



Best Practices

in Integrated Care

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This ongoing series, to be featured in each issue of *AOC* and its sister publication *CRST*, will clarify how eye care providers can best work together to provide patient-centered care of the highest quality possible.

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THE BENEFITS OF ADVANCED TECHNOLOGY

For us, educating patients has never been difficult despite our advanced technology offerings. We stress the benefits they can provide.

BY CARY M. SILVERMAN, MD, MBA



My colleagues and I have positioned our practice as a provider of high-technology services for patients. This has two real benefits. The obvious upside to our early adoption and utilization of the latest technologies for performing eye surgery is that the devices allow us to refine the procedures we perform in our ongoing quest to achieve optimal outcomes. A less obvious but equally important benefit of our offering advanced services is that it differentiates our practice, because our

patients appreciate our commitment to being on the cutting edge. Therefore, we frame our conversations with patients by explaining that the services we offer are based on the advanced technology we use.

ANSWER QUESTIONS, FOCUSING ON THE EXPERIENCE

Patients today are savvy and likely using the Internet to research their options for refractive surgery. We never talk down to them. Rather, we emphasize their experience at our clinic. Because we are

dedicated to their achieving a successful outcome, we are committed to answering all of our patients' questions.

I believe that continually improving service offerings through the use of new technology and proactively educating patients have helped minimize confusion and eliminate barriers to their understanding of the refractive laser vision correction experience. This approach has also helped us to set realistic expectations for patients.

ADVANCING TECHNOLOGY

We have been performing LASIK surgery since 1996, when the procedure was first approved in the United States. In fact, we were one of the first centers in the New York Metropolitan/Northern New Jersey area to offer LASIK. The procedure being performed today may have the same name and use many of the same principles and surgical steps, but there is really no comparison in terms of the outcomes achieved with modern versus original LASIK. That is true both in terms of efficacy and, more importantly, safety.

We use the WaveLight Allegretto Wave Eye-Q Laser (Alcon) in our practice to perform wavefront-optimized and wavefront-guided procedures. The essential difference between these two approaches is that the former uses refractive measurements and preoperative keratometry to guide the treatment, whereas the latter employs a wavefront aberrometer to measure the eye's optical aberrations and guide a customized treatment based on that. Neither is intended to induce spherical aberrations, but the wavefront guided technique can treat higher-order aberrations. As such, there is suggestive evidence that eyes with significant preoperative higher-order aberrations may benefit more from wavefront-guided than wavefront-optimized procedures or standard LASIK. Moreover, eyes with lower contrast sensitivity may derive greater benefit from wavefront-guided procedures.

We are now eagerly anticipating the chance to incorporate what we feel is the next stepwise evolution in customized laser vision correction: topography-guided LASIK. Using topographic measurements of the eye's corneal irregularities should enable us to provide a truly individualized refractive correction. In a phase 3 study, 3 months after topography-guided customized LASIK ablation, 93% of patients had 20/20 UCVA or better, and 69% of patients achieved 20/16. Importantly, visual symptoms such as halos, glare, light sensitivity, dry eyes, and difficulty driving at night were all improved (data on file with Alcon).

TECHNOLOGY IN THE RIGHT HANDS

The ultimate success of topography-guided LASIK depends on the training surgeons receive and the effort they put into understanding how best to use the technology. We constantly discuss new practice offerings on our blog, in our monthly newsletters, and on our web page. We do not always stress the new technology, per

se, but rather the benefits of the treatments we can perform with the technology we use. In other words, we want patients to come to our clinic because they are comfortable with and confident in our skills and services and, secondarily, because we have some pretty cool technology to offer that gives patients a better chance of a good outcome.

We reinforce the education we provide in a digital format when patients come in for a consultation. Our doctors briefly discuss the treatment options for which a particular patient may qualify, and that education is augmented by our surgical coordinators prior to booking the patient for surgery and before any further testing is performed.

Because our clinic's population base is largely composed of patients seeking out our services, proportionally few patients are referred in from community optometrists or ophthalmologists who do not perform laser vision correction. As a result, we tend not to spend a lot of time educating our referral base about the services we provide. Instead, it makes more practical sense for our particular model to treat every patient who comes through the door as a new patient. We feel comfortable starting with the premise that he or she knows nothing about the LASIK procedure and the services we provide, and we emphasize a personal touch in dealing with patients. Once they know we are receptive to a frank conversation, education follows naturally.

An important benefit of this approach is that we tend to minimize outsized notions about the outcomes that are achievable. Patients must be realistic, because nothing we do is ever perfect. We tell patients we will do our best to help them become more spectacle independent but that we disqualify patients as potential candidates for laser vision correction if they do not meet our treatment protocols. More importantly, we offer a full spectrum of refractive treatments, so if LASIK or PRK is not the right option, refractive lens surgery may be.

CONCLUSION

Technology has advanced the field of laser vision correction. Since LASIK's introduction, continual refinements have unquestionably improved the safety and efficacy of the procedure. New understanding of the science of laser vision correction allows us to help patients be less dependent on spectacles, and practicing the art of medicine gives us the means to serve our patients' needs and desires. Providing high-quality eye care requires a people-oriented approach. ■

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OPTIMIZING THE OCULAR SURFACE TO ENHANCES OUTCOMES AFTER LVC

Dry eye and meibomian gland disease can affect the accuracy of keratometry readings as well as degrade the visual ability of refractive surgery patients postoperatively.

BY TRACY SCHROEDER SWARTZ, OD, MS



The relative health of the ocular surface can have a profound influence on the outcome of laser vision correction (LVC). On their own, meibomian gland dysfunction (MGD) and dry eye disease (DED) can compromise visual acuity and cause discomfort. After LVC, even if the surgery successfully achieves the desired refractive outcome, both MGD and DED can contribute to fluctuating vision and ocular discomfort, leaving patients unhappy.

To give them the best chance at achieving their desired results after LVC, physicians must ensure that the ocular surface is healthy prior to surgery, and they should proactively and prophylactically treat the ocular surface during the postoperative period.

RATIONALE FOR A HEALTHY OCULAR SURFACE

An unhealthy ocular surface changes the refractive power of the cornea. A poor ocular surface can affect the accuracy of keratometry readings, refractions, and aberrometry. As the saying goes, garbage in, garbage out. If inaccurate numbers are used to create the treatment plan, there is little chance that the postoperative outcome will be accurate. Even sophisticated wavefront-guided LASIK—employing state-of-the-art aberrometry—cannot overcome optical irregularities on the cornea due to MGD or DED. If the preoperative measurements are inaccurate, the patient's visual outcome may be negatively affected. Residual refractive error or a loss of the overall quality of vision—despite hitting the refractive target—may occur.

Dry eyes, regardless of the etiology, are prone to inflammation and additional dryness. DED that has not been treated during the preoperative period can result in slow healing, fluctuating vision, and discomfort postoperatively.

There is an important distinction to be made with regard to DED in the postoperative period, because it can be due to underlying disease (which can be caused by various mechanisms) or it can be a result of the surgery. Some studies report rates of DED after LASIK as high as 95%.¹⁻⁶ These studies, however, were conducted when much older forms of technology were used for the surgery.

A 2006 review put the rate of post-LASIK DED at about 50%.⁷ Still, it is not entirely clear how much of that number is due to preexisting but unrecognized and untreated DED, and how much might be iatrogenic. The LASIK procedure results in the denervation of the corneal surface, which will reduce the tear film postoperatively. A poor tear film will also increase halos, glare at night, and fluctuating vision. Given these circumstances, some ocular dryness (but not DED) would be expected in the healing period. These symptoms usually resolve, however, and it is rare for patients to endure symptoms past 1 month of follow-up.

EDUCATION AND MANAGEMENT

I tell all patients who qualify for LVC that the procedure makes the eye drier and that it may exacerbate minor dryness. I explain that it is therefore best to correct these issues before surgery.

Readers should note that I intentionally used the word *qualify* when referring to patients who want LVC. I routinely disqualify patients with ocular surface disease—DED, MGD, and blepharitis—as well as contact lens intolerance. This is particularly true in patients with hyperopia, because they tend to experience more ocular dryness after LVC.

My staff and I regularly perform a series of tests to evaluate ocular surface health in our clinic, including a thorough examination and lissamine green staining. Positive staining

TOPOGRAPHY-GUIDED LASIK: THE NEXT EVOLUTION IN REFRACTIVE SURGERY

Basing the correction solely on lenticular aberrations yields a more optically correct corneal reshaping.

BY DAVID I. GEFFEN, OD

Today's LASIK and PRK procedures are performed much differently from the surgeries of the 1990s when the technology first became available. The devices used have improved over time, and the patient selection criteria have been better defined, providing dependable outcomes.

Wavefront-guided and wavefront-optimized procedures changed the game for patients. These surgeries are based on the laser pattern used, which is either defined by keratometric readings (optimized) or guided by aberrometry (guided). For the most part, the results with these techniques are comparable.

EARLY RESULTS

Late last year, Alcon launched a new laser pattern that produces a correction based on topography. Topography-guided LASIK will soon be available on a wider scale in the United States. My colleagues and I have used this technique in our center during the clinical trials (our center contributed the largest number of eyes to the phase 3 pivotal trial), and based on my impressions, I think we are on the verge of a true evolution in patients' outcomes.

Wavefront-guided procedures have always had what I perceive as a limitation. They take into account all of the aberrations in the visual system—including those based in the vitreous, the lens, and on the cornea—and then the calculation aims to reshape the cornea to account for those aberrations. Topography-guided LASIK, on the other hand, designs a treatment pattern based solely on lenticular aberrations, resulting in a corneal correction that is as optically correct as possible.

The outcomes we have seen after topography-guided LASIK in our center and in the phase 3 study were quite simply, the best of any laser procedure we have performed. We had more eyes with visual acuities of 20/15, 20/12, and 20/10 than we have observed after wavefront-guided or wavefront-optimized procedures (on virgin eyes). Most of the studies with topography-guided LASIK

to this point have been performed on high-risk and problem eyes. Our data from the phase 3 study showed that the average patient will derive tremendous benefit from the improved accuracy with this procedure.

Telling patients that we are taking the same laser and using it a little bit differently to achieve better accuracy is not a hard message to share. Patients appreciate when we tell them that we are more confident than ever in our ability to achieve a superior overall outcome with this approach. Because we are using the same laser that has been used and studied for several years, we know that there are no additional safety issues and the outcome's stability should be similar.

Eventually, we will move past using topography-guided LASIK for patients with less-than-optimal profiles. If we are able to show benefit for healthy eyes, we should see an even greater ability to correct eyes with larger degrees of myopia and hyperopia, as well as eyes that fit in other high-risk categories.

CONCLUSION

The economic downturn led to a decrease in LASIK volume in the United States that has not rebounded. Additionally, misconceptions about the LASIK's safety still prevail in many circles and continue to be discussed in the popular press. Unfounded fears regarding LASIK are based on a procedure that bears little resemblance to today's sophisticated treatment. Patients stand to benefit from a very advanced procedure.

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will prompt us to take photographs of the ocular surface for documentation and to initiate treatment before proceeding to surgery. We aggressively treat patients until there is resolution of the clinical signs and symptoms with a stable manifest refraction. Any inflammation or superficial punctate keratitis must be resolved prior to surgery; punctal plugs may be required, but they should only be used after inflammation is controlled.

Additional testing includes the cycloplegic refraction, optical pachymetry, topography, and aberrometry preoperatively. The

ophthalmologist performs a screening and wavefront aberrometry prior to surgery. Again, the accuracy of all these measurements requires a healthy ocular surface.

If we are able to get the patient to surgery, we will continue to monitor and treat any refractive error or ocular surface disease after LVC. Aside from treating ocular surface issues, we routinely discuss using cyclosporine ophthalmic emulsion 0.05% (Restasis; Allergan) with all patients undergoing LVC, because its use after surgery has been found to improve outcomes.⁸

I also routinely recommend the use of artificial tears every 2 hours for 2 weeks, then four times a day for 4 to 6 weeks, to encourage healing to a stable endpoint.

CONCLUSION

When eye care specialists pay attention to the ocular surface before and after LVC, they help patients achieve their desired refractive outcome. The treatment algorithms and technology being used for surgery are getting better, but important variables still need to be addressed to afford patients the best chance of success. Optimizing the ocular surface should be a routine part of the perioperative management of all patients undergoing LVC. ■

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MILLENNIALS AND THE LASIK EXPERIENCE

Make their surgery memorable.

BY MATT JENSEN, MBA



Laser vision correction is transformative. A patient can enter your office one day with a visual acuity of 20/400 and return the following day 20/15.

That is no small feat. Years of research and development, FDA approvals, and just plain hard work have made LASIK one of the safest and most effective surgeries in the world.

That is a big deal. LASIK is not the only option for correction; if a person is not a candidate for LASIK, there are implant procedures as well as flapless techniques. The capabilities that accompany using advanced technology are truly awesome, and no other field of medicine can boast similar effectiveness and safety.

When it comes to LASIK surgery and millennials, however, it is important to remember two things beyond other more philosophical generalizations about what they want, how they work, and how they will contribute to society. First, millennials are going to be alive for a long time, and they have their entire

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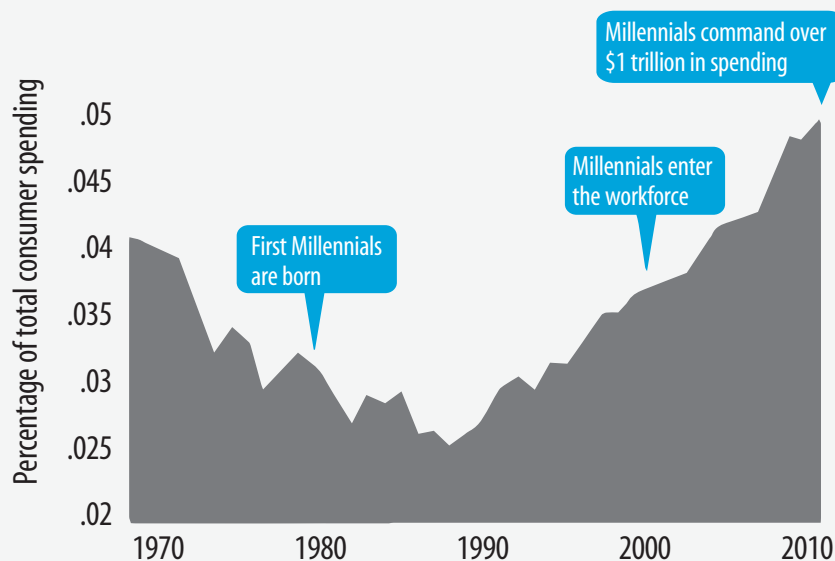
There is no question that the eyes of most millennials are on smaller screens.”

adult lives in front of them. Second, as specialists in refractive and implant vision correction, you can help them see and, ultimately, experience life as it happens. In short, LASIK is an experiential offering.

LASIK will not change a person's lifestyle, and it will not change who he or she is as a person; it will, however, transform how he or she sees the world or observe the detail on a butterfly's wings. Your practice has the technology and the experi-

AMERICANS ARE BUYING EXPERIENCES

Admission to live events: music concerts, performing arts, sporting events



ence to make it happen. How can you invite millennials to learn more about LASIK and, perhaps, schedule appointments for LASIK consultations?

REACHING MILLENNIALS

Millennials use a whole cohort of social media tools to learn about news, catch up with friends, and view videos, television shows, or stream music. They are digital natives, after all, having grown up with the boom of the Internet and all the gadgets that have popped up since. If they are watching a show on television, it is likely that they are simultaneously interacting with another device such as a phone or tablet. If their phone is not in their pocket, it is likely nearby.

What does this mean for your practice? It means that you need to have a mobile marketing plan and you need to be mindful of how your website looks from a phone. Your website needs to have a responsive design that will accommodate viewing on devices with varying screen sizes. Google has announced that responsive websites will rank higher in searches than websites that are not, and that makes responsiveness even more important for your practice. Do you want to rank highly in Google searches for LASIK? Your practice's website needs to be responsive.

In addition to the responsive site, your practice needs to be mindful of how your social presence looks for mobile users and consider if you are sharing content that is easily accessible from a mobile device. Is your practice's Facebook profile image easily read from a mobile device? Are you making sure

that the links your page shares are easily read from a mobile device? What is your social strategy? These are important questions.

Along with the increasing use of new devices, faster Internet speeds, and more intuitive website designs have come more helpful ways to measure how many visitors your website attracts on a daily basis and how they interact with different pages of your website. Using Google Analytics, for instance, we can see that the Vance Thompson Vision website attracts several hundred unique visitors every day and that those visitors most often move from the website's homepage to biographical pages about our doctors. From the doctors' pages, we can see that they then might jump to pages about LASIK, cataract surgery, or glaucoma treatment. Knowing how people use our website informs our team how they can improve it.

BRAND LOYALTY AND MILLENNIALS

A recent survey conducted to learn more about millennials, media consumption, and brand loyalty, found that "60% of millennials said that social advertising has the most influence over them in how they perceive a brand and a brand's value. This compares with TV at 70%. Traditional media outside of TV fell flat."¹

When a friend sent this survey to me via email recently, I knew it was significant. Although billboards and newspaper ads may still be relevant to our mature customers, for whom traditional media has always been significant, there is no ques-

“ Create opportunities for patients to capture their experiences.”

tion that the eyes of most millennials are on smaller screens.

Even on our practice’s Facebook page, we have consistently seen that more users interact with our page from a mobile device. In a Facebook ad campaign for our practice, with equal emphasis on serving ads to desktop and mobile users, 95% of the people interacting with our ad did so from a mobile device. The number of people served our ad on a mobile device was more than 10 times the number of people served ads on a desktop.

IMPORTANCE OF DIGITAL REFERRALS

Just because our practice is active on Facebook does not mean what we post holds a higher value than word-of-mouth posts. The same study referenced previously found, “Fifty-five percent of young shoppers said that a recommendation from a friend is one of the strongest influencers in getting them to try a new brand. Forty-seven percent consider brand reputation to be almost as important. Product quality ranks fourth at 35%, while price has the most sway at 62%.”

In another recent study, millennials showed that their generation favors exciting, firsthand experiences in lieu of money and careers: “Seventy-eight percent of millennials would rather spend money on a desirable experience than buy coveted goods.”² When asked where they plan to spend their money in the next year, millennials overwhelmingly respond with events and experiences in lieu of physical items (Figure).

We can learn a lot from these findings:

- Millennials care about costs.
- Millennials care about positive referrals.
- Millennials care about brand reputation.
- Millennials want an experience.
- Most importantly, millennials trust their friends.

CREATING REMARKABLE EXPERIENCES

By any estimate, these are not groundbreaking findings; we have known for a long time that referrals are gold and that money is important to our customers.

Millennials want to be remarkable, and they want to spend their money on experiences worth talking about, worth sharing with friends, worth sharing with their families. In our

practices, we need to be diligent about how we stage our customer experiences so that a laser vision correction experience is remarkable—not just in the actual transformation of the patient’s vision but also how the experience is designed and how it is possible for it to be captured.

When millennials call your office, do they have to listen to a recording and press buttons, or are they immediately in touch with a person from your office who can answer questions and schedule appointments? When millennials arrive for their consultation, are they welcomed like honored guests? Can they sit in a private area? Are there customizable beverage options? Do you offer public WiFi? When a millennial is going through the appointment, do your doctors and staff take the time to answer every question and address the risks involved with treatment? How do you educate millennials on the variety of options available for vision correction?

Create opportunities for patients to capture their experiences. If a patient expresses excitement about his or her eyes or about watching the surgery, make sure he or she has the opportunity to have a photo taken with the surgeon along with a video of the procedure. During a consultation, show and explain the topographical images of the patient’s eye, so patients can see what your instruments capture and see their eyes from a new perspective.

Keep in mind the friends and family members who accompany your patients. What do they see and hear during their experiences in your office? In our office, we have specially designed observation rooms that overlook our laser suites. One of our staff will narrate the procedure so that everyone watching can know what is happening. Ultimately, you should craft your patients’ experiences for all involved parties.

CONCLUSION

Although patients’ experiences should be important for all visitors to your office, the lean toward experiential spending will likely increase as more millennials start families, relocate for jobs, and work toward making their lives remarkable. ■

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SIMPLIFYING POSTOPERATIVE LASIK CARE

A compounded formulation of topical postsurgical medications can enhance patients' compliance.

BY WILLIAM F. WILEY, MD



The use of compounded medication is a convenient and cost-effective practice that has improved the LASIK surgical experience for both my office staff and our patients. Traditional medication regimens after LASIK are intended to reduce the likelihood of infection and inflammatory response, and they generally include two or more self-administered topical eye drops instilled four times daily for up to 4 weeks. The instillation of multiple drops can confuse patients, create problems with compliance and dosing, and expose the eye to the potential for self-induced trauma.

EVALUATION

After my successful adoption of the compounded medications Tri-Moxi (triamcinolone acetonide and moxifloxacin HCl) and Tri-Moxi-Vanc (triamcinolone acetonide and moxifloxacin HCl with vancomycin; both formulations from Imprimis Pharmaceuticals) for intraocular administration during cataract and other surgical procedures, I looked to Imprimis to produce a compounded formulation of the topical postsurgical medications I prescribe to LASIK patients. These are typically moxifloxacin, a fourth-generation synthetic fluoroquinolone antibacterial agent, and a steroid such as prednisolone acetate. Combining these two classes of medications reduces the number of patient-administered drops by 50%. The cost of the medications for the patient also decreases.

I led the evaluation of two of Imprimis' proprietary LessDrops compounded formulations, Tri-Moxi and Pred-Moxi (prednisolone acetate and moxifloxacin HCl) combination eye drops. We compared the results to our traditional postsurgical regimen to assess efficacy and drug quality. Sixty LASIK patients randomly received either one bottle of Pred-Moxi or Tri-Moxi topical drops with instructions to admin-

ister the drops four times a day for 1 to 2 weeks (as required for individual healing times). No additional medications were prescribed. One week and again 1 month after surgery, I measured IOP, visual acuity, programmed refraction in both eyes, and manifest refraction in both eyes, and I compared these findings with preoperative measurements. I also measured visual acuity 1 day after surgery. My findings indicated that the results were indistinguishable from each other; patients experienced no safety issues or adverse events, and the eye drops were well tolerated. At week 1, early in the healing response and during the time the medications were being used, 47% of the patients had a visual acuity of 20/15, and 82% saw 20/20 or better, comparable to what our practice has observed with traditional post-LASIK eye drop regimens.

ADVANTAGES OF USING LESSDROPS

The implementation of the LessDrops approach into our postsurgical protocol offers my staff and patients several advantages. First and foremost, it reduces the risk of patient-inflicted trauma by decreasing possible contact between the dropper and LASIK flap by 50%. The strategy also reduces patients' confusion over drop administration through simple dosing instructions: one drop four times daily. Patients no longer call our office to clarify the order in which the drops should be administered or how long to wait between instilling drops.

Use of LessDrops increases patients' compliance and therefore the efficacy of the medication by reducing the washout that occurs when multiple topical medications are dosed too close together. Otherwise, because patients must wait at least 5 minutes between dosing, they may become distracted and forget to administer the second medication. The LessDrops approach also significantly reduces the number of pharmacy-related calls to the office. Some pharmacists are under pressure to substitute generic medications when insurance is



involved, and patients are often taken aback by the high cost of the name-brand medications and will call to request a generic version. This may delay prescription dispensing as we research potential complications caused by the generic substitutions. We risk exposing patients to preservatives and potential irritants often used in generic medications or upsetting patients by denying them access to lower-cost generic medications.

The LessDrops approach also offers the convenience of ordering the medications from a single pharmacy source with delivery directly to our LASIK center on the day of surgery. We complete a single order form indicating patients' individual information, and the medication is available in our office when needed. Using a combination product also reduces the medication's cost. In a highly competitive LASIK market, any convenience recognized by the patient can provide a marketing advantage to a practice.

CONCLUSION

I appreciate that this high-quality medication is compounded in a sterile, accredited facility. Imprimis' proprietary ophthalmic formulations employ patent-pending technology

producing a solubilized, predictable, well-distributed, micronized particle suspension of the active pharmaceutical ingredients. The strategy also allows me to customize formulations and take advantage of newer medications and strategies to provide novel solutions for my patients. Compounded medications give me the potential flexibility to add agents such as nonsteroidal anti-inflammatory drugs for pain relief or cyclosporine (Restasis; Allergan) for dry eye, thus overcoming an unmet need in the market. ■

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