• Our facility is an AAAHC accredited facility
• We have 7 ophthalmic OR’s
• In 2016, we are planning to do over 14,000 cases
• Cataract, Glaucoma, Retina, Plastics, Cornea

If I told you could add a procedure to your center that required minimal additional instruments, added little time to a case and provided a nice out of pocket facility fee, would you be interested?

i-Stent

The i-Stent Trabecular Micro-Bypass Stent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate open-angle glaucoma currently treated with medications.

i-Stent procedures occur in conjunction with cataract surgery-
• Improve aqueous outflow through the natural physiologic pathway.
• Proven to improve patient outcomes by safely reducing IOP
• Micro invasive, astigmatically neutral
• Have used i-Stents since 2014
• In 2015, performed over 250 i-Stent cases
• We collect $3900 per case
  $2400 goes to the ASC and
  $1500 to the physician.
• The device costs about $950

Who is using the device?

We have found that our
Glaucoma and Anterior
Segment surgeons both have
adopted to the use of the
device. It is not just limited to
Glaucoma surgeons.

The patients who have had this
procedure have been very
happy, the surgeons who
implant the device have been
very happy, and the ASC has
had a nice financial benefit from
us adopting this technology.

i-Stent has been a blessing not
a curse!!!
Femtosecond Laser

• Why?
  o New technology
  o Patients were inquiring about it
  o Our market
  o Feedback from other practices/surgeons
  o Potential revenue source
  o Physician research group created for site visits, etc.

Implementation

• 9 cataract surgeons, how do we implement this?
  o Phased implementation (3 surgeons at a time over 3 months)
  o Femto located in a separate room, not in OR
  o In the beginning only one surgeon per block, now two surgeons use it at the same time
  o Limited number of femto cases as flow was being created.
  o Flow evaluation / slight changes to case limits, etc.

Patient Education

• THIS IS THE KEY!!!!
  o Your surgeons and staff must believe in the technology
  o Patient must be educated throughout their consultation (physician talking points, tech talking points, videos and pamphlets, surgical coordinator).

Blessing or a Curse???

• ....Blessing....
  o Plenty of challenges but this has been a blessing.
  o Increased patient and surgeon satisfaction
  o Increased revenue for the ASC
  o Average conversion rate in the first full 6 months – 45%
    o Standard lens with Femto ~ 21%
    o Toric lens with Femto ~ 12%
    o Multifocal lens with Femto ~ 12%
    o Conversion prior to femto for Multifocal and Toric was about 20%
    o In January and February 2016, we averaged a 52% conversion rate
Tri-Moxi Injections

- **WHY?**
- Patient complaints of high drug expenses were constantly increasing
- Growing concern that patients would not purchase drops or be compliant with postoperative care
- Increased call volume both during and after office hours for patients demanding generics (not necessarily cheaper) and with many questions about drop usage and instructions

Tri-Moxi Injections

- State of Texas approved pharmacy deliveries of Tri-Moxi in August of 2015
- Implemented immediately
- No charge structure for this medication — (bundled !). ASC must absorb supply cost

Tri-Moxi Injections

- Patient education includes discussion with surgical counselors with a review of how the medication works
- MUST make certain patient understands the visual effects after surgery
- Patients are given a choice of injection, compounded Rx, or traditional post op Rx
- Patients with allergies to fluoroquinolones or known steroid responders are not candidates for the injection and must purchase post op drop prescriptions

Tri-Moxi Injections

- **Staff education is key.** Those interacting with patients must be able to easily answer questions regarding:
  - Postoperative vision after injection
  - The fact that the injection does **NOT**, in fact, mean that no drops will be used postoperatively
Tri-Moxi Injections

• BLESSING OR A CURSE?

• Both
  – Staff productivity increased with less calls
  – Patient extremely satisfied with no drops – almost all patients choosing injection
  – Staff time involved with ordering drug per individual Rx per patient
  – Some patients unhappy about cloudy vision even though education occurs preoperatively

ORA

• WHY?
  • Organization focuses on upgraded services
  • Dallas market very competitive with patient options
  • Many past refractive patients return years later for cataract surgery
  • ORA performance reportedly good
  • Physician investor in new center leasing ORA and moved into center for access

• Patients having history of previous refractive surgery offered ORA
• Cost structure was determined to cover our click fee for this upgraded service
• Some physicians also use ORA with their Toric package

• Surgical case time increased and remained increased after “learning curve”
• Currently limited staff trained on the ORA and must be dedicated to the ORA suite
• Multiple physicians use the equipment, and no offices have purchased the Verion unit, requiring all information be placed in the system at the beginning of the surgical day
• ORA is considered an upgraded service and charges do apply
• Patients are educated on the fact there is new equipment used (requiring a fee) that can enhance their surgeon’s ability to properly calculate their intraocular lens
• Patients are educated on the fact that testing and lens calculations can be effected by the previous surgery.

• Blessing or a Curse?
• OR time increased
• Lens inventory greatly increased
• Data from 1 year use shows no decrease in Toric lens rotations or residual myopia (was not a high incidence to begin with)
• Cost more for the patient

• But.....if it helps even one previous refractive patient have the exact multifocal lens placed?

YOU DECIDE