School of Thought

# Working Well With Others

How to use a team-based approach and still ensure patient safety.

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Health care is changing rapidly. Continual reimbursement cuts along with gradually increasing overhead make it a constant challenge for physicians to provide high-quality care as efficiently as possible. Aside from the economic challenges of clinical care, ophthalmologists also face an aging population that is living longer than ever before.

Baby boomers present an interesting challenge and opportunity for the health care system as a whole. According to the US Census Bureau, by 2029 there will be more than 71 million Americans aged 65 years and older, increased from 41 million in 2011. The National Eye Institute forecasts that, by 2030, the number of patients in the United States with glaucoma will be around 4.2 million, an increase from nearly 3 million currently.

Ophthalmologists who treat glaucoma must be prepared to handle this explosion in patient load. We must be the most efficient clinicians and surgeons possible and adopt treatment algorithms that optimize success and minimize the number of patient visits. Luckily, it appears that the microinvasive glaucoma surgery (MIGS) revolution will help us to optimize surgical outcomes while minimizing patient risk and follow-up burden. Despite the impact that MIGS may have on providing efficient and high-quality glaucoma care, however, this improvement is unlikely to match the exponential growth of the glaucoma patient population in the United States and throughout the world.

## DETERMINE PATIENT RISK

Regardless of how skilled and efficient glaucoma specialists are, we will likely need to be better about determining which patients are likely to go blind in their lifetimes from glaucoma and which patients are in a relatively low-risk category. Patients who have a relatively high-risk profile will likely need to be followed more closely, whereas patients who are relatively low risk may be able to be followed closely by their primary eye care providers.

## KNOW YOUR TEAM AND NETWORK

It is essential to get to know your team and referral network and discern whom you can depend on. Levels of ophthalmic training vary considerably around the country; consequently, all eye care providers are not created equal. Depending on the eye doctor's level of glaucoma expertise, his or her level of autonomy should be tailored appropriately.

## AT A GLANCE

- Challenges for glaucoma specialists—including reimbursement cuts, increasing overhead, and population growth—require them to be as efficient as possible.
- Patients with a high-risk profile likely need to be followed closely by a glaucoma specialist, whereas low-risk patients may be able to be followed by their primary eye care provider.
- Glaucoma specialists must know their networks well, including which eye care providers have the ability, knowledge, and training to properly treat glaucoma and which ones may need more specific instructions, guidance, and education.

**71 MILLION**

THE NUMBER OF AMERICANS AGED 65 YEARS AND OLDER BY 2029*

**4.2 MILLION**

THE NUMBER OF PATIENTS IN THE UNITED STATES WITH GLAUCOMA IN 2030*

*Projected by the US Census Bureau, NEI

**"DESPITE THE IMPACT THAT MIGS MAY HAVE ON PROVIDING EFFICIENT AND HIGH-QUALITY GLAUCOMA CARE, THIS IMPROVEMENT IS UNLIKELY TO MATCH THE EXPONENTIAL GROWTH OF THE GLAUCOMA PATIENT POPULATION."**

If it is a colleague you know and trust, he or she will typically be familiar with your practice style and threshold and will know when to send a patient back to you. For an eye care provider who may not know a lot about glaucoma or whom you do not know well, you should write personal notes and include instructions at the end of your chart notes to thoroughly explain your plan and goals for each patient.

## COMMUNICATE AND EDUCATE

Additionally, when you release a glaucoma patient back to his or her referring doctor, you can often communicate specific parameters on how he or she should be followed. These instructions can include what to do as a first step if the patient's IOP increases and what to do next as a second step. You can also include instructions on when to send the patient back to you for further evaluation.

Having a personal relationship with referring doctors and the option to communicate via text messaging is beneficial for integrated care. Sometimes a quick text from a colleague can save a patient an extra visit and a lot of worry.

Finally, you should never miss an opportunity to educate your colleagues about glaucoma and glaucoma care, be it through dinner events, local society meetings, or national congresses. The more we educate our colleagues, the better care our patients will receive.

## CONCLUSION

With the increasing challenges of the health care system and population growth, glaucoma specialists need to be better communicators with our referring colleagues. We need to know our network well. We need to know which eye care providers have the ability, knowledge, and training to properly address glaucoma and which ones may need more specific instructions, guidance, and education. Sorting this all out is not an easy task; however, given the demographic challenges outlined earlier, we must depend on our colleagues to help us optimize the quality and efficiency of glaucoma care for the entire population. ■

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