

MIND THE GAP

THE PATIENT WHO NEVER CAME BACK



Closing gaps in glaucoma care is no longer optional.

BY JOE CASPER, MBA, COE

Technological advances in ophthalmology often emphasize innovation, but are practitioners implementing these advances effectively?

This month's column focuses on the importance of embracing appropriate diagnostic protocols to ensure that technological progress benefits patients with glaucoma. At Brevium, Joe Casper, MBA, COE, focuses on implementing advanced data intelligence software to optimize patient recapture strategies. Data-driven insights can be used to improve care outcomes, increase operational efficiency, and support practice revenue growth.

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Unless they are experiencing an acute angle-closure attack, many patients are unaware that they have glaucoma until it has decreased their vision.

My aunt is a case in point. She felt fine, she was busy, and at some point, she stopped returning for the tests that might have revealed the damage that was occurring. By the time her loss of vision became obvious, it was permanent.

Her story is not unique, and it illustrates a difficult truth: glaucoma follow-up cannot depend on patients' behavior alone.

THE UNSEEN RISK

In glaucoma care, the greatest risk often occurs outside the exam lane in the space between visits. When patients fail to return for recommended testing and procedures, they may drift off the schedule.

In data collected by Brevium from medical practices nationwide, roughly

78% of patients seen in the past 5 years are not currently scheduled for a follow-up visit. In the field of glaucoma, that statistic represents not just unrealized practice revenue but also the possibility of irreversible, preventable vision loss.

Most of these patients are not refusing treatment or dissatisfied with the care they have received. They simply are not being pulled back in for a visit.

When these individuals ultimately lose vision, their families typically do not inquire about the natural history of glaucoma. Instead, they ask why nobody brought the patient back.

MISSED TESTING: A CLINICAL AND OPERATIONAL PROBLEM

Glaucoma management is only as good as the testing that supports it, yet across large patient populations, testing frequency routinely falls below AAO Practice Guidelines—especially as disease severity increases. Brevium's national data (January 2023–December 2025) on

primary open-angle glaucoma and glaucoma suspect populations have shown that visual field testing and OCT rates consistently underperform recommended intervals.

Brevium has found that, even in moderate and severe glaucoma—for which testing should occur multiple times per year—actual test rates have remained closer to approximately one test annually (Figure).

This is a structural weakness in care delivery. When glaucoma testing is missed, several things happen simultaneously:

- Disease progression goes undetected;
- Providers are forced to make decisions based on incomplete data;
- Patients require return visits to catch up on diagnostic testing;
- Time is wasted;
- Practice revenue is lost when testing could have been completed during a scheduled visit; and

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- Patients lose an opportunity for timely intervention.

CARE GAPS: PHYSICALLY PRESENT, OPERATIONALLY LOST

A care gap occurs when a patient returns for a scheduled visit but does not receive all the care that is clinically indicated, such as overdue visual field testing or advanced imaging. These individuals are not lost to follow-up in the traditional sense. Instead, they are physically present but operationally lost.

Care gaps are often invisible until the end of the day, the end of the month, or the end of a year-long audit. By then, the patient has left the clinic, and the opportunity went with them.

Closing the gaps can improve both the quality of care delivered and revenue per encounter, particularly in clinics where time rather than demand is the limiting factor.

A SIMPLE CHANGE: IDENTIFY THE GAP BEFORE THE VISIT

The most effective interventions make the right action unavoidable.

A recent Brevium ophthalmology practice experiment identified the following straightforward approach to minimizing care gaps. Scheduled-patient data were mined to identify individuals who were overdue for visual field testing or advanced imaging. Those patients were then randomly assigned to active and control groups. For the active group, appointment notes were amended before the visit with the date of the last visual field test or OCT scan. This allowed the care team to see the care gap in real time during workflow. The active group experienced a 12% increase in test completion, the care team's level of satisfaction was higher, and the revenue per encounter was higher.

What changed was visibility, not clinical expertise.

TIMING IS EVERYTHING

Many practices attempt to address testing compliance with provider reminders, chart review, or after-the-fact

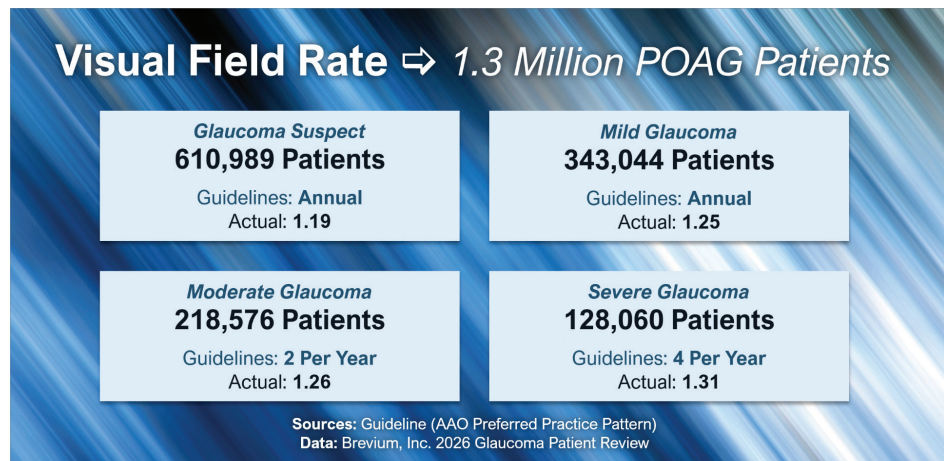


Figure. Visual field testing rates for primary open-angle glaucoma (POAG).

recall campaigns. These approaches help but tend to occur too late. The highest-leverage moment occurs before the patient sits down.

If a patient is overdue for visual field testing or advanced imaging, that should be flagged before they enter the exam room. The alert should be visible to the technician, scribe, and provider and reiterated live during the patient encounter. The system does the remembering, and the patient is less likely to leave without the care they need.

Interventional Glaucoma: Another Care Gap

Care gaps are not limited to missed testing. Many patients who are suitable candidates for interventional glaucoma (IG) procedures are not proactively identified before visits. Opportunities for timely discussions—and earlier disease stabilization—are missed as a result.

In an IG-candidate Brevium experiment, practices used data mining to identify patients who met specific criteria:

- Scheduled with a glaucoma provider;
- Diagnosed with IG-appropriate types of disease;
- No retinal comorbidities; and
- No history of an IG procedure within the past 9 months.

One practice used these results to call and educate patients about IG before visits. Another began tagging appointments similarly to testing care gaps. Outcomes included improved provider preparedness, greater patient readiness, and a dramatic increase in IG procedural volume. Again, the shift was primarily operational rather than clinical.

SHARED ACCOUNTABILITY PROTECTS PATIENTS AND PRACTICES

Glaucoma follow-up is a practice problem and requires shared accountability. Identifying overdue testing or procedural candidacy before a visit provides the following benefits:

- Technicians know what must be completed;
- Scribes can document encounters with full context;
- Providers can make faster, more confident decisions;
- Patients receive more complete care; and
- Practices reduce exposure to avoidable outcomes.

CONCLUSION

I often think of my aunt when discussing glaucoma follow-up—not because anyone failed her intentionally but because the system allowed her vision to fade quietly. Her outcome cannot be changed, but the systems that allow glaucoma patients to drift off the schedule, miss essential testing, and experience preventable vision loss can.

Glaucoma may be silent. Practice workflows should not be. ■

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