

# Success strategies for patient education in primary eye care practice



Younger and older patients benefit from comprehensive vision correction education by their primary eye care doctor



The approaching Facebook IPO promises to be the largest in recent history. And there is a good reason for it. For many people worldwide Facebook has become the number one way of communicating with others, the fastest way of sharing information, and the number one resource for everything in their lives, including their healthcare decisions. It is not uncommon for a post "I have stomach ache and need to see a doctor – who do you recommend?" to receive 30 to 40 comments from hundreds and even thousands of Facebook friends. Many comments will include recommendations on how to treat the stomach ache. Most recommendations will come from friends whose only qualification for knowing how to treat stomach ache is possession of a stomach.

And yet, patients increasingly turn to virtual friends rather than real experts to seek advise. We can throw our hands up in the air, roll our eyes, and say "what can you do…" or we can take charge of our patients' health by proactively discussing all their vision needs and wants with them, - whether they ask us or not. Just because they are not asking us doesn't mean they are not interested. They are simply not asking us. Instead, they are seeking recommendations from social media sources, recommendations made by people far less qualified than their doctors to make a recommendation. We can reverse this trend by being pro-active with our patients during their office visits.

# Tips to engage patients in a conversation about vision correction (or any other topic) during their eye exam

- For new patients, include questions on the intake questionnaire to gauge their level of interest in discussing specific topics. Here are some examples
  - Are you interested in discussing LASIK/Laser Vision Correction? Yes/No. If Yes, did you ever have a consultation? Yes/No. If Yes, what was the outcome of the consultation?
  - Are you interested in discussing CRT? Yes/No. If Yes, did you ever have a consultation? Yes/No. If Yes, what was the outcome of the consultation?
  - Are you interested in discussing nutritional supplements, such as Omega-3 fatty acids, for example? Yes/No. Are you currently taking any vitamins/supplements? Yes/No. If Yes, What amount?
    Etc, etc, etc.
- ✓ For existing patients, give them a modified short questionnaire to complete when they check in for each of their office visits. To avoid getting the patient annoyed that they are being asked the same questions every time they visit the office, include a statement at the beginning of the questionnaire explaining why you are asking the questions. For example, "In order to best serve you, we are committed to helping you get the most of every visit. We would like to make sure that we address all your questions. Please complete the short questionnaire below".
- Display educational material in the reception area to indicate that you do vision correction screening, education, and co-management.
- ✓ Include vision correction screening, education, and co-management in the list of services on your website.
- ✓ Include posts about vision correction on your facebook page and in your newsletter. This will indicate to the patients that you are involved in the field and they will be more likely to turn to you for advise.
- Designate a staff member (co-management coordinator) to help answer patients' questions about vision correction.
- ✓ Utilize the co-management liason person from the surgeon you work with to help implement and follow up the above tasks.

#### What procedure is the patient a candidate for?

This is typically an excellent place to begin patient education process. Diagnosis and treatment recommendation can be made easily in the primary eye care office just by looking at the patient's refraction and age. Even without a topographer and a pachymeter, a primary eye care doctor can determine whether the patient is best suited for laser vision correction, lens implant, or lens replacement surgery. Here are the general guidelines:

 Myopes between the ages of 18 and 50 y.o. with up to -12D with or without astigmatism up to 6D may have laser vision correction, providing their corneal mapping is normal and corneal thickness is adequate

- Myopes older than 50 y.o. with myopia -10D and higher may be better suited for refractive lens exchange (RLE)
- Hyperopes between ages of 18 and 40 y.o. with up to +5D with or without astigmatism up to 6D may have laser vision correction, providing their corneal mapping is normal and corneal thickness is adequate
- Hyperopes older than 40 y.o. may have laser vision for low levels of hyperopia (up to +3D). Above +3D, they are better suited for RLE
- If corneal topography is uneven, and/or corneas are not thick enough, and/or prescription exceeds the levels listed above, then lens procedure is the best option



Figure 1. LASIK and PRK are FDA approved for patients as young as 18 y.o. Here is a young patient undergoing LASIK at PVI.



Figure 2. Here is the same patient sitting up right after her LASIK. To her right is her mother, Irina, who is the front office manager at PVI. Irina had her LASIK five years ago at PVI.

- Myopes 40 y.o. and younger can have phakic IOL (ICL).
- Myopes 45 y.o. and older are better suited for RLE
- Hyperopes 40 y.o. and older are best corrected with RLE

## What results can the patient expect?

Patients often say "I am going to place/doctor X" to do a procedure because my friend went there and got a good result." There are several issues with this statement. The patient needs to be educated about whether or not they can take this statement to mean that they will get the result they want if they go where their friend went.

- In general, any FDA approved treatment/procedure/technology/ drug is going to have a good result. If doesn't meet a certain minimum standard, it wouldn't be approved. So, it is likely, that any given individual will have a good result with an FDA approved treatment. Just because one or several people had a good result, however, doesn't answer the real question a patient has to be asking: "what are the chances that I will have a good result?" The answer is "you will probably get a good result no matter where you have your treatment. The exact probability, however, will depend on the particular physician's outcomes using particular technology/tools in hundreds of patients with your particular prescription, corneal shape, and other characteristics similar to yours. One, two, or even ten patients is simply not a large enough sample size to give the patient an accurate statistical prediction about what their chances are for the outcome they want.
- A good result may mean different things to different people. Someone may consider 20/20 vision a good result, while another patient may be capable of achieving better than 20/20 and is hoping for that result.
- The patient 's prescription, corneal shape, and thickness, as well as other considerations may be different than those of their friends.
- In summary, regardless of where the patient decides to seek a treatment, they should request statistical outcomes from the treating physician. The outcomes should
  - be physician-specific, rather than FDA data
  - be of the treatment performed in patients with characteristics similar to those of the inquiring patient
  - include the probabilities for the results the patient is hoping to achieve
  - be calculated based on data used to generate treatment plans.



**Figure 3**. LASIK outcomes for the procedures performed at PVI. 99% of patients achieved 20/20 or better vision. This compares to 82% 20/20 or better average results from all surgeons using the same technology. At PVI, 75% of patients achieved BETTER than 20/20 vision, while globally only 26% of patients achieve better than 20/20 vision. All data has been generated by the third party. Data is used in nomogram development to plan treatments.



**Figure 4**. Refractive Lens Exchange (RLE) and Cataract Surgery outcomes for the procedures performed at PVI. 97% of patients achieved refractive outcome within 0.5D of intended correction. Nationally, the average outcomes are 57% of patients achieve refractive outcome within 0.5D of intended correction. (ref: Shareef Mahdavi (President, SM2 Strategic, Inc). Hawaiian Eye 2012.) In the published data the number is 55% (Gale RP, Saldana M, Johnston RL, et al. Benchmark standards for refractive outcomes after NHS cataract surgery. Eye. 2009 Jan;23(1):149-52.)

The table below the graphs summarizes the statistical analysis of the outcomes by different IOL calculation formulas. At PVI, we attribute our successful outcomes to multiple preoperative measurements with different devices and the use of at least 3 different calculation formulas to choose the correct power lens implant for each patient.

Update on scientific presentations and publications by PVI physicians



- Friedman NJ, Faktorovich EG. Hands on IOL Workshops for optometrists, February 2012
- Faktorovich EG, Friedman NJ. Outcomes of LASIK and PRK for Residual Refractive Error After Posterior Chamber Phakic IOL Implantation. American Society of Cataract and Refractive Surgery Annual Meeting, Chicago, IL, April 2012
- Faktorovich EG. Comparison of Safety and Efficacy of Topical 0.5%, 1%, 2%, and 4% Morphine for Pain Control After PRK. American Society of Cataract and Refractive Surgery Annual Meeting, Chicago, IL, April 2012
- Faktorovich EG. Keratorefractive Surface Ablations. Panelist/Moderator. American Society of Cataract and Refractive Surgery Annual Meeting, Chicago, IL, April 2012
- Friedman NJ, Kaiser PK. Case Reviews in Ophthalmology. Philadelphia: Elsevier. 2012
- Trattler WB, Kaiser PK, and Friedman NJ. Review of Ophthalmology. 2nd ed. Philadelphia: Elsevier. 2012
- Friedman NJ, Khater TT, Kohnen T, Koch DD. "Secondary Intraocular Lens Implantation." In: Tasman W, Jaeger EA. (eds): Duane's Clinical Ophthalmology. Volume 6. Philadelphia. Lippincott, Williams, & Wilkins Publishers. 2011
- Friedman NJ. "Laser Cataract Surgery Requires Some Adjustments to Surgical Technique." Cataract & Refractive Surgery Today. March 2012.

11th Annual San Francisco Cornea, Cataract, and Refractive Surgery Symposium. Four Seasons Hotel, San Francisco. May 18th, 2012 7 HRS of CE







What's new in dry eye diagnostics and treatments Gary N. Foulks, M.D., F.A.C.S., Editor-in-Chief of The Ocular Surface, Professor of Ophthalmology University of Louisville, Louisville, KY



PRK in the US Military - pre-op screening and postop management pearls for successful results David Tanzer, M.D., Director for the US Navy Refractive Surgery Center, Surgeon General's Advisor for the Navy TLC Laser Eye Centers, San Diego, CA

Strategies for analyzing and comparing surgical outcomes of different treatments, surgeons, and technologies



Ella G. Faktorovich, M.D., Founder and Director of Pacific Vision Institute; Founding Chair of the Annual San Francisco Cornea, Cataract, and Refractive Surgery Symposium, San Francisco, CA Refractive surgery in pediatric patients - indications,



outcomes, post-op care Erin D. Stahl, M.D., Pediatric Consultant, Pediatric Refractive Surgery, Durrie Vision, Overland Park, KS



Femtosecond laser cataract surgery – are we there yet? Neil J. Friedman, M.D., Adjunct Clinical Associate Professor Department of Ophthalmology, Stanford University School of Medicine, Director Cataract and Lens Surgery, Pacific Vision Institute, San Francisco, CA



Tips and pearls on Refractive Lens Exchange patient selection and postop management Jason E. Stahl, M.D., Director of Refractive Lens, Durrie Vision, Assistant Clinical Professor of Ophthalmol-

ogy, Kansas University Medical Ctr, Kansas City, KS

Refractive and cataract surgery considerations in patients with glaucoma and glaucoma suspects Andrew Iwach, M.D., Director, Glaucoma Center of San Francisco, Associate Clinical Professor of Ophthalmology, UCSF Department of Ophthalmology San Francisco, CA



Retinal chips, implants, and imaging - clinical experience with breakthrough technologies to restore sight to the blind

Jacque Duncan, M.D., Professor of Clinical Ophthalmology, Director of Retinal Degenerations Clinic, UCSF Department of Ophthalmology, San Francisco, CA

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