

Expanding Services Helps Practice Retain Patients

n East Mesa, Ariz., **Guy T. McDougal**, **OD**, has a larger-than-average geri-

atric patient population. "We see a lot of pathology, so I have purchased the instrumentation that helps me detect and monitor macular degeneration and glaucoma," he says. "It's also becoming the state of the art." The practice switched to electronic medical records about three years ago, and Dr.

McDougal acquired an OCT in January.

In his foray into the total patient care model, he has found support and advice from his colleagues in the ALL- Docs network. At the annual meeting, for example, he had a chance to view

br. McDougalbr. McDougalthe OCT and talk with his colleagues, who told him that the instrument increases patient loyalty and benefits the bottom line. "I attend a few lectures on glaucoma during the meeting and I learned how the OCT can help with analyzing the retinal fiber layers." Since bringing the

instrument in, his confidence in his diagnoses—as well as his patients' confidence in him—has risen.

As a result, he expects his business to grow as he stanches the flow of pa-

tients to consulting physicians. Now he can refer as appropriate but is able to see patients more often in his own office. He'd like to think that patients he refers out come back to him for all their needs, but the truth has been that "I'll see them every few years when they break their eyeglasses or feel like they need new ones. Now I'm seeing them on a regular basis to treat their ocular disease condition and all of their visual needs." Plus, patients appreciate not having to make a trip to the retinal specialist only to learn there has been no change in their condition.

"We're half a block away from a retirement community," says Dr. McDougal. Those residents are delighted to be able to receive their vision and medical eye *Continued on page 2*

effrey Case, OD, with offices in Freehold and East Brunswick, N.J., makes a persuasive argument for patients to move into newer contact lenses. In fact, most of his pa-



tients are wearing monthly replacement, silicone hydrogel lenses. To keep these new lenses feeling moist and performing well, Dr. Case emphasizes that patients need to use a biocompatible mul-

Dr. Case

tipurpose disinfecting solution, and he recommends OPTI-FREE® RepleniSH® MPDS. "It's a good match between the contact lens material and the MPDS," he tells patients. "I've had no problems with it."

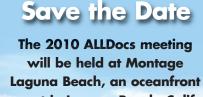
In fact, when a silicone hydrogel lens patient returns to the office with

any complaint, Dr. Case questions the patient on solution choice. "That's the first question I ask: what kind of solution are you using? It provides another chance for me to emphasize that not all solutions are the same."

He reiterates, handing the patient a starter kit and saying, "This is the product I recommend. You have to stay with it.

Sometimes it takes a second round for patients to understand that the doctor's recommendation for new contact lenses and a contact lens MPDS are a package recommendation. When patients realize more benefits from their silicone hydrogel lenses and by using OPTI-FREE® RepleniSH® MPDS, they're more likely to be compliant.





resort in Laguna Beach, Calif., Nov. 1-5, 2010. Visit alldocsod.com for the latest information.



Newer Materials, Newer Solutions

The ALLDOCS

B-Scan Rewards

hree years ago, **Kerry Gelb**, **OD**, ALLDocs president, added a Bscan ultrasound into his Woodbridge, N.J., office. The technology has allowed him to detect choroidal melanoma. Dr. Gelb uses these guidelines identified by Jerry A. Shields, MD, and Carol L. Shields, MD, at Willis Eye Hospital **To F**ind **S**mall **O**cular **M**elanomas: ■ – thickness greater than 2mm

F − fluid, if present, likely means an active lesion

S – symptoms, vision problems reported by patient or found during an exam

• – orange pigment

Coding for B-Scan

The CPT code for ophthalmic B-scan is 76512. Corresponding ICD-9 codes that support medical necessity follow: 224.6-Bening neoplasm (choroids); 355.04-Nuclear cataract; 366.53- After cataract, obscuring vision; 371.03-Central opacity of the cornea; 377.2-Drusen of optic disc; and 379.23-Vitreous hemorrhage.

The procedure is billed as a monocular procedure. Reimbursement varies but averages about \$90.

FROM THE PRESIDENT'S DESK

Feast for the Senses

t's time to start making plans to attend the ALLDocs annual meeting, Nov. 1-5, 2010, at the Montage Laguna



Dr. Gelb



Dr. Ornish



Beach, Calif. One focus of the meeting will be

Beach, an oceanfront resort in Laguna

nutrition and lifestyle choices, with keynote speaker **Dean Ornish, MD**, bringing his practical, comprehensive advice on general health, nutriton and lifestyle. Indeed, practical advice will be provided on many different fronts:

 Stuart Richer, OD, PhD, will speak on preventing macular degeneration and cataracts through lifestyle and nutrition

Murray Fingeret, OD, on Robert Weinreb,

MD, considered top glaucoma specialists, will present a four-hour course, Glaucoma A-Z, after which attendees should be comfortable not only diagnosing, but also treating, glaucoma

 Neil Gailmard, OD, MBA, will present a practice management and contact lens management session

• Dave Ziegler, OD, will discuss how to apply Disney service principles to your practice

Social media and promoting your practice

Incorporating one-day contact lenses

As always, these meetings represent a unique experience by bringing you together with other practitioners who understand your challenges and daily experience. The venue is stellar, with beautiful accommodations and surroundings, wonderful food and many opportunities to relax and learn from your colleagues and our vendor partners.

Visit alldocsod.com to learn more and register. Your ALLDocs board is working to make this our best meeting ever. Make your plans today. We look forward to seeing you there. ■

> Kerry Gelb, OD drkmg@comcast.net

is considered an active growing lesion

■ – margin, meaning the nevus is touching the disc margin

Observation for patients with choroidal melanocycstic tumors is warranted. Even those with tumors that display no factors have a 4 percent chance for growth at five years. Tumors that display one factor have about a 38 percent chance for growth, and those with two of more factors show growth in more than 50 percent of the cases at five years. Most tumors with two or more risk factors probably represent choroidal melanoma, and early treatment generally is indicated.

To read a longer version of this story on Dr. Gelb's experience with the B-Scan technology, download the First Quarter 2008 edition of ALLDocs from the alldocsod.com web site.

Expanding Services

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care needs so near.

"Geriatrics is a growth area" for all doctors, but especially for those who practice in locations that draw retirees. "The technology and the medications are becoming friendlier all the time," he adds. While he and his wife, who handles the billing for the practice, have had to get up to speed on Medicare reimbursements, ALLDocs meetings have helped them with the learning curve. So have Alcon-sponsored coding and billing sessions. Dr. McDougal often uses Alcon products as a first choice. "Alcon supports us. It's nice to support people who support you." 🔳

COOPERVISION GUEST COLUMN

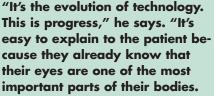
The ALLDOCS

Maximize Convenience with Daily Disposable Contact Lenses

By Tom Nicholson, Director of National Accounts

What are the important factors in contact lens wear? Compliance, safety, health, comfort? If those are considerations in your choice for patients, there's a good chance you already promote daily disposable contact lenses. If you don't, it's time to reconsider the option. Two ALLDocs members are finding that daily disposable lenses from CooperVision are making a world of difference for them.

Jack McIntyre, OD, of Corpus Christi, Texas, presents daily disposable lenses as "the best option. It's healthy and most convenient." It's a natu-





Tom Nicholson

With daily disposable lenses, we can avoid many of the troubles, infections, irritations or annoyances of ripped lenses. Daily disposable lenses put the odds in the patient's favor and decreases the risks," he says.

CooperVision offers the ClearSight[™] 1 Day, Proclear[®] 1 Day and ClearSight 1 Day toric lenses

> and office support, including in-office materials. CooperVision 1 Day lenses have a lot to offer your practice:

> Higher profit potential than any other spherical modality

> Solution cost is captured in your practice, not lost to retailers

 Super-high compliance means even more profit versus twp-week or monthly wear lenses

Patients remain loyal to the daily disposable modality, and are unlikely to want to return to dealing

with lens care regimens

In addition, CooperVision has announced an incentive to help you get your patients started on daily disposable lenses by adding up to an additional \$25 off a purchase of either ClearSight 1 Day or Proclear 1 Day 90-packs.

Quantity of 90-packs	Current rebate	Special program rebate
2	\$10	\$35
4	\$20	\$45
8	\$60	\$85

These rebates are only available though your CooperVision sales representative, and some restrictions apply. If you are interested in these new rebates, contact your local representative or contact me at thicholson@CooperVision.com.



New rebate makes it easy to promote 1 Day lenses from CooperVision.

ral fit for kids and part-time users because no cleaning is required, and the patient can put in a fresh pair of lenses every time he or she chooses to wear them. But Dr. McIntyre has gone beyond the first level of patients.

"The more I fit them, the more I am sold on the benefits to the patients and the practice, with the obvious health benefits, and the high compliance and high net income for the practice." As part of his presentation, he encourages patients to try the daily disposable lenses for one week. That's almost always enough time for patients to appreciate the convenience and comfort.

He or his technicians can show patients that the cost difference is minor, when accounting for rebates and the lack of solution costs. "So why not give it a try? You have nothing to lose by using them for a week," he tells patients.

Kerry Gelb, OD, ALLDocs president, agrees, and finds that about 90 percent of his patients who try a daily disposable lens will stay with it.



IMPLEMENTING THE TOTAL PATIENT CARE MODEL

Contact Lens Patients Key to Practice Growth



By John Rumpakis, OD, MBA

Contact lenses represent a significant portion of today's optometric practice, both in volume of patients seen and in amount of revenue contributing to the bottom line net income. What we often don't realize is the contact lens patient is also one of the hidden profit centers

Dr. Rumpakis

within an optometric practice. Just think about itcontact lens patients not only purchase contact lens services and lenses, they also purchase contact lens care products, plano sunglasses and back-up prescription eyeglasses as well. In fact, contact lens patients are also much more likely to return to your practice on a more frequent basis than typical spectacle patients (every 18 months on average vs. every 27 months on average, respectively). If they know that you provide medical eye services, they are also more likely to take advantage of those as well.

But here's the rub....Many of you are not paying attention to your contact lens patient after the initial fit and dispense. You should continue to communicate with your contact lens patients, keeping them aware of the need for ongoing care in monitoring, as well as new technology that might benefit them. One key point to consider in today's world of infinite consumer choices is this: In the absence of information, consumers make their purchase decisions based upon price. If they have a doctor who takes time (we'll talk about that in a minute) to educate and explain benefits specific to that patient's needs, purchasing decisions are much more likely to be based upon value and not about price. In fact, a well-educated consumer puts price quite low on the priority list when considering a purchase—because it now is a value-based decision.

So you don't have the time? Patients don't quantify how much time they spend with physicians, but they do assess the quality of the time spent. If you focus 150 percent of your attention on a patient during the time you spend together and personalize every recommendation you make to the patient's specific situation, you will be far more successful at getting the patient to follow your recommendations. In last guarter's column, we discussed what a contact lens patient was worth to your practice based upon my research on contact lens drop-outs. Keeping contact lens patients successful and happy by matching lens type prescribed and contact lens solution used is worth far more to your practice than you can realize. This hidden profit center, aka your contact lens patient, is just another aspect of the role you play in the Total Patient Care Model.

Alcon Acquires Durezol[™]

Icon recently announced the acquisition of a topical eye care product, Durezol[™], an ophthalmic corticosteroid for the treatment of inflammation and pain associated with eye surgery. Durezol[™] received approval from the U.S. Food and Drug Administration in 2008 and was the first ophthalmic steroid to be approved for both postoperative inflammation and pain. Clinical trials demonstrated that Durezol[™] reduced ocular pain and inflammation rapidly and effectively for patients following ocular surgery.

Cataracts and glaucoma affect more

than 24 million people age 40 and older in the U.S. Many of these people seek surgical treatment for these and other eye conditions. Corticosteroids and nonsteroidal anti-inflammatory drugs are commonly used after eye surgery to manage postoperative pain and inflammation. Complications can occur if inflammation is left untreated and can interfere with a patient's visual rehabilitation.

Durezol[™] is a difluorinated derivative of prednisolone and has anti-inflammatory activity. The recommended dosing regimen for Durezol[™] is one drop four times daily beginning 24 hours after surgery and continuing throughout the first two weeks of the postoperative period, followed



by two times daily for a week and then tapering off thereafter based on the response. The most common ocular adverse reactions occurring in 5%–15% of subjects in clinical studies with Durezol[™] included corneal edema, ciliary and conjunctival hyperemia, eye pain, photophobia, posterior capsule opacification, anterior chamber cells, anterior chamber flare, conjunctival edema and blepharitis. ■

Supported by an unrestricted educational grant from Alcon® Laboratories