

One-Stop SHOPPING



Discussing
elective
procedures
with patients.



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- Financial disclosure: None

I opened my practice 22 years ago. It includes a professional corporation that has contracts with insurance providers and an S corporation that handles fee-for-service revenue. Collectively, these two corporations are known as NewView Eye Center. I incorporated ophthalmology, optometry, and opticianry into the business so that individuals seeking laser vision correction (LVC) can become long-term patients and refer their family members, colleagues, and friends for their eye care needs, including elective services.

GAUGING INTEREST FROM DAY 1

At their first visit to my office, patients receive a welcome sheet (Figure 1) that asks if they are interested in learning about the elective services we offer, including LVC, laser cataract surgery with what we call *lifestyle implants*, eyelid surgery, dermal fillers and neuromodulators, laser floater removal, and specialty contact lenses (eg, multifocal, hybrid, scleral, colored, toric). Patients are asked to circle the one(s) they would like to discuss, and the front desk staff shares

this information with the practice's technicians and the doctor by placing this page on top of the patient's file.

Laser vision correction. If a patient expresses interest in LVC, a technician performs a free consultation during the initial visit that consists of a questionnaire (Figure 2), autorefractometry with keratometry, a check of their glasses prescription to determine if a large change is identified, and tomography. The doctor then reviews the results and counsels the patient regarding their eligibility for LVC. Based on the discussion, written information on LASIK, PRK, and/or epi-LASIK is given to the patient, who meets with a scheduler to discuss any remaining questions and schedule the procedure if the patient is interested in moving forward.

Many patients who see my practice's optometrist for contact lenses or glasses have expressed interest in LVC and scheduled surgery during their visit.

Lifestyle implants. I find that patients with a history of LVC are particularly interested in spectacle independence after cataract surgery, but many of my patients overall wish to reduce their dependence on spectacles. All cataract surgery patients are asked to complete a form that queries them

about their activities of daily living, including their use of a computer and whether they drive at night (Figure 3). The form also includes a modified Dell questionnaire that indicates their goals, level of tolerance for phenomena such as halos and glare, willingness to pay out of pocket for upgraded services, and personality type ranging from easygoing to perfectionist.

The information collected provides a framework for the IOL discussion. Patients receive a packet of information on cataract surgery and pricing as well as a consent form. A scheduler books a follow-up telephone conversation during which they may ask additional questions and schedule surgery.

Antiaging services. Patients may indicate an interest in antiaging services such as upper and lower blepharoplasty, neuromodulators, and dermal fillers on the welcome sheet, or they may be inspired to ask about these services by the posters, brochures, and before-and-after photographs we have displayed in the exam rooms. In either situation, the doctor hands them a mirror and asks what they would like to improve. Patients who express interest in receiving a

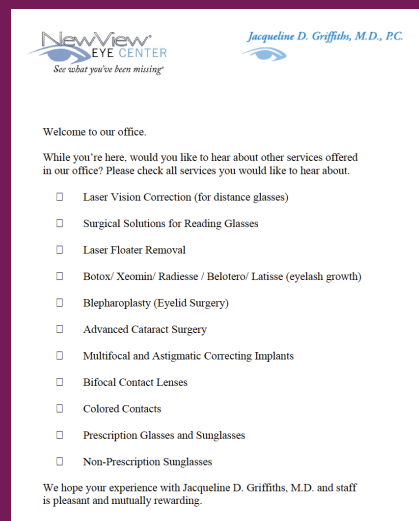
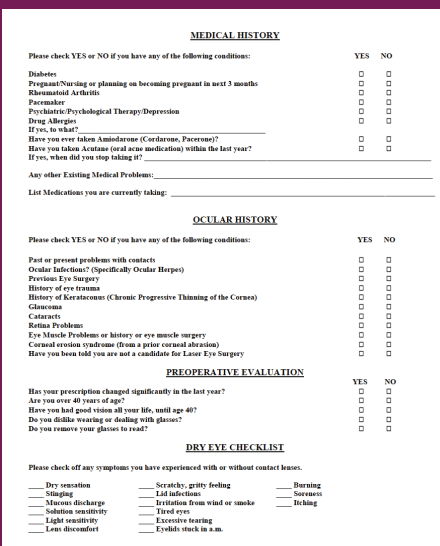


Figure 1. Patients are asked to fill out this survey to gauge their interest in elective procedures.



Figure 2. Patients who express interest in LVC fill out this consultation form.





Jacqueline D. Griffiths, M.D., P.C.

Activities of Daily Living Checklist

Please tell your doctor how your cataract affects your vision and your life. Your doctor cannot make the decision for you, but talking with your doctor can help you decide.

Please review the activities below that apply to you and check the appropriate degree of difficulty, even if you are wearing glasses.

Activity	N/A	None	A Little	Moderate	Great Deal	Unable to do
1. Reading label on the back of a prescription bottle, book, newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trouble telling time on watch or looking at things on your phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feels like there is an imbalance between the eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognizing people at a distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Depth perception, trouble seeing steps, stairs, or curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading signs such as street/highway exit, store signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Writing checks, filling out forms, crossword puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Playing games such as bingo, dominos, card/board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Taking part in sports such as bowling, tennis, golf, baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Trouble cooking, not being able to see recipes, food labels, temperature on oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Watching television, tv guide, score board, buttons on remote, time on box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Driving during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Driving at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The glare from the lights impair vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Difference in colors, brightness, things look dim/hazy/frosted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient's signature: _____ Date: _____

Patient's printed name: _____



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Name _____ Date _____

Quality of Vision Checklist

We strive to provide the best quality of care and customized vision solutions for our patients. This checklist will assist us in providing the treatment best suited for your visual needs and lifestyle. Please fill this form out completely and return to the technician when you are called back for your examination. If you have any questions, please let us know and we will be happy to assist you.

- What are your favorite hobbies?

- If you work, what are some of your daily work-related tasks?

- How much time per day do you spend on the computer?

- Does your work or livelihood require excessive night-time driving?
___ Yes ___ No
- How important would it be for you to be free from glasses for your daily activities?
___ Very important ___ Moderately important ___ Not important

Date _____ Name _____

Cataract and Refractive Lens Exchange Questionnaire

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

- After surgery, would you be interested in seeing well without glasses in the following situations?
Distance Vision (driving, golf, tennis, other sports, watching TV)
 ___ I 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)
 ___ I prefer no **Mid-range** glasses. ___ I wouldn't mind wearing **Mid-range** glasses.
Near Vision (reading books, smartphones, tablets, e-readers, sewing, detailed handwork)
 ___ I prefer no **Near** glasses. ___ I wouldn't mind wearing **Near** glasses.
- 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.
- 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**.
- Some people prefer to hold their reading material very close, while others prefer holding their reading material much further away, in their laps. The length of this sheet of paper from top to bottom is 11 inches. Using this sheet of paper as a very rough ruler, try to estimate approximately how far from your face you prefer to hold your reading material. Please place an "X" on the following scale to provide a very rough estimate as best you can:
 11 inches (1 paper length) 16.5 inches 22 inches (2 paper lengths)
 (1) and a half paper length (2)
- If you could have **good Distance, Mid-range, and Near Vision all without glasses**, but the compromise was that you might see some halos, rings, or starbursts around lights at night, would you like that option? ___ Yes ___ No
- If you could have **good Distance and Mid-range Vision without glasses**, but the compromise was that you might need glasses for the finest print at near, would you like that option? ___ Yes ___ No
- If you have a cataract and would like to reduce or eliminate the need for glasses with advanced technology, you will need to consider the **out-of-pocket cost** for this option. Insurance carriers consider advanced technology choices as elective options and therefore do not cover such options. Would you be interested in learning more about this option? ___ Yes ___ No
- Please place an "X" on the following scale to describe your personality as best you can:
 [_____] _____ [_____]
 Easy going _____ Perfectionist

Please Sign Here

Figure 3. Patients are asked to fill out these forms and questionnaire to assess their activities of daily living.

neuromodulator or dermal filler are treated that same day.

I find that many patients become interested in antiaging services after undergoing cataract surgery because they can see the effects of aging more clearly.

Floaters. If I identify floaters during the ophthalmic examination, I ask patients if they see them. Some say

they do not see the floaters all the time and are not bothered by them. Others report that floaters adversely affect their quality of life, and these individuals want to hear about their options. Some are candidates for laser treatment and elect to undergo the procedure.

CONCLUSION

My patients appreciate the convenience afforded by a practice

that can address a wide range of their eye care needs, from examinations and optical dispensing to LVC and cataract surgery to aesthetics. One-stop shopping has resulted in word-of-mouth referrals and a robust model of revenue per patient. Learning how to discuss elective options with them successfully once they are in the door is one piece of this puzzle. ■