Operating on people you know: Should you? Shouldn’t you?

From family members to colleagues to neighbors, what to consider when they want you to do their surgery

P. 16
Every day, CareCredit empowers our providers with resources to help patients overcome cost concerns and fit precise vision they want into their budget. A new study shows 68% of patients research treatment online, including cost and financing options, before moving forward with care.* It’s the reason we provide:

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The ethics of treating friends and family is a relatively common topic. In general, the American Medical Association states that “physicians should not treat themselves or members of their own families,” but many physicians don’t think there is anything inherently wrong in doing it. “The issue always is if you’re taking care of someone who is close to you, will that color your judgment so maybe you don’t do things exactly right?” said Richard Tipperman, MD. Read more in “Operating on people you know: Should you? Shouldn’t you?” and decide for yourself if you think operating on someone you know well is a reasonable thing to do.

Many ophthalmic practices looking to market LASIK face the issues of choosing the right LASIK message and medium to connect with potential patients and getting the most out of their marketing dollars. Practices need to adapt their marketing tactics to current conditions, and using multi-market surveys can illuminate the needs and motivations of potential LASIK patients. What factors are influencing patients’ decision to have LASIK? How will they pay for the surgery? Where do they go to first for information about LASIK? Medical Consulting Group asked these questions and more in an eight-market survey conducted in 2015. See the results and takeaways in “How potential patient research improves your LASIK marketing.”

In “Website uses crowdsourcing to solve tough medical cases,” we explore the idea of letting a variety of people weigh in on a question. On the website CrowdMed, users post a case description, and medical professionals provide clues or answers that help lead to a diagnosis. Could this have potential applications in ophthalmology? A study published in Current Opinion in Ophthalmology found that crowdsourcing has been used to help pinpoint images from patients with diabetic retinopathy, distinguish normal optical discs from abnormal ones, and for quick manual segmentation of optical coherence tomography.

To close out the issue, Paul Stubenbordt, CEO of Stubenbordt Medical Marketing, provides 10 tips to help ophthalmologists build better websites and take advantage of search engines and social media to engage with patients and ultimately grow their practices. Did you know that you should be rewriting about 20% of your website’s content every 3 to 6 months? Or that everything patients search for on your website should be found within one click? Learn more in “Ten tips for mastering web marketing.”

There are even more useful tips, helpful hints, and questions to consider in this issue of Ophthalmology Business. If you are interested in writing or have an idea for an article, please don’t hesitate to contact us. Thank you for reading!

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When the doctor becomes the patient

by Liz Hillman Staff Writer

Ophthamologists gain new insights, empathy after undergoing ocular surgery themselves

“One of the best decisions that I’ve ever made.”
“I couldn’t have done it soon enough.”
“I was delighted to be rid of the glasses.”

“Ophthamologists are no strangers to comments like these from happy refractive surgery patients, but these quotes come from surgeons themselves who have made the decision to become the patient. Not only did these ophthalmologists have excellent outcomes freeing them from glasses and contacts, but they found turning the tables and becoming the patient gave them insight into the surgical experience, not to mention a level of credibility.

“I looked around at refractive surgeons wearing glasses trying to recruit patients, and it seemed absurd,” said John Sheppard, MD, Virginia Eye Consultants, Norfolk, Virginia, who had PRK in the 1990s. He called his decision to have refractive surgery the “ultimate endorsement” for the procedure.

But he did it first and foremost to ditch his glasses.

“It was extremely annoying wearing glasses in the operating room. My glasses would fog up and I would have to get right up against...
the slit lamp oculars in the office,” Dr. Sheppard said, adding that they were problematic in sports as well.

Likewise, Michael Greenwood, MD, Vance Thompson Vision, Fargo, North Dakota, dreamed of having refractive surgery for years. Wearing glasses starting in the first grade before later transitioning to contacts, he ended up with his prescription being –13.00 –1.00 in both eyes.

“When you’re talking about refractive surgery, my options get pretty limited because I’m pushing the extremes of laser surgery with how much tissue you would need to remove and how much you can treat,” he said.

Phakic IOLs, however, were a good option, and when the timing was right after medical school and residency, he had the procedure in December 2015.

“My vision now is better than it ever was in contacts or glasses,” he said. “It was so much fun walking around the clinic, talking to everyone, and knowing I never had to put contacts back in.”

John Berdahl, MD, Vance Thompson Vision, Sioux Falls, South Dakota, couldn’t tolerate contacts well due to dry eye, but he didn’t mind his glasses. Patients were asking him though, “If LASIK is so good, how come you’re still wearing glasses?” This, and the fact that his wife said he looked better without glasses, led him to go under the laser.

“I had access to tremendous surgeons and I knew the risk-benefit was in my favor, so I went ahead and did it,” Dr. Berdahl said.

**When the tables are turned**

Finding himself lying on the table instead of sitting at the laser was a poignant moment for Dr. Berdahl.

“It’s really hard for data to trump the human emotion of fear,” he said, recalling how he at one point questioned taking this “very small risk.”

“I was nervous before I had LASIK even though I know almost everyone does great, and I had total confidence in my team and the technology we were using.”

Dr. Greenwood also said he experienced some nerves before each of his phakic IOL procedures, which were performed two days apart.

“My blood pressure was a little higher than normal, but as soon as I started having the sedation, that helped. When it was time to go back for the surgery, I trusted my surgeon and I knew I was in good hands,” he said.

In the recovery room, Dr. Greenwood asked to sit near the window. “I could see so well already. It was just incredible,” he said.

**Lessons learned**

Drs. Sheppard, Greenwood, and Berdahl said they have been able to apply their own surgical experience to their practice, if for nothing else but genuine empathy.

Dr. Greenwood said the confidence he had in his team for the procedure emphasized how important that is to establish with patients.

“When I talk to patients, I want to make sure they trust me and that I earn that trust. I want them to know that I’m going to take care of them,” he said.

Dr. Berdahl said he describes his decision-making process to patients, helping guide them through their own from the perspective of someone who truly understands what they might go through. But he has found the experience helpful in more specific ways as well.

“It helped me understand what the postop care is like, what glare and halos really mean. I tell my patients, ‘After surgery your eyes will be dry. You will have glare and halos and you’ll be light sensitive, but that will all go away with time. If the dryness lingers, we’ll treat it,’” Dr. Berdahl said, explaining that his own glare and halos lasted for 6 months and he had punctal plugs placed 1 week postop.

“It has caused me to be more aggressive with punctal plugs in my LASIK patients if they are feeling uncomfortable,” Dr. Berdahl said.

Dr. Sheppard said he experienced some symptoms—photophobia—after PRK, and the postop regimen made him appreciate how hard it is to remember to keep up with drops. He also delayed having his dominant eye operated on for 6 months, giving him the “enlightening” experience of anisometropia and reversed mono-vision. “We were still marginally paranoid that some bizarre haze or delayed healing complication might occur in the early days of PRK. I personally connect with the fear factor and can now counsel with empathy,” he said.

Another takeaway for Dr. Berdahl came during the placement of the lid speculum. Dr. Berdahl said his doctor told him that while his eye was numb, his eyelids weren’t, and warned he would feel some pressure there. This is something Dr. Berdahl now says to all of his patients as well to help alleviate some anxiety they might experience at this point.

“When the procedure was done and the doctor said everything went great, I remember the relaxation that overcame me. That’s an important celebratory moment for us,” Dr. Berdahl said. “Now I lean down and whisper into [the patient’s] ear and say, ‘Congratulations, everything went perfect.’ I can see, every time, their shoulders relax.”

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Appointment booking in just a few clicks

by Vanessa Caceres Contributing Writer

Online scheduling appeals to a small but growing number of patients

Setting a doctor’s appointment by calling the office still works for many patients. Yet there’s a growing segment of the population, usually younger or more tech-savvy, that would rather be able to set their appointments online.

Many medical practices, including ones in ophthalmology, are offering both old and new appointment-setting options. Although these practices say that only a small percentage of patients use online appointment setting, they still see advantages in having it available, such as the ability to help grow the practice.

Here are four approaches to online appointment-setting software used by ophthalmologists and physicians in other specialties. Consider these tips as you home in on the right program for you.

Using two popular software systems

Ophthalmologist Joseph Fishkin, MD, Fishkin Vision, Emerson, New Jersey, uses two appointment-setting systems, Zocdoc (New York) and Demandforce (San Francisco). “My patients tend to be technologically savvy and expressed a desire to be able to schedule their appointments online without having to call the office directly,” he said.

Before enrolling with the systems, Dr. Fishkin asked them both for references to other physicians already using their system, and he had both companies conduct online demonstrations of their technology.

Dr. Fishkin’s practice lets Zocdoc know which appointment spots are available. Patients sign in with a username and password, provide basic demographic and insurance information, and schedule the visit. Then, a pop-up window appears on the receptionist screen, and the receptionist loads the patient’s information into the schedule. With the click of a button, the patient receives an email to confirm the appointment is scheduled.

Demandforce has buttons that were easy to place on the practice’s website and Facebook page, Dr. Fishkin said. Once patients click on a button to schedule an appointment, they are asked to give basic demographic information and three preferences for appointment scheduling. The practice receives an email about the appointment request, and they schedule it; a staff member clicks a button through the Demandforce portal to confirm it was scheduled.

Dr. Fishkin generally favors Demandforce for better integration within the practice management system, yet he still sees potential for improvement within both systems. “There can be an issue when patients request an appointment for a time that is unavailable. This does involve my staff having to email or call the patient to arrange for an available appointment time. I look forward to a system that will have even better integration with my practice software so that only available appointment times are offered to patients,” Dr. Fishkin said.

One thing Dr. Fishkin likes about his systems is that they post online reviews of his practice, which increases his online presence. “A significant percentage of my new patients tell me they chose to come to me because of my online reviews. Over the last 3 years, I’ve received more than 1,000 online reviews through Demandforce,” he said.

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Clinical tips and techniques from leading ophthalmologists from around the world.

Live from APACRS16 Bali

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Taking a clue from hair salons
Not all great ideas for appointment management come from within health care.

Plastic surgeon Jonathan Kaplan, MD, Pacific Heights Plastic Surgery, San Francisco, was looking for what he called true online booking, where patients could see appointment options in real time, based on the actual practice schedule.

When he went to get a haircut in town, he was impressed by the appointment software they were using, called Salon Transcripts (Orlando, Florida). “When I saw their system, I realized that it was true online booking,” he said. “I wanted a software that synced with my calendar so that what the consumer saw online was representative of what our schedule showed was or was not available.”

When his patients go online to set an appointment, they follow a process not unlike that with other medical-focused software programs. They go to his website’s contact page and are prompted to create a username and password to start the appointment-setting process. It looks to patients as if they are scheduling within his site, but they are actually on the Salon Transcripts server, he said.

At this point, 18% of his patients use the online booking system, and he said that percentage is growing.

The program enables staff to spend less time on the phone scheduling consults because more patients are using online booking. Patients can also use the system to reschedule and cancel online.

Dr. Kaplan advocates using a program that offers true online booking. “If you receive an email from a patient through a service checking to see if you actually have that time available, that’s not true online booking. You need a system that syncs with your calendar,” he said.

Using one program to build volume
Dermatologist Alan Parks, MD, Eastside Dermatology & Skin Care, Columbus, Ohio, and founder of DermWarehouse, got the idea to use the program Zocdoc from his daughter. “She lived in New York at the time and was booking doctors’ appointments through their website. She told us about it and said it was great,” he said.

Fast forward 4 years and Dr. Parks is happy with the system, although he’s surprised that only about 10% of patients use it to book appointments. However, the practice gets an average of about 70 new patients each month from Zocdoc. “When people are looking for a dermatologist, they go to Zocdoc and can see not only the closest doc to them but the many reviews written about the practice and the doctors,” he said.

When a patient uses Zocdoc to find local doctors, they create a username and password to set an appointment. The site shows various participating doctors in their geographical area and offers several available appointment times. “We get the information sent to us on our end, and we check it every hour. We then load the appointment and the patient’s information into our schedule and confirm the appointment,” he said.

That means that the office needs one person in charge of checking Zocdoc at least once an hour to load new appointments into the schedule and add the patient information into the system, Dr. Parks said. Sometimes, they must call the patient if there’s a problem with insurance; they also will make the typical reminder calls.

Dr. Parks sees online appointment-setting software as a nice convenience for millennials who are glued to their mobile phones. “I think that since we have an older, established practice, many of our patients are older and are used to just calling,” he said. Yet with time, he thinks more people will use the service.

On the other side: A closer look at one digital health platform
Zocdoc, which was founded in 2007, is a digital health marketplace available for medical and dental practices and health systems. The providers that use Zocdoc cover 60% of the U.S. population; ophthalmologists and optometrists perform particularly well on the site because of the universal need for eyecare, said a company spokesperson.

When a practice is considering the use of Zocdoc, the company checks to make sure the doctor is licensed and in good standing with medical boards. They also analyze the patient demand in the zip code and specialty level, to make sure that use of Zocdoc will benefit the practice.

Executives at Zocdoc recommend that practices update their profile regularly because patients often review a variety of information about doctors before ever setting an appointment. This can include keeping hospital affiliations, insurances accepted, and real-time availability current. They also suggest that practices consider verified reviews. Zocdoc’s closed-loop verified review system ensures that every patient review is written by an actual patient who made an appointment through Zocdoc and has seen the doctor. This provides a more representative sampling of the experience with a given office or doctor, they explained.

Practices pay a subscription fee of about $300 a month to use Zocdoc.
Using an option from EHR

When ophthalmologist Aaleya Koreishi, MD, physician on medical staff, Texas Health Arlington Memorial Hospital, Arlington, Texas, opened her practice 3.5 years ago, she turned to the electronic health records (EHR) company NextGen Healthcare (Horsham, Pennsylvania), which had a program she had used in the past. She then started a patient portal through NextGen 2 years ago when it became required for Meaningful Use compliance. The patient portal is a secure system for patient communication, integrated into the patient’s electronic chart. Patients can ask questions, request health information, and request appointments. Now that she has both EHR and electronic practice management (EPM) systems through NextGen, “Our staff can go between the health record/portal and the EPM without changing systems. The patient portal is integrated into NextGen,” she said.

“Although the system allows secure communication, it is not an electronic scheduling system. The staff still has to call or email the patient back through the portal to finalize appointments. It is a move in the direction toward an electronic system, but still requires staff to directly put appointment changes into the EPM.”

To communicate, request, or change appointments through the patient portal, patients must first set up their account. The office will provide the patient with a token number (password) to establish their portal account through their personal email.

Use of the portal to set appointments has been low. “Most still communicate via phone. Between 2% and 5% try to use the online system. I have a website ‘contact us’ option, and I receive a few emails from patients about appointments, so we have to call patients back to schedule appointments,” Dr. Koreishi said.

Dr. Koreishi said that maintaining compliance with Meaningful Use (not just the online appointment-setting portion) required the hiring of more staff to manage the extra information and paperwork. OB

Editors’ note: The physicians have no financial interests related to their comments.

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Part one: The benefits of multi-market surveys

Every ophthalmic practice looking to market LASIK faces the same problem: how to choose the right LASIK message and medium to connect with potential patients and get the most out of their marketing dollars.

The drop in the prevalence of refractive surgery procedures such as LASIK has many providers scrambling to find the cause in order to address it with their marketing message. Some experts point to the economy, which has very likely played a role. However, several additional factors that may have had a hand in the issue include the changing LASIK market and providers’ unchanging marketing tactics.

For example, in the early 2000s, many practices favored a message that touted the efficiency and effectiveness of modern LASIK technology and felt their target audience was between 25 and 54 years of age. Additionally, the average age of myopia patients was considered to be around 40, while hyperopia patients were estimated to be about 50. Practices also tended to feel that their patients were turning to friends and family for vision correction recommendations.

Unfortunately, these same messages, targeted age ranges, and ideas about how people are learning about LASIK are still trending today, despite the change in influential economic conditions and the increased use of information technology to connect with health care professionals more conveniently. The world is always progressing, creating new factors that influence patients. Today’s patients have different concerns, interests, characteristics, and resources than those in the late 90s and early 2000s. They have adapted to current conditions.

It is time for practices’ marketing tactics to do the same—and do it right with the assistance of market research. By devoting the necessary time to researching and understanding the current LASIK market and its potential patients, a practice is better equipped to form and release a message that reaches the right audience in the right way.

This first installment in what will be a two-part series will illustrate the unique benefits of using multi-market surveys to illuminate the needs and motivations of potential LASIK patients, based on the demographic and socioeconomic data collected from a 2015 eight-market LASIK online survey. The survey, funded by CareCredit and performed by Medical Consulting Group (MCG), revealed some of the main factors influencing patients’ decisions to have and pay for LASIK and demonstrated just how crucial a multi-market survey can be to LASIK marketing efforts.

Summary of MCG’s eight-market LASIK survey background

Eight custom quantitative LASIK survey markets were completed with the input of MCG for CareCredit.

The call-to-action offering participants the chance to win a prepaid gift card was recommended to stimulate survey responses.

These unaided, unbranded surveys were posted both on a highly visited site and throughout the actively engaged Facebook community in each market as follows:

- Atlanta
- Austin, Texas
- Dallas
- Denver
- Los Angeles
- Minneapolis
- New York
- Orlando, Florida

For consistency, each market received the same survey distributed through similar channels using the same call-to-action. The data was extracted from 1,300 total surveys. Survey questions were multiple choice for ease-of-use.

The benefits of a multi-market survey

A multi-market survey is beneficial for marketers who:

- are looking to target and bring in patients from additional markets
- have not had the opportunity to survey their own local market

Targeting new markets (performing your own survey): By performing a multi-market survey, marketers looking to expand their LASIK advertising can identify differences in potential patient demographics and concerns between their local market and those that they are looking to target. This allows marketers to customize by location their LASIK marketing messages and determine the best medium through which to communicate those messages.

Learning from the majority (relying on other surveys): When a marketer lacks the time or resources to perform a survey to define his or
her local market, relying on the combined data of multi-market surveys performed by others, such as MCG, is a good option. It allows marketers to construct a message based on the wants and needs trending among the general majority of LASIK patients.

A general picture of the LASIK patient: By combining and examining the data from all eight U.S. markets surveyed in MCG's study, several trends were found regarding the factors influencing the majority of potential patients’ decision to have and pay for LASIK.

• Which factors most influence your decision to have LASIK? Survey participants were asked to choose two factors from a list of potential influences. The majority of participants (39%) chose “cost and affordable LASIK payment options,” followed by “resulting lifestyle benefits” (17%) and “LASIK surgeon’s experience” (13%). See Figure 1.

The takeaway: If a practice does not already offer LASIK financing options, now may be the time to consider it. Money and affordability are at the forefront of the majority of patients’ minds and will likely be very enticing when included in LASIK messaging.

• Which factors most influence your choice of LASIK center? The majority (47%) of participants chose “cost savings” as the factor that would most influence their choice of center, followed by 35% who chose “surgeon experience.” See Figure 2.

The takeaway: While many marketers have been placing an emphasis on the practice or center’s technology, the data shows that patients are actually much more interested in whether they can afford that high-tech care (another example of the trending money-minded patient) and whether the surgeon is qualified to perform it.

• How would you most likely pay for LASIK? This question asked participants to check all options that apply. See Figure 3. The top two options were:
Ophthalmology Business • September 2016

37%: With special financing options, such as deferred interest promotions, like those offered by CareCredit
20%: With money saved for the procedure

The takeaway: Again, not offering financing options? Consider it. Not touting affordability in your message? Now is the time to start.

- Which range does your household income fall into?

Nearly 50% of all 1,300 survey participants stated they fall under the $25,000 or less household income. See Figure 4.

The takeaway: That fact that so many survey participants are making less than $25,000 per household may offer some insight into why the majority of potential LASIK patients are currently seeing green even more so than in the past. Money is a concern.

- Where do you go first for information about LASIK?

53% of participants said they would go to their regular eye doctor for information first, with the web coming in second at 29%. See Figure 5.

The takeaway: While family and friends were once thought to be the potential LASIK patient’s go-to for LASIK advice, these results reflect the shift toward expert advice and technology. In fact, the two may go hand in hand as online patient portals make it much more convenient to contact and communicate with an eyecare professional. With the majority of LASIK patients trusting in their regular eye doctor, LASIK marketers should not underestimate the power of OD referral programs.

- Where do you most often see/notice LASIK advertised, if at all?

LASIK television advertising dominates the media field, with online ads coming in second at 27%. See Figure 6.

The takeaway: Unsurprisingly, this data suggests that two of the most effective ways to impress your message on potential patients are through television and web
advertisements. Perhaps the most intriguing revelation in this data is that slightly more participants chose print, which has long been categorized as a less effective vehicle for reaching the LASIK market, than radio, which marketers tend to trust more with this patient type. The takeaway? Don’t write off print just yet—or radio for that matter. It is only 2% behind. These mediums are still reaching their desired audiences, if not quite as dramatically as television and web ads.

**Additional market survey options**

If the goal is to expand to other markets, performing a multi-market survey of the desired locations is advisable. Those unable or unwilling to perform any kind of potential patient survey may rely on the combined multi-market survey results performed by others. However, what if a practice is not looking to expand by investing in widespread surveys? What if it simply seeks to better communicate with its immediate market? This is where a local market survey becomes ideal. In part two of this series, data derived from MCG’s eight-market survey is used to illustrate how zeroing in on one specific group of potential patients can be an even more economic way for marketers to formulate a personalized, more lead-generating message. **OB**

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**Figure 5. Combined eight-market results: Source of LASIK information**

**Figure 6: Combined eight-market results: LASIK advertising mediums**

Source: Medical Consulting Group

Mr. Rabourn is founder and managing principal of Medical Consulting Group in Springfield, Missouri. He can be contacted at bill@medcgroup.com.
Operating on people you know:

by Liz Hillman Staff Writer
Operating on people you know: in peer-reviewed journals of various medical specialties every so often.\(^1,2\)

In general, the American Medical Association (AMA) states that “physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances.”\(^3\) These include emergency or isolated settings and for minor medical problems. Concerns presented by the AMA include the possibility of a lack of objectivity on the physician’s part and a reluctance to disclose sensitive information on the patient’s part, among others.

Richard Tipperman, MD, Wills Eye Hospital, Philadelphia, said he has operated on people he knows well, though not immediate family members.

“For me, it was mentors, people who trained me ... who became mentors, personal friends, and then when they needed surgery, I did their cataract surgery,” Dr. Tipperman said. “The issue always is if you’re taking care of someone who is close to you, will emotions alter your judgment?”

However, Dr. Tipperman said he thinks the situation needs to be individualized between the surgeon and patient—there is no blanket rule.

John Berdahl, MD, Vance Thompson Vision, Sioux Falls, South Dakota, performed cataract surgery on his grandma, PRK on his mother, LASIK on his brother, and Descemet’s membrane endothelial keratoplasty (DMEK) on his dad, to name a few of the procedures he has done on family members, colleagues, and friends.

Practicing in a more rural area where there are fewer options is one factor that might have contributed to a higher volume of familiar faces in the operating room, but Dr. Berdahl said much more plays into this situation as well.

“I don’t think there is something inherently wrong in doing it,” he said. “Just like any patient that you see, if you feel like you are the best person for the job, or can do it as well as other people in the field, and you don’t think the emotional component of it will get in the way, then it’s reasonable. Just like any other patient, if you think there is a better alternative than you, you should offer that alternative surgeon.”

The ethics of treating friends and family is a relatively common topic. Medical associations in many countries have position statements on this practice, and opinions appear in peer-reviewed journals of various medical specialties every so often.\(^1,2\)

In general, the American Medical Association (AMA) states that “physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances.”\(^3\) These include emergency or isolated settings and for minor medical problems. Concerns presented by the AMA include the possibility of a lack of objectivity on the physician’s part and a reluctance to disclose sensitive information on the patient’s part, among others.

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“If you’re treating every [patient] special, then when you step to someone you know, you’re not really changing anything and that helps.” —Michael Greenwood, MD

“I know a lot of people think it’s completely inappropriate, but I think many times, especially if the family member is older or English isn’t their primary language and the surgeon speaks the primary language that is spoken at home, it makes the patient more comfortable and probably does provide for better care,” he said.

Michael Greenwood, MD, Vance Thompson Vision, Fargo, North Dakota, said he performed cataract surgery on his mom and LASIK on his wife. While his heart might have been beating a bit faster in these operations, he said once the patient is draped and you’re at the microscope only seeing her eye, “you’re so focused on doing a good job and taking care of [the patient] just like you would anyone else.

“If you’re treating every [patient] special, then when you step to someone you know, you’re not really changing anything and that helps,” Dr. Greenwood added.

Cataract and refractive surgeries are more likely to have straightforward outcomes and less risk, though. Dr. Berdahl said a more complicated procedure on a close family member would give him more pause. But when his father, who had Fuchs’ dystrophy, couldn’t drive comfortably at night anymore and was recommended to have cataract surgery and DMEK, the question of who would do the surgery was raised.

“I said, ‘Dad, I can do your surgery. There is another surgeon in town who does a nice job and he could do your surgery, or I can send you to anybody in the world. He said, ‘Son, I trust you and I want you to do it,’” Dr. Berdahl said. “It was a mix of pride, wanting to please my dad, nervousness—all of that stuff was mixed into this.”

In the end, the procedure went flawlessly, despite what Dr. Berdahl admitted were some more nerves than usual on his part. But had it not gone as well as they’d hoped, he and his father were prepared.

“A surgeon has to carefully weigh the likelihood of that happening and make sure it’s the same thing we do with every single patient,” Dr. Berdahl said. “We do the right thing for them, not the right thing for us. So if the right thing for them is to have us do [the procedure], we should do it. If the right thing for them is to have someone else do it, we should have someone else do it.”

“I think sometimes one of the most effective conversations we have with patients is if we say ‘If it were my mother, father, brother, this is what I would do.’ Having actually done that on your mother, father, brother crystallizes it,” Dr. Berdahl said.

Dr. Tipperman said he and his partner use similar logic.

“If this person were in your family, what would you tell them to do? If you use that viewpoint, you’re always looking out for the patient’s best interest. I think if it’s something the surgeon is comfortable with and the patient is comfortable with, [operating on someone you know well] is a very reasonable to do,” Dr. Tipperman said.

The possibility of complications and how that would affect a personal relationship should be discussed during the initial consultations, Dr. Berdahl said.

“What I say is, ‘We’re friends and what I want you to know is that in this moment, when I’m your doctor, all I care about is what’s best for you. Part of that is how you feel about me doing your surgery and how you feel about our relationship in the event that we don’t have an outcome that we’re expecting and hoping for. It’s not a concern for me. I’ll be able to play the professional role and the friend role, but if it is a concern for you, let me get you to one of my partners or a colleague in town that will do a great job for you. All I am committed to is you having the best outcome and the best experience possible, and part of that is the psychology of the situation,’” Dr. Berdahl said. “I think that people appreciate that honesty and that you addressed it, and they usually say, ‘No, I’d rather have you do it.’”

References

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Website uses crowdsourcing to solve tough medical cases

by Vanessa Caceres Contributing Writer

Could ophthalmic physicians benefit from participating?

Crowdsourcing—or the idea of letting a variety of people weigh in on an idea or question—is used nowadays in everything from advertising to design to customer service and even dating.

For physicians and other medical professionals who want to help crack a tough medical case, the website CrowdMed (www.crowdmed.com) provides plenty of fodder via crowdsourcing.

The site was launched in April 2013 by three friends in Silicon Valley, one of whom had a sister who had spent more than $100,000 in bills and had seen more than 24 doctors to help diagnose her debilitating medical symptoms. After watching his sister suffer, Jared Heyman and co-founders decided that a site that brings together the expertise of various medical professionals would be a way to help those living with long-term, difficult medical problems, said Jessica Greenwalt, one of the co-founders.

Mr. Heyman’s sister eventually met with a multidisciplinary team at the National Institutes of Health and was diagnosed with fragile X primary ovarian insufficiency. She was treated with a hormone patch and got better in 1 month. Her case was also correctly diagnosed on CrowdMed within 3 days of its posting.

When launching the site, the founders based many of their concepts and ideas on what New Yorker business columnist James Surowiecki wrote in his 2005 book *The Wisdom of Crowds*, Ms. Greenwalt said.

How it works

Via CrowdMed, users, including patients themselves, can post a case description online. The cases—using pseudonyms and ages only—provide detailed information about what the patient is experiencing, what medications they have used, specialists they have seen, and any other relevant information available. The insights that patients have to share about their symptoms often provide useful information because they are living with it day to day, Ms. Greenwalt said. Each case is active for as long as the patient wants to keep it up, which is on average 60 days.

The medical professionals who join CrowdMed and weigh in on cases are called “medical detectives.”

As medical professionals weigh in on more cases and provide clues that help lead to a diagnosis, they earn points and cash rewards, according to the site.
A moderator monitors information given on the site to make sure it is relevant and medically sound. The moderators can also make sure medical detectives are not trying to solicit for new patients on the site, which is prohibited. Additionally, the site makes it clear that the information given on the site is not medical advice and that patients should still rely on their own physician. So, there is no liability involved.

The cost to use CrowdMed ranges from zero to $749 a month. The free membership, available by invitation only, can be used by a patient looking to share case details with all of his or her physicians, but there is no moderator and no cash rewards. For $149 a month, at least five medical detectives weigh in on a case, and there is a case monitor as well as cash rewards for medical detectives. The charges and participation level of medical detectives, as well as the chance for compensation, increase from there.

Common users of CrowdMed within the medical field include medical students (so they can learn from the experience), retired physicians (so they can continue to apply their expertise), and nurses (who may have medical insights but often don’t get to lead the charge when working with doctors), Ms. Greenwalt said. Although actively practicing physicians use the site, they are frequently too busy to participate fully, she said.

Through CrowdMed, more than 1,400 medical cases have been solved, Ms. Greenwalt said. The average patient on CrowdMed has been sick for 7 years, has seen eight doctors, and has spent $70,000 in medical expenses, according to the website.

One typical case is a patient who had inexplicable extreme swelling in her legs for 20 years. She went once a year to get fluid removed from her legs and was told that was the only solution. Within 2 weeks of posting her case on CrowdMed, a physician who was very familiar with this type of condition weighed in and offered a more definitive diagnosis and possible treatment.

**Increasing role for crowdsourcing in medicine**

Many companies use crowdsourcing to collect ideas both internally and externally. The bigger question for doctors is obviously whether crowdsourcing is effective to help make treatment decisions about patients. A study that focused on crowdsourcing in medicine found the approach was used for problem solving, data processing, surveillance, and surveys. The study analyzed 21 studies that used crowdsourcing and found that it can boost quality, speed, and research of a project. However, the authors also think that standardized guidelines are needed for crowdsourcing metrics so it is easier to compare methods and clarify the work that is done.

There are even some researchers pondering crowdsourcing specifically in ophthalmology. Wang and co-authors, of Wilmer Eye Institute, Johns Hopkins University, Baltimore, published a report earlier this year on the potential applications of crowdsourcing in ophthalmology. They reported that crowdsourcing has been used to help pinpoint images from patients with diabetic retinopathy, distinguish normal optical discs from abnormal ones, and for quick manual segmentation of optical coherence tomography. In all cases, the information was collected fairly rapidly with relatively good accuracy (81% to 88%). However, the use of crowdsourcing to distinguish normal optic discs had low specificity.

One study published this year in the *Journal of Medical Internet Research* focused specifically on the crowdsourcing results from CrowdMed and reported that the site provides helpful guidance for some patients. However, “further development and use of crowdsourcing methods to facilitate diagnosis requires long-term evaluation as well as validation to account for patients’ ultimate correct diagnoses,” concluded the authors.

This study found that half of patients who used the CrowdMed site were likely to recommend it to a friend, 60% thought the CrowdMed process led them closer to a correct diagnosis, and 57% reported estimated decreases in medical expenses.

**References**


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The benefits of exchange traded funds

by Roger Balser

I think that exchange traded funds, commonly called “ETFs,” are one of the most innovative financial instruments in the money management industry.

To best explain what an ETF is, let me first explain what a mutual fund is. Mutual funds, like ETFs, are a basket of investments typically made up of stocks, bonds, commodities, and/or currencies.

When you invest in a mutual fund, you’re investing in terms of dollars, not shares. The reason for this is that you never know exactly what price you’re going to pay because you get the closing price of the fund on the day that you buy it. You say, “Let’s put $10,000 into this mutual fund.” You don’t say, “Let’s buy 217 shares of that mutual fund.”

By the same token, when it comes time to sell your mutual fund, it’s never a question of price. You can’t say, “I want to place an order to sell my mutual fund when it hits $25 a share.” That’s not how mutual funds work. Just like when you buy a mutual fund, you do not know the price you’re selling at until the end of the day that it’s sold.

A mutual fund doesn’t trade on the New York Stock Exchange. The price doesn’t change throughout the trading day. It is set after the stock market closes for the day.

Similarly, ETFs are a basket of investments, but they trade every day on the stock exchange (thus the name exchange traded). The price of that basket goes up and down based on how all the different investments in the basket are performing that day. An ETF trades just like a stock.

Why is this important to you? First, remember that mutual fund prices are set once per day after the market closes, and you never know the exact price you are going to receive. With an ETF that trades during the day, you can set a limit or a stop order price. This means you can be proactive instead of reactive, and that’s a very big deal.

The other fact that is so special about ETFs is that you know exactly where the money is invested. With a mutual fund you never know exactly what you own. A mutual fund is only made to report its holdings a couple of times throughout the year. So you’ve got somewhat of an idea, but you never know exactly what you own at any given time.

For example, let’s look at the iShares Transportation Average ETF (ticker symbol: IYT). At the time of this writing, 12.65% of this fund was in FedEx Corporation, 9.03% in United Parcel Service Inc., 7.23% in Kansas City Southern, 7.04% in Union Pacific Corporation, and 6.92% in Norfolk Southern Corporation. So in IYT’s case, nearly 43% of your money is invested in just five stocks.

Finally, you should know that since ETFs trade like stocks on an exchange, they are going to charge commissions, just like a stock. Isn’t paying a commission bad, you ask? No, and ETF commissions are oftentimes a lot less than a mutual fund.

And with any investment, you must do your homework before you invest.

To sum up, there are many ways to invest in ETFs from markets, sectors, international, currencies, and commodities. I like ETFs because they are traded on a listed exchange, you can set stop orders and limits on them while being able to get pretty specific in terms of buying a sector or a small basket of companies, and often (but not always) they can carry far less commission than a mutual fund. OB
Harness the power of the web to draw patients to your practice and keep them coming back

A medical practice’s website is often the first impression patients get of both the practice and the physician. Paul Stubenbordt, CEO of Stubenbordt Medical Marketing, Trophy Club, Texas, highlighted ways ophthalmologists can build better websites and take advantage of search engines and social media to engage with patients and ultimately grow their practices.

1. **Keep your website up-to-date.**
A website is the foundation of your web marketing strategy, according to Mr. Stubenbordt, and one of the most important things you can do to keep your website relevant is to keep its content current. Many practice websites discuss procedures not performed anymore, and this may make them look outdated, Mr. Stubenbordt said. Get rid of text that refers to obsolete procedures and be sure to include new, state-of-the-art technologies your practice uses, such as corneal collagen crosslinking, corneal inlays, and premium lenses. “Having that stuff on your website before any of your competitors is important because it makes you look like you’re staying on the forefront,” Mr. Stubenbordt said.

2. **Regularly update your website’s content.**
Mr. Stubenbordt recommended updating website content weekly. The easiest way to do that is by adding a blog to your site and have weekly posts. This ensures that when Google’s web crawlers discover your website, they see that content is changing, which gives your site a higher rank in search engine results. Mr. Stubenbordt also recommended completely rewriting your website content once a year, and rewriting about 20% of its content every 3 to 6 months.

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3. Have everything one click away. Everything patients search for needs to be found within one click, according to Mr. Stubenbordt. If patients are looking for LASIK or cataract surgery, links to those procedures should be on your homepage, he said.

4. Design your site to be aesthetically pleasing and mobile friendly. Most web searchers are now coming from mobile devices, so focus the design of your site on being incredibly mobile friendly, Mr. Stubenbordt said. In the ‘olden days’ of websites, the most important information needed to be close to the top of the page, but with mobile devices, websites are getting longer because of the need to scroll, so keep that in mind when designing your site, he said.

5. Include geographical keywords. Your website may be amazing, but that won’t matter if patients can’t find it, Mr. Stubenbordt said. Add keywords to your site that describe where you’re located and page titles that describe what you do to ensure patients can find your site through a search engine. “If you offer premium lens cataract surgery in Austin, your title tag needs to say ‘Austin premium lens cataract surgery,’” Mr. Stubenbordt said.

6. Fill out your Google place page. If a patient searches Google for “New York ophthalmologist,” a map will show up with three Google Maps listings below it. Filling out a Google place page ensures your website appears in Google Maps listings. “The majority of searches online are still performed from Google, and you can almost think of Google as a telephone book,” Mr. Stubenbordt said. “If a telephone book had a section of ophthalmologists, Google will have them, too, and these show up in Google Maps.”

7. Solicit reviews. Reviews of your Google place page will ensure that your practice not only shows up in a Google Maps listing, but that it’s among the top three results, which is all that Google displays on the search engine results page.

8. Use Google paid ads. In addition to ensuring you appear in search engine results, you can pay for Google ads that will drive additional traffic to your site. One way of doing this is through Google TrueView. You can create a 30-second ad that will show up in YouTube depending on what a patient searches for. For example, if a patient searches for “cataract surgery” and later visits YouTube, your ad will play before the patient can watch the intended video. Ophthalmologists aren’t taking advantage of this, so the cost you pay for sending traffic to your site is relatively low, Mr. Stubenbordt said.

9. Use social media. It’s best to appoint someone internally to be your practice’s social media coordinator, Mr. Stubenbordt said. A good way to use social media to grow your practice is to post video patient testimonials on Facebook, Twitter, and Instagram. These videos can be shot on a smartphone, often with minimal editing. You can also post the testimonials to YouTube and embed the links into your website.

10. Make things personal. To leverage the social power of social media, tag specific patients in posts, Mr. Stubenbordt said. One way to do this is to take a photo of a patient with the surgeon, write a post to go with the photo, and tag the patient in the post. For example, if you had a patient named Nolan who just had LASIK, take a photo of Nolan and write “Nolan was seeing 20/400, but now he sees 20/20 thanks to LASIK from Dr. Smith,” and then tag Nolan in the photo. Make sure, however, that patients sign a model release form before you post photos of them on social media. These forms can be found online and modified for a specific practice’s needs. You can also create posts when new employees join your practice. Patients want to see that you’re a likeable person and a likeable practice; making it personal reinforces that message, Mr. Stubenbordt said. OB

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