CATARACT SURGERY
CO-MANAGEMENT:
Partnering to Optimize Vision Correction Outcomes

NORTHWEST EYE SURGEONS
WHATCOM EYE SURGEONS
Program

- Partner with your surgeon in postoperative care
- Determine how to best address residual refractive error after Vision Correction
Paradigm Shift in Modern Day Cataract Surgery

● THEN
  ○ Patients expect surgery to improve **functional vision**
  ○ Doctor and patient choose an appropriate **IOL**

● NOW
  ○ Patients expect surgery to improve **lifestyle vision**
  ○ More patients expect less need for glasses
  ○ Doctor and patient choose desired **vision outcome**
Vision Correction at NWES
Includes:

● Our pledge to use all medically-appropriate resources available to meet expectations

● Access to advanced technology and procedures
  ○ Femtosecond laser, Lenstar, IOL Master, Pentacam, Topo, ORA, advanced technology IOLs, LRI, AK, and excimer laser

● Additional time/discussion surgeon and optometric physician pre/post-op
Delivering Personalized Patient Care

- Cataract consultation
- Vision Preference Checklist
- Will each patient be served best by VC or no VC?
Vision Preference Checklist

We want to help you achieve the best possible vision for your lifestyle needs. If your surgery is deemed medically necessary, insurance covers basic surgery so that you can see better with glasses.

If you would like to decrease your need for glasses after surgery, Vision Correction is available. Vision Correction is considered not medically necessary, and is not covered by insurance.

☐ I am interested in Vision Correction to decrease my need for glasses AND
  ☐ I will wear glasses for near and intermediate (reading and computer) OR
  ☐ I will wear glasses for distance (driving).

OR

☐ I am interested in Vision Correction with decreased need for glasses for reading (near) and driving (distance).

Please check the single statement that best describes you in terms of night vision:
  ☐ Night vision is extremely important to me, and I require the best possible quality.
  ☐ I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
  ☐ Night vision is not important to me.

If you could have good distance vision during the day without glasses, and good near vision for reading without glasses, but the compromise was that you might see rings around lights at night, would that be OK?
  ☐ Yes
  ☐ No

If you could have good distance vision and mid-range vision during the day and night without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option?
  ☐ Yes
  ☐ No

List your favorite hobbies or work activities.

How would you describe your personality?
  ☐ Easy going
  ☐ Detail & perfection oriented
  ☐ Between the two
Surgeon Considerations

- Patient visual preferences
- Previous refractive error & referring OD suggestions, e.g. previous monovision or multifocal contact lens wear
- Recommend suitable VC option
Referring Doctor Expectations

- Happy patients
- Predictable visual acuities & results
- Seamless co-management
- Compensation for additional work
- Ease of referral to surgeon if needed
Vision Correction Defined

- VC 1: To decrease need for glasses at 1 focal point (distance OR near)
- VC 2: To decrease need for glasses for 2 focal points (distance AND intermediate or near)

Package includes enhanced diagnostics preoperatively, intraoperatively, and postoperatively as indicated by patient situation. This includes refractive enhancement for 1 year if needed.
Surgeon Considerations

- **Before Treatment**
  - IOL master
  - Pentacam, Topo

- **During Treatment**
  - ORA, LRI, Femtosecond laser, IOL selection (monofocal, Toric, Accomodating, Multifocal)

- **After Treatment** (as indicated)
  - IOL exchange/rotation
  - LRI
  - YAG-Capsulotomy
  - PRK
ORA

- Optiwave Refractive Analysis
  - Advanced intraoperative aberrometer
  - Intraoperative interferometry (after phaco)
  - Real-time analysis to optimize IOL selection, toric IOL axis accuracy
  - Large dynamic range {-5 to +20D}
  - Minimizes the margin of error
ORA

Ideal for:

- Post-corneal surgery (i.e. LASIK, RK)
- High refractive error
- Highly astigmatic
- Patients with special demands or expectations
Pre-ORA Data: UCDVA

NWES
Post-Operative Visual Acuity 2012-2013

Percent of Total Patients (%)
ORA Data: UCDVA

**Surgeon Data**

**UCDVA**

- N = 397
- **Eyes Targeted for Distance**

**Global Data**

**UCDVA**

- N = 13947
- **Eyes Targeted for Distance**
VC Postoperative Visits
(postoperative period is for 1 year)

● Day 1-90 usual post-op cataract visits
● 3-4 Month
● Additional visits as needed.

○ In addition, Please send data from their next annual comprehensive visit after the postoperative period.
Post-op: 1 Day

- Medical assessment
- UCDVA, IOP, IOL position, amount of inflammation
- Toric IOL axis, may not be visible
- Type of VC (1 or 2), IOL calcs noted, intended toric axis should be documented
VC Co-Management: 1 Week

- Typical 1 week post op visit plus:
- Dilation and confirm toric axis
- Post op information returned to NWES
  - MRx for 1st eye
  - New chief complaint for fellow eye

❖ For Crystalens/Trulign
  - Cycloplegic MRx
  - Vault of IOL
  - Accommodative activities start after Week #2 without readers
VC Co-Management: 1 Month

- Typical 1 month post op testing, plus:
- Vault of Crystalens, Trulign?
- Toric axis, lens shift if acuity or MRx change?
- Dilate patients (↓ 20/25 BCDVA)
- Were expectations met?
VC Co-Management: 1 Month
Glasses Rx

- Glasses prescription at 1 month appropriate if VC goals met
  - Patient happy with VC outcome
  - Criteria for referral back to surgeon not met
  - 20/30 sc distance/near (20/50 near with Crystalens)
  - Crystalens readers +1.25, no stronger
VC Co-Management: 3-4 Month

- Patient adjustment to vision?
- UCVA (D,I,N), BCDVA, MRx, IOP, IOL position?
- PCO? (Yag PC included for 12 months with VC Program)
- Dilate as indicated
- VC2 data
- Patient concerns? Return to NWES for complimentary Advanced Vision Analysis
VC Co-Management: 3-4 Month

Considerations

○ PCO development
○ Opening of capsule may improve lens translation
○ Accommodating-IOLs with anterior capsule contraction may limit IOL movement
○ Eccentric capsulorrhexis may influence accommodating-IOL
VC Co-Management: After 1 Year

● Good functional vision?
● UCVA (D,I,N), BCDVA, MRx, IOP, IOL position, vault of IOL when indicated
● PCO?
● Dilated exam recommended
● End of VC Enhancement Policy
NWES Enhancement Policy

-Our Commitment-
  ○ Choosing VC allows our surgeons to utilize any enhancing diagnostic, procedure, or technology available to achieve the desired outcome
  ○ Policy in effect for one year from original surgery date
  ○ Most enhancements occur between 3-6 months
    ♦ Allows for adequate recovery
    ♦ Ensures inflammatory response is resolved
NWES Enhancement Policy

Prompt Referrals-
  ○ TORIC IOLs - includes monofocal or Trulign
    ♦ If IOL has rotated at one week follow-up:
      * Promptly alert surgeon
      * Return patient to NWES surgeon within 1-2 weeks
    ♦ Toric IOLs are more easily rotated in the early postoperative period
NWES Enhancement Policy

Prompt Referrals-

- **Refractive Surprise:**
  - If postoperative refraction and/or uncorrected acuity is significantly different than projected calc, IOL exchange may be indicated
  - Alert surgeon
  - Refer back to surgeon during first 1-2 weeks
NWES Enhancement Policy

Prompt Referrals-

- Accommodating-IOL malposition:
  - Care must be taken to examine accommodating-IOLs in the capsular bag
  - Anterior vaulting, Z-formation, IOL malposition
  - Acuity may or may not be limited
  - Alert surgeon
NWES Enhancement Policy

-Common Enhancement Procedures-
  ○ Corneal relaxing incisions
  ○ PRK

- Enhancement consultations will be performed with the original NWES surgeon
- Subsequent treatment may require patient transfer to another NWES provider or NWES facility
- NWES will provide no-cost postoperative care for retreatments, then if the patient wishes, return patient to you after assuring outcome is satisfactory
NWES Enhancement Policy

- Patient Qualifications -
  ○ Retreatments on a case-by-case basis
  ○ Consultation with the original surgeon
  ○ Guidelines for enhancement (based on healthy eyes with 20/20 vision potential):
    ♦ VC 1:
      * Obtain comfortable 20/30 UCVA at preselected focal length
    ♦ VC 2 Multifocal:
      * Obtain comfortable 20/30 UCVA at distance & near
    ♦ VC 2 Accommodating:
      * Obtain comfortable 20/30 UCVA at distance and intermediate (roughly 32 inches) and 20/50 UCNVA (J5)
NWES Enhancement Policy

- Patient Recovery -
  ○ Recovery time dependent on procedure
  ○ Often less inflammation for IOL exchanges since no phaco
  ○ Similar postoperative drop regimen used for IOL exchange
  ○ BCL with enhancement PRK
NWES Enhancement Policy

- Enhancement Rate -
  ○ With available technology, infrequent
  ○ We forecast a 15% enhancement rate
  ○ NWES will provide no-cost postoperative care for retreatments, then if the patient wishes, return patient to you after assuring outcome is satisfactory
When to Refer Back to the Surgeon

- Improper toric axis and decreased vision
When to Refer Back to the Surgeon

- Accommodating-IOL in full anterior vault
When to Refer Back to the Surgeon

- Accommodating-IOL in partial anterior vault (Z-formation)

Picture courtesy of ASCRS EyeWorld News Magazine--Steven G. Safran, M.D.
Anterior flex of superior Crystalens hinge
Vision Correction at NWES

VISION CORRECTION CO-MANAGEMENT:

Case:
Both hinges in posterior vault position

Photo courtesy of Landon Jones, OD
When to Refer Back to the Surgeon

- ANY UNSATISFIED PATIENT
- Refractive or IOL problem
- Medical indications
VC Co-Management

- Medical Global Period: 1 to 90 days
  - Covered by medical insurance
  - Includes all usual post op cataract visits
- VC Global Period: Days 1-365
  - Not paid by insurance
  - Separate fee collected for this refractive service
VC Fees & Co-Management

- VC 1: $1999.00 per eye
- VC 2: $2999.00 per eye

*Prices subject to change. When patient elects to co-manage, fees above reduced by $195 per eye.*

- NWES informs the patient that, when co-managed, we reduce our total fee and the co-managing optometrist collects the postoperative fee.
- NWES can collect Vision Correction postoperative fees for our VC co-managing partners.
VC Co-Management Fees

Setting postoperative fees:

○ Vision Correction is elective
○ Not covered by medical insurance
○ Remuneration for additional office visits, additional testing, extended postoperative period.
○ More communication with us (NWES)
○ NWES has determined fair market value (FMV) for our practice is $195 per eye
Collecting VC Post-Op Fees

- Become a VC partner
  - Attend a VC webinar or CE Seminar.
  - One on One Q&A with one of our physicians
  - VC Partner Acknowledgement form
  - If you choose, we can collect fees effective 1\textsuperscript{st} of the following month (after all info received)

- NW Eye
  - Provide Notice of Non-Covered Services to Patient
  - Fax signed Notice to VC Partner
  - If OD chooses, we collect separate payment from the patient on day of surgery of $195 and forward payment to VC Partner within 21 days. (Or OD will collect at the first postoperative appointment)
Commitment of Vision Correction Partners

- NWES commitment to fulfill your patient’s expectations by utilizing all medically-appropriate resources
- OD commitment to provide open and timely communication back to NWES about VC postoperative data/patient satisfaction
Vision Correction Partnership

Northwest Eye Surgeons works together with Vision Correction Partners to ensure patient expectations are being met. Collaborative care relies on effective communication. Please contact us if you have patients whose vision does not meet their expectations after Vision Correction, or if you have any questions. Please initial and sign below, acknowledging you understand the requirements of Vision Correction Partnership.

Vital information to include on the one month and four month post-operative chart note is:

- Patient satisfaction
- BCVA
- Manifest refraction
- UCVA (include at near for VC1, and near and intermediate for VC2)

I have had a one on one discussion with a Northwest Eye Surgeons physician about Vision Correction.

I am aware that there is a co-management manual at nweyes.com that can be used as a resource about Vision Correction.

Select one or more of the following:

- [ ] I attended a Vision Correction webinar presented Q1 of 2014.
- [ ] I attended a Cataract Surgery Co-management CE presented in Fall of 2014.
- [ ] I have viewed on Northwest Eye Surgeons’ website, the Cataract Surgery Co-management presentation from the CE presented in Fall of 2014.

Select one of the following:

- [ ] I have attached a letter requesting Northwest Eye Surgeons collect the fair market value Vision Correction post-operative care fee of $195 per eye on my behalf.
- [ ] I will be setting my own fee for Vision Correction post-operative care and collect it myself from the patient.

Printed name of Vision Correction OD Partner: ________________________________

Signature of Vision Correction OD Partner: ________________________________

Date: ________________________________

NWES Physician: ________________________________ Date: ________________________________

Please fax to 206-522-1479, Attn: Kari Mizuki
NWES Vision & Mission Statement

OUR VISION
Improving the quality of people’s lives

OUR MISSION
Northwest Eye Surgeons is the premier ophthalmic referral practice in the Northwest, providing the most technologically advanced medical and surgical care in a warm, patient-centered environment.
Northwest Eye Surgeons is the premier eye surgical center in the Northwest and remains committed to its tradition of personalized, high quality patient care, advanced technology and excellent results.

SERVICES:
Cataract
Refractive Surgery
Glaucoma
Cornea
Pediatrics & Strabismus
Retina, Vitreous & Uveitis
Eyelid Surgery & Facial Rejuvenation

800.826.4631
www.nweyes.com