotmail.com
- Financial disclosure: None