THE PERKS OF PRACTICING IN A MULTIDISCIPLINARY SETTING

By Aaron Bronner, OD

My earliest moment of considering optometry as a profession came about 16 years ago after a discussion with a family friend, B.J. Lightfoot, OD, who worked in a comanagement group. The concept he described, of sharing care with other optometrists and with ophthalmic surgeons, was foreign to me but sounded interesting and exciting.

I applied to Pacific University College of Optometry and was accepted. Throughout my training, I had the benefit of working under Douglas K. Devries, OD, an early pioneer in comanagement, and Walter O. Whitley, OD, MBA, who has since vaulted to the forefront of our profession as an expert in the comanagement of numerous ophthalmic surgeries, as well as with numerous other gracious ODs and MDs who contributed to my education and in some ways continue to influence me. My interactions with the aforementioned cast of mentors drew me to work in a comanagement group, Pacific Cataract and Laser Institute. That was more than 12 years ago, and I am still as content as ever with my career there.

What I love about working in a comanagement practice setting are all of the things that initially sparked my interest: managing complex cases, guiding patients through stressful periods, and collaborating with both optometric and ophthalmologic colleagues to deliver the best possible care to patients, as demonstrated in the following case.

IT PAYS TO STAY IN TOUCH

A 60-year-old woman came in for a cataract evaluation. The referring doctor (the patient’s family optometrist) sent in some notes, as we typically request. In those notes, the referring OD pointed out that the patient had significant difficulties with binocular VA at near when wearing reading glasses and that, because of this, the referring OD recommended that we target a myopic outcome. This sort of communication is an example of when comanagement shines.
No surgical facility could tease out subtle issues with binocular vision prior to surgery, yet these subtleties have the potential to lead to significant postoperative lifestyle and visual complaints. When a referring doctor is not only permitted but expected to offer recommendations for postoperative targets, he or she can draw on years of experience with the patient, which can prove to be quite advantageous.

A more common scenario would be a patient presenting with a history of monovision contact lens wear who would like a monovision surgical target but has no idea which eye is the near eye and which is the distance eye and cannot state the near eye’s add power, information that is important to ensuring a good visual outcome. A lack of communication with the referring doctor would make providing efficient care and a successful outcome far more challenging.

DIVIDE AND CONQUER

Beyond preoperative planning, being able to trust our referring doctors to shoulder the majority of a patient’s postoperative care is of real benefit, especially when those patients travel a long distance for surgery (our practice draws patients from up to 2.5 hours away and over mountain passes) and/or need to be driven to and from appointments.

With the exception of the 1-day postoperative visit for local patients, which we always perform, we give all of our patients the option of following up with us or with their local OD. Given the choice, the vast majority choose to follow up with their family OD. If complications arise, the comanagement surgery center must be available to the referral community and see patients in a timely fashion. Our practice is always available for phone consultations, both during and after hours.

A WINNING COMBINATION

The comanagement of patients undergoing ophthalmic surgery is no longer a novel approach to the delivery of care. The reason it has flourished, despite initial resistance from some groups, is apparent: It works around the limiting factor of surgery (the surgeon’s time) so that it not only provides equal quality of care, but it can also surpass this level by pooling the expertise of all eye care providers involved. The benefit of the family OD’s years of patient care do not become obsolete at the time of surgery. Neither, certainly, do the expertise and opinion of the surgeon.

Being a part of a multidisciplinary practice creates a sense of community in which everyone works together to ensure the best outcome, to enhance access to care by eliminating barriers, and to make sure everyone on the team has the necessary training to optimize patient care. At Pacific Cataract and Laser Institute, we provide our referral community with regular continuing education events to describe new surgical options and to revisit more mundane aspects of care such as normal recoveries, complications, and the management of complications with all of the commonly comanaged surgeries we offer. As someone who comes from a family of educators, this is a side of my job that I particularly enjoy and one that, again, fosters a real sense of community with the referring doctors with whom I work.

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