

Leverage Technology to Achieve Triple Aim

Equipment advances help practices improve patient outcomes, satisfaction, and bottom lines.

BY S. BARRY EIDEN, OD, FAAO

As a veteran OD with a large, multisite practice, I have seen dramatic shifts in optometric practice patterns, not just during the past 5 to 10 years, but ever since its inception. Eyecare practitioners have always had to adapt in response to an ever-changing healthcare environment.

For our part, NSVC has strived to respond by continually working to provide a greater diversity of eyecare services. We began in 1990 as a primary eyecare practice, but through time, we have expanded into a multi-specialty, multi-disciplinary, and multi-location practice. Each of our seven associates focuses on a specific area of expertise, including ocular disease management, specialty contact lens management, pediatric eye care, binocular vision and vision therapy services, low-vision rehabilitation, cataract and refractive surgical services, and, most recently, ocular plastics and aesthetic surgical and medical services.

Today, it seems like one can't look anywhere in health-care, including eye care, without coming across messages about the emergence of "value-based healthcare" and how vitally important it is for all providers, including optometrists, to strive for the so-called "Triple Aim" of health-care: lower costs, better patient outcomes, and greater patient satisfaction.

Challenges to Achieving the Triple Aim

This is a worthy goal, but it is not without its challenges. These include how to respond to the ever-changing landscape of managed care; third-party limitations on reimbursements and other controls; and competition from "big box" optical centers and online retailers. As a multi-location

practice — two offices situated 15 miles apart — NSVC faces the very real challenges of coordinating functions and ensuring that our standards of excellence are maintained from doctor to doctor and office to office.

Indeed, I would add that there is often a disconnect between meeting regulatory mandates and maintaining high patient satisfaction. We are spending more time in documentation for Meaningful Use in our electronic health records, seriously distracting us from direct patient care and interpersonal interaction. I have significant doubts if the data collected from Meaningful Use is actually meaningful and impactful on better patient outcomes. All of our doctors complain that they are looking more at their computer screens and less at their patients. Though I digress, the only viable solution lies in gaining efficiencies.

Like all optometric practices, we depend heavily on our associate doctors and our staff to meet these challenges. I can't overstate the importance of everyone on our staff to NSVC's success — from those in administration and patient care coordination to the ophthalmic technicians and opticians, and even our student interns.

The Role of Technology

That is not to say we don't also rely on technology — far from it. Our practice has always embraced advanced technology; we have been involved with research and development of new diagnostic and therapeutic technologies, and we have embraced the latest technologies as early adopters along the way. Our patients are also quite cognizant of our dedication to advanced technologies; they believe it gives them access to the state-of-the-art eye care they desire.

In our view, Marco Ophthalmic, in particular, has brought some of the highest-quality and efficient diagnostic technologies to the marketplace through the years. Marco was founded by a doctor of optometry, so the company boasts an innate understanding of the needs of eyecare practitioners.

We leverage Marco's advanced refractive diagnostic technologies: We integrated wavefront aberrometry via Marco's OPD-Scan III and the TRS automated refractive system, which allows for amazingly rapid, accurate, and fine-tuned refraction results.

Indeed, these technologies in tandem allow us to target refractive results with a precision not achievable even a few years ago. Further, these technologies provide documentation and in-depth understanding of each patient's visual system. The OPD-Scan III system is an integrated aberrometry system. It combines the attributes of a placido topographer, automated refractor, and automated keratometer, and adds the elements of wavefront aberrometry and pupillometry. By integrating these systems into one multifunctional unit, we can quantitatively evaluate how light is focused throughout the visual system. It provides us with both low-order aberrations, which in essence are the traditional refractive measures of sphere, cylinder (and axis), and high-order aberrations (such as spherical aberration, coma, trefoil, etc.). Furthermore, the OPD can identify the source of these aberrations and differentiate between external (typically anterior corneal and tear film) and internal aberrations (typically lenticular in origin, such as cataract, IOL anomalies, or posterior capsular opacities). Another advantage of information provided by the OPD-Scan III is the refractive power shifts found with variable pupil sizes. This often can explain why some people have issues with night versus daytime vision.

The TRS system provides a level of refractive detail not attainable with traditional manual phoropter use. The TRS can refract down to 1-degree axis and 0.12 diopter power steps (for sphere). For some patients, such detailed outcomes can make the difference between an acceptable and an exceptional refractive correction. We now have ophthalmic laboratories that can fabricate lenses to those levels of specificity. This raises the bar in terms of the quality of vision correction we can provide for our patients.

It is quite apparent to all of our doctors that these

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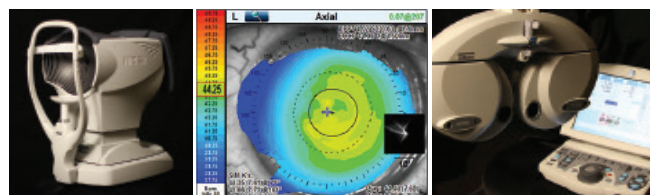
technologies have had a significant impact on our practice efficiencies and our understanding of our patients' visual systems, which allows us to direct specific refractive treatments (spectacle, contact lens, and surgical), thereby improving the quality of patient outcomes. Patient education and understanding have also been positively impacted — using the OPD-Scan III system, we can clearly demonstrate to patients what is going on with their optical system. Whether the source is tear film, corneal, lenticular, or some other cause, we can help our patients understand where their optical challenges are coming from and how we

propose to address those challenges. Finally, these systems continue to emphasize our practice's dedication to providing the most current and advanced technologies.

Multiple Reasons to Go With Marco

Like weather, the healthcare environment seems to change from one moment to the next, and the importance of high-quality technology cannot be overstated with respect to helping optometric practices meet the three big goals of lower cost of care, better patient outcomes, and greater patient satisfaction. Marco is our go-to company for several reasons. Its tools help us provide the highest quality of eye-care services to our patients; they allow us to differentiate our practice by dedicating ourselves to the most advanced technologies available; they help us improve eye care efficiency in a dynamic and challenging practice environment; they enable us to gain an in-depth understanding of the ocular and visual system; and they simply allow us to provide the ultimate patient care experience. 🌐

Dr. Eiden is president and medical director of North Suburban Vision Consultants, Ltd.



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