ASCRS completes third annual Clinical Survey
More than 2,000 members responded with clinical opinions and practice patterns to help drive the future of ASCRS education

Survey Overview

The third annual ASCRS Clinical Survey was performed both at the ASCRS•ASOA Symposium & Congress in San Diego and via electronic follow-up surveys to the ASCRS membership. More than 2,000 physicians responded to this survey, which included 174 questions that created 485 unique measurable data elements. Survey questions were developed and reviewed with the ASCRS Clinical Committees and validated by a social science statistician.

The survey asked ASCRS members key questions relating to current issues they face on a regular basis. With 2,047 responses, a significant percentage of the membership was represented, and the results were reviewed and interpreted by the ASCRS Clinical Committees.

While many surveys provide important data for our profession, most are not used to drive specific educational efforts aimed at improving the practice of medicine and assessing key clinical opinions. This is the objective behind the annual ASCRS Clinical Survey.

In addition to this exclusive overview supplement, please watch for articles in upcoming issues of EyeWorld and the Journal of Cataract & Refractive Surgery that will feature important detailed analysis of this data and commentary on key trends and gaps highlighted in the coming pages.
70% of respondents reported surgical technologies and techniques such as premium IOLs and laser-assisted cataract surgery as the topics they are most interested to learn about.

The average cataract volume for ASCRS member respondents is 465, and toric and presbyopia-correcting IOL adoption has increased at a higher rate over 2014.

Overall, 55% of U.S. doctors’ practices are comprised of Medicare patients and nearly half (46%) have 61% or more of their practice comprised of Medicare patients. 65% of physicians’ practice revenue is split between Medicare and insurance reimbursements versus elective revenue (private pay/elective procedures and technology). U.S. physicians report 50% higher reimbursement from insurance/Medicare than international physicians.

Presbyopia Correction

Key Findings:
Doctors report intermediate distance as the lowest satisfaction of the 3 distances. 62% of respondents believe that 0.7 D or more of residual cylinder does not have a significant impact on visual quality.

“As a community we appreciate that presbyopia correction is complex with many important considerations to achieve successful outcomes. We now have a variety of new technologies available that, if used appropriately, allow us to significantly improve the quality of life of our patients. As a member of the Refractive Clinical Committee, we want to help ASCRS surgeons navigate treatment pathways and ensure successful outcomes, taking into consideration each patient’s unique visual needs and expectations.”

–Steve Schallhorn, MD, member, Refractive Clinical Committee
Key Findings: Educational initiatives are necessary to provide insight and close educational gaps pertaining to reducing the level of rotational error from the intended axis, accurately assessing power and axis levels, and the alignment of pre- and intraoperative intended axis.

ASCRS members reported that the average acceptable rotational error from the intended axis in toric IOL patients is 6.6 degrees.

29% of toric IOL surgeons believe that 10 degrees or more of postoperative rotational error is acceptable with a toric IOL before visual quality and acuity are significantly affected.

36% of respondents are using anatomical landmarks or ink marking without the aid of axial instruments.

Almost 50% of respondents report using the average 0.5 D to determine their surgically induced astigmatism.

Obtaining the best result from the use of a toric IOL requires fastidious attention to detail. Many practices and technologies may have been adequate in the past; however, patient expectations of excellent uncorrected vision require a more controlled approach. We look forward to educating on the full continuum of technologies and approaches for astigmatism management to help improve patient outcomes.

~John Vukich, MD, Chair, Refractive Clinical Committee
Key Findings:
Overall, there is little consensus on diagnostic and treatment decisions for all severity types of dry eye and MGD patients.

18% of ophthalmologists see 51 or more patients a month with ocular surface disease requiring treatment beyond artificial tears.

When asked about the Delphi/DEWS guidelines for treating aqueous deficient dry eye and MGD, 35% reported they do not know what the guidelines say, and 38% think they are following them but are not certain. International physicians are more than twice as likely to regularly consult and adhere closely to the Delphi/DEWS guidelines.

ASCRS members stated that 20% of all cataract and refractive patients present with sufficient ocular surface dysfunction to require advanced treatment therapies.

An additional 20% present as asymptomatic but develop symptoms postoperatively.

"I use all the available tools to assist me in diagnosing the type of dry eye disease I am dealing with, and then I am tailoring my treatments accordingly. This is an exciting and dynamic space, especially with all the innovative technology that has now become available to us. As the chair of the Cornea Clinical Committee, I am committed to helping ASCRS physicians develop the right guidance for their patients, increase patient satisfaction, and achieve optimal results starting with the refractive ocular surface."

–Terry Kim, MD, chair, Cornea Clinical Committee
Key Findings: Laser Assisted Cataract Surgery

In which of the following clinical areas do you believe laser cataract surgery may provide a significant clinical benefit versus conventional cataract surgery?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Capsulorhexis Creation</td>
<td>59%</td>
</tr>
<tr>
<td>Arcuate Refractive Incisions</td>
<td>58%</td>
</tr>
<tr>
<td>Lens Fragmentation</td>
<td>45%</td>
</tr>
<tr>
<td>Improved Effective Lens Position (ELP)</td>
<td>24%</td>
</tr>
<tr>
<td>Self Sealing Corneal Incisions</td>
<td>17%</td>
</tr>
<tr>
<td>I don’t believe this will offer a significant clinical benefit in any of these areas</td>
<td>15%</td>
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10 years from now, what do you believe will be your mix of laser vs. current hand-performed mechanical methods for cataract surgery?

- 94% will perform LACS at some level
- 38% majority or all cataract surgery will be LACS
- 5% only manual cataract surgery

How confident are you that there is an adequate reimbursement solution (private pay and/or insurance) to support laser assisted cataract surgery?

- 23% are extremely confident or confident
- 25% Neutral
- 52% are not very confident or not confident at all

Key Findings:
Almost 60% of respondents believe that capsulorhexis creation and arcuate refractive incisions will provide the largest clinical benefits with laser-assisted cataract surgery.

ASCRS members are optimistic about the future of LACS, with 94% believing they will at least do some laser cataract surgery in 10 years and 38% believing a majority or all will be LACS.

More than half of respondents are not very or not at all confident there is a current adequate reimbursement solution to support laser-assisted cataract surgery.

"As data driven outcomes analysis with quality studies reveals a clinical benefit of laser-assisted cataract surgery, I think that ophthalmic surgeons will increasingly recommend this technology to their patients, and patients will seek surgeons who perform this procedure. However, finding the optimal reimbursement and access model is a critical step in this process. ASCRS will provide a platform to share this information, as well as viable financial models for successful integration, to enable surgeons to become more comfortable with the adoption of laser-assisted cataract surgery technology."

–Eric Donnenfeld, MD, chief medical editor, EyeWorld
Young Eye Surgeons: Premium Technology Exposure

Key Findings:
65% of young respondents believe toric IOL implants should begin during residency, yet 59% have implanted 5 or less.

51% of young eye surgeon respondents rated their current experience with presbyopia-correcting IOLs as somewhat or very inadequate.

51% of young ophthalmologist respondents have performed 5 or less LVC and 60% haven’t performed any LACS.

In residency, young eye surgeons experienced refractive surgical training largely in 2 categories: LASIK and surface ablation procedures.

“For the Young Eye Surgeon audience in particular, better outcomes tend to come from the exposure and experiences with technologies, combined with developing and refining surgical skills. By identifying a number of opportunities for young ophthalmologists and addressing them in a comprehensive way, ASCRS can help increase what these physicians can confidently offer their patients.”

—Elizabeth Yeu, MD, chair, ASCRS Young Eye Surgeons Clinical Committee

What kind of refractive surgery training is covered in your curriculum?

- Surface Ablation Procedures (PRK, LASIK, Epi-LASIK): 77%
- Phakic IOL: 35%
- Femtosecond Lasers: 35%
- LASIK: 76%
- Refractive Lens Exchange: 37%
Key Findings: Post-Cataract Surgery Inflammation

- Average of 4% of cataract patients have 1+ cells/flare or greater 3-7 days postoperatively.

For a NORMAL patient, which of the following topical pharmaceuticals do you utilize at the following timeframes before, during, and after cataract surgery?

- NSAIDs
- Steroids

- 3 Days or Earlier Preop
- 1 Day Preop
- Day of Surgery
- 1 Day Postop
- 3 Days Postop
- Do not use at any point

Key Findings: Laser Vision Correction

- 65% of ASCRS members use UCVA of 20/20 or better as a standardized way of assessing successful LVC outcomes. 20% have no standard assessment.

- ASCRS members believe that LASIK increases dry eye in 29% of their patients 3 months after surgery. This maintains at 30%, 6 months postop.
Managing the Diabetic Cataract Patient/Advanced Glaucoma Patient

Key Findings:
About 30% of ASCRS member respondents perform intravitreal injections. Additionally, 15% of patients are simultaneously actively managed for AMD or DME, and 29% of physicians do not believe they have an in-depth understanding of these therapies and their impact.

Key Findings:
Overall, respondents express low confidence in their glaucoma management protocol.