

CHANGING DRY EYE DISEASE IN YOUR PRACTICE

Learn how six administrators successfully incorporated the TearLab Osmolarity System into their practices.

Dry Eye Disease (DED) is one of the most common conditions encountered in eye care. It has long been addressed subjectively due to a lack of consistent identification criteria and a lack of correlation between signs and symptoms. This resulted in dissatisfied patients and in many cases, lack of therapeutic response due to misdiagnosis and/or lack of compliance. With the advent of new diagnostic technologies, the DED landscape is quickly evolving and becoming a key area of focus for many practices. In this discussion, you will hear from six practice administrators, how they have embraced new technologies and how they have helped incorporate point-of-care diagnostics in their practice, including the use of the TearLab Osmolarity System.

Dry Eye Disease Prevalence

Not surprisingly, the panelists see varying amounts of DED in their practices. Anywhere from 20% to 65% of patients present with symptoms and this estimate may vary depending on geographical location and the types of questions asked during the patient history and on the DED questionnaire. For example, Mark Rosenberg's practice is in Arizona where people tend to accept dry eye symptoms, but a review of the results from their questionnaires reveals numbers consistent with the national data — about 50% to 60%.

Participants

Patti Barkey, COE
CEO of Bowden Eye & Associates, Eye Surgery Center of North Florida in Jacksonville, Florida

Tom Burke
CEO of Ophthalmic Consultants of Long Island in New York

Roberto Conte
Business Manager at Eye Doctors of Washington in Washington, DC

Mark Rosenberg
Executive Director at Barnet Dulaney Perkins Eye Center in Phoenix

Candace S. Simerson, CMPE, COE
president and COO of Minnesota Eye Consultants in Minneapolis

Karen J. Spencer
CEO of Virginia Eye Consultants in Norfolk, Virginia

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Adding Practice Value by Treating Dry Eye Disease

Burke: DED is the most common complaint of our patient base, so it's been an enormous practice builder. Patients often come to us for a second opinion, feeling frustrated with their existing diagnosis and care, and we treat their condition with the seriousness it deserves. Those satisfied patients stay with us for their concomitant problems such as glaucoma, cataracts and retina issues and refer their friends and families.

Rosenberg: When we detect and treat dry eye prior to surgery, we often avoid patient dissatisfaction with the procedure. Frequently, patients experience symptoms of dry eye after surgery and relate it to the procedure, not understanding that the issue was preexisting. Dry eye diagnosis and treatment provides new revenue opportunities and, at the same time, addresses an unmet need for our patients.

Barkey: Since we implemented a dry eye clinic, patient satisfaction has been higher than ever. Patients go from physician to physician looking for help, so when we have a solution, they're thrilled! Post-surgery satisfaction is higher, too. What's more, our dry eye revenues will be close to \$1.8 million this year.

The Decision to Incorporate Osmolarity Testing

Conte: Our practice was looking for a progressive, quantitative method to diagnose and follow the progression of DED. Tear osmolarity testing offered a solution to both of these needs.

Simerson: We wanted the ability to hone in on what was causing the dry eye complaints. We knew osmolarity testing would not only help us more appropriately direct care and determine treatment options, but it would also let us educate patients using objective measurements.

Burke: Our practice always wants to be a leader, and tear osmolarity differentiates our practice while it improves patient care.

Changing the Approach to Dry Eye Disease with Osmolarity Testing

Spencer: Osmolarity testing has completely changed our practice pattern and strategy as it relates to dry eye symptoms and complaints. We now have an objective screening tool that allows us to diagnose and educate much earlier in the patient journey, thus allowing for more detailed communication between provider and patient and increased patient satisfaction due to the ability to initiate therapy more expediently. The TearLab

Osmolarity System also provides us with a more objective way to track responses to therapies over time.

Rosenberg: Osmolarity testing enables us to substantiate patient complaints, predict future issues and bring greater consistency to dry eye diagnosis and treatment. This relatively quick and simple test also has allowed us to streamline patient flow by scheduling specific dry eye clinics where patients get the time they need and the staff members are trained to provide patient education on ocular surface issues.

Burke: Now with our dry eye questionnaire and an objective dry eye measurement, we can diagnose dry eye earlier, initiate education sooner, perform more thorough routine examinations, spend more time on treatment and follow each patient's progress and response to therapy.

Administrator Involvement in Implementation

Conte: A cornea specialist and I took the lead. We started with implementation solely in his practice, ironed out the kinks, and then coordinated staff training and implementation for the remainder of the physicians and staff.

Barkey: I suggested that we incorporate TearLab because it made sense in our dry eye clinic. Our doctors agreed, and TearLab provided complete implementation training.

Spencer: Our practice president had the passion to push toward implementation of this technology, and our senior clinic supervisor helped lead the charge.

Rosenberg: I suggested TearLab after a presentation at a professional meeting and our cornea surgeon championed it throughout the organization by developing a treatment path.

Burke: Our doctors explained the importance of osmolarity testing and initiated the conversation about TearLab.

Simerson: Two of our surgeons expressed an interest in osmolarity testing, and then I worked with my colleagues from other practices to determine how best to integrate this technology and modify patient workflows.

Overcoming Osmolarity Implementation Obstacles

Spencer: We have 36 exam lanes at our main location and another 19 lanes combined across our satellite sites. The most significant challenge we faced was ensuring we had enough units to accommodate our clinic flow, accommodating 300 to 400 patients daily across all locations.

Rosenberg: In a large organization with multiple

locations, workflow changes are challenging. To build commitment, we started by hosting an all-day, off-site symposium for staff and doctors to learn the value and ramifications of this modality.

Burke: The biggest obstacle was the added time spent with each patient. My team worked closely with our doctors and TearLab staff to reduce time, assess results and begin treatment regimens in a timely fashion. By using a dry eye questionnaire and having our staff initiate tear osmolarity testing, we've actually reduced physician time with patients while improving patient care.

The Importance of a Dry Eye Questionnaire and Osmolarity Testing Protocol

Burke: Our operations staff evaluated several suggested questionnaires, modified one to fit our practice (and avoid more questions for our reception staff), and incorporated feedback from our cornea specialists. We took a similar approach with the protocol, reviewing physician feedback on the preferred practice pattern to create the form we have today.

Barkey: We use a modified SPEED (Standard Patient Evaluation of Eye Dryness, TearScience) form to question our patients at each visit. A flow sheet in our electronic medical record shows changes in osmolarity and other measures, and we frequently audit records to make sure that we're following the protocol.

Simerson: When our practice implemented electronic health records, we were able to customize the questionnaire and build it into our electronic system, making it easy for staff to use and follow documentation protocols.

Staff Training

Rosenberg: There's a concept in management of "share the vision, not the task" and that very much applies here. The key to success is teaching the entire staff what we're doing and why, which in turn helps ensure consistent execution. Beyond that, they need to understand the technical aspects of the test, the clinical protocol we follow for dry eye and how the testing fits into our workflow.

Barkey: TearLab performed on-site group training at all of our locations, then our clinical supervisor assessed our technicians in performing and documenting the tests. We've also started using TearLab's videos for new hires and staff review.

Conte: We trained a team of technicians who work with our TearLab champion physician. After we worked through challenges in that team, we trained

How We Promote Our Practice's Dry Eye Capabilities

By Karen J. Spencer,
CEO of Virginia Eye Consultants in Norfolk

- Our practice has a Dry Eye Center of Excellence, which we promote to the 300 to 400 patients who pass through our waiting areas each day, many of them accompanied by family members. The center will soon be in a physical place of its own in a newly renovated area of our lobby.
- In the waiting area, patients see videos, table tents and a high-end, spa-like brochure explaining all of our dry eye products and services. A lighted glass showcase contains several dry eye products and our Dry Eye Center of Excellence Certification from TearLab.
- Tear pads with a menu of dry eye products are attached to every patient encounter sheet. As patients move through the practice, doctors mark any recommendations. The staff ensures that the patient sees the dry eye counselor if Lipiflow (TearScience) is recommended, or our front desk team helps with the sale of any recommended products at checkout.
- When doctors recommend several products or additional services for a patient, that patient sees our dry eye counselor, who has had a great impact on our success. The counselor reviews recommendations, educates the patient, answers questions and schedules services.
- Through social media, we actively promote dry eye products and services with fun contests. We blog about our products and services and our surgeons' dry eye-related talks and publications. We also have discounts and promotions for Dry Eye Disease Awareness Month in July. ■

the remaining physicians and technician teams. Those teams continue to train new hires.

Patients Appreciate the Numbers

Barkey: The osmolarity number is as important to dry eye patients as the tonometry measurement is to our glaucoma patients. Osmolarity numbers help them understand their eye health and ocular surface disease, and they love getting some feedback on how well

How Our Practice Established New Coding, Reimbursement and In-office Reporting for TearLab

By Tom Burke,
CEO of Ophthalmic Consultants of Long Island

- Tear osmolarity has its own unique CPT code, 83861, which is a lab code, and subject to laboratory coding rules, one of which requires CLIA certification. TearLab trained our billing staff on coding idiosyncrasies, such as modifiers, which may be different from payer to payer. Dry eye, as a bilateral but asymmetrical disease, requires both eyes to be tested, and payers reimburse for two tests on the same visit, if coded properly.
- Having a unique billing code allows us to accurately track reimbursement and denials, which the TearLab Reimbursement Support team assists in resolving, as most denials stem from coding or payer errors.
- We report TearLab usage information as part of a full report on clinical encounters and several dry eye-related tests and procedures used in treatment protocols. It helps for all of our doctors to understand what others are doing because everyone now handles what used to be primarily the province of our corneal specialist.
- Reporting helps us see which staff members are paying attention to this segment of the population. We know which doctors are utilizing the agreed upon dry eye protocol, and we know if we need to offer their staff members any advice on process improvements.
- We wanted to provide TearLab testing for everyone, regardless of coverage, rather than withhold a valuable tool from the doctor's armamentarium. New coding takes time and we still have a ways to go with some payers, but we have met the expectations for coverage described by TearLab to cover our costs. ■

they're following their treatment plans.

Rosenberg: In many cases, patients have had no real verification of their dry eye, so I think they appreciate getting a concrete measure. It gives them a baseline to measure the efficacy of treatment,

and I think it significantly helps improve patient compliance with treatment.

Burke: Patients enjoy knowing their numbers, just like patients with hypertension or diabetes. They're able to monitor their disease and see how they respond to therapy. They see how their level of discomfort corresponds to osmolarity measurements, and when they reach a normal range, they have a sense of accomplishment.

The Greatest Practice Benefits

Simerson: Osmolarity is the starting point for our dry eye patients. From the patient's perspective, there is an objective measurement of the problem causing their discomfort, and our newly implemented standard recall system for dry eye patients ensures thorough follow up. Surgical patients experience better healing and comfort with preoperative dry eye treatment. And when they see that we have sophisticated dry eye testing capabilities and multiple treatment options, they refer more patients (as do referring doctors).

Conte: It provides quantitative data for dry eye patients, allowing us to give our patients the best, most effective treatment possible.

Rosenberg: TearLab has introduced an objective, evidence-based approach to what has traditionally been a subjectively managed disease process. I believe this is rapidly approaching a standard of care for disease management and detection of emerging problems before symptoms appear.

Spencer: It gives our surgeons a fantastic tool to identify, track and appropriately treat ocular surface disease. We believe this is the standard of care for dry eye disease. Further, making a diagnosis using TearLab allows us to treat dry eye before surgery, which results in increased comfort and decreased chair time after surgery.

Burke: TearLab has helped provide additional impetus for disease state awareness, and raising awareness has been instrumental in our success. Physicians now have an easily obtained, objective, quantitative measurement for gauging dry eye disease and its treatment. It has enabled physicians to improve patient outcomes and satisfaction with preoperative dry eye treatment.

Barkey: TearLab is a key part of our dry eye clinic technologies and has helped us grow our dry eye following. In fact, I call dry eye "the beast" in our practice — not a day goes by that my call center doesn't get a couple of calls for "dry eye consults." Surgical patients have better outcomes, earlier "wow factors," and less postoperative chair time. Satisfaction and referrals have increased, too. ■