

ENHANCING THE PATIENT EXPERIENCE

Glaucoma specialists discuss tactics and tools that can improve the delivery of care.

BY CHRISTINE LARSEN, MD; ZARMEENA VENDAL, MD; LORRAINE M. PROVENCHER, MD; ARSHAM SHEYBANI, MD;
AND ANDREW G. IWACH, MD



REDUCING REPETITION AND IMPROVING PATIENT EDUCATION

BY CHRISTINE LARSEN, MD

A few years into practice, I felt like I was having the same conversation with every new glaucoma patient I saw in my office. The first part of the visit involved a series of questions. “When were you first diagnosed with glaucoma?” “What drops have you used?” “Any family history?” I used these inquiries to piece together a history of the patient’s disease with the goal of determining an initial target pressure and a corresponding treatment plan.

To break from this repetitive routine, I developed a glaucoma questionnaire for new patients to complete before their initial visit. Their responses are then scanned into their electronic health record. All glaucoma providers within our office contributed to the development of the questionnaire, and it is used across the practice. I have found this tool helps enhance the patient experience

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—CHRISTINE LARSEN, MD

and improves efficiencies for our staff. It saves a significant amount of visit time that would otherwise be utilized for history taking.

The most useful outcome of implementing this questionnaire has been the improvement in patient education. The survey helps patients appreciate the chronicity of their disease, the importance of their family history, and the fact that their prescribed treatment is based on a multifactorial decision tree. Since my practice implemented the questionnaire, I have been able to move more quickly through the “business” part of the visit and spend more time focusing on education and building the patient-doctor relationship.

Although a patient questionnaire is not a novel idea, it was simple to implement in our office and provides a multitude of benefits.



USE OF 3D VISUALIZATION IN AN OFFICE-BASED SURGICAL SETTING

BY ZARMEENA VENDAL, MD

Throughout my 20 years of practicing in Central Texas, one common thread has connected my patients: They value innovation, and they value it equally whether they are pursuing cataract surgery or glaucoma treatment. Therefore, at my practice, we have innovated our delivery of surgical care. We now utilize an office-based surgery (OBS) suite for MIGS and other glaucoma interventions, and we operate with a 3D visualization system.

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In the OBS setting, I have more control over patient flow and safety than I do in an ambulatory surgery center (ASC). All elements of surgical care—from ordering supplies to delivering surgery—are accomplished by the same staff who are under my practice’s supervision. Additionally, a single-specialty surgical space allows us to focus solely on our patients, and our staff members become experts at taking care of our patients’

eye care needs. Recently, I presented a comparative analysis of patient satisfaction with the OBS and ASC settings.¹ All patients in this analysis underwent surgery on one eye at an ASC and on one eye in our OBS suite. They reported feeling safer in the OBS setting and said that they would recommend this surgical environment to their friends.

Within our OBS suite, one of the most innovative technologies we

employ is a 3D visualization system. This technology provides a pristine, high-resolution view of the angle by employing a programmable MIGS mode setting. I have found that I encounter less intraoperative tissue trauma and bleeding in the angle when operating with this system and that it is an excellent tool for teaching my staff and other eye care professionals. I would recommend that any surgeon who is learning interventional glaucoma techniques try to experience 3D visualization—doing so may increase their confidence with operating in the angle.

Embracing innovations like these helps my practice and me take patients’ surgical experiences to the next level.

1. Vendal Z. Comparative analysis of patient satisfaction in 2 different surgical settings: office-based surgery suite and ambulatory surgery center. Poster presented at: The Women in Ophthalmology 2024 Summer Symposium; August 24, 2024; Carlsbad, CA.



TENETS OF PATIENT QUALITY OF LIFE

BY LORRAINE M. PROVENCHER, MD

Recently, the field of glaucoma has been placing a greater emphasis on patient quality of life. A growing array of surgical treatment options improves our ability to customize care to the individual, and evidence demonstrating the beneficial effects of these interventions continues to accumulate. Patient quality of life underpins all aspects of my practice, and I have applied this focus to three main areas of glaucoma care.

1. Easing the Transition of Care

Patients should understand why they are visiting a glaucoma specialist before they arrive at the office. In my practice, we focus heavily on our referral network to help ease the transition of care. We are regularly out in our community to educate local optometrists, and we work

together closely to keep them informed of the treatment options we offer and the benefits they can provide patients. It is crucial that referring doctors understand our process, trust us, have a positive experience with us, and find that their patients come back happy.

2. Individualizing the In-Office Experience

Evidence-based medicine should be the foundation of care, but the patient and their individual needs must also be considered. Every case is like a puzzle. I spend time with each patient to piece together not only their disease, target IOP, and potential treatments but also their lifestyle demands, world outside of the clinic, and unique support system. Additionally, I consider their insurance coverage and ability to attend follow-up visits. Then, I come up with recommendations that will work best.

Further, it is important to understand each patient’s drop tolerance. I tell patients that I do not want them burdened with drops for the rest of their lives, and we now have access to better treatment options. I also say things like, “This is what I would want for my eyes

if I were in your shoes.” Patients can tell when their doctors are passionate about a recommendation, and I believe in providing a data-backed, customized plan that is appropriate for both their disease and their lifestyle.

3. Making Intervention Easy

Patients have access to many glaucoma treatment options. However, when discussing interventions with them, I typically distill my recommendation down to one or two options. Presenting too many choices can result in decision paralysis, anxiety, and a patient less open to undergoing treatment.

Many patients travel far to visit our practice, so we strive to make treatment as easy as possible. I often perform the consultation followed by same-day bilateral laser treatment or sustained drug delivery implantation. With ample previsit preparation, we have offered same-day consultation and MIGS (with or without cataract surgery). Post intervention, we enable patients to follow up with their referring doctors locally. Patients and referring doctors greatly appreciate the convenience, which opens up access to care. Our

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-LORRAINE M. PROVENCHER, MD

practice has a robust billing team that can answer questions in real time, so patients can determine on site if an option I present is affordable for them.

I have also tried to simplify patients' postoperative medication regimens. I do

not prescribe any drops after selective laser trabeculoplasty. When implanting a sustained drug delivery device, I prescribe just a short course of antibiotic drops. For MIGS, I utilize mostly compounded combination drops.

CONCLUSION

When it comes to quality of life, one size does not fit all. However, all patients deserve access to the most innovative, high-quality, patient-friendly treatment options. By emphasizing education, accessibility, and convenience, my practice has been able to reduce barriers for patient adoption of nontopical options. Then, by focusing on the unique individual sitting in the exam chair, we have been able to improve quality of life in a way that translates to superior, holistic care.



DECOUPLING STABLE RETURN VISITS FROM VISUAL FIELD TESTING

BY ARSHAM SHEYBANI, MD

A busy glaucoma practice faces many challenges. Among them, clinical inefficiency is one that can be addressed by decoupling stable return visits from visual field testing.

Before the COVID-19 pandemic, our academic practice was scheduling visual field testing and OCT imaging 1 month prior to the exam visit for willing patients. These patients continued to prefer scheduling their appointments this way, mainly because doing so reduced their time in the office. During the pandemic, we tried to minimize the number of return visits, so we reverted

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-ARSHAM SHEYBANI, MD

to our traditional system of performing testing on the same day as the exam. We found that appointment times were more frequently delayed with same-day testing. Specifically, same-day testing added about 45 minutes to the overall patient stay, whereas testing alone equated to about a 20-minute stay.

Unfortunately, keeping the clinic on schedule depends on many variables, from the late arrival of some patients to the ambulatory troubles of others to the inconsistency of testing times.

The same visual field test may take one patient 7 minutes to complete and another patient 13 minutes. Scheduling these tests on separate days, when the testing schedule may be lighter, allows office appointments to run on time without straining the technicians and patients if testing delays occur. Patients are familiar with this model through primary care practices, where lab work and imaging are often performed separately from the office visit.



FINDING OPPORTUNITY IN CRISIS

BY ANDREW G. IWACH, MD

Our practice has been focused on serving patients with glaucoma since 1941. When the COVID-19 pandemic struck in early 2020, we, like the rest of the world, suddenly faced great change and uncertainty. As it turned out, this crisis represented an inflection point: We made modifications to our practice and processes that ultimately took our patient experience to a new level.

SOLVING PROBLEMS TOGETHER

The pandemic presented a unique opportunity in that our staff members were in the office, but, for some time, we were not seeing patients. It was clear that the COVID crisis was not going away, so we had to figure out how to make our center as approachable as possible during this time. We asked ourselves, How can we preserve patients'

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vision while keeping them safe?

Whereas we had previously focused on reducing patient wait times by adjusting clinic schedules, the pandemic shifted our objective to reducing the total amount of time that patients spent in our office. Identifying the formula for this required a team effort. We worked together to identify all the bottlenecks that were occurring in our practice, from the time a patient arrived to the time they left. This exercise accelerated collaboration among our staff members and promoted cross-training.

Also at this time, staff members were calling out sick more often because they were exposed to or had contracted COVID-19. Further, several areas of our business required more support because patients were frequently changing appointments and some required phone calls regarding missing appointments. These efforts to adjust our operations and staffing helped us to build a more collaborative environment between doctors and staff that endures today.

On Southwest Airlines flights, I have noticed flight attendants (and more than once even a pilot) picking up trash after landing. In our practice, we emphasize that no job is below anyone, and, if someone sees that something needs to

be done, they can and should step in for the team. Even we surgeons can clean an exam room to make that space available and help manage patient flow.

FOCUSING ON CUSTOMER SERVICE

Health care is a service industry, and patients are our clients. They trust us with their vision, and we therefore must provide an experience that respects their commitment to us. As with most businesses, the pandemic threatened our ability to provide top-notch customer service. Fortunately, we were able to make a few modifications that have had lasting benefits for the patient experience.

Parking

Many parking garages are located near our practice, and we previously listed their information for patients on our website. During the pandemic, however, many of these garages closed or kept changing their details. We therefore highlighted an app called SpotHero on our website. With this app, patients can find updated parking information and reserve parking in convenient garages and lots in advance of their appointments.

Communication

For decades, we were proud that a human answered the phone when patients called our practice. Staffing shortages and an increased volume of calls during the pandemic led us to pivot to using a phone tree and implementing a system to help us monitor incoming messages remotely. We also increased the accessibility of online payments. With these improved systems, I can now better remotely check the

pulse of how the practice is running whenever and wherever needed.

CONCLUSION

The pandemic allowed our practice to rethink our protocols, focus on collaborative cross-training, and improve our efficiency—with lasting effects. Today, we see more patients than we did before the outbreak of COVID-19, yet our waiting room is often up to 50% unoccupied. We saw a need and an opportunity to modify the patient experience, and we seized it. Although our primary focus will always be helping patients see, it is also essential to provide an environment that is adaptable and meets patients' needs, even amidst significant change. ■

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SUGGESTED READING

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