

THE CORRECTED VIEW

JOURNAL OF THE ORTHOKERATOLOGY ACADEMY OF AMERICA
FALL/WINTER ISSUE 2004/2005

GOS: TORONTO
RECAP IN PICTURES

HOUSTON OAA EVENT
ESSENTIALS OF
CORNEAL RESHAPING

**THE FUTURE OF
ORTHO-K
SPECIALTY
VS.
GENERAL PRACTICE**

FEATURED ARTICLES BY
BRUCE WILLIAMS OD
ROB GEROWITZ OD
ROB DAVIS OD
MICHAEL SHULTZE OD
MICHAEL LIPSON OD

The future of orthokeratology relies on public education and public relations. As specialty care, orthokeratology often caters to patients who are technologically savvy. This suggests that ortho-k may not be accepted by the general public much as refractive surgery has found to be the case. Maintaining orthokeratology as a specialty would allow more targeted advertising by practitioners willing to put more effort into showcasing their specialty as set apart from the ordinary. Heading towards the future, emphasis would be put on public relations to avoid bad press. Development of a strong organization within Optometry that would have a disciplinary ability would be essential. This would deal with bad doctors and negative publicity they may generate. Remaining a specialty means less funds may be available for resources like handouts and advertising dollars available through industry sources.

Advancing orthokeratology as a specialty keeps it under the control of the doctors and specialty lens companies that would desire to maintain its integrity. Switching a specialty discipline into a general arena would stimulate commercial development of the specialty. This could lead to lowering of the quality of care. Small companies deriving a greater percentage of income from this specialty would be well motivated to maintain high standards rather than going for short term profits by reducing investment dollars and quality of materials. Specialty care would maintain trends towards higher fees and avoid discount plans which deflate fees.

Doctors would be able to be co-managed into expertise by current experienced practitioners to ensure standards of quality. Working in a way similar to laser vision treatment co-management, the experienced doctor and the neophyte both benefit from the exchange. Co-management retains the patient for the future giving the doctors a value added income after referral which would include annual follow-up, cleanings, replacement lenses, etc...

Maintaining Ortho-k as a specialty may keep it from truly developing. Only by educating more doctors to use this treatment on their patients will ortho-k really move forward. The more doctors use ortho-k means the less it remains a specialty. By not acknowledging ortho-k to general practice it may never advance. Specialty care means specialty fees which the average patient may not be able to afford. This aspect keeps orthokeratology moving at a snail's pace while other treatments with higher risks move closer to the mainstream.

What is your view on the future of orthokeratology?
Please respond by e-mail to our managing editor at
mattherzberg@usok.org.
We look forward to your responses.

Preparing The Office Staff For Corneal Reshaping

Rob Davis, O.D.

Creating a successful corneal reshaping specialty practice includes getting the entire office involved. Doctors can simply start prescribing the technique and order the new lens design, but is this process an efficient blueprint? How do we inform our patients about this new procedure? We need to get the entire office to help generate new fits and provide information to patients inquiring about the procedure. Dividing the offices personnel into separate departments creates a well-organized program. We need to start to educate the staff and maximize our opportunities.

General office goals

The best way to initiate corneal reshaping techniques into the practice is to start creating general goals for the office. Staff meetings help disseminate knowledge that provides the foundation for informing the patient. Patient education starts with communicating to the patient base the advantages of corneal reshaping. Role-playing gives the staff the experience to experiment with different responses to patient inquiries. A strategy for office awareness in corneal reshaping will develop an atmosphere of patient acceptance. Pamphlets, newsletters, informed consents and internet sites are the ingredients to turn patients inquisitive about the procedure into new fits. The final goal is to certify all the doctors in corneal

reshaping.

Receptionist

These are the staff members that make appointments, answer the phones and collect the fees. The front desk requires a team approach. They need to understand the waiting room pamphlets and be prepared to answer questions about the procedure. The technique employed is role acting. Office meetings help answer questions the staff might have about the procedure and experience first hand patient inquiries. The staff needs to be empowered with the knowledge to turn phone inquires into appointments. They need to be aware of scheduling the initial fitting visit and follow-up visits protocol. They also need to be informed of office charges, account cards and third party care credit patient programs.

Ophthalmic Assistants

The assistant's are the most important partners in promoting corneal reshaping techniques to the patients. They are the individuals that spend time with the patient taking the case history, hearing their visual problems and performing many of the entrance tests. These individuals can initiate a dialogue with the patient during the data collection. These staff members are encouraged to promote

patient's parents about their personal experiences concerning the corneal reshaping technique. The Ophthalmic Assistants should also clarify the informed consent and payment options, explain sequence of events, twenty four hour visit, follow-up care, soft contact lens and gas permeable wearing schedule with the patient.

Ophthalmic Technician

These office employees do all the lens ordering and are the liaison between the office and the fabricator. A relationship is developed with the manufacturer to provide a smooth interaction for lens orders and answer any design fabrication questions. Office meetings educate the staff to become familiar with the lens designs. Through practice the staff gains knowledge and expertise in lens verification and becomes proficient in lens modification.

Office Manager

The office manager is the staff leader and must be aware of every procedural facet, and is the liaison between the office staff, the doctors and the patients. This staff member must have the freedom to seek out alternate methods to pay for the procedure outside third party plans. Care credit patient payment plans offers a vision care financial plan to borrow up to 100% of the treatment fees with no prepayment penalty, no upfront cost and no annual fee to the patient. The office manager also spends time searching for internet sites to promote treatment options that advertise our office. This staff member arranges for all office meetings, follows-up the staff, reviews all promotional materials, integrates the message on hold and arranges outside seminars.

Doctor

This can be the most difficult staff member to get on board. If they do not believe in the procedure they will not promote it. If they do not understand the procedure, they will be uncomfortable

“Patient education starts with communicating to the patient base the advantages of corneal reshaping. Role-playing gives the staff the experience to experiment with different responses to patient inquiries.”

with the fitting techniques, believe that it is to difficult and time consuming to get a successful result, and will not prescribe it. The doctors need to become certified in the procedure in order to prescribe the treatment plan according to the FDA. They need to invest time to educate themselves on the various fitting options and promotional materials. We need to inspire the doctors to be proactive and incorporate the procedure into their prescribing arsenal. Finally, develop a standard of interaction between the doctors about recent advancements and experiences.

Conclusion

Does the office partnership work to promote corneal reshaping techniques? The most effective method for the staff to generate corneal refractive new patients is relating their personal experiences with the treatment plan to the patient base. We offered all staff members and family

members the opportunity to be fitted with this technique at no charge. This single technique has planted many seeds into our base patient that has been harvested. The staff believes in the system and can relate personal experiences to the patient base first hand. The staff talks from the heart. It made believers out of script readers. It solidifies the office staff to accept Ortho-K as an alternate procedure. You still need to develop the ground work to lay the foundation and create educational meetings for the staff departments and managers, create role play interactions for the employees, empower employees to develop programs and take ownership, as well to integrate all managers to discuss procedures. The most important ingredient is to fit staff and family members with corneal reshaping lenses.

Dr. Davis has worked on both the research/development side as well as on the clinical side of vision care. He has served as Chair of the South Suburban Optometric Society, President of the Society of Eye Care Specialists, and as Chair of the American Optometric Association Contact Lens and Cornea section. Dr. Davis is a Fellow and Diplomat in the American Academy of Optometry as well as an inductee into the National Academy of Practice in Optometry. Dr. Davis has an eye care specialty practice outside Chicago, Illinois.



OAA Wishes To Thank It's Sponsors

The following companies provided support to the OAA in the form of funds, technical support, speakers, facilities, and resources.

ABBA OPTICAL, INC.
www.abbaoptical.com

ALCON LABORATORIES
www.alconlabs.com

C+H CONTACT LENS
www.chcontacts.com

CONTEX, INC.
www.oklens.com

DMV CORPORATION
www.dmvcorp.com

E&E OPTICS USA, INC.
www.eandeoptics@earthlink.net

EUCLID SYSTEMS CORPORATION
www.euclidsys.com

EYEQUIPTM
www.eyequip.com

GELFLEX LABORATORIES
www1.gelflex.com

GP SPECIALISTS
www.gp2c.com

PARAGON VISION SCIENCES
www.paragonvision.com

POLYMER TECHNOLOGY, A BAUSCH & LOMB COMPANY
www.polymer.com

VISONARY
www.visonarylens.com