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**Vision Correction For the Ages:**  
A four-part series of generational insights

# Part 2: Dry Eye — Millennials to Boomers

TIPS FOR TREATING THIS MULTIGENERATIONAL DISEASE



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# A Multigenerational Problem

## DRY EYE DISEASE AFFECTS PATIENTS OF ALL AGES

It is estimated that about 30 million Americans have symptomatic dry eye,<sup>14</sup> and more patients undoubtedly have asymptomatic disease. There is a tremendous opportunity to help dry eye patients improve their vision, comfort, quality of life, and outcomes from eye surgery. To do so, practices are continuously expanding their understanding of dry eye, from how it originates to how it manifests. More and more, they find that dry eye is a multigenerational disease, and, therefore, are building a dry eye protocol to satisfy patients of all ages.

### A Multigenerational Disease

When you ask about their dry eye patients, physicians tend to agree that younger patients are being added to the list. Long hours of digital screen use are often cited as a reason for developing symptoms. But older generations use screens for extended time periods as well. One recent study by WSL Strategic Retail showed that people ages 50 to 64 are online an average of 27 hours per week, while people ages 16 to 34 spend just 25 hours.<sup>5</sup> Screen time may be lowering the age of dry eye onset and increasing the risk and/or severity of dry eye among older patients.

“We have long considered dry eye to be a disease that affects older people, particularly post-menopausal women with a genetic predilection, such as a light complexion,” explains Elizabeth Yeu, MD, surgeon at Virginia Eye Consultants in Norfolk. “The disease is progressive, worsening through the decades. While these populations continue to be at risk, the paradigm has shifted to include younger patients. When teenagers seek a LASIK evaluation, we routinely see shocking amounts of meibomian gland dropout. They might be mildly symptomatic or asymptomatic because their young eyes compensate admirably, but years of long-term screen use, and perhaps other factors, have damaged their meibomian glands. If we don’t get the meibomian gland dysfunction (MGD) under control when patients are in their teens and 20s, they will have intractable disease in their 40s and 50s.”

When John D. Sheppard, MD, MMSc, president of Virginia Eye Consultants in Norfolk, sees the children who accompany their parents to eye exams

sitting silently, their faces illuminated by the glow of a smart phone or tablet, it drives home how personal technology affects whole families of patients.

“Many doctors are reporting earlier onset of MGD related to screen use, which reduces the frequency of blinking, in turn increasing convection loss of tears and loss of normal physiologic meibomian massage. This isn’t surprising considering the hours of screen use common today. Patients spend hours looking at their smartphones, tablets, and computers every day,” he says. “Dry eye affects just about everybody in one shape or form. It is rare to see young people with significant disease, but many young patients experience symptoms, particularly contact lens wearers. Tired of discomfort and reduced wear time, these young patients are coming into our practices for LASIK.”

### Thorough Dry Eye Diagnosis

To determine whether patients are experiencing symptoms of dry eye disease, practices commonly assist patients with the completion of a SPEED questionnaire or something similar. Patients with dry eye might report a dry or gritty feeling, foreign body sensation, use of artificial tears, reduced or discontinued contact lens wear, and discomfort in certain environments (direct air conditioning, for example) or during certain activities, such as reading or sports.

In addition to the subjective questionnaire, objective point-of-care tests offer concrete information about the ocular surface. Importantly, testing also can reveal asymptomatic disease, which is common. Tests include tear osmolarity; quantification of the inflammatory marker MMP-9; staining; tear breakup time (TBUT); examination and expression of the meibomian glands and grading of the meibum; and meibography.

Patti Barkey, COE, CEO of Bowden Eye & Associates and Eye Surgery Center of North Florida in Jacksonville, who is the director of Dry Eye University, explains how the root cause of dry eye influences its symptoms.

“This is a multifactorial disease that comes in many forms. A patient whose SPEED questionnaire is positive may simply wake up with crusted eyes due to

an allergy to a down pillow,” she explains. “On the other hand, in a patient with classic dry eye disease, discomfort is often accompanied by significant visual disruption. Patients with fluctuating vision might seek help and get referred for cataract surgery, for example, and then the surgeon finds that both the cataract and dry eye disease are to blame. If dry eye disease isn’t treated before surgery, vision will continue to fluctuate after surgery, perhaps making symptoms even worse and resulting in a very dissatisfied patient.”

Barkey’s practice sees plenty of those dissatisfied patients when they are referred for dry eye treatment after undergoing surgery elsewhere. “If you take care of dry eye first, you’re a hero, but if you address it afterward, it sounds like an excuse,” she says. “We evaluate patients before any anterior segment or refractive surgery and educate them about the disease. That includes making it clear to asymptomatic patients that without treatment beforehand, they will likely experience symptoms after surgery. Premium patients want value for their investments.”

Dr. Yeu and her colleagues are very aggressive in detecting and treating dry eye disease among patients referred for surgery. “As a group, we take a proactive approach. We cannot ignore the ocular surface before surgery, because the procedure will only exacerbate the disease. We actively question patients about fluctuating vision, the spectrum of discomfort, and other symptoms, such as fatigue, redness, and foreign body sensation. We also routinely perform meibomian gland imaging on every cataract and refractive patient.”

Many of Dr. Yeu’s patients have some form of dry eye, in some cases severe. “In many cases, we haven’t met the patient before, and he or she has never been evaluated for dry eye,” she explains. “Mild or moderate dry eye are very common, but it’s not uncommon among older patients to find 75% meibomian gland dropout, architectural damage to the inferior lids, reduced meibomian gland functionality, and 3+ thickened meibum. It underscores the need for a complete evaluation and aggressive treatment.”

## Effective Range of Treatments

In the past, many physicians viewed dry eye as a nuisance with no objective testing or effective treatments. Today, doctors can utilize the objective tests mentioned above, as well as a range of effective treatments. Patients with mild, moderate, or severe dry eye are often directed to use omega-3 supplements, warm compresses, and artificial tears. But today,

patients also have prescription drugs for dry eye disease. In-office treatments can offer dramatic results as well. For example, thermal pulsation therapy heats and expresses meibomian gland secretions, helping to restore function; intense pulsed light therapy decreases telangiectasia and inflammation, particularly for patients with rosacea; punctal plugs help to maintain a healthy tear volume; and procedural removal of eyelid scurf and debris reduces inflammation. Other options are available as well.

“Five years ago, all we had in our arsenal was Restasis [cyclosporine ophthalmic emulsion, Allergan], punctal plugs, and artificial tears. Now, we have many excellent options. For many patients, this is their first time hearing about dry eye and the available treatment options, so we educate them about the tools at our disposal and the science behind them,” explains Barkey.

## A Commitment to Treatment

“When patients have dry eye disease, particularly if they’re planning to have surgery, it is essential to treat aggressively. In preparation for surgery, we need to quiet the eyes, so in addition to traditional self care, we use all of the treatment modalities at our disposal,” says Dr. Yeu. “Because dry eye is a chronic, progressive disease, self care still plays a role long after surgery. We are very up-front with patients about their role in successful treatment. We agree that if we get the dry eye under control before surgery, they will continue omega-3s for at least a year or two postoperatively. They also may need a prescription eye drop indefinitely to maintain their quality of vision.

“We can make significant strides against dry eye with in-office treatments and produce excellent clinical outcomes of surgery, but long-term subjective satisfaction relies strongly on each patient’s understanding of this chronic disease and his or her commitment to managing it.” ●

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# Promoting Dry Eye Services

FROM CHECK-IN TO SOCIAL MEDIA,  
DRY EYE PATIENTS ARE WAITING TO BE FOUND

Practices dedicated to diagnosing and treating dry eye aim to ensure that patients get the best care possible and the best preparation for surgery, if applicable. To treat dry eye effectively, they invest in the top diagnostic and treatment technologies. Fees eventually cover the costs, and practices employ various methods to find dry eye patients. Here, experts share their tips for identifying and attracting dry eye patients.

## Existing Patients

For practices looking to expand their patient base for dry eye treatment, they don't have to look very far, says Patti Barkey, COE, CEO of Bowden Eye & Associates and Eye Surgery Center of North Florida in Jacksonville. In fact, their first dry eye patients are likely already in the waiting room.

"In the first few years of our own practice's dry

eye initiative, I called it 'the beast' because it just kept growing," recalls Barkey. "When we started Dry Eye University to teach practices how to excel at comprehensive diagnosis and management of this disease, we advised them to begin by using a SPEED questionnaire to identify dry eye in their existing patients. Because, if they market their services to outside patients at the start, they will be overwhelmed," she explains. "Today, about 75% of patients who walk through our doors have some kind of dry eye complaint. Others are asymptomatic, and we're able to diagnose the disease process through routine testing and then treat it early to prevent full disease progression."

As part of the dry eye protocol at Bowden Eye, every patient with dry eye is encouraged to undergo treatment. She notes that patients usually require very little urging to comply. "They have been

## Dry Eye University

In October 2017, the eighth program took place for Dry Eye University, a program started by Patti Barkey, COE, at Bowden Eye & Associates in Jacksonville, Florida. When the practice became very successful with dry eye — in terms of both outcomes and revenue — vendors of dry eye medications and technologies began asking if their customers could visit and observe. They were happy to host colleagues for a half day, but over time, conversations revealed an unexpected commonality: the practitioners did not understand dry eye disease, which, in turn, led to a lack of patient education and a poor grasp of how treatments worked.

"It was clear that most visitors

needed more than 4 hours to understand the root causes and multifactorial symptoms of dry eye disease, in addition to the available treatments on the market. That gave us the idea for Dry Eye University," Barkey recalls.

In the program, Barkey and her colleagues spend the first 4 hours educating attendees about the ocular surface, dry eye, the meibomian glands, Sjögren's syndrome, evaporative versus aqueous deficient disease, and dry eye related to trauma, including surgery. The next day, they introduce diagnostic and therapeutic tools and vendors. They also talk about developing a standard of care, training staff, educating patients,

and creating treatment plans for the disease process. Finally, they discuss talking to patients about cost and the advantages of providing flexible financing options with the CareCredit credit card.

Each group of attendees encompasses numerous roles within the practice. "Some practices were inclined to send just the office manager, but we knew those folks had no chance of convincing a doctor who doesn't understand the disease process. We encourage each practice to send an administrator, clinic staff member, and physician. Many practices send a second or third group later because doctors don't have the time to teach everyone in the practice."



uncomfortable and had vision fluctuation for a long time, and some have visited multiple practices searching for a diagnosis or treatment. They are so relieved to hear that the doctor understands their problem and knows how to treat it," she says. "They ask, 'Why didn't my doctor tell me about this?' and we have to explain that the disease was misunderstood and overlooked for years, but now we know more about it and have better diagnostic and treatment technologies. We can help everyone to some degree, and, of course, we now understand that treatment is essential for optimal surgical outcomes."

**"One of the most important things [ODs] can do with a surgical referral is control the patient's dry eye, which allows us to spend our time with the patient discussing, planning, and performing surgery."**

— John D. Sheppard, MD, MMSc, Virginia Eye Consultants

## Referring Physicians

Practice-building efforts around dry eye disease also include outreach to referring doctors. Optometrists handle most referrals, but Barkey's practice also has begun talking to primary care practitioners, rheumatologists, and gynecologists about dry eye and what Bowden Eye & Associates can offer to this group of patients.

John D. Sheppard, MD, MMSc, president of Virginia Eye Consultants, Norfolk, adds that beyond referring patients for dry eye disease, optometrists can control it well before surgery. "We actively discuss identification and treatment of dry eye with our large network of clinically astute referring optometrists, who often prepare our patients for surgery," he says. "One of the most important things they can do with a surgical referral is control the patient's dry eye, which allows us to spend our time with the patient discussing, planning, and performing surgery."

Elizabeth Yeu, MD, also at Virginia Eye Consultants, takes a similar approach, with the secondary goal of building better relationships between patients and surgeons. "Three-quarters of our patients are referred by ODs, many with a diagnosis of cataract. We discuss dry eye disease with their doctors, including how

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According to CareCredit's Path to Purchase Study, 68% of patients surveyed were not aware financing was available for their vision surgery, yet 51% would consider financing if it enabled them to get treatment immediately. With CareCredit, patients can move forward with treatment without approval, and can pay right away if approved. CareCredit offers a wealth of resources to help you spread the word about financing options.

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- **Share in-office.** Use in your fee discussions to quickly show how CareCredit financing options can make dry eye services affordable.

Source: Path to Purchase Study conducted on behalf of CareCredit by Rothstein Tauber Inc., 2014.

\*\*Subject to credit approval

they should be sensitive to the ocular surface and lid margins, realize that the problem is present before corneal staining occurs, and watch for symptoms," she explains. "Ideally, we want referring optometrists to diagnose and manage dry eye before patients come to us for surgical consultation. When patients see a surgeon, they want to schedule a date for surgery. Remember, this is typically the patient's first meeting with the surgeon, so we want to avoid the doubt and disappointment that accompany a stranger telling them they have a disease they've never heard of, which the doctor must delay surgery to treat. When an optometrist diag-

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# Financing Dry Eye Treatment

**PAYING FOR OUT-OF-POCKET SERVICES RARELY COVERED BY INSURANCE IS MADE EASIER WITH FLEXIBLE FINANCING**

**D**espite being important to vision, comfort, quality of life, and surgical outcomes, most dry eye procedures aren't fully covered by insurance. Seeing as though many patients require lifelong treatment, dry eye services can be a financial burden to patients of all ages, often decreasing compliance with recommended treatments. To help remove financial barriers, financing plays an important role for all patients. Providing an affordable way to pay for services encourages patients to get the recommended care to optimize the ocular surface for surgery.

"We offer CareCredit up front when we discuss the

physician's order. We usually break down treatment costs for patients — for example, \$45 a month — in addition to sharing it in the paperwork," says Patti Barkey, COE, CEO of Bowden Eye & Associates in Jacksonville, Florida. "We teach our staff that it's not our place to predetermine who needs financing, but rather, to offer it to everyone and let patients decline if they don't want it. Even if patients don't need financing, and some do not, they all deserve the opportunity to decide which option is most convenient for them."

## **Paying for Much-needed Treatment**

Dry eye treatment, particularly before surgery, is not just "nice to have"—it's essential for ocular health, surgical outcomes, and satisfaction. According to John D. Sheppard, MD, MMSc, president of Virginia Eye Consultants, Norfolk, this necessity makes the offer of financing essential.

"It is enormously important to offer financing. When patients have to buy prescriptions, pay for insurance copays and a premium IOL, and take time

## **HELPFUL TOOLS TO MAKE DRY EYE SERVICES MORE AFFORDABLE**

**CareCredit offers a variety of helpful tools to help practices make financing attractive and convenient for all their patients' needs.**

A Practice Development team will visit practices to assess their needs and help improve patient access to care. Online tools in the CareCredit Advertising Toolkit, for example, give practices an embedded calculator and budgeting charts, as well as direct application, for their websites and Facebook pages. The company supplies printed patient education materials as well.

Outside of the practice, CareCredit sends about 50 million mail and email marketing messages a year to its cardholders, outlining ways to use their cards. Practices that use CareCredit are listed in the Online Provider Locator, which sees steady, high traffic of about 560,000 searches per month.

At Patti Barkey's practice, where patients use CareCredit to finance a range of dry eye procedures, patients use the CareCredit online tool to get prior credit approval. She explains, "We want the application process to be as convenient and simple as possible, so patients can focus on improving their vision and comfort."

*"We teach our staff that it's not our place to predetermine who needs financing, but rather, to offer it to everyone and let patients decline if they don't want it."*

— Patti Barkey, COE, Bowden Eye & Associates

off work, that is a big investment. When they need thermal pulsation therapy, nutraceuticals, and other interventions on top of that to prepare the ocular surface for surgery, it can become overwhelming," he says. "By packaging all of these costs together, we can discount some of the cash items, as well as save patients the interest they would pay with a regular credit card. Doing the best thing for

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## Turning Patient Satisfaction Into Referrals

### RAVE REVIEWS TRAVEL BY WORD OF MOUTH AND SOCIAL MEDIA

**D**o practices get personal patient referrals from dry eye treatment? The simple answer is yes, particularly because it provides often long-awaited treatment for symptomatic dry eye and preoperative treatment to ensure satisfaction with surgical outcomes. When millennials share their feelings via Twitter and Instagram or baby boomers post on Facebook, the audience for their recommendations can expand exponentially.

As Patti Barkey, COE, CEO of Bowden Eye & Associates of Jacksonville, Florida, attests, treatment for symptomatic dry eye alone is exceptionally popular. “Word of mouth is big!” she says. “People tell family and friends. It has been like a monsoon for us for the past 5 years. Word gets out, and we get patients from all over who feel like they have struggled with nowhere to go for help.”

The large number of word-of-mouth referrals at Bowden Eye & Associates is a result of high patient satisfaction. Her practice’s strong standard of care includes understanding and managing patient expectations and outlining the value of treatment. She finds that patients with a specific type of dry eye are the practice’s most vocal proponents.

“Patients can have mild, moderate, or severe dry eye,” she points out. “We know that the greatest satisfaction tends to come from moderate patients. The outcomes for severe patients might include some remaining symptoms, and mild dry eye can be asymptomatic, but moderate dry eye causes discomfort and often is helped tremendously by treatment, leaving these patients highly satisfied.”

In the practice of John D. Sheppard, MD, MMSc, President, Virginia Eye Consultants, Norfolk, the number one source of new patient referrals for surgery is other doctors, followed by people who find their services via the website and social media. Despite placing third, personal referrals from friends and family members account for a significant number of new patients. Dr. Sheppard credits dry eye treatment in part because, without it, he would have many dissatisfied

patients after surgery.

“One delighted patient is one new patient, but one dissatisfied patient creates a 10-patient loss. Good results are the top reason that patients are highly satisfied with our work, but those same patients would be dissatisfied if their eyes felt dry and gritty and they had fluctuating vision after cataract or refractive surgery,” explains Dr. Sheppard. “Our goal is to be caring, comprehensive and personable, geared to each individual patient’s needs, diagnoses, and issues. As a result, we observe many different expectations and outcomes. That personalized approach to meeting expectations results in outstanding satisfaction that grows the practice.”

Elizabeth Yeu, MD, surgeon at Virginia Eye Consultants in Norfolk, notices that the combination of dry eye diagnosis and treatment with LASIK is uniquely effective at getting LASIK patients who had contact lens intolerance to refer friends who are also uncomfortable in contacts.

“Many patients with the common symptoms of dry eye-related contact lens intolerance have dry eye treatment before LASIK, and then continue to have symptomatic improvement after surgery,” she says. “That is part of my conversation with patients: ‘Dry eye disease can occur after LASIK, but overall you will feel and see better than you did with contact lenses. We want to ensure you don’t have discomfort or intermittent blurred vision after surgery, so it’s important to control dry eye from the beginning.’ This resonates with them, and they recognize that our treatment and surgery package can help people go from contact lens intolerance to comfort without contacts.”

Financing contributes to that high satisfaction as well, according to Dr. Sheppard. “We show our financial understanding and empathy by giving patients tools to achieve their own goals. On their own, they may not be able to afford premium surgery or the dry eye treatments necessary to prepare for it, but financing allows them to do just that.” ●

## **Promoting Dry Eye Services** *continued from page 5*

noses and treats dry eye first, surgeons can move right to surgery, ultimately building more positive patient relationships.”

## **Marketing Dry Eye Services**

Beyond identifying existing dry eye patients and enlisting referring doctors in their efforts, once up to speed, practices can use marketing strategies to build their dry eye practices. Both Virginia Eye Consultants and Bowden Eye & Associates use radio advertising, printed materials and videos for the waiting room, interviews with local media, and public service announcements about free dry eye screenings. Social media has also proven to be an excellent vehicle to discuss dry eye, particularly because it can discuss familiar symptoms to those who are viewing the messaging via screens.

Dr. Yeu appreciates how her practice’s marketing director uses social media to connect in ways that make sense to patients who have dry eye. “The marketing director who manages our social media accounts speaks directly to patients with questions, such as, ‘Do your eyes feel tired?’ or ‘Are you uncomfortable in your contact lenses?’ People who have never heard the term ‘dry eye’ respond because we are describing a problem that is very familiar to them, and then linking them to much-needed help.” ●

## **Financing Made Easy** *continued from page 6*

one’s eyes is an emotional issue, and we try to ease that emotional burden by eliminating the financial issue.”

In the experience of Elizabeth Yeu, MD, surgeon at Virginia Eye Consultants in Norfolk, patients can balk at the very concept of dry eye treatment, making them less open to paying for a procedure. She and her colleagues handle this with a combination of education and financing.

“There is a polarizing concept inherent in paying for treatments that aren’t covered by insurance. When we tell patients they have a disease, but treatment isn’t covered, they naturally doubt the veracity of the treatment. They would rather use cheap over-the-counter eye drops than pay for a doctor’s treatment,” she says. “It is our task to explain the disease, along with our surgical and dry eye counselors. They’re very good at communicating not only out-of-pocket costs and financing

options, but also the current state of dry eye treatment. They explain to patients that there has been a boon of discovery in the last 5 to 7 years, changing our understanding of dry eye disease and how we diagnose and treat it. Insurance has not caught up yet.”

The bundling of dry eye treatment with surgery at Virginia Eye Consultants appeals to all generations. Older patients might bundle treatment with cataract surgery, while many millennials combine dry eye treatment with LASIK financing.

“The cost of dry eye treatment is easy to roll into surgical costs for LASIK and premium cataract surgeries, and we offer some dry eye services at reduced costs when they are bundled with surgery,” Dr. Yeu explains. “With 12 to 24 months of fair financing, patients appreciate that care is accessible to them. It also makes sense to offer it along with surgery, which has the potential to make them much more symptomatic without dry eye treatment.” ●

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