There is no denying that we eye care providers are practicing medicine in a dynamic era. For years now, increased efficiency has been the buzzword. The thinking has been that eye care practitioners need to figure out a way to increase patient volume to create more revenue. Another way to approach this, however, is to diversify your patient base, rather than simply growing your volume. The demand for aesthetics procedures and the ability of eye care practitioners to participate in this field represents a means to expand one’s practice and diversify as a way to escalate volume.

TRULY INTEGRATED CARE

My practice model is admittedly a bit out of the norm compared with most of my colleagues in ophthalmology. Belcara Health (Figure 1) is a multispecialty practice, in that we offer the full gamut of aesthetic and cosmetic services from the toes to the top of the head. Our clinic has practitioners in plastic surgery, dermatology, ophthalmology, and podiatry (see Belcara Health Staff). We are in the process of incorporating an internist who specializes in weight loss, hormone therapy, and other wellness concepts. We also have a medical spa, two operating rooms, and a retail area that offers products from all these different areas.

Although our practice is atypical, our philosophy is simple: We seek to create a truly integrated model, a place where a patient can come and get head-to-toe care in a high-end setting—one that encourages a sense of wellness and provides an attention to detail that might not be present in a traditional ophthalmology practice.

The selection of the clinic’s specialties was deliberate because of the natural cross-pollination among them. We have a set of trigger medical diagnoses that automatically prompt referrals to other specialists within our practice. For example, if I see evidence of diabetic eye disease in a patient, I will recommend a follow-up with the staff dermatologist to review potential skin issues and also send him or her to our podiatrist as needed. Likewise, we know from experience that individuals who express a desire for refractive procedures, such as LASIK or premium cataract surgery, might also be amenable to cosmetic services, such as facelift or breast augmentation.

My practice includes more than just boutique services. In addition to performing aesthetic and cosmetic procedures, I also treat diabetic eye disease, macular degeneration, glaucoma, cataracts, and other ocular conditions. It is important to continue to offer general medical treatments to encourage referrals from optometrists or primary care doctors who might not be familiar or comfortable with the aesthetics component.

BOUNDARIES

In our practice, despite the clinical integration, we have defined where one set of services begins and another ends, creating clear boundaries. Rather than an atmosphere of
contentious competition, we foster an environment of complementary integration. We intentionally offer services such as a full wellness program, so that a patient can get a mole checked, have a cataract evaluation, and receive a cosmetic injection all in the same day. A patient with facial rosacea can see the dermatologist and the eye care provider because the condition may require treatment by both. A patient undergoing an eyelid procedure in our plastics clinic is also sent to me so that I can assess the functional status of his or her lids and look for dry eye disease. There are medically relevant reasons for our areas of care to overlap. 

Eye care should be able to add its expertise to what other specialties offer, resulting in greater total services to the patient population. Our training in eye care and expertise in the skin around the eye is an asset to patients’ overall health. Collaboration offers a model to address the multiple needs of a shared and diverse patient base.

PATIENT DIVERSIFICATION

Our practice model can be seen as following the age-old financial advice, “Don’t put all of your eggs in one basket.” We have diversified our service offerings so that we obtain revenue from multiple sources, thereby insulating ourselves against financial cutbacks in health care. In addition to the insurance-based services of traditional eye care, we have added a number of cash-based options for patients who want them.

The US health care system is subspecialty-based, and providers typically serve a finite set of patients that is defined by geography. When multiple practitioners in the same subspecialty practice in the same locale, they compete for the same patients, thus creating a natural ceiling on the potential for growth. The potential for expansion, therefore, seems to lie in lateral growth by diversifying the patient base.

STRENGTH IN NUMBERS

Many aspects of our integrated model are beneficial for our providers. Our patients also benefit, as we are able to provide an exceptional level of easily accessible care and convenience. Many patients are interested in lifestyle health, a positive construct built around the idea of empowering patients to better understand and manage their disease conditions. In addition to emphasizing preventive medicine, lifestyle health invites patients to seek enhancement of their health through wellness and beauty. It is built on a philosophy of holistic care.

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The eye care field lends itself naturally to including aesthetic services. Most obvious is that many patients have concerns about aging around the eyes, which is a natural entry point into a discussion about injections and fillers. Ophthalmologists and optometrists receive training in the anatomy of the area around the eye, and ophthalmology is one of the core specialties involved in the use of the botulinum toxins. Speaking to patients about cosmetic services around their eyes offers a path into discussions about the skin around the nose, chin, and neck. From there, it is not hard to imagine becoming a trusted adviser on other health and wellness topics.

CONCLUSION

When providers are thinking about new services for their practices, the question of whether it will enhance patient outcomes should be of utmost importance. There is overall value in diversifying one’s practice to be successful during times of change. Adding clinically meaningful services can bring in new revenue streams, allowing one’s practice to maintain economic viability and ensure continued delivery of the core services that eye care patients expect.

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