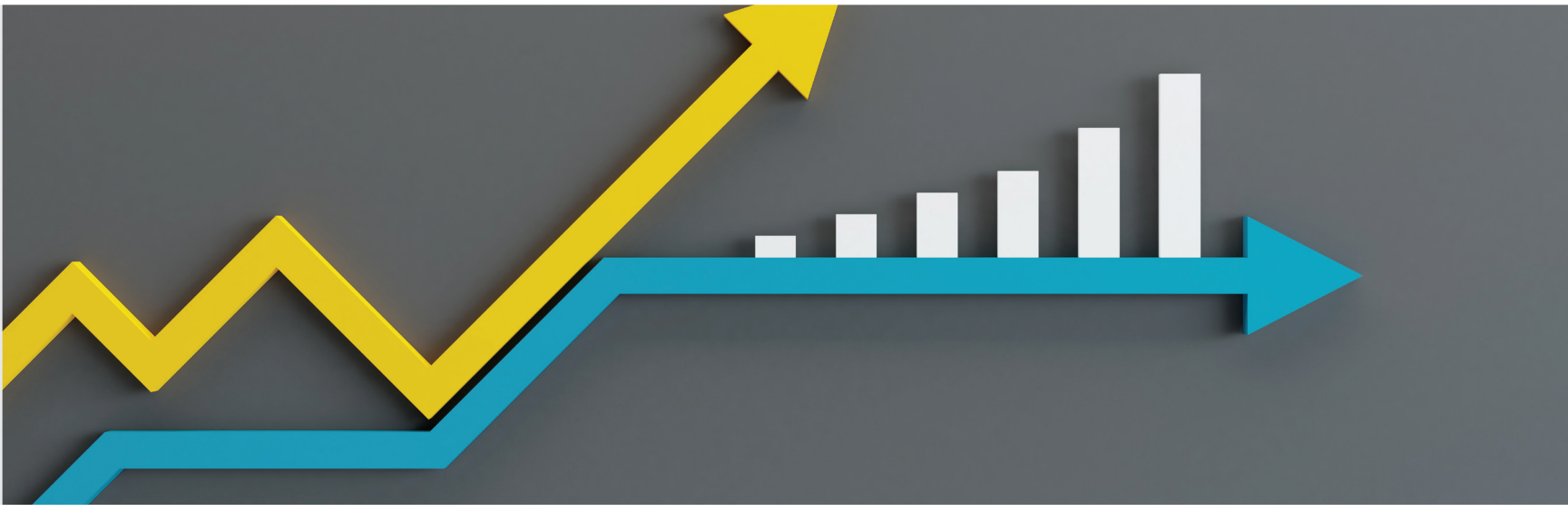

IMPROVE YOUR BOTTOM LINE WITH DRY EYE OFFERINGS

Tap into a variety of exciting clinical solutions to grow your practice.

BY CHRISTOPHER LOPEZ, OD

Dry eye has become a major topic in eye care. There is much discussion around this area of eye care, and many eye doctors have called for an official nomenclature update to dry eye disease (DED) to reflect the true severity of this condition. The increased attention to this area has also spurred a great deal of research. Using science-backed treatment options to improve patient care and clinical outcomes is of the utmost importance.

At the same time, optometry practice owners need to remain vigilant of their bottom lines and how different service offerings affect business decision making. Many of the available treatment options for DED allow ODs to not only enhance the care they provide to patients but also generate significant revenue. The sweet spot of practicing optometry is being able to cohesively blend valuable services, clinical outcomes, and profitability. In this article, I

AT A GLANCE

- Trialing conservative dry eye disease (DED) management can help set the stage for conversations about more advanced treatments.
- Low-level light therapy is an effective option for managing meibomian gland dysfunction related to DED.
- Punctal occlusion may not be as popular a treatment option as it once was, but it can still have an important and lucrative place in our DED armamentarium.

discuss some offerings in eye care related to DED that allow us to do all three.

UNDERSTAND THE OPPORTUNITIES

DED is multifactorial and may involve issues with meibomian gland dysfunction (MGD), ocular surface inflammation, tear production, tear film stability, and more. Patients often present with symptoms ranging from mild to severe such as burning, grittiness, blurred or fluctuating vision, watery eyes, and contact lens intolerance; however, many remain undiagnosed.[1,2] As optometrists, we have a variety of treatment tools at our disposal, including (but not limited to) those discussed in the sections below.

> **MANY OF THE AVAILABLE TREATMENT OPTIONS FOR DED ALLOW ODS TO NOT ONLY ENHANCE THE CARE THEY PROVIDE TO PATIENTS BUT ALSO GENERATE SIGNIFICANT REVENUE.**

OTC Options

Conservative management options include artificial tears, lid hygiene products, dietary supplementation, and warm compresses. These may provide symptom relief for patients with mild DED but are often inadequate for advanced cases. In addition, these options often fail to address the underlying issues causing the patient's DED symptoms. In general, stocking nonprescription solutions does not tend to generate significant income but can set the stage for conversations about more advanced treatments.

Mechanical Modalities

Blepharitis remains one of the most underdiagnosed (and undertreated) conditions in eye care.[3-5] Blepharoexfoliation allows optometrists the opportunity to mechanically remove biofilm and debris from the lids, ameliorate patient symptoms, and improve clinical signs.

Various treatment options use heat and gland expression to improve the flow of meibum through the glands. These options tend to provide patients with more immediate symptom improvement, and, as such, lend themselves well to clinics desiring to create a "dry eye spa" experience.

Regarding profitability, the procedures discussed here are generally cash pay, making them excellent options to generate revenue directly. Follow-up is usually necessary after these procedures; optometrists can have patients return either when symptoms reoccur or at a predetermined time for retreatment. Many optometry offices are trending toward the "dental model" of eye care, in which patients are scheduled back every 6 months.

Light Therapy Devices

MGD is a leading driver of chronic symptoms in DED. In addition to mechanical approaches described previously, optometrists have access to several tools that use photobiomodulation to manage this condition.

Low-level light therapy (LLLT) is a noninvasive procedure that uses specific wavelengths of light to stimulate cellular activity. Through a complex physiological cascade involving protein interactions, reactive oxygen species, and adenosine triphosphate production, the end result is a reduction in inflammation (amongst other therapeutic outcomes). These properties make LLLT an appealing and effective option for managing MGD related to DED, as inflammation is a significant factor in ocular surface disease.

Intense pulsed light (IPL) is another treatment modality that, similar to LLLT, uses photobiomodulation to reduce inflammation and improve meibomian gland expression. However, in my experience, LLLT serves as a more cost-effective approach for patients to receive treatment who may otherwise not be able to afford the high cost of IPL sessions. That said, depending on the demographics of your patient base, IPL therapy can be a lucrative addition to your clinical offerings.

Targeting the Nasolacrimal System

Punctal occlusion has been a staple of DED management for decades. This modality appears to have fallen out of favor with the rise of "premium" treatment choices, but I would argue that punctal plugs can still have an important and lucrative place in our armamentarium for dealing with ocular surface conditions, as many patients stand to benefit from additional tear volume on the eye.

Punctal plugs have a Current Procedural Terminology code of 68761 that medical payers generally reimburse well. (Be sure to check with your specific payers to ensure you are using the appropriate modifiers.) Reimbursement is typically $130 to $150 per eyelid depending on the insurance provider; however, remember that punctal occlusion is subject to the Multiple Procedure Payment Reduction policy, which may affect profitability.[7,8]

Nevertheless, plugs are relatively inexpensive to begin offering, and the procedure to insert them takes less than 5 minutes. Couple their ease of use with their revenue potential via reimbursement, and you may reconsider dismissing punctal plugs as a treatment for patients with DED.

> **THE SWEET SPOT OF PRACTICING OPTOMETRY IS BEING ABLE TO COHESIVELY BLEND VALUABLE SERVICES, CLINICAL OUTCOMES, AND PROFITABILITY.**

A dexamethasone intracanalicular insert, FDA-approved for the treatment of ocular inflammation and pain following ophthalmic surgery and itching associated with allergic conjunctivitis, may be used off-label to manage DED. While this treatment is not indicated for DED, many patients with allergic conjunctivitis also experience DED symptoms. The dexamethasone insert resembles punctal plugs and is designed to release steroid for up to 30 days. It generally dissolves within a couple of months.

As a word of caution, while reimbursement for the dexamethasone insert can be significant, navigating the insurance landscape can be tricky. In addition, there are nuances to inserting these devices properly that differ from traditional punctal plugs.

FIND YOUR OWN SWEET SPOT

DED is a chronic condition with significant quality-of-life concerns. It is also one of the most rewarding and profitable specialties an optometrist can embrace. By expanding your in-house treatments, you can differentiate your practice, deepen patient loyalty, and generate multiple revenue streams. ■

Disclaimer: The information provided in this article is not meant to serve as specific financial advice regarding offering any dry eye services but rather to offer general insights for the purpose of discussing potential profitability.

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