



Comanaging the Surgical Patient

Comanaging ocular surgery can help grow your practice. Find out what it takes to make this aspect of optometry a huge success.

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WHETHER YOU'RE a new or an established optometrist, the one question you should always ask yourself is, "What can I do on a daily basis to improve patient care and grow my practice?" While there are many answers to that question, there's one in particular that can help your practice thrive for many years to

come: Comanage ocular surgery.

Working with ophthalmologists to care for your patients who've had surgery enables you to offer full-scope, high-quality eye care. You'll maintain and build your patient base and serve as the primary-eyecare provider to those who want or need surgery — all of which will ultimately grow your practice.

Depending on the demographics where you practice and your subspecialty, most of you will have ample opportunities to comanage surgical patients.

In this article, I'll define ocular surgery comanagement and explain how it works. I'll discuss the opportunities available to you, the benefits comanagement provides and how to get started.

Comanagement 101

Comanaging ocular surgery involves evaluating patients to determine whether or not they need cataract, glaucoma or retin-

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al surgery or are good candidates for surgical vision correction. It entails recommending the best ophthalmologists to perform the surgery and comanaging your patients' short-term, postoperative care with the surgeon while ensuring that you'll continue to be their eye doctor long-term.

For instance, if one of my patients wants or needs surgery to improve vision or manage a disease, I'll determine — as his primary-eyecare provider — if surgery will provide the best outcome. I'll contact a surgical colleague in my area to discuss the case, the type of surgery he would perform,

the possible complications that might arise, as well as the equipment and instruments that would be used. If the ophthalmologist and I agree on how to proceed, my staff will schedule an appointment for the patient and the surgeon for a surgical evaluation.

Once the patient agrees to the surgery, immediately I arrange for her to return to me after the procedure. Follow-up is critical to ensure that your patients return to you for their primary eye care. The patient would see the ophthalmologist again for necessary post-op visits or if complications arise, but she will come back to me for her continued care. I've found that patients are in favor of primary-care comanagement, which facilitates the process and encourages you to take advantage of other comanagement opportunities.

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A Field Ripe for Harvest

The opportunities to comanage ocular surgery are plentiful. Patients between the ages of 25 and 85 often want or need surgery for vision correction or disease management. Younger patients continue to request refractive surgery, such as LASIK, and middle-aged patients are becoming better educated about

Choosing Specialists

When referring patients for surgery, consider choosing surgeons who specialize in a particular area rather than generalists. Specialists are more likely than general clinicians to deliver the highest quality of care your patient needs — and deserves.

For instance, send glaucoma patients to glaucoma specialists who perform the best filtering or nonfiltering surgeries. Send patients with retinal or corneal diseases to only retina and cornea specialists.

You have more leeway with cataract patients, because most general ophthalmologists perform excellent cataract surgeries. However, if your patient wants refractive IOLs or implantable contact lenses, it's best to send him to a refractive surgeon who has a great reputation for producing excellent visual outcomes.

their vision-correction options, including refractive IOLs and implantable contact lenses. Older patients who have glaucoma, cataracts or retinal diseases are often in need of surgical interventions.

Cataract patients, in particular, make up the majority of comanagement cases in our profession. So the opportunities to coordinate care with surgeons abound. In my opinion, comanagement is as integral to optometry as contact lenses, spectacles, general clinical care, binocular vision services and glaucoma management. It'll be tough for you or any optometrist to deliver what I call a "full scope of primary eyecare services" without participating in ocular surgery comanagement. You'll miss out on providing patients with the highest quality of care and a number of other benefits.

The Perks

When patients have surgery for vision correction, the comanagement relationship between you and the surgeon will provide them the best of care and give them peace of mind. Chances are, you've been their family eye doctor for years. They trust you and are comfortable knowing you've recommended their surgeon and will

play an active role in their recovery and long-term eye care. You win their continued confidence and trust; they stay with you for the long haul, and more than likely, they'll refer family and friends to your practice.

What's more, your associates benefit. Fellows and other op-

tometrists in your practice will have the chance to determine which patients are the best candidates for surgery and which are not. They'll have the opportunity to examine surgical patients pre- and post-op, observe an entire disease process and participate in the patient's long-term healing and eye care. Plus, they'll gain critical experience collaborating and working with ophthalmologists who have outstanding clinical skills and who share their philosophies on how surgical patients should be cared for and managed. Ultimately, your practice becomes known for offering the full scope of primary eyecare services, which is crucial for continued growth in the years ahead.

Path to Success

To prepare yourself and your practice to comanage ocular surgery, follow these guidelines:

1. Schmooze with fellow O.D.s.

Call optometrists in your area and ask colleagues at optometry meetings who are the best ophthalmologists in your area willing to participate in the comanagement process.

2. Get on the horn. Call a number of ophthalmologists in your community to express your interest in comanaging surgical patients. Discuss the services you offer, your philosophy about surgical patient care and the comanagement process, and find out where the ophthalmologists stand on these issues. The comanagement relationship will work only if you choose surgeons who share your views about patient care.

Find out what diagnostic equipment and instruments these surgeons use and the type of procedures they perform to determine whether or not you should refer a patient. For instance, ask whether they use selective laser trabeculoplasty or argon laser trabeculoplasty for glaucoma surgeries, or if they perform extracapsular, intracapsular or phacoemulsification for cataract extractions.

3. Spend quality time. Ask the surgeons if you can spend half a day touring their practices, speaking with staff members and visiting the OR to become familiar with their facility and procedures. You want to ensure your patient's surgical evaluation agrees with your patient-care philosophy. You want your patients to have a pleasant experience with the surgical process and thank you for the referral when it's all said and done.

4. Know your technology. Become familiar with all avail-

able IOLs, particularly the newest multifocal and accommodative implants for presbyopia. Understand what these lenses can do for a variety of patients and how they're comanaged compared with the more traditional, single-vision IOLs. In addition, learn about the different types of lasers surgeons use for glaucoma and retina surgeries and when it's best to use them.

5. Prepare you office staff. Explain to front desk employees that surgical patients must be handled differently from patients seeking routine eye care. Your staff will need to schedule follow-

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up visits immediately following a patient's surgery and be ready to track them more closely when necessary. Employees also will need to ensure you have the reports back from the surgeon for review and will have to include them in the patients' charts. As a suggestion, have your staff use color-coded charts so they can identify surgical patients' files easily.

In addition, educate your staff about the different billing and coding procedures for comanaged patients to ensure proper reimbursement. Certain procedures involve using modified codes and notifying insurance companies, such as Medicare, to let them know the patient is no longer seeing the surgeon but has returned to your care.

Sky's the Limit

Once you've prepared your practice for ocular surgery comanagement, the hard work you've invested will pay off in the years to come. You'll always have opportunities to comanage surgical patients; you'll grow your practice by keeping patients and attracting new ones; and you'll learn more about treating and managing ocular disease as you work side by side with highly skilled ophthalmologists.

But the most important benefit is that you'll be offering patients the highest level of eye care. Your patient's visual and ocular health is the most important factor, which makes comanaging ocular surgery worth its weight in gold. **nOD**