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As the New Year approaches, you may be thinking about ways to improve your personal health: exercise more, eat more fruits and vegetables—and invest in a quality chair. According to a study in *Occupational Medicine*, ophthalmologists and optometrists are more prone to neck and upper back pain compared with family medicine physicians. In a study on the same topic published in *International Ophthalmology*, the study authors stated: “Repetitive tasks, awkward or prolonged working postures, and a high cognitive load are risk factors for occupational musculoskeletal disorders. Ophthalmologists may be vulnerable given that they are exposed to a combination of these factors.” In addition to investing in a quality chair, you may want to rethink your slit lamp or microscope position and even speak with a physician therapist. Read more in, “Ouch! Ophthalmologists more prone to neck and back pain: 8 ways to work more ergonomically friendly.”

If you’ve been thinking about adding a young physician to your practice in 2016, you will want to read “Pearls for hiring the Millennial physician.” “When you hire a Millennial, you cannot use old hiring techniques,” according to Elizabeth Yeu, MD. She offers valuable tips, including discussing the amount of time expected in both the OR and the clinic, as well as other responsibilities and expected volume of patients. Dr. Yeu also suggested considering work-sharing or part-time opportunities when hiring a Millennial physician.

If you missed “Make your next retreat your best retreat, Part 1,” in the September issue, you will want to check that out before reading Part 2 in this issue. In Part 1, we discussed ways to appropriately use four precious resources—time, money, human capital, and opportunity—for a successful retreat. In Part 2, we cover how to plan a goal-oriented event with a four-dimensional approach: Define, Decide, Delegate, and Develop. You will also get ideas for activities appropriate for different kinds of retreats.

The entire staff of *Ophthalmology Business* wishes you and your family a wonderful holiday season, and we look forward to bringing you more useful articles to help you and your practice in 2016.
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ECG-1227941 Rev. 1/15
The new app helps minimize coding errors and makes code lookup quick and simple

OphthoBilling, a new app available to eyecare providers, is a digital coding assistant that allows ophthalmologists and optometrists to look up medical codes quickly and easily, without combing through heavy books or online PDFs.

Using an integrated search engine, the app allows users to search for CPT codes or keywords and finds the associated ICD-10 codes. The app prevents bundling and makes it easy for providers to find codes,
minimizing simple billing errors that can lead to reimbursement delays or cause payers to reject claims.

OphthoBilling is the brainchild of Renelle Lim, MD, clinical fellow, Department of Ocular Oncology, Wills Eye Hospital, Philadelphia. After being exposed to the billing process during her fellowship, Dr. Lim realized that it was unnecessarily complicated. In addition to figuring out the right codes for each diagnosis, she found that providers have to make sure that insurance companies will recognize the diagnosis codes for a given CPT code, and codes that bundle could not be used together.

“I wanted to devise a way that physicians could easily have access to all codes while making the process more streamlined,” Dr. Lim said. “I strongly feel that doctors should be reimbursed for the services they provide. The best way to accomplish this task is to encourage providers to have a hands-on approach to billing.”

OphthoBilling fills a void in the medical app market—there is no other digital tool available in the app store that correlates ICD-10 codes with CPT codes for a given specialty or that will prevent providers from bundling codes, Dr. Lim said.

OphthoBilling is perfect for on-the-go lookup in a busy clinical practice. The app offers the option of creating lists of commonly performed procedures with associated CPT and ICD-10 codes for easy reference. In addition, users can share codes with other providers. With a clean and easy-to-use interface, OphthoBilling takes some of the hassle out of the medical coding process.

“This app was created by ophthalmologists for all eyecare providers,” Dr. Lim said. “It is about empowering physicians to have more control of their coding and billing by making the process effortless.”

The OphthoBilling app features a complete list of ICD-10 codes pertaining to ophthalmology and optometry. The app gives users the option to create lists of commonly performed procedures, easily check if codes bundle, and share codes via email or text message. The app also has a support team that users can contact from within the app. OphthoBilling is currently available for the iPhone and iPad.

Contact information
Lim: renellelim@gmail.com
Improve patient satisfaction and engagement using technology

by Dan Montzka, MD

Achieving best practices with an ophthalmology-specific EHR

In the early days of electronic health record (EHR) adoption, many ophthalmologists were highly skeptical that an electronic solution would improve efficiency and allow more time to focus on patients. Indeed, various first-generation EHRs created significant physician dissatisfaction, and ophthalmologists who were forced to adapt their unique workflows to software built for primary care settings often grew frustrated.

With copious amounts of diagnostic data and content to review before seeing each patient, ophthalmologists can spend precious time wading through multiple screens of irrelevant information, which reduces the time they’re able to spend with patients. Today, however, ophthalmologists increasingly are able to provide far more efficient and patient-centered eyecare using ophthalmology-specific EHRs that mirror their unique workflows.

Achieving best practices through technology

Ophthalmologists have distinctive clinical information requirements due to their specialty as well as the types of patients they see. For instance, ophthalmologists commonly chart for patients—often elderly—with multiple problems. Because these patients present more than one clinical issue, single templates allotting for only one diagnosis that are found in most traditional EHRs are insufficient for documenting the complex interrelationships between these problems. Additionally, many patients have also undergone multiple procedures and will likely want to engage with their physicians to better understand their situations.

By using an ophthalmology-specific EHR, physicians are not only able to facilitate better communication with patients and their families, they can also participate in and access knowledge-based documentation more efficiently—both of which are best practices for increasing engagement and satisfaction.

More effective and engaging communication

When a physician can spend more direct time with patients, rather than navigating software or inputting information, patients will be better engaged and are more likely to accept and understand their treatment recommendations. One way to accomplish this is by increasing efficiency through adaptive template technology, which allows physicians to eliminate scrolling through non-relevant information, so findings can be entered into the EHR faster.

For example, consider a patient who has had cataract surgery and is now pseudophakic. Leveraging adaptive template technology, ophthalmologists no longer need to scroll through lists of irrelevant cataract findings, which can take time and attention away from the patient.

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With only relevant information visible, the physician can quickly record pertinent information and remain focused on the patient.

Innovative technology can also be used in other ways to enhance engagement. Because many ophthalmology patients are elderly and/or dependent upon family for help understanding and following treatment plans, it’s often critical for family members to be part of the discussion. To better facilitate these discussions, physicians are beginning to use two large screen displays during patient visits, which allow the physician to absorb clinical information quickly while simultaneously enabling them to show findings to patients and family members.

This capability not only increases trust and confidence but also enhances engagement for patients and their families. Moreover, having the ability to quickly and efficiently diagnose, document and provide a treatment plan minimizes time patients spend in the office, which is also appreciated by friends and family who drive patients to and from appointments.

**Accessing knowledge-based documentation**

A knowledge base with the capability to share information and relationships between clinical diagnosis, clinical findings, and treatment recommendations improves care and efficiency. Since accurate and detailed documentation is so crucial to providing optimal care, having a collaborative knowledge base built into the EHR allows clinicians to share best practices and the latest clinical information for complex cases.

The collaborative capabilities also enable ophthalmologists to efficiently refer patients to other eyecare professionals, allowing their complete medical history and treatment plans to follow the patient. For instance, for “snowbird” patients who spend winters in southern climates, care can be completely coordinated between their two eyecare professionals, which not only ensures continuity of care between the two providers, it also boosts patients’ appreciation and satisfaction.

**Efficiency: the key to patient engagement**

In addition to aiding the clinical aspects of care, technology can improve administrative efficiencies, which can further enhance patient engagement and satisfaction. For example, most patients appreciate automated appointment reminders and easy-to-understand payment information. In fact, practices that can generate billing information during an appointment can help patients better understand their financial responsibility while onsite, which in turn increases the likelihood of receiving payment.

Likewise, patient portals allow easy appointment scheduling, updating of insurance information, and managing of prescription refills, which can be done by the patient or an authorized caregiver. And thanks to modern technology, physicians have the ability to retrieve patient records from any mobile device at any time, allowing them to answer questions after hours or offsite, which can also improve patient satisfaction.

In today’s EHRs, both providers and patients also benefit from clinical documentation tools that notify physicians whenever a change occurs in a patient’s history. These alerts help prevent inadvertent “carry forward” documentation errors, which strengthens clinical encounters and ensures patients are receiving the best care possible.

**Using the right technology leads to satisfied patients**

The days of struggling with general purpose EHRs are becoming a thing of the past. Technology has evolved so far that virtually every aspect of a clinician’s workflow can now be customized to meet an individual provider’s specific needs. Although convincing physicians to invest their time to personalize an EHR can be a challenge in itself, the investment will pay big dividends by increasing efficiency and information access.

In order to achieve these results, an eyecare organization should first determine if its systems and hardware are optimized and updated. Practice leaders must also ensure that training and software releases are current and that all staff members have access to technology when and where they need it. Today’s fully integrated systems, for example, allow specific information to be shared across every area within a clinic, so staff can help patients move from place to place in a timely and efficient manner.

As ophthalmology systems become more specialized, practices need to stay current with the latest workflow enhancements to ensure that they are doing everything needed to provide the best care possible. By enhancing communication, leveraging a collaborative knowledge base and increasing efficiencies, providers will be able to spend more time caring for patients—ultimately leading to more satisfied physicians, as well as happier, more engaged patients.

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Dr. Montzka is chief medical officer, Nextech, Tampa, Fla. He brings more than 20 years of medical experience as a practicing retinal surgeon to his role at Nextech. He can be contacted at d.montzka@nextech.com.
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Make your next retreat

by William B. Rabourn Jr., and Louis Pennow, MBA, BSHA

Once you determine that there’s a practice retreat in your future, how do you go about making the most of this opportunity without wasting time, money, and human capital? Consider this four-dimensional approach to organizing a focused event: Define, Decide, Delegate, Develop.

**Define**

Don’t move forward until you can articulate your purpose. Why are you hosting this event? What result can you reasonably expect to accomplish? Describe it in one or two sentences, focusing on a specific business purpose:

- “We will define the ideal patient experience, identify obstacles to delivering it, then brainstorm ideas for overcoming those obstacles.”
- “We will develop a service strategy that is more sensitive to the needs of patients from cultures different from our own.”
- “We will collaborate to define a shared purpose and a forward-looking shared vision, then brainstorm ways in which we can bring these into every aspect of our practice.”

**Decide**

You have some important decisions to make up-front.

**Leadership**

Will you designate a leader from inside your practice, or would it be better to bring in an outside facilitator with experience in group dynamics and processes, decision making, and building consensus?
your best retreat

- **Location**
  Onsite or offsite? In town or out of town? The farther away from home, the less likely that participants will be distracted by day-to-day duties and demands for their time, and the change of scenery may enhance creativity. If your budget can’t handle an out of town location, consider reserving a meeting room at the public library or renting meeting space from a hotel or a sports facility, such as a party room at a bowling alley. Whatever location you select should be cozy but not too cramped for participants to move around as needed. Make sure that there is adequate wall space for hanging pages from a flip chart and that the room temperature can be maintained at a comfortable level.

- **Timing**
  Will this event take place during business hours on a work day? One day? Two or more days? On a Saturday? Over a weekend?

- **Attendance**
  Will participation be mandatory or optional? If an employee will experience hardship with regard to meeting existing goals or quotas because of the time spent at the event, be prepared to make adjustments.

- **Equipment**
  Try to structure activities that involve as little technology as possible. Laptops, tablets, projectors, etc., tend to minimize eye contact and discourage interaction and discussion. Invest in a flip chart easel with pages that will adhere to a wall surface and markers. Provide plenty of writing materials.

- **“Fuel”**
  Serving healthy meals that appeal to the palate and the eye signals your attitude toward the process and the value of the group’s contribution. Ask participants in advance if they have a food allergy or a health condition that limits what they can eat. Are there other special diets (low-calorie, low-fat, etc.) or preferences (vegetarian/vegan) that must be accommodated? Plan an appealing snack that includes an appropriate balance of protein and carbohydrates. An experienced caterer should be able to suggest appropriate menus.

- **Scheduling considerations**
  Limit time spent sitting and plan simple activities that require movement and engagement. Include ample time in your agenda for comfort issues, such as restroom breaks and stretching.

- **Activities**
  An experienced facilitator generally has his or her own collection of suitable strategic planning, team-and leadership-building activities to get the ball rolling. If you are doing this on your own, there are plenty of ideas available on the Internet. With the objectives of each activity clearly stated, it’s easier to select an activity that aligns with the stated purpose of your event. It’s no coincidence that many activities are designed to enhance teamwork. Whatever the purpose of your event, achieving your goal will likely require teamwork, creativity, and strategic thinking. We particularly like LinkedIn’s “Shoot @ Sight” and “Figure It Out,” summarized here:

  - **Shoot @ Sight**
    Is your purpose to increase collaboration and teamwork and to lure creative talents and strategic thinking out of hiding?

  - **Figure It Out**
    This activity serves as an “energizer that changes the way the team thinks and achieves results.” Divide your group into teams of three, give each team the same set of four or more enlarged photos, then charge them to come up with the best story. Ask each team to select one person to present its story to the group. In selecting the winner, the facilitator’s judging criteria should include creativity, presentation skills, and the best use of available resources. This energizing activity requires creative thinking and encourages individual team members to express their ideas and to make decisions that bring about a consensus that everyone on the team can live with. It also provides participants with “the opportunity to experience and observe the emergence of leadership” within each group. More information on these and other activities are available on their website’s SlideShare, www.slideshare.net/ardentlearner/team-building-activities.

This updated scavenger hunt involves smartphone cameras and calls upon participants to interact effectively to develop a strategy, delegate, and “market” by persuading others outside of the team to help them reach their goal. For this high-energy activity, divide your group into teams of at least five each, and when it’s all over, ask each team to identify its strengths and weaknesses and to analyze how they affected performance.

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Other tried-and-true activities are based on all-American favorites, including:

- **Bowling**
  Yes, bowling! Nearly everyone can bowl, and there are scorekeeping opportunities for those who actually can’t, so there’s room for everyone within this relatively inexpensive teamwork activity. At the end of the game, channel the creative energy triggered by physical activity into rolling a brainstorming “strike.”

- **Cooking together**
  This makes perfect sense—everyone’s got to eat, and it takes teamwork to create a meal or to make cookies for break time. If you have a facility with sufficient space and equipment, you could turn this into a competition between teams preparing the same menu, but you don’t have to compete to enhance communication and problem-solving skills and to fuel creativity.

- **Let’s Go Lego**
  This teamwork exercise reinforces the importance of good communication, clear and complete instructions, experience, and interdependence. Dividing the group into randomly selected groups of 5 or 6 participants, the facilitator makes certain that each team has at least one member who has a fair amount of experience with Legos. All teams receive an identical simple-to-assemble Lego project and a picture of the finished project, but each team faces a unique handicap. These challenges include having incomplete instructions (only every other page, the first 6 pages, or the last 6 pages) or prohibiting members of one team from speaking with each other. The teams themselves are likewise prohibited from sharing information with or helping another team in any way, and participants are not allowed to use smartphones or other electronic devices during the exercise. The facilitator may assign less time to complete the task to teams perceived as having more experience or other advantages. After all projects have been completed, each team selects a representative to describe its experience to the group, explain and analyze any problems with their finished product, and identify the handicaps and advantages they faced.

- **Delegate**
  One of the best team-building exercises you can devise begins with appointing members of your staff to the planning committee that will work with you and/or a facilitator to handle many of the logistics within the confines of the budget you have established. This is an excellent opportunity to tap into your practice’s human capital, that wealth of talents, creativity, and problem-solving abilities that your employees bring to bear.

**Develop a budget**

The budget should include expenditures for the following, when needed:

- Meeting space and equipment rental
- Supplies
- Meals and snacks
- Facilitator fee
- Travel and accommodations
- The cost of compensation for participants’ time in addition to the regular work week
- Tips for service personnel, such as catering staff
- A contingency allowance because even the best laid plans are still subject to factors that are out of your control

Which comes first, the decision-making or the budget? That’s up to you. You know how much you can afford to invest. You can specify upfront the total amount you are willing to spend, but be aware that you will probably be adjusting that figure as planning proceeds. Likewise, expect that some of your plans will be adjusted to conform with the budget.

**How will you spell “success”?**

Return on investment can’t be determined in any meaningful way unless the criteria that will be used to define the success of the event have been established. What objective and subjective measures are you able to track over a defined period of time to determine how close you come to meeting your goal(s)? The more specific your statement of purpose, the easier it will be to identify and structure the means of determining success and your return on investment. We will address this issue in more detail in Part 3 of this series. **OB**
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Ouch!

Ophthalmologists more prone to neck and back pain

by Vanessa Caceres Contributing Writer
8 ways to work more ergonomically friendly

Does this scenario sound familiar?

You leave your home early in the morning to arrive at the hospital for a series of eye surgeries. You stand or sit in the cold OR, often bending your body over in an awkward position.

When surgery finishes, you’re on your smartphone, once again bent over and looking down.

After lunch, you catch up with emails and calls in front of your computer, sitting down for a couple of hours.

By the time you are driving home (sitting once again), your neck and back feel sore.

If this sounds like a primer from your day as a busy ophthalmologist, you’re not alone. But you can and should make changes in your routine to avoid neck, shoulder, and back pain.

Ophthalmologists and optometrists are more prone to neck and upper back pain compared with family medicine physicians, according to a study published in *Occupational Medicine* in September.1 Pain was associated most often in the study with physical discomfort from professional activities; 70% of eye care professional respondents in the study reported neck and back pain. That pain seemed to improve during vacation and with regular exercise.

Another study published earlier this year found that 50% of ophthalmologist respondents experienced back pain, and 32% experienced neck pain.2 “Repetitive tasks, awkward or prolonged working postures, and a high cognitive load are risk factors for occupational musculoskeletal disorders. Ophthalmologists may be vulnerable given that they are exposed to a combination of these factors,” the study authors wrote.

About a third of respondents in that study felt pain while operating, and another third felt pain at the slit lamp. Some felt pain with both activities.

“Physicians are prone to neck and back pain due to long hours and awkward postures in the OR,” said occupational therapist Julia Doty, OTR/L, CHT, Hospital for Special Surgery’s Joint Mobility Center, New York. “Often, equipment in the OR is not adjusted to promote neutral spine posture.”

Surgeons in general are prone to low back pain, neck pain, and wrist and hand tendonitis, said physical therapist and athletic trainer Scott Weiss, DPT, Bodhizone Physical Therapy and Wellness, New York City. The colder temperature of the OR puts physicians at greater risk for pain as well, Ms. Doty added.

8 ways to work ergonomically better

Although ophthalmologists may relate to the facts about physical pain from work, that doesn’t necessarily mean they have taken action to change things. “Most doctors think by simply being conscious and cognitively understanding a concept means you are doing something about it. This isn’t the case,” Dr. Weiss said. “Every ophthalmologist should be aware of potential physical hazards of their profession and try to minimize them as much as possible.”

“We forget that our body is our most important tool, and we have to maintain it the same way we maintain a car,” said physical therapist Vivian Eisenstadt, MAPT, CEO of Vivie Therapy, Los Angeles.

Surgeons may think to reach out to other MDs for scans or surgical solutions to pain, but they may not always think about ways to combat pain with help from physical therapists, said sports and orthopedic physical therapist Rick Olderman, MSPT, Denver. Physical therapists (and, in many cases, occupational therapists) can help both relieve pain and teach better ergonomics to avoid future pain.

Here are some ways to create better workplace ergonomics and

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avoid common physical pain associated with ophthalmic surgery and work tasks:

1. **Rethink your slit lamp or microscope positioning.** Make sure the table that it sits on is at the correct height for you and that it is close to your body, Ms. Doty advised. “It should be located within a forearm’s reach to allow the physician to not have to flex their back or neck to use it,” she said.

2. **Consider your positioning in the OR.** Your chair and the patient table should be at the proper height to promote neutral spine posture, Ms. Doty recommended. You shouldn’t have to bend over to reach a patient; instead, the height of the bed they are on should be adjustable to where you are.

And think about your shoulders during surgery. “They should be relaxed, not hiked up, when operating,” Ms. Doty said. Elbows should be close to your sides.

Place any instruments you’ll need within your base of support so you don’t have to reach too much, Dr. Weiss said.

3. **Invest in a quality chair.** “Physicians should be in a chair with good lumbar support, and feet supported flat on the floor or a footrest to give support to the spine,” Ms. Doty said.

4. **Aim for proper form.** “To ensure proper form, the surgeon must use the entire body such as bending their knees and not hinge from the lower back,” Dr. Weiss said. “These days, a staggered or athletic stance is ideal to maintain proper form, and it’s what is actually being taught to people across the medical field.”

You could also stagger the legs and place more weight through the leading foot, which gets the legs to carry the load and saves the back, Mr. Olderman said.

5. **Get moving every hour.** It’s commonly said that sitting is the new smoking. To avoid falling into the trap of sitting too much—which could contribute to pain over time—get up and walk around every hour. Do some stretches every 45 minutes, such as squeezing your shoulder blades together or stretching out the muscles in your hand, wrist, and forearm. You could even roll your neck on a foam roll, which is used to release neck tightness, Ms. Eisenstadt said.

And—to state something you probably advise to patients—give your eyes a rest every 15 to 20 minutes.

6. **Exercise regularly.** Although it’s not new advice, exercise takes on a new meaning when you think of it in the context of ergonomics and avoiding pain. “Make time to develop a daily strengthening and stretching program. This will not only do wonders for your health but also extend your career as a surgeon,” Dr. Weiss said.

7. **Help your staff avoid neck or back pain.** Educate staff on a work setup that is more ergonomically friendly. Encourage them to take regular stretch breaks, Ms. Doty advised.

8. **Speak with a physical therapist for additional help.** “There are many possible causes of back, neck, or hand pain. Understanding these causes from a knowledgeable physical therapist’s approach would be the first step to understanding what ergonomic changes need to be put in place,” Mr. Olderman said.

Physical therapists also are aware of certain bodily support that may help you while sitting or standing, said Ms. Eisenstadt. For example, she will recommend a clavicle brace or rib belt sometimes to support the torso while performing activities that keep someone sitting or standing for long time periods. Mr. Olderman has used special tape on the back of doctors’ knees so they don’t lock them. “This distributes the weight throughout the legs and hips rather than the back,” he said.

Physical and occupational therapists also can provide specific guidance for doing helpful stretches, Ms. Eisenstadt said.

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Contact information
Doty: freemankr@hss.edu
Eisenstadt: vivian@vivie.com
Olderman: rick@rickolderman.com
Weiss: brian@carvecomms.com
LASIK: A tale of two camps

by Sandy T. Feldman, MD, MS

Is LASIK dead or alive?
That might depend on the surgeon’s outlook

There are two schools of thought when it comes to laser vision correction. The first camp will tell you that LASIK is dead. They’ve moved on to other things—many of them to refractive cataract surgery with premium IOLs. Another group would argue that LASIK still represents great opportunity. So who’s right?

The short answer is both. In part, that’s because you get what you focus on. If your philosophy is that LASIK is dead, it will be dead in your practice. Most likely, you won’t devote energy and resources to it and you won’t project excitement about laser vision correction (LVC) when you talk to patients. Your practice might not be set up to appeal to Millennials and “refractive-minded” or “lifestyle” patients.

My practice is about 90% refractive surgery, so I am firmly in the “LASIK as opportunity” camp. I am glad that manufacturers have been introducing exciting new products for refractive cataract surgery—but I think that just reinforces the universality of the desire to wake up and see without glasses. It’s a wonderful privilege to be able to fulfill that dream for patients of any age.

Who do you want to be?

In my experience, it’s important to decide what style of practice fits your personality, what type of surgery you enjoy doing, and who you want your primary market to be. It’s very difficult to be all things to all people. In particular, successfully mixing Millennials and standard patients who aren’t interested in a refractive cataract outcome is a tough trick to pull off. These two groups have vastly different medical needs, expectations, and preferences.

I’ve taken the approach of emphasizing that I can help patients see better and live the lifestyle they want. Most come in seeking LASIK, but I do the procedure that’s best for that patient, from LASIK or PRK to phakic IOLs and premium IOLs.

Laser vision correction is a cyclical business. It trends up and down with economic prosperity and consumer confidence, and refractive surgeons have to be able to ride out the storm. It’s worth it—especially now, with a large demographic group reaching maturity.
**Change the way you market**

The average age of LASIK is dropping from the 40s into the 30s and below. Our target LASIK demographic right now is the Millennial generation (sometimes called Gen Y). This is a huge generation that rivals the Baby Boomers in size. It comprises nearly 100 million people who are currently ages 15 to 35.

The Millennials have faced some economic challenges, but as the economy recovers and they land on their feet, we need to be ready to start educating people about LASIK again. We have a great advantage in that many of them have personal familiarity with LASIK because their parents have had the procedure. This is a great time to tell young patients how new LVC technology can change their lives for the better, too.

But that means changing how we market and analyzing every step of the patient journey in our practices with a fresh eye. I have made sure that we staff appropriately to meet the needs of refractive-oriented patients in general and Millennials in particular. This generation wants to communicate via text and social media. They are drawn to open, streamlined design and warm, welcoming environments that don’t feel impersonal or hospital-like.

They want a personalized experience, which is one of the reasons that I always emphasize how custom ablation delivers a correction that is absolutely unique to each patient’s eye. To draw these patients in, we need to meet them where they are, and we have to keep talking about the benefits of LVC and what the technology can do. Today’s patients grew up knowing that seeing without glasses is a reality and, much like braces, is a rite of passage.

**Embrace the best technology**

This is a high-tech generation, so part of what they want to hear is the technology behind the outcomes we promise to deliver.

LVC technology is an area where the philosophical divide really makes a difference. Some surgeons who “gave up” on LASIK during the recession haven’t continued to invest in or upgrade their LVC technology. Others were burned as early adopters and have since become overly conservative, only performing PRK even though contemporary flap-making technology is very safe and predictable. Longer recovery times or lackluster results from outdated technology are a great way to kill a LASIK practice.

Use of new technology, by contrast, makes you more efficient, broadens the range of candidates for custom treatments, and delivers an excellent patient experience.

Custom LASIK, for example, relies entirely on digital (and digitally transferred) information, so there is less room for error. Wavefront-guided custom LASIK is personalized care that appeals to young patients.

I recently moved from the WaveScan to Advanced CustomVue with iDesign (both Abbott Medical Optics, Abbott Park, Ill.). The outcomes are exceptional. Among low to moderate myopes, the vast majority of patients see 20/15 or better and almost all achieve 20/20 vision or better within 12 months. I’ve been particularly impressed with the correction of astigmatism and with the impact on contrast sensitivity.

In fact, all the “bogeymen” of LASIK—dry eye, night driving problems, and fear of ectasia—have been addressed with the latest technology. Femtosecond lasers such as the iFS, which creates thin flaps with beveled edges, have given us more predictable and better-healing flaps.

The new high-resolution aberrometer has expanded the range of patients I can treat with custom technology: up to 11.0 D of myopia and up to 5.0 D of astigmatism, a wider range of pupil sizes, and patients age 18 and older. Quick, accurate captures and more diagnostic information in a single device make for a better patient flow.

In short, LVC technology has truly reached a pinnacle, at the same time that a new generation of potential candidates is emerging. There is a lot of excitement around femtosecond laser surgery and premium IOLs. But in the push to do what’s new in refractive cataract surgery, let’s not lose sight of what a great procedure LASIK is, and the great opportunity we have in performing corneal refractive surgery to make a long-lasting impact on our patients’ lives. **OB**

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**Dr. Feldman is medical director of Clearview Eye & Laser Medical Center in San Diego. She has financial interests with Abbott Medical Optics. Dr. Feldman can be contacted at sfeldman@clearvieweyes.com.**
Are you properly nurturing

by Roger Balser

Let me tell you the “Parable of the poor farmer.”

Not so long ago there was a poor farmer who lived in the land of Opportunity. He was smart and had learned his lessons all too well. He knew that if he worked hard, he would do well and be able to provide plenty of food for his family while still having some produce to sell so that he could buy more seeds for the next planting season.

In the early years the poor farmer barely managed to eke out a living, but he was satisfied because he knew that if he worked at a factory job he could earn only when he worked. There was no production or income when he slept or when he rested on the Sabbath or took a vacation. But if he planted a good crop, it would grow and produce even when he slept.

Relying on his intelligence, the farmer figured that if he planted early he could yield a bigger crop, so one year he did just that. He took his plow and made several long, narrow furrows in the frozen ground and planted some of his precious seeds. Some of his seeds sprouted, but most did not. Those that came up produced underdeveloped plants that bore poor fruit. It was made pretty clear to the farmer that year that if the ground was not ready then the results would be poor.

So the farmer tried planting much later in the year after a good deal of spring growth had occurred. He grew many strong and beautiful plants. But when the time came for the fruit to ripen, the weather turned cold, and the bitter winds blew the fruit to the ground, destroying much of the crop.

Through these endeavors it was made fairly obvious to the farmer that when he planted in the spring-time, when the other natural plants were beginning to grow, the conditions were most optimal to yield a bountiful crop.

One spring as the farmer was getting ready to sow he examined a new bag of seeds. As he checked the bag he discovered some very strange looking seeds. He muttered to himself, “I wonder what kind of seed
Are you properly nurturing your money tree? This strange-looking one is?” As he studied the seed, the seed suddenly exclaimed, “You don’t recognize me? I am the seed of the money tree.”

The poor farmer almost fell over from the surprise of hearing the little seed speaking to him.

“If you plant me at the right time, and take care of me and harvest my fruit in a timely way, you will prosper and grow rich,” the seed advised.

Because the poor farmer lived in the land of Opportunity where the soil was very fertile and the best time for planting was in the spring, he groomed the soil and planted a small grove of money trees. Many of the trees grew and thrived, but others developed blight with diseased leaves and branches. The wise farmer recognized he had to get rid of the disease so he sprayed them and pruned away the dead and dying branches before the whole tree withered away. When he did this the tree slowly recovered and was again able to bear fruit. The farmer’s grove began to produce abundant fruit.

Just as he had discovered earlier with his other crops, if the farmer planted a money tree too early, the buds would freeze and he would get a poor crop. If he planted too late in the season, there wouldn’t be enough time for high quality fruit to mature and ripen. He had to plant when the growing conditions were prime.

As the fruit began to develop, the poor farmer became very excited. He was so excited that he took much of the fruit off the tree before it was ready. As a result, the harvest was small and of poor quality. But the fruit that was left on the tree grew larger, sweeter, and was delicious when picked.

He figured that leaving the fruit on the tree was beneficial and the fruit would get better and better with time.

You can imagine his shock when later in the season the fruit became wormy, dried up, and fell to the ground useless. It was rather clear that he had to harvest the fruit at the right time.

During the next growing season, he took about a third of the fruit off the tree when it looked like the fruit had ripened nicely. There was still plenty of fruit on the tree for further ripening, and he harvested another third of these at the peak of the ripening season.

He watched the nearly ripe fruit still on the tree prudently. At the first sign of drying up and withering, he harvested the rest of the fruit. This plan of working the money tree grove was very successful, and the farmer prospered and grew rich and was no longer referred to as the poor farmer.

The moral of the story is that when you invest in stocks, you’re really planting a money tree. You must use high quality seed and only plant when conditions are favorable. You must ruthlessly and quickly prune away your losses. You should harvest your fruit appropriately and not get greedy. You must quit before the last of the fruit withers and dries up. And in so doing, just as the little seed said, you will prosper and grow rich. OB

Mr. Balser is the managing partner and chief investment officer of Balser Wealth Management in Avon, Ohio. He works with individuals to reduce risk in their investment and retirement portfolios to ensure they will not run out of income in retirement. He can be contacted at roger@balserwealth.com.
Hiring this group of young physicians may take special considerations

During the 2015 ASCRS SideXSide meeting, **Elizabeth Yeu, MD**, Norfolk, Va., presented on the important topic of “Transitioning Young Physicians Into Practice.” She offered pearls for hiring Millennial physicians and keeping them at the practice.

Millennials, who were born between 1978 and 2001, are some of the people entering the workforce now, she said, and this group of physicians has different characteristics than those in the Baby Boomer and Generation X groups before them.

As a result of Millennials living through such a long recession, there’s a different value system regarding money and work, Dr. Yeu said. “Even within medical school education, it’s very much a team approach during the different rotations.” Work is a means to an end, but they find it more useful when they’re working in a place that’s going to provide fulfillment, she said.

“When you hire a Millennial, you cannot use old hiring techniques,” Dr. Yeu said. These physicians are becoming more aware of how “in demand” they are, she said. Millennials are well-educated, skilled in technology, self-confident, have high accomplishments, have high expectations, and move fast and desire challenges.

Dr. Yeu offered a number of pearls for hiring the Millennial. The first, she said, is to begin the candidate search process as early as possible when recruiting for a Millennial out of training. About half of residents and fellows begin the interview process in the fall/winter of their last academic year of training, and more than 40% have signed contracts by the end of the first quarter of the year they will be hired.

“Lifestyle is commonly a greater priority than compensation,” she said. Location is often a top priority for these candidates, and location near family or a major airport are factors they will consider. Additionally, Millennials may tend to expect more money than they should. You may want to consider other perks because the unchanging number of ophthalmology residency spots paired with a greater need for ophthalmologists creates a candidate-driven process.

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Millennials are used to customization and personalization, Dr. Yeu said. You need to gauge what the candidate’s ideal practice is and see if your practice needs align with what their goals are.

These types of hires also tend to be very risk adverse, Dr. Yeu said. In this case, it’s important to specifically discuss every detail involved in the job opportunity, including amount of time expected in both the OR and the clinic, as well as other responsibilities and expected volume of patients.

Dr. Yeu said that Millennials tend to want a “democratized,” non-tenured workplace. In this mindset, unprofessional and patriarchal behaviors are not tolerated. This creates a sense of egalitarian relationships with senior faculty and associates, she said.

Considering work-sharing or part-time opportunities was another tip that Dr. Yeu offered. A larger number of doctors are part time now, she said, adding that more than 21% are now working part time compared to 13% in 2005.

Establishing a good work/life balance is of utmost importance. “Even if they’re not part time, full-time doctors are logging less hours.” This is typically around 51 hours a week, which is 10% less than a decade ago, she said. This becomes incredibly important to avoid burnout.

Millennial doctors are trained with an expectation that they are part of a team. This creates a more favorable outlook on integrated eyecare with optometrists and maximizes the doctors’ time taking care of patients.

Dr. Yeu’s last pearl for hiring a Millennial physician was to encourage the spouse or life partner to come for the formal interview because the majority of candidates state their selection criteria is primarily dictated by the interests of their spouse or significant other.

After hiring, retention of the Millennial doctor is key, so Dr. Yeu offered suggestions for this. Close relationships and frequent feedback from senior associates are important, she said. The top reason people leave is because of a sense of “unimportance,” or lack of belonging. Additionally, creating loyalty and opportunities to contribute and be part of the team help with retention. When Millennials know “where their work is going,” they are more motivated to work harder, but if they don’t feel appreciated, they will leave.

Dr. Yeu said that Millennials do not respond well to a “tough love” approach and do better with specific direction or goals rather than a “big picture” approach. Millennials are very conscientious and hard working, Dr. Yeu said, but you have to be able to engage them on their terms.

Contact information
Yeu: eyeu@vec2020.com
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