



PREDICTING CHANGE

TWO PERSPECTIVES ON WHAT THE
OPTOMETRIC PROFESSION WILL LOOK
LIKE DOWN THE ROAD.

THE **ACADEMIC** PERSPECTIVE



BY JUSTIN T. KWAN, OD, FAAO;
AND SCOTT G. HAUSWIRTH, OD, FAAO

Our profession is dynamic, and much has changed for the clinical optometrist in the past 30 years. We have seen the adoption of diagnostics, the implementation of therapeutics, and, in the past 10 years, an increase in the use of more invasive procedures to treat ocular disease. It's fair to say that our profession is not the same as it was 30 years ago or, in many cases, even 10 years ago.

It would stand to reason, then, that the practice of optometry will continue to evolve in the years to come.

Taking into account the pressures of the health care environment and changing dynamics, let's take a look at where the currents are taking us.

THE BIG PRESSURES **Health Care Policy**

Health care policy will likely have the largest effect on optometry, because it is a legislated profession. We provide the bulk of comprehensive eye care, and leveraging that role to improve reimbursement, parity with ophthalmologists,

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THE PRIVATE PRACTICE PERSPECTIVE



BY JAMES DEOM, OD, MPH, FAAO

As the owner of a large, two-location, multidocor practice, I need to be on top of the trends in health care, the economy, and eye care specifically to ensure that my business stays profitable and that my practice is able to continue to offer high level care to patients. The trends that are undoubtedly going to affect private practice in the next 5 to 10 years can be grouped into four categories: consolidation, health care and insurance changes, technology, and marketing.

CONSOLIDATION

In recent years, eye care has seen a wave of interest from private equity firms and large retail chains looking to consolidate various types of practices to generate a return on their investment within 2 to 5 years. These purchasers claim that the industry is getting tougher to manage and less profitable for practitioners and that their centralized approach to systems management can help doctors be doctors and allow their practices to become more profitable. They typically target mature practices with owners looking for an exit strategy, although some set their sights on practices that are more involved in medical treatment and management or retail. I predict that an increasing

number of clinicians will decide to exit their long-standing ownership roles for more clinically oriented positions.

There are options for maintaining a percentage of ownership in one's practice in order to benefit from a potential "second bite" when the practice is inevitably resold after consolidation of the practice occurs and the overall value is higher. I think we'll hear more about this type of option in the near future.

For those who are in the first 5 years of practice, like me, the math favors maintaining ownership independence. When I consider my salary plus bonus potential or practice earning as an owner over the next 30 years and the potential for buyout later versus a buyout today—and possible change in quality of life, I choose the ability to control my own destiny and practice. But for those entering their last 5 to 10 years of practice, consolidation will be a hard option to turn down.

HEALTH CARE AND INSURANCE CHANGES

The ways health care is delivered and paid for will undoubtedly continue to evolve as a result of political and economic influences. With the

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and positioning as preferred providers in insurance plans is critical to maintaining our standing. Vision plans have begun to seriously undercut the bottom lines of many small private practices, which is a major concern. The efforts to minimize cost and overhead on the insurance and business side increase pressure on providers to see more patients in order to receive adequate compensation, which results in minimized services.

Commercial Practice

Commercial practice represents a larger percentage of our profession than it has previously. Cost sharing in today's environment is critical, and it's easier to achieve in larger groups. Integrative and collaborative care models with ophthalmology are another component of this transition. Ophthalmology residencies are decreasing in number, while surgical volume, particularly for cataracts in the baby boomer generation, is increasing and is expected to remain high for the next several years.

Although politics is involved, the transition from an employed OD doing refractions and comprehensive examinations to true collaboration with ophthalmology (ie, surgical counseling and consenting, procedure-based care, and advanced medical care) is happening now and is likely to continue to be adopted by forward-thinking MDs and ODs. Expect this transition to continue.

Internet-Based Eye Care Services

Telemedicine and other internet-based eye care services are causing anger and frustration in our profession at the moment, but how we deal with this situation will dictate how much control we have in providing these services ourselves and thus dictate their impact on our profession. Also, with improved regulation, we may have a tool that serves our patients and profession in a manner nearly unthinkable just a decade ago.

There are a number of advantages in allowing these types of services to succeed. They improve patient access to providers on a more immediate, urgent

basis, especially those who live in rural areas. Moreover, internet-based eye care services are convenient for patients to use, and they may help improve compliance and allow more consistent home monitoring of ocular disease.

Growth of the Profession

In the past several years, there has been an increase in the number of optometry programs across the United States and, as a result, an increase in the number of optometrists entering the workplace. There must be an increasing demand for optometry on the clinical side in order to accommodate more practitioners. As ophthalmologists age and retire and fewer younger MDs are available to take their places, more and more optometrists will have opportunities to offer medical care to patients.

TECHNOLOGICAL ADVANCES Managing Myopia

With half of the US population destined to wear spectacles for myopia correction, increasing efforts toward implementing early-phase myopia control seem likely. Clinicians will be better able to monitor progression and assess risk of retinal pathology, particularly myopic maculopathy, with the development of affordable and more patient-friendly devices for measuring axial length.

Assessing AMD Risk

Progress in the diagnosis and treatment of age-related macular degeneration (AMD) is coming, with dark adaptation proving to be a promising area of research for early detection. It seems feasible, as more information is gathered, to make this a standard diagnostic procedure, especially alongside genetic testing, to assess the risk of AMD and to catch it in the subclinical phase.

Monitoring IOP at Home

In glaucoma care, home monitoring of IOP outside of a practice setting will become more commonplace, and selective laser trabeculoplasty, micro-pulse technology, and other minimally invasive procedures will outpace

pharmacologic treatment as first-line interventions.

CHANGES WITHIN THE PROFESSION

In addition to the changes occurring in the clinical and administrative health care space are those occurring at the teaching institutions where optometrists are trained. In the past 20 years we have seen an increased emphasis on bringing surgical awareness and training to the profession, and it won't be long until laser and minor surgical procedures will be taught and practiced at all optometric schools. The battle for scope of practice expansion has been hard fought to include minor procedures, injectables, and laser therapy. Sharing of the turf with ophthalmology likely will not become easier. Also, as optometry's presence in hospital-based settings increases, it may be prudent to incorporate a more eye-specific administrative degree to allow those areas to be run by optometrists.

STAND STRONG AND CARRY ON

Although we are well positioned to remain the primary providers of eye care for the foreseeable future, we must be able to face challenges that arise and ensure that any new developments and technologies are beneficial to patients and do not compromise care. The future of optometry will likely include increased management of medical and minor surgical care and more collaboration with ophthalmology. ■

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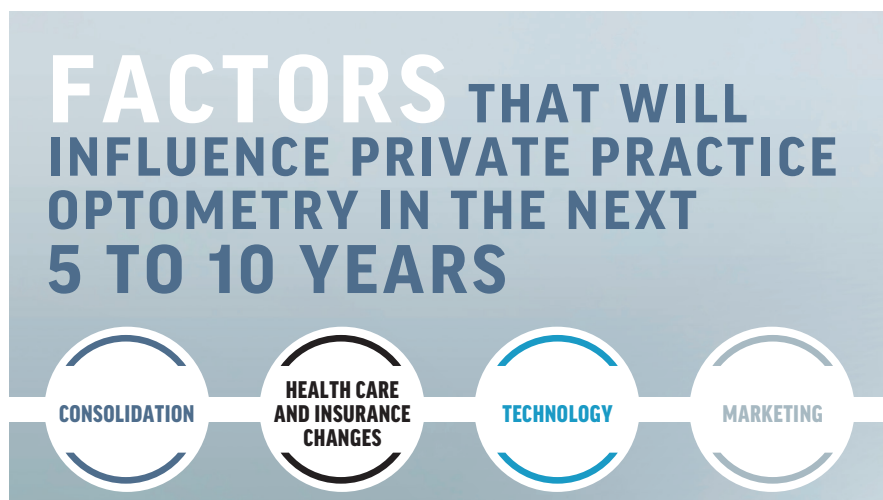
implementation of the 2010 Affordable Care Act, we saw an increase in the number of insured individuals across the spectrum, as well as increases in deductibles, copays, and premiums by private insurers.

Two major influences on private practice over the next 5 to 10 years will be the migration of practices and physicians into accountable care organizations (ACOs) and an increase in preferred provider listings through the monopolization of health care systems. What I mean by this is that health care insurance companies have decided that they want to own not only hospitals, but also various specialty outpatient clinics, health insurance options, and even vision and dental plans. These organizations are growing and competing and looking for ways to improve their overall bottom dollar. Private practice ODs can compete with these entities or become valued partners by doing the things we do best.

Over the next 10 years, optometry can play a larger role in providing systemic disease care, and thereby help ACOs reach their health efficiency data information goals. Achieving these efficiency scores dramatically alters what health care insurance entities and ACOs get paid. One way that we can help ACOs and insurers provide better care, while also expanding our scopes of practice and solidifying our value as independent private practice optometrists, is by expanding our roles in caring for and managing patients with hypertension, diabetes, and cholesterol issues. I predict that within the next 5 years 25% of states will have adjusted their laws to support these roles for optometry, and within 10 years all states will allow optometrists to initially manage these conditions and continue the care with the consultation of a primary care doctor.

TECHNOLOGY

The eye care profession is one of the most technologically advanced areas of health care, with ever-evolving technologies, measurements, and



treatments to improve the overall health of our patients. The catchphrase often used to describe the latest tech in our profession is *disruptive*. This word is defined by Merriam-Webster as “causing or tending to cause disruption,” but recently it has also come to mean *innovative* or *groundbreaking*. Certainly, the most well-known disruptive technology came in the form of online refractions several years ago.

Disruptive technologies will no doubt reshape the way we practice. It is predicted that, within the next 5 years, we will see an uptick in companies offering online refractions and companies offering full examinations in a telehealth format. I am confident that our practices will remain insulated to some extent over the next 5 years, but, as did online contact lens sales, so too will automated refraction services become a norm in 10 years. In fact, as technology improves, I predict that optometrists could electronically check hundreds of refractions in about an hour each day and focus the rest of the day on medical care.

MARKETING

Social media will likely play a larger role in the way optometric practices market themselves in the next 10 years. Social media, like medicine, will continue to be individualized and experience-based. Ads and videos on social media sites will allow optometrists to speak directly to potential patients. Perhaps ODs will even have the ability to inter-

view patients through these sites, to determine in only moments their candidacy for certain treatment options or the need for an examination.

Online reviews and word-of-mouth marketing will continue to be significant drivers of health care consumption, but it seems likely that individualized marketing efforts that grow out of web searches, GPS tracking and facial recognition while shopping will become more influential than classic approaches.

AN OPPORTUNITY FOR THOSE WHO CHOOSE IT

Private practice is often misrepresented as a dying breed of practice. Some think the option is too expensive, that the competition is too fierce, or that it's too difficult to be both a good doctor and a good businessperson. I choose to believe that these negative attitudes only open up a path for the real pioneers, and that these movers, shakers, and healers will completely revolutionize private practice in the next 5 years. ■

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