CREATING A
DRY EYE CENTER OF EXCELLENCE

Tom Burke, CEO
Ophthalmic Consultants of Long Island
DISCLOSURES

• Alcon Laboratories, Inc.
• Allergan
• PRN (Physician Recommended Nutriceuticals)
• Tear Science
CREATING
A DRY EYE CENTER OF EXCELLENCE

• Market Potential
• Doctor Buy In
• Protocol
• Process
• Patient Benefits
• Implementation
• Review
Dry Eye Disease is not a Trivial Nuisance

- Dry eye affects an estimated 20.7 million people in the US
- Nearly 40% of Americans experience symptoms of dry eye on a regular basis
- 76% of patients report their chronic dry eye worsens over time

(2) Multi-sponsor surveys, Inc.; Gallup study of dry eye suffers, 2005
(3) Verispan Market Research, June 2004
MARKET POTENTIAL

Top Primary Dx Codes - Qtr 1/Y 2012

- Dry Eye: 38%
- Cataract: 30%
- Conjunctivitis: 14%
- Glaucoma: 9%
- Diabetes Mellitus: 3%
- Chalazion: 3%
- Vitreous Detachment: 3%
MARKET POTENTIAL

• Present the Facts to the Doctors then Get out of the Way

• Growing Age 65+ Population and living longer, active lifestyles

• Taking medications over longer period of time that impact ocular surface, possibly earlier in life as well

• Internet age of better educated patients demanding treatment

• Family, friends and myself suffer to varying degrees
### REVENUE AND NET INCOME OPPORTUNITY

**DRY EYE PATIENT POPULATION: 1,500 PATIENTS**

<table>
<thead>
<tr>
<th></th>
<th>DRY EYE</th>
<th>CATARACT PATIENTS FROM DE</th>
<th>GLAUCOMA PATIENTS FROM DE</th>
<th>PLUG PATIENTS FROM DE</th>
<th>TOTAL VALUE FROM DE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of patients</strong></td>
<td>1,500</td>
<td>105 (7%)</td>
<td>23 (1.5%)</td>
<td>150</td>
<td>$743,350</td>
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<tr>
<td><strong>Revenue Rate per Patient</strong></td>
<td>$354</td>
<td>$1,600</td>
<td>$500</td>
<td>$219</td>
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<tr>
<td><strong>Gross Revenue</strong></td>
<td>$531,000</td>
<td>$168,000</td>
<td>$11,500</td>
<td>$32,850</td>
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</table>

(1) Assumes 50% capture of cataract prevalence from 2005 Gallup Study.
(2) Assumes 50% capture of glaucoma prevalence from 2005 Gallup Study.
(3) Revenue rates per patient are determined as follows:
  - **Dry Eye**: Assumes $354 per patient per year with various office procedures (92004 = @$144, 3 exams - 99213 = @$70).
  - **Cataract**: Assumes bilateral cataract surgery. Revenue rate includes surgery, exam, and diagnostic testing.
  - **Glaucoma**: Assumes revenue rate per patient with POAG and no systemic disease.
  - **Plug**: 1st Eye $146; 2nd Eye $73.
DOCTOR BUY IN

- You know it, you hear it at every meeting; new doctors to a practice may not have looked at the business potential
- Analyze your practice; # of visits, Dry Eye diagnosis prevalence, punctal plug volume, nutriceutical utilization facts
- Presentation of raw data is convincing for most stakeholders
- Focus on your doctors who may have the time and desire for growth
- Focus on being the solution for patients in the community who have not received solutions before
PROTOCOL

- Develop your practice’s Dry Eye Protocol and Processes for Mild, Moderate, Severe
  - Goal- to employ new technologies and appropriate therapies to help patients more fully but efficiently
  - Determine doctor’s preferences- from data capture of chief complaint to testing and solutions offered
  - Eye Health Questionnaire or other patient intake form of choice, multiple companies can provide you with one
  - Incorporate chief complaint and other data to your medical record system
  - Doctor review of questionnaire and discussion with patient
  - Review of orders and intent to bill or not for diagnostic tests performed
  - Consider pre and post-surgical protocol development
Eye Health Questionnaire

Name: ___________________________________________ (Please Print Last) ___________________________________________ (Please Print First)

Year of Birth: ____________ Sex: M F (Circle)

Kindly complete this form to assist us in more fully understanding the present condition of your eyes today.

Check off if you have any of the below symptoms (chief complaint):

- Occasional blurring of vision especially with reading or computer work
- Redness
- Burning/Pain
- Itching
- Excess tearing / Watering eyes with contact lenses
- Tired eyes
- Contact lens discomfort
- Feeling of sand or grit in the eye
- Light sensitivity

Did you use eye drops today to treat your eye dryness? □ Y □ N

Report the FREQUENCY of symptoms you are experiencing by checking Never, Sometimes, Often or Constant using the numbering system below:

0 = Never, 1 = Sometimes, 2 = Often, 3 = Constant

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Dryness, Grittiness or Scratchiness</td>
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<tr>
<td>Soreness or irritation</td>
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<tr>
<td>Burning or Watering</td>
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<tr>
<td>Eye Fatigue</td>
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</table>

Do you use: □ Over the Counter Drops to treat your Dry Eyes
- Prescription eye drops for Dry Eyes
- Eye drops for Glaucoma
- Eye drops for Allergy
- Nutritional supplements for Eyes

Have you had surgery for:
- Cataract: □ Y □ N
- Glaucoma: □ Y □ N
- Refractive surgery (LASIK): □ Y □ N

If the information provided in this form, in conjunction with other clinical data, raises the suspicion of dry eye disease, then obtaining a tear osmolarity test may be indicated.

Are you bothered by Eyelid Heaviness? □ Y □ N
Are you interested in any of the cosmetic services that OCLI offers? □ Y □ N

Prescriptions for eyeglasses (Refractions)
A written prescription for eyeglasses is a separate service from your eye examination. This service is not covered by most insurance companies including Medicare. A $50 payment is required for this service.

Would you like this service performed during today’s examination? □ Y □ N

Patient Signature: ________________________________ Date: ____________________

OCLI DOCTOR SECTION ONLY

I reviewed this form and based on the information contained therein and other available clinical data, I suspect that this patient has dry eye disease and obtaining a tear osmolarity measurement is medically necessary for the diagnosis and management of this patient’s ocular problem(s).

OCLI Doctor Signature: ________________________________ Date: ____________________

Form Name: Eye Health Questionnaire

Version 1-03.11.13
**PROCESS**

- **Initial Exam**
  - Eye Health Questionnaire (EHQ) completed annually
    - If Indicated on EHQ, Tear Osmolarity Measurement & Counsel on Lifestyle Awareness/Change
  - PRN Recommendation
  - Recall 2 months to f/u
- **F/U 2 month visit**
  - Tear Osmolarity Measurement
  - Evaluate
  - If still Dry Eye, Plug?/IPL?/Thermal Pulsation?
  - Recall 2 month visit
- **F/U**
  - Tear Osmolarity Measurement
  - Evaluate
  - ...
PATIENT FOCUSED BENEFITS

• Techniques employed help with better determination of Dry Eye in asymptomatic patients.

• Enhanced techniques for testing, treatment and continued measurement helps patients understand their therapy outcomes and positively impacts patient compliance.

• Better recognition of mild to severe dry eye leads to appropriate therapeutic regimens prior to surgical interventions like cataract extraction or refractive surgery.

• Identification of dry eye disease and optimization of the ocular surface preoperatively, allows for better informed consent and more realistic patient expectations following surgery.

• Properly treated and managed dry eye disease leads to better visual outcomes for daily living.
IMPLEMENTATION

• Engage Physician leaders- kick-off roundtable educational dinner

• Choose your resource to carry out the new endeavor\Empower them to implement and educate staff repeatedly

• Educate patients at multiple touch points- before, during and after visits. Pamphlets, waiting room and lane videos, websites (own and industry- my dry eyes.com, restasis.com, BSM, AAO, ASCRS), public relation releases, newsletters.

• Raise awareness- lunch & learns, online support, PRN’s Nutri-U (Nutrition University) upcoming.

• Follow up regularly/Investigate outliers from reports and share information with all stakeholders
**Reporting**

- Volume numbers are sent out monthly to all Doctors, Managers and Technical Supervisors.

<table>
<thead>
<tr>
<th>Dry Eye Analysis</th>
<th>Chargeable Visits with Dx of 375.15 or 370.33 or 710.2</th>
<th>Tear Osmolarity - 83861 or 83861 59</th>
<th>LipiViews</th>
<th>PRN - Dry Eye Omega Recommendations Sent Via Erx</th>
<th>Punctal Plug Insertion - 68761</th>
<th>LipiFlows</th>
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ADAPTIVE LEADERSHIP

CHARLES DARWIN WROTE “IT IS NOT THE STRONGEST OF THE SPECIES THAT SURVIVES, NOR THE MOST INTELLIGENT. IT IS THE ONE THAT IS THE MOST ADAPTABLE TO CHANGE.”

• Adaptive Leadership is a framework that helps individuals/organizations adapt and thrive in challenging environments- you and I are challenged!
• Practice being able to take on gradual but meaningful processes of adaptation- Be that leader in your practice.
• Diagnose or distill the essential from the expendable and bring about real challenge to the status quo; ask the question, what is core to the future and what are the obstacles
ADAPTIVE LEADERSHIP

- Run some smart experiments and test new practices (example may be as simple as a dry eye center of excellence in one location only); then integrate new practices and align everyone you can across the organization.

- Adaptive Leadership is purposeful evolution in real time - be flexible with a “can do” attitude approach to life, home and business.

- Embrace change. Communicate your shift to a patient-centric culture and the optimization of care.

- During this time of extreme financial stress and volatile insurance industry change, offer your help to team members, be transparent, lower the volume in the room & be humble!
Q&A

* How did this service line creation or expansion fit into the Strategic Plan? OCLI wanted to satisfy a need in the practice and the community. Many practitioners did not want to clog their schedules with time consuming Dry Eye patients. We wanted to feed them to specialists that were willing to spend time with them.

* Cultivating new patients to practice? We wanted to get our new OD’s and young cornea or anterior segment doctors busier. By promoting this service with their names and schedule slots opened for it, we were able to entice patients to the practice to see an expert and get them in quickly so patients were not waiting for a busy cataract surgeon to fit them in, sometimes weeks later.

* Increasing provider(s) productivity? This absolutely served to increase productivity in several fashions. Increased marketing about dry eye disease, helped established the names of the doctors involved as experts. It also brought in a number of other complaints that turned out to not be dry eye, in fact being cataract, glaucoma or other problems.

* Incremental revenue? We felt that industry analysis of potential market share and increased revenue probability dovetailed with our own understanding of the patient dry eye population and that other practices were missing this in their offerings.
Q&A

* What were the arguments to support this initiative? What tools or resources were used to convince the shareholders to engage in this initiative? Practice historical population diagnosis analysis; Dry Eye Potential Revenue analysis from outside industry consultants.

* Pro forma? We reviewed the potential for “per visit revenue” when a provider increased the number of patients that required regular and/or lifelong ongoing treatment potentially.

* Equipment feasibility assessment? There are tools provided by Allergan ECBA’s for this very purpose. There are also excel spreadsheets provided by individual companies that may be selling equipment.

* What did your marketing plan entail, tactics and timelines? 90 days prior to launch established doctors buy-in and process approval. Developed staff educational PowerPoint. 60 days out created Dry Eye insert, Dry Eye customized brochure, additional slides for in lane slideshows and LipiFlow poster for office. 30 days out trained office locations on process and objectives.

* Initial roll out? After our initial Dry Eye Analysis, we targeted physicians with a high number of Dry Eye patients that were not fully integrating the Dry Eye treatment armamentarium available within the practice then worked our way to all other providers.
Q&A

* What were the challenges initially? Reluctant providers; providers that do not want their patients going to another “specialist” but would not embrace Dry Eye Treatment Protocols; staff being too busy for training and implementation, etc.

* Establishing champions for this service. Each location/physician has its own unique culture in our organization. The key to success was to find each physician’s “gatekeeper” that would make the process successful. In some locations this individual was the office manager, others it was lead scribe or technician.

* Staff education around subject matter: The training needed to be simple and direct to be impactful. Each role set was addressed with a clear purpose, process and review system. As an example, Purpose: the front desk check in team for each location were educated that the doctors in the location want the following process used to better service our patients suffering from dry eye disease. Process: Each new patient or complete eye exam patient must complete the Eye Health Questionnaire. Review: Monthly 30 patients who have been scheduled as new patients or complete eye exams will be reviewed to make sure the form was completed.
Q&A

* What were the time considerations / constraints? Competing priorities. The lead person assigned this responsibility must have excellent time management skills.

* What type of success was realized? Increased visit volume and increased usage of OCLI dry eye treatment armamentarium

* Increased patient volume? Yes

* Increased physician productivity? Yes

* Increased revenue? Yes

* Cross-over to other service lines? Yes, new patients who thought they had dry eye disease had other pathology that OCLI was able to treat.

* What does your dry eye service line entail today given the changes in the marketplace with additional technology and therapeutics available? PRN, TearLab, Tear Science’s LipiView and LipiFlow, Cyclosporine (Restasis), multitude of sample and prescribed lubricants.

* What pearls, key learnings or watch-outs can you share with the audience? Physician leadership buy in, Empowering lead champion to implement, identifying “gatekeepers” for each physician to implement the process on a micro level.
QUESTIONS?

Contact Information

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