The challenges ophthalmologists face include taking care of more and more patients, running efficient and effective practices, and ensuring adequate education of staff and patients with regard to medical therapeutics. How can physicians be efficient, while simultaneously making sure that patients understand their disease and its treatment and adhere to prescribed medical therapy?

Ours is a large, 10-office multispecialty practice that annually generates more than 70,000 prescriptions for glaucoma medications alone. To address some of the aforementioned problems, my practice involves a team of ophthalmic technicians in the education and management of patients.

THE ROLE OF THE LEAD TECHNICIAN

A group of 10 technicians helps our ophthalmologists, and another six play an ancillary role with our optometric team. Designating a lead technician was the key to the success of the system that this article will describe. We chose an individual who demonstrates clear leadership skills and effort. This staff member routinely holds mid-level managerial meetings to emphasize the importance of teamwork, patients’ orientation, and quality education. The lead technician also helps to supervise and coordinate any changes to our programs. This individual sends forms, letters, and other important documents to the team of technicians.

EDUCATION

Most patients do not truly understand what glaucoma is or what their diagnosis means, which negatively affects efficiency in an ophthalmic practice. Our ophthalmic technicians will show patients key educational videos (eg, software from Eyemaginations, Inc. [Towson, MD]) that explain the etiology and diagnosis of glaucoma as well as the prognosis in clear terms. They also provide patients with pamphlets, diagrams, and informational sheets that they can take home. As a result, patients are far better informed and oriented by the time they meet their ophthalmologist than when they entered the office. My partners and I can then focus on answering patients’ questions and concerns as well as discussing their prognosis and adherence to therapy.

A side benefit of broadening our technicians’ education is a greater level of engagement on their part. They enjoy learning about current trends in different ocular disease states, because the information allows them to be more meaningfully involved in patients’ care. In fact, every year, several members of our practice’s front office personnel become certified technicians as a means of professional growth and increased interaction with patients.

PHARMACY CALL BACKS

For physicians, answering calls from local pharmacists takes time away from patients. Our technicians shoulder this responsibility and help patients understand their choices, which helps reduce their confusion and improve their adherence to prescribed therapy. As a case in point, a pharmacist told one of my patients with advanced glaucoma that her prescription for Combigan (Allergan, Inc.) was not covered by her insurance and switched her to generic timolol and brimonidine without my approval. Her IOP increased, and her eye became hyperemic. In
addition, she became confused and irritated by the change in her dosing regimen. When the lead technician became aware of the problem, she quickly switched the patient back to her original prescription, wrote a letter to the pharmacist protesting any future unapproved switches, and relieved the patient’s anxiety. The lead technician also asks patients if they need any refills before the doctor enters the room. My partners and I therefore need only to sign these prescriptions.

Too often, patients are either embarrassed to broach prescription-related concerns with me, or they worry they will bother me. Acting as liaisons, my practice’s technicians will compare the written with the filled prescription. They routinely survey patients about their pharmacy prices and provide contact information for local “discount pharmacies.” The lead technician informs patients about the option of mail order pharmacies, which can be less expensive. Since our technicians began serving as liaisons, our rate of return for follow-up has increased remarkably, which we noticed while surveying our patients’ satisfaction on routine evaluations. They understand that we are their advocates and recognize their challenges, which can positively affect their loyalty to the practice as well as their outcomes.

CONCLUSION

After training technicians as the educators of patients and designating a leader of that group, the physicians in my practice were able to focus more on managing patients’ care and improving outcomes. When I walk into an examination room, the patient already understands the role of ocular hypotensive drugs and can discuss with me their potential side effects, for instance, instead of requiring an explanation of the risk factors for glaucoma. The more time I have to spend on treating patients, the better the outcomes I am likely to achieve.

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