

Embracing Change That Empowers:

SMARTER REFRACTIVE SYSTEMS AND PROCESSES



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Designing a Better Cataract Patient Experience

BY MYRA CHERCHIO, COMT

WITH A WORKFLOW DESIGNED AROUND THE MARCO EPIC, CATARACT PATIENTS REQUIRE ONLY A SINGLE PREOPERATIVE VISIT.

In the changing landscape of cataract surgery, the need to focus on the patient experience is paramount. In our practice, we work hard to make each patient's experience as convenient as possible, while focusing on efficiency and achieving excellent outcomes.

This means we don't want to make patients come in multiple times. We want to complete cataract evaluations — including testing, counseling and consents — in a single preoperative visit. To do so, we've had to get creative about making the most of our time with patients, including the use of technology to boost efficiency.

The One-Visit Plan

When we incorporated the EPIC refraction workstation (Marco) into the biometry plan at our cataract practice in 2005, we already followed a one-visit model, but patients had to move several times within the practice, making the evaluation process inefficient. The EPIC consolidates several steps and reduces patient movement.

Today, we have eleven EPIC systems in seven offices, with integrated OPD-Scan II and III refractive diagnostic workstations. Our EPIC technicians perform about two thirds of the workup, including the topography and keratometry measurements needed for IOL calculations. To maximize utilization of the equipment, the remainder of the workup is completed in a separate exam lane.

To maximize the advantages of the EPIC system, we made significant changes to our process and staffing patterns. I've put together some pearls to help other practices as they pre-

pare for this transition.

1. Make sure doctors support the change. Our first step was ensuring that the doctors were confident in the accuracy of the device and the technician's role in collecting data. We also asked our cataract surgeons for input on staff roles and how the day would flow. It's ideal for doctors to participate in some training so they can see firsthand how the system works and what skills the technicians need.

2. Take a fresh look at clinic flow. It's ideal to approach the EPIC system with a willingness to reinvent your flow patterns. Our first step was sitting down with Marco's implementation team. They've seen many practices, so they bring great ideas to the table. They also understand that every practice has a unique workflow, staffing situation, and office footprint.

Working with the Marco team gave us a fresh perspective on developing a new flow pattern and schedule. They also helped us redefine staff roles to make the best use of the equipment. One change was to modify our schedules so that we no longer mixed medical ophthalmology patients with cataract patients in a single day. Our scheduling staff has learned to screen patients with excellent accuracy, predicting which patients need a cataract evaluation slot. The changes we've made save time and help improve efficiency.

3. Match the EPIC skill set to the right techs. It would be easy to believe that the automated nature of the system makes the output foolproof, but that's simply not the case. Because we use the topographical data to calculate lens powers and make recommendations for the lens, our technicians' skill level in using and understanding the technology is



critically important. We've found that our best EPIC technicians are those who have an eye for detail, and understand how their role directly impacts patient outcomes. We count on our technicians to assess the quality of the topography, communicating areas of concern or any potential issues with accuracy to the physician. In addition to being analytical and precise, we also look for technicians who are comfortable moving at a fast pace and enjoy using new technology.

4. Train your techs well (with some terrific help). In our practice, we spend a good deal of time training EPIC technicians involved in biometry. They become skilled refractionists and learn the details of corneal topography to produce reliable, reproducible data.

In addition to mastering these ophthalmic skills, our EPIC technicians must learn to use a very sophisticated piece of equipment. We've found that working directly with Marco to train on the equipment maximizes their mastery of the system. As such, we send all new EPIC technicians for training at the Marco headquarters in Jacksonville, Fla. It's well worth the shared expense. The company has an outstanding facility with valuable resources, including an impressive classroom setting with a "computer brain" of the EPIC in front of each student so everyone can learn together.

We count on our technicians to assess the quality of the topography, communicating areas of concern or potential issues with accuracy to the physician.

Marco has put a good deal of work into providing credentialed trainers and educational resources, and it shows when our technicians bring their knowledge back to the practice and begin making the most of the equipment.

5. Set expectations for productivity. When you're putting together a new schedule, pay attention to your resources. We can add more technicians, but we can't easily add more EPIC systems, so we built the cataract evaluation schedule around the systems. We also set targets for our EPIC technicians to spend no more than 12 to 15 minutes per patient, from be-



ginning to end. It's a brief amount of time to gather a great deal of data, but it goes smoothly with an engaged, participating patient.

To maintain efficiency, it's important to acknowledge that the EPIC isn't for everyone. While this technology supports a very smooth exam for most, some patients may not have the capacity to participate because of hearing problems or cognitive or physical limitations. We have a staff member who manages flow and directs the right patients to the EPIC. When patients can't use the EPIC, our team directs them to an exam lane for a traditional workup with assistance from a family member or caregiver. If a technician begins an EPIC exam and finds that a patient is struggling, the technician will simply move the patient to a traditional lane.

An Unexpected Benefit

We bought our first EPIC to streamline the cataract workup, so it's no surprise that it helped us gain efficiency with our evaluation process. It's allowed us to maximize our one-visit system, even as we've brought in new lens technologies and a femtosecond laser. We're very pleased that the EPIC has enabled us to accomplish more with fewer technicians.

One unanticipated advantage that we've discovered over time is the pride that our staff members take in using the EPIC. In our practice, it's prestigious to be selected for training, and our staff appreciates this investment in their careers. Our EPIC technicians take pride of ownership in their part of the process, and as a result, they're highly accountable to the practice and each other, which in turn has a tremendous positive effect on the patient experience. ■

Myra Cherchio is the director of clinical operations at St. Luke's Cataract & Laser Institute, a multi-center practice based in Tampa Bay, Fla.



Using a Smarter System

BY GINGER BALL, COA

**THINK YOU'RE TOO BUSY TO ADOPT NEW TECHNOLOGY?
YOU'LL WANT TO CHECK OUT THIS TIME-SAVING SYSTEM THAT'S ALSO EASY TO LEARN.**

Everyone in our practice is busy. During a typical day, our technicians and staff feel we have very little time to try out a new technology. So, when our doctors and administrators decided to purchase a Marco EPIC workstation — and, in doing so, change the way we perform surgical workups — we were a little wary.

The concept of faster, more accurate evaluations made sense. The EPIC workstation (configured with an OPD-Scan wavefront system and a TRS-5100 digital refractor) combines autorefraction with corneal topography, wavefront analysis and more diagnostic measurements in one 20-second process. But what about the time-consuming realities of implementation?

Years later, I can tell you that the EPIC system has helped us to work more efficiently, see more patients and realize higher profits — all while actually SIMPLIFYING the training process for our staff. Most importantly, it has helped us achieve better clinical outcomes, which means happier patients. We now have three EPIC 5100 systems in our main office and one of our original EPIC 2100 in each satellite location. Our surgeons rely on these systems, and the staff can hardly remember what life was like before them.

Getting Started

Implementation takes time and planning. Physically, the EPIC presented no problem because it has a very small footprint. And because it performs the work of several devices, it actually saves space and total cost.

When it came to training, the staff was intrigued by the

fact that the technology would enable them to do more in less time. And as we trained all of our technicians on the EPIC, we found that it's an easy system to teach because it actually guides techs through the process, always displaying the next step on the screen. Also, the technical expertise threshold for the EPIC is low. Our experienced technicians know how to refract patients manually, and that knowledge is important — particularly because some patients still require manual refraction — but that level of expertise isn't required to operate the EPIC.

In addition to operating the EPIC, technicians must learn how to communicate with patients while using the system. Each one of us will ultimately explain the EPIC in varying terms, but we all cover the same key points. The basic conversation begins like this:

"Good morning, Mrs. Potter. My name is Ginger. I'll be checking your vision and taking several measurements that will give us a comprehensive understanding of your complete visual system so we can provide the best possible eyeglass prescription to meet your needs. May I see your glasses?"

At this point, I check the eyeglass prescription and the condition of the frames and lenses, and I ask for other pertinent information — for example, how old the eyeglasses are and where they were purchased. I take measurements of the eyeglasses with the EPIC auto lensometer.

Next, we proceed with the EPIC refraction. With a single



button push, I can rapidly show patients the difference between their current glasses and the new measurements to let them determine if the difference is worthy of purchasing a pair of new glasses.

This process sounds time consuming, but we've done it so many times that it now takes 3 to 5 minutes total. We finish by moving the patient to another room to complete the exam.

When our techs understood the basics and began using the EPIC on patients, we shadowed them through the process, watching from beginning to end how they used the device, educated patients and documented their work. We also watched handoffs from the front office staff to technicians to doctors, ensuring that we were actually fulfilling the potential to improve patient flow.

Getting Faster

With the EPIC, the whole visual workup for our surgical patients and complex cases is done in one seat, and it takes less time than in the past. In fact, we are able to complete six exams an hour on each EPIC machine. It became clear very quickly that the EPIC would make a dramatic change in patient flow with the push of a button.

Instead of spending 10 minutes performing a manual refraction, technicians spend 3 to 5 minutes checking patients' vision, reading their glasses, capturing refractive and topographic data with the EPIC and showing the patient the results. And the EPIC 5100, which incorporates Marco's OPD-Scan III, is extremely accurate. A very high percentage of refractions are right on — we just adjust the sphere and we're done. The accuracy and objectivity of this approach mean we have fewer remakes, and the speed obviously allows us to move patients more quickly.

The EPIC's connectivity helps smooth the data transfer process, as well. When the technician is finished with a patient, all of the data (more than 50 fields) is uploaded to our EMR without a single transcription error. Doctors can easily

view the data in the exam room, where they love using images to show cataract patients the visual experiences they can expect from different IOL options. The system's wavefront capabilities help doctors understand and show why patients are experiencing problems with night vision and glare, and how they will correct those problems with surgery or vision correction. And the added speed of the exams themselves allows this kind of important patient education.

Doctors also appreciate that no matter which one of our 11 technicians performs the EPIC testing, they will receive uniformly accurate results, because the EPIC guides techs through the correct testing sequence. This means the results are equally reliable for all of the system's operators.

The EPIC's connectivity helps smooth the data transfer process.

Getting Simpler

The EPIC system isn't just easier on doctors and techs — it's easier for patients, too. Our patients tell us that they like the EPIC experience much better than manual refraction. They're very happy to avoid the "Which is better, 1 or 2?" routine. Less fatigued, more engaged, better informed, and more impressed patients enhances the total practice experience.

What's more, rather than simply HEARING explanations for their vision problems, patients get to SEE what's going on. When we show them the difference between old and new glasses or different IOL options on screen, they feel more comfortable with the doctor's recommendation, and they are personally involved and invested in the selection of their new prescription. They make choices with more confidence. When patients can see what's wrong and preview how the doctor will fix it, they're often excited to move forward and enjoy clearer vision.

Frankly, our technicians and staff also appreciate having a real view of visual problems and solutions. It's part of how the EPIC makes testing more straightforward for everyone in the practice. ■

Ginger Ball, COA, is Lead Technician at Eye Centers of Tennessee in Crossville.



Transformations Part 1: Change Your Mind

BY CONNIE StCLAIR, COE

**AS YOU TACKLE CHANGE AND GROWTH IN YOUR PRACTICE,
BE SURE TO BEGIN WITH AN OPEN, POSITIVE, BIG-PICTURE MINDSET.**

What do a new phone network, a new EMR system, and a new diagnostic technology have in common? Yes, they all have the potential to add stress to your already maxed-out workday. But if these upgrades help meet the needs of a practice, then they also have the potential to improve life for patients, doctors and staff.

So how do you get into that second, positive mindset? And how do you help your staff do the same?

Why Change?

As a consultant, I'm often asked to help employees in large practices embrace change and implement new processes. Without that positive attitude from top to bottom, change won't succeed.

The first step in creating a positive, effective mindset for change is to help everyone in the practice recognize and accept the need for the change. After all, it's hard for people to transition to something new when they're constantly wondering, "Why do we have to do this?"

On a regular basis, employees should be made to understand why they do what they do. Explain how their tasks fit into the treatment of patients and running the practice. When you ask staff members to set aside the old ways and start something new, that understanding becomes more important than ever. When staff members understand how their work fits into the big picture — meeting the needs of the practice and its patients — they're more likely to get on board and less likely to resist change. And don't forget to

point out how the change serves the daily best interests of doctors and staff.

Where Does It Hurt?

To determine what changes will improve a practice, I guide my clients to begin by defining what pains it. Where are patient needs unmet? Where does the staff struggle? Why things that have "always been done" just aren't working anymore?

Doctors and staff will be more likely to accept and engage in changes they know will cure these pains. Here's an example:

Problem: I worked in a practice where staff were stretched thin and exhausted. Serving an 8-county area with only one other ophthalmic practice within 120 miles, our surgical volume was high. Our wait times were high, too, and we always seemed to lack space, skilled technicians and a smooth patient flow.

In addition, our spirits were low. People can only pull so many late nights and eat so much free pizza.

Change: The practice's owner and administrator, committed to growth and patient care, decided to expand the existing building. We needed more space so we could add the providers and technicians necessary to serve the community.

At the same time, we learned about the Marco EPIC re-fraction system, a technology that not only combines several key diagnostic functions, but also guides and shapes the efficient design of a new process for patient flow. We



purchased three EPIC systems and although this technology doesn't require physical alterations, our planned expansion allowed us to give the systems three dedicated exam lanes.

Mindset: Staff were already chafing as patient volume drove the practice to its physical limits. They knew better than anyone that we needed more space and capacity, so they were willing to accept the inconvenience of a major construction project with relative ease.

On the other hand, changes in our processes and patient flow that came with the EPIC took some explaining. We had to show the staff how the changes were going to bring value to our patients, our practice and even to ourselves through less stressful workdays.

Challenges: All of the truly significant changes that I help practices roll out, especially those aimed at improving efficiency, affect almost everything else in the practice. This is certainly true of the EPIC. The system doesn't just consolidate several tests, it effects workup time, scheduling and patient flow. Doctors, technicians and front office staff are all affected, so they all need to engage in the change.

When staff members understand how their work fits into the big picture — meeting the needs of the practice and its patients — they're more likely to get on board and less likely to resist change.

By educating personnel about the EPIC, we helped them understand that it would save time and energy while providing clinical advantages and a better patient experience. In short, if everyone would approach the transition with a positive mindset, the change would pay off.

My own frustration: From experience, I can tell you that this kind of process-based change isn't easy. I had my own struggles in replacing our old ways of doing things. The folks from Marco explained to me how the EPIC increases efficiency through its speed and the use of a resource-based



The EPIC Refraction System

approach to scheduling. I understood the concept, but I struggled to make it fit into our practice, where we were used to scheduling doctors, not resources.

After repeated attempts to work this new concept into our existing structure and schedule, I gave up. I threw the schedule out the window and started from scratch. When I finally shut the door on my "this is how we do it" thinking and opened my mind to change, I was able to quickly develop a schedule that worked. It was an important reminder that we all need to keep an open mind and allow ourselves to think differently to solve new challenges.

Ready to Free Your Mind?

Change isn't easy for anyone, and some roadblocks and frustrations are inevitable. To succeed, we have to change our mindset, see things differently and work through the rocky transitions.

My experience helping to implement a Marco EPIC system is one example, but as a consultant, I've had similar experiences across many major projects. Whether your practice or project is large or small, if problems are evident and change is in the air, I recommend that you begin by tackling what may be the biggest hurdle: your mindset. Then help others in your practice do the same. ■

Connie StClair, COE, has served as a growth and implementation specialist and has helped numerous practices through the addition of doctors, staff, services, space, and locations, as well as implementation of new technologies. She can be reached at connie@conniestclair.com.



Transformations Part 2: Change Your Practice

BY CONNIE StCLAIR, COE

**YOU CAN ACHIEVE YOUR GOALS FOR THE FUTURE,
AND THESE NINE IMPORTANT LESSONS WILL HELP.**

In Part 1, I asked you to “change your mind,” and encouraged you and your staff to tackle big-picture change and growth with openness and a positive outlook. Here, I’ll share how I help practices build on that mindset.

As a consultant, I’m paid to get to know a practice and see what’s not working, and then implement beneficial changes. To the trained eye of an “outsider,” those problems are often pretty clear. Some practices aren’t maximizing their efficiency, patient flow or profits, while others could be more patient or employee-friendly. When the challenge is a top-level personnel change or growth from a mom-and-pop practice to a corporate model, practice leaders engage me not to recognize the issue, but to implement a change smoothly.

Whatever the situation, implementing change is not a common sense task — it takes practice to do it well. I’d like to share with you how I learned to follow through with complex changes, and how you can have the same success.

Learning to Change

My first large-scale project was the implementation of the Marco EPIC refraction system in 2005. The EPIC combines auto-refraction, topography and wavefront topography, as well as measurements such as K values, vertex, and pupillary distances into a single system that measures all of these things rapidly in a single sitting.

Working through the EPIC implementation changed the way I look at large projects, and my experience in this first effort still influences my approach to this day. Here are some of the core lessons I learned.

1. Transformation happens under pressure. The world doesn’t stand still while we make a change. For me, the EPIC implementation started not only with a major equipment investment, but also with construction to add much-needed space to a growing practice. Both of these changes required new processes.

I felt substantial pressure to ensure the implementation went smoothly and stayed on schedule. We were laying the foundation for the practice’s next phase of growth, which would include EHR implementation.

This kind of pressure is common when you implement change, but research, planning, and experience can help diminish the stress.

2. Change touches everything. To switch to the EPIC systems, we needed an all-encompassing new process that would change the way we scheduled patients and how patients flowed through the practice. From the front desk to testing to physicians to billing, the EPIC affected every area and employee.

3. Detailed planning is your friend. A change like the EPIC implementation has broad effects, so you need to peel back the layers of how the practice works and evaluate the specific ways the change will impact both patients and staff. This is true for any large project you roll out, but it’s easy to forget that one technology change in a specific area can have far-reaching effects.

Once you dissect how you do things today, you will be able to map out the change. This detailed planning will help you fit all the pieces together for a seamless connection.



4. Sometimes the “old way” has to go. With the new scheduling model in particular, the EPIC taught me that sometimes you must let go of the old way of doing things. The procedures that were ingrained in my mind simply didn’t work, and by abandoning them, I was able to embrace a new kind of scheduling that was much more efficient and better for patients and staff. Now, I always step back and question my approach, including whether I’m too mired in old thinking.

5. Efficiency has an “80% rule.” Patients are individuals, and we like the idea of patient care being personalized. But should we use an individual approach for every single patient? No.

I’ve found that if we can develop a process in which staff members do 80% of their work the same way for all patients, the practice can serve all kinds of patients smoothly and efficiently. The EPIC contributes to that model by consolidating and standardizing tests. Other ways to add uniformity include scripts and “cheat sheets” to help staff answer typical questions.

6. Thorough training is essential. With new equipment, new scheduling, a new office layout, and a few new staff members, I knew we would need training for the whole staff. Be sure to schedule training in a way that isn’t rushed and provides time for everyone to try the new equipment and receive reinforcement. Be sure the technology source provides this training.

7. Communication can mean success or failure. Everyone on staff needs to know what changes are planned and why, both at the outset and throughout the process.

For example, I explained that our practice urgently needed to move away from our established routine, get more space, and start using the EPIC. Why? Because workups were inconsistent, techs were understaffed, patients were backed up, new doctors were joining the practice, and stretched-thin staff members were in danger of burnout. Keeping the message of change positive, I emphasized benefits, such as better job security and higher pay, a lighter workload for the tech pool, the ability to leave work on time, and fewer patient complaints.

It’s important to revisit these benefits throughout the implementation process to help everyone stay focused on the light at the end of the tunnel. Remember, the communication

has to go both ways, with staff voicing their perspectives and concerns every step of the way as well.

8. It helps to acknowledge the negatives. I always ask myself and others, “Where and how will change create pain or loss in the organization?” By doing this, I can identify team members who will be negatively impacted by a change, whether temporarily or long term, and anticipate how they will respond.

In the case of the EPIC system, optometrists and some staff members are “master refractors” who don’t look kindly on autorefractometry. It was important to acknowledge their viewpoint, even if the more efficient new model wouldn’t fully accommodate it. By involving these folks in the implementation process, they saw their expertise go into the planning for the new refraction protocol.

Even the everyday growing pains of certain changes — the inconveniences of construction, the new job duties, the learning curve — should be acknowledged. People want to be heard and they want to know that their patience is appreciated.

9. Success must be measured and rewarded. Once you’ve mapped out a plan for implementing a change, you need to set the criteria for success and how you will measure it. For example, I wanted all of our doctors and techs to know how to use the EPIC, and I measured success based on their training attendance and use of the systems. I explained these goals and measurements to everyone up front. It was important to reward staff for their successes, strategically linking objectives and rewards, and openly celebrating each achievement in the process.

The Value of Experience

Much of what I do to make practices more effective and efficient equates with my implementation of the EPIC system. In the 10 years since then, I’ve managed quite a bit of change, and implemented numerous new processes. On a scale of success from 1 to 10, I’d say I usually hit at least an 8. I eventually reached that level with the combined EPIC and physical expansion project, but it was a challenge that took some trial and error as I gained experience. As you embark on new changes in your practice, I hope you, too, can learn from my experience. ■



Accurate and Automated Refractions

AN INTERVIEW WITH [RICHARD EDLOW, OD](#) | BY JAMES KNAUB, CONTRIBUTING EDITOR

REFRACTIONS ARE THE CORE OF EFFICIENT EYE EXAMS.

Richard Edlow, executive chairman of EyeCare Services Partners, sees excellent automated refraction with smooth EMR integration as a key driver of quality, efficiency and a positive patient experience.

Dr. Edlow, a trained optometrist, says building those three components into routine comprehensive eye exams is at the core of the practice's mission to provide patients with higher quality care.

For two decades — before a 2014 acquisition formed EyeCare Services Partners — Dr. Edlow served as CEO of the Katzen Eye Group's five offices and one surgery center in the Baltimore area. Staffed by 23 ophthalmologists and optometrists, EyeCare Services Partners operates on a larger scale than most groups — seeing as many as 300 patients per day at its largest site. But Dr. Edlow says creating an efficient workflow is crucial to any busy practice — no matter the size — for shared and distinct reasons.

High Volume Requires High Tech

"To handle the number of patients we see and offer a very positive patient experience, we have to utilize technology," Dr. Edlow says. "We've found the EPIC autorefractor workstations to be a key component in allowing the doctors to properly see the volume of patients who come through the office each day, to do it in a patient-centric way, and to utilize our clinical support staff to perform the complete clinical workup for the doctor. We find these systems allow our doctors — especially our optometry team — to see an additional two to three patients an hour than if we didn't have the EPIC systems."

Dr. Edlow says the group uses three EPIC 5100 Refraction Stations, configured with the multi-modality M3 autorefractors with non-contact tonometry function, at its main Baltimore-area office. Two are dedicated to the optometry staff and are used for comprehensive eye exams. The third is used primarily by cataract surgeons to evaluate patients and help plan surgeries. (The group uses EPIC 5100 Refraction Stations at its other sites as well.)

A Workup Not a Workout

"The EPIC workstations allow our optometrists to see more patients per hour," Dr. Edlow says. "The patients truly appreciate the technology of the EPIC for their refractions. For the ophthalmologists, particularly the cataract surgeons, it provides a good sense — before additional diagnostic testing — of what type of lens implant they'll discuss with the patient."

After patients are registered, they're taken to the EPIC Refraction Station for an autorefraction and to collect other diagnostic data before seeing the ophthalmologist or optometrist. All full exam patients go through the EPIC workup, Dr. Edlow says. Follow-up patients don't, unless they're in for postoperative visits.

"Our clinical workup teams take patients back to complete the workup," Dr. Edlow says. "Then, patients are taken to the exam room where the staff completes the chief complaint and history information prior to patients seeing the doctor."

Autorefractions take 3 to 5 minutes and a complete workup takes about 10 minutes. In most routine exams, the workup includes non-contact tonometry using the M3, Dr. Edlow



says. Glaucoma patients are taken to the applanation tonometer to confirm their IOP.

In addition to efficiently gathering data using the EPIC system, information is automatically uploaded to the practice's NextGen EMR system with no risk of transcription error, so the diagnostic data is ready and waiting for the doctor in the exam room.

Info Without Error

"One of the features that's great about the EPIC is how many data fields it automatically transmits into our EMR system," Dr. Edlow says. "So once the refraction is complete, with a click of the mouse, you can instantly add their old prescription, their new refraction and cornea measurements. More than 50 different data fields automatically feed from the EPIC into the EMR system."

EPIC's integration with their EMR system, the precision of the refraction and other workup data, and the efficiency of delivering information to the doctor in the exam room improve both the quality and workflow of the center's exams — and improve profitability.

Seeing Is Believing

After the doctor enters the exam room and greets the patient, yet another key advantage of the EPIC system emerges: the capability to quickly demonstrate the patient's new refraction.

"For the routine comprehensive exam patient, the real advantage of the EPIC is that doctors can show patients the difference between their previous refraction and their new refraction instantly, with the push of a button," Dr. Edlow says. "If you're using a phoropter in the exam room, it can be a challenge showing the patient the old and the new refractions. With the EPIC, it's simple and patients can more easily appreciate the change and value the difference."

For cataract patients, Dr. Edlow says the efficient, accurate refraction and keratometer readings help inform the ophthalmologist's discussion regarding IOL selection — whether a multifocal, toric, or monofocal IOL is most appropriate for the patient — as well as whether the patient is a good candidate for femtosecond laser astigmatism correction during the procedure.



Good Partners

While technology and automation help EyeCare Service Partners deliver efficient, top-quality care, Dr. Edlow says Marco's depth of support provides another key component: expertise in scheduling patients to optimize workflow in a busy practice.

"Marco shares their expertise when you acquire one of their systems," Dr. Edlow says. "Their people work with you to fine tune and customize your scheduling system to better integrate the EPIC into your workflow, which really increases productivity."

"Accomplishing this type of efficiency improvement would be much more difficult to achieve on your own and could otherwise be an impediment to adopting such a valuable technology."

Dr. Edlow says each doctor's schedule is an individual template, but a typical schedule includes three comprehensive visits per hour and two or three follow-up visits.

He says the basis for the initial decision to move to the EPIC refraction systems was a cost-benefit analysis, considering the equipment and staffing costs for the workup team to operate the system and the increases in patient volume and optical sales. He believes that as long as the practice has the market demand to increase volume and fill the exam slots created by improved efficiency, it's a clear economic win for a practice.

"The value the EPIC adds to workflow and production allows us to thrive," Dr. Edlow says. "I don't think we could survive without it in this day and age. A busy group needs technology like the EPIC system to meet the demand for services. Without it, it would be nearly impossible to be profitable and successfully manage workflow, while providing the quality care we want for our patients." ■



TRS-5100 Digital Refractor



**ARK-1a/1s
Autorefractor/
Keratometer**

The EPIC Workstation pairs the TRS-5100 Digital Refractor and SSC-370(CG) Electronic Chart with your choice of ARK/OPD and Autolensmeter.



Marco provides the automated and integrated solutions you need to deliver more diagnostic information, greater efficiency, elevated patient experience, superior clinical outcomes, and enhanced profitability. Customize a refractive workstation for epic results in your practice.



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