Ocular Disease:
See it, Treat it, Build Your Practice With It

Deepak Gupta, OD
deegup4919@hotmail.com

No financial disclosures

Average Optometrist

- Private practice: makes about $250,000 a year x 40 years which comes to $10,000,000
- Salaried OD: makes about $150,000 a year x 40 years which comes out to $6,000,000

Is $150,000 a year a good income?

- Average non professional makes $56,000 a year
- Therefore we make $94,000 more than them
- That puts us in the top 10% of income earners

What it cost us

- 4 years of our life
- Instead of making money we were paying for optometry school
- Instead of having fun, we were studying hard – right?

Is $250,000 a realistic number?

- Average ophthalmologist makes $380,000 a year
- If you remove revenue from surgery that number comes down to $280,000
- So yes, we can make $250,000 a year when we function as a non operating ophthalmologist

Before you start…

- Restructure your contract – most employers are NOT going to give you a salary of $250,000
- Option 1: Base plus % of collections
- Option 2: Straight % of collections
- With either, maybe a chance for partnership

Stop practicing the way you did when you graduated optometry school

- Ignore all medical conditions and all medical technology like OCT, VF, etc
- Keep relying heavily on optical
- Keep selling the same contact lenses from decades ago and ignore the internet etc as competition

Step One: Fix Your CL Practice

At what age would you fit a patient with CL?

Remember: You don't live on an island

- Your competition is the OMD who is giving away CL services.
- Your competition is a website or app
- Or it is a vision plan

Stop catering your practice to these

Consider this

The way it should be

- Offer a patient a year supply of contact lenses at a discounted rate which will be direct shipped to their house

Benefits

- Your accounts receivable goes down
- Patients have no reason to shop around since you sold them a year supply
- Patients can take advantage of rebates which decreases their cost without changing your profit

How many people have cataracts?

Estimated 29 million

Estimated 3 million patients a year undergo cataract surgery

Why is it a good thing that your patient got a cataract?

- Lived long enough for it
- Lead blocker
- Chance to reset Rx

Nonsurgical Management Options

- Prevention
- Patient deals with it

Prevention

- UV glasses may delay onset
- When do you prescribe UV protection?

  80% of lifetime exposure happens by the time you are 18 years old

Prevention

- Nutrition – diet high in antioxidants plus multivitamins
- Ultimately, it is a losing battle

When do we send a patient for cataract surgery?

General Trends in Procedures

- The trend is smaller incisions
- Stitch-less
- The entire procedure takes 5-7 minutes

IOLs: What are the options?

- Traditional distance only IOLs
- Toric IOL
- Multifocal IOL

Monofocal Toric Bifocal

Traditional Distance Only IOL

- Great for distance – offer the crispest vision for driving, etc
- Patient is often dependent on glasses for reading, computer, and other near tasks FOREVER

Toric IOL

- For regular astigmatism
- NOT for patients with keratoconus

Multifocal IOLs - Criteria

- #1: Patient personality – most important
- #2: Patient willing to spend $5000
- #3: Ocular Factors
  - Bilateral cataracts
  - No other disease causing decrease of BCVA
  - Normal pupils

Post Operative Care

Drops:

Topical antibiotics, steroids, and NSAID

Post Operative Care

Visits:

1 day, 1 week, 4-8 weeks

Post Operative Care

When things go wrong

Elevated IOP

Why does this happen?

- Early Post op period: Viscoelastic substance used in surgery
- Late Post op period: Topical steroids used in post op

Management

- Do Nothing
- "Burp" it
- Diamox 250 mg x 2 for a couple of days
- Topical beta blockers or Alphagan - what about Prostaglandins?

Complications

- **Wound leak**

Why does this happen?

- Surgeons don't use stitches anymore

Management

- Small - Do nothing or Bandage contact lens
- Medium - Bandage contact lens
- Large - Stitch

Co-management

- Cataract surgery -- $800 per eye or $4800 if patient opts for premium IOLs
- LASIK -- $5000 per procedure

Your share:

- 20% co-management fees
- Average OD sends 2 patients a month for cataract surgery, one which does premium IOLs
- Average OD sends 1 patient a month for LASIK

Your share

- Co-management for those patients would be $160 + $960 +1000
- That totals to $2120 a month x 12 months x 30 years
- That is a total of $750,000 lost – nice start to increasing your income

- Failure to diagnose is the single most common reason why we get sued
- Glaucoma is the most common condition we fail to diagnose

Lost Revenue from Glaucoma

- Average glaucoma patient is worth $350 a year to your practice
- Average OD sees at least 2 patients a week related to this condition
- $350 x 48 weeks x 30 years == $1million

Next Step to increasing your income

- Start doing punctal plugs and stop prescribing medications like Restasis
- This will help you directly in terms of lost revenue and also for CL dropouts

BACK THEN: Things we did confirm the diagnosis

Schirmer Testing

Phenol Red Testing

Lissamine Green

Fluorescein Staining

If you leave them to figure it out themselves…

- 33% of dry eye patients diagnosed by a doctor purchase either a store brand or a redness reliever like Visine*.[1]
- 50% of dry eye sufferers choose redness relievers or allergy drops – the wrong type of drop for dry eye relief.[1]

What can we do?

- Punctal plugs
- Lotemax
- Warm compresses
- Biologics
- Humidfiers
- Lacrisert

Restasis(Cyclosporin)
Mechanism of Action

- **Activated T cells produce cytokines that result in**
- **Increased cytokine production**
- **Neural signal to lacrimal gland that disrupts production of natural tears**

Xiidra

Cequa

Punctal Plugs

Types of plugs

- Temporary (5 to 7 days)
- Semi-permanent
- Permanent

The way I do plugs

- If I am worried about cytokines already present, I Rx Alrex or Lotemax prior to doing plugs
- I rarely do collagen plugs as diagnostic any more
- I like punctal so you can see if they have fallen out

How to bill

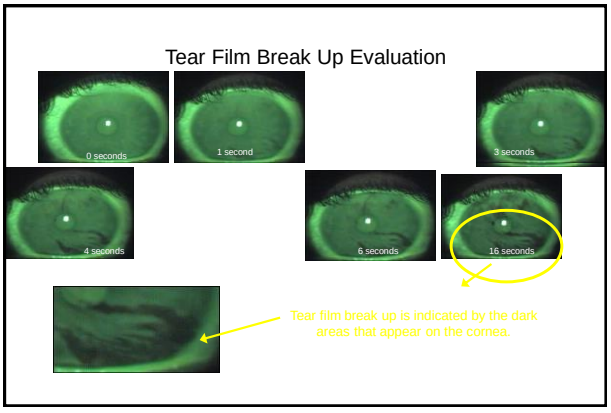
- CPT Code 68761 (E2 and E4)
- Document: Patient is not getting sufficient relief with prior treatments
- Reimbursement – roughly $268 for one eye. If you do both you get $402 ($268 + ½ $268)

Advantage of doing plugs

- Patient will get relief very fast
- Your practice will make more money

Miebo

- Indicated for evaporative Dry Eye Disease
- Rx product: QID
- Key: Confirm that your patient has evaporative dry eye



Lotemax (Lotepredno) and Dry Eyes

- **Short-term pulse therapy**

More Options

- **Omega 3's**
- **Humidifiers**
- **Warm Compresses**

CL and Dry Eyes

Not my patients!

CL and Dry Eyes

- Remains the #1 reason why patients drop out of contact lenses

What's the most important question to ask your patients when considering Dry Eyes

Daily average wear time

What % of patients drop out of CL?

16 %

Get your millions back !!!!

- Number of annual patients 4000
- % who wear contact lenses: 20%
- Number of CL patients = 800
- Number of CL droputs (16%) = 128
- Revenue lost from dropouts: $275 * 128 = $35,200

If you work for 40 years, the lost income is over $1 million dollars

Step 5: Decide that Keratoconus is not too complicated to handle

Excuses

– I don't have the equipment

– The patient need surgery

– I don't have the time

– I would rather see 15 patients on a vision plan than see one keratoconus patient

Its all about the money

- Average keratoconus patient worth over $1200 for a new fit/diagnosis
- $400 to $600 for returning annual patients

Do the Math

The average optometrist sees at least one patient a month with keratoconus

Do the Math

ODs at least 12 patients with keratoconus a year

New patients worth $1,200 each (6)
Returning patients worth $600 each (6)

Therefore annual revenue: $10,800 from just the fitting – doesn't include exam, topography, etc

Last Thing: Limit Your Schedule

Don't fill your schedule with all of the low paying vision plans

-Spectera and Davis -- $39
-EyeMed -- $49
-VSP -- $59

The same exam billed to medical reimburses around $120.

Medical Optomery

- Medical reimbursements are higher than vision plans
- You can see patients for follow ups as often as needed
- This should be in addition to glasses, contacts, and the "yearly" eye exam