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January 2015

Creating a Dry Eye **Center of Excellence**

Highlights from a seminar held during the 2014 meeting of the American Academy of Ophthalmology

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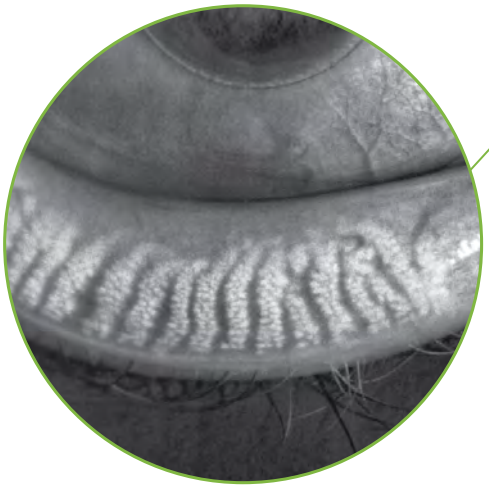
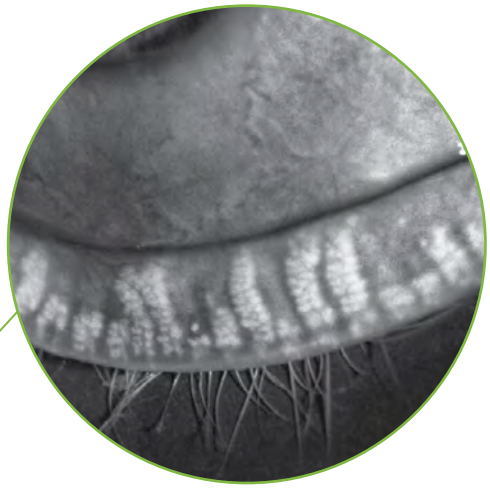
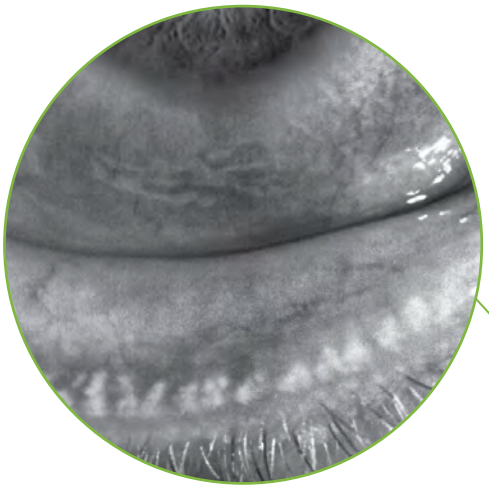
Give MGD a Second Glance



normal meibomian gland structure



structural change (duct dilation,
gland atrophy and drop out)



structural change
(severe gland atrophy and drop out)

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Creating a Dry Eye **Center of Excellence**

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Harness the Practice-building Power **of Dry Eye Care**

John Sheppard, MD, MMSc
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FIGURE 1. **Necessary to Become a Dry Eye Center of Excellence**

- Provider Leadership
- Doctor Champion
- Engaged Administration
- Staff Education
- Staff Incentives
- Continuous Analysis
- Internal Marketing
- Targeted External Marketing

Backed by the right approach, today's products and services can be revenue generators.

Whenever we're asked why we've chosen to position our practice as a Dry Eye Center of Excellence, chief among our answers is that it's necessary: we are committed to continued clinical leadership in our community. In addition, as a result of our efforts, we can say with confidence that many of the perceptions ophthalmologists have about providing dry eye care — it gets in my way, it slows me down, profit margins are low, it distracts me from my core surgical practice — are simply not true. Having a Dry Eye Center of Excellence can be integral to growing a practice, as long as a plan of execution is developed and followed *(Figure 1)*.

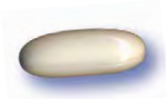
Our plan hinges on this point of view: Every patient who walks in the door has ocular surface disease unless proven otherwise, and we can help. It's the same type of mindset that leads to success with the refractive and premium channel components of a practice. Everyone who visits our practice is a potential candidate for a premium IOL, a lid lift, Botox, LASIK, and so on — whatever solutions the practice offers. Other fundamentals in our approach include incorporating the latest diagnostic and treatment tools while continuously educating and involving all of our personnel.

The Tools

Today, we have at our disposal more treatment options than ever, such as nutraceuticals and LipiFlow (TearScience) thermal pulsation therapy, that go beyond palliative to effectively address the root causes of dry eye. We also have several new diagnostic tests that enable more diagnostic precision, allowing for better tailored treatments for each patient. Some of these tests and treatments are covered by insurance and others are not. However, they all contribute in some way to reaching our overriding goals: providing dry eye patients with the relief they seek, thus improving their overall ocular health and quality of life, improving our surgical outcomes and fueling our practice growth through positive word-of-mouth referrals and increased revenue. (See "Annual Dry Eye Revenue.")

The People

Crucial tenets for the success of a Dry Eye Center of Excellence are making use of physician extenders so doctors stay efficient, and making sure all personnel are engaged in what the practice is trying to accomplish. That said, momentum must originate with the practice's physician leadership. The revenue collected is



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*Sheppard JD, Pflugfelder SC, et al. *Cornea*, Volume 32, Number 10, October 2013.

Annual Dry Eye Revenue

At Virginia Eye Consultants, we estimate that we can ultimately derive an additional $3,160,864 in *legitimate cash plus fully approved and indicated insurance-based* revenue per year because our nine ophthalmologists and four optometrists, during their 192 office days per year, have been focused on identifying and treating ocular surface disease. The revenue projection is equivalent to what we would expect to be produced by three new providers. However, it's generated by existing providers taking care of existing yet until recently underserved patients.

Potential Diagnostics	**$2,100,864**
• Nrl nk`qhsx 'Sd`qK`a(	$955,776
• Hmll` l l`Cqx	$603,648
• KhohUhdv	$57,600
• @kkdqfx rjhm sdrs	$483,840
Potential Retail Treatments	**$431,000**
• Sq`mptkdxdr+ Ehqd % Hbd L`rjr+ khc rbqtar+ mtsqhshnm`kr+ `qshlbh`k sd`qr+ KhohEknv sgdq l`k otkr`shnm	
Potential ProKera Slim Amniotic Membrane for Dry Eye	**$312,000**
Potential Allergy Sensitivity Testing	$483,840
Potential Punctal Occlusion	**$317,000**
Potential Total:	**$3,160,864**

The patients who can benefit from these products and services were already part of our patient base. We didn't need to divert essential revenue to market to them.

We have a dedicated allergy clinic, too, which is rs`eedc ax ntq nosn l dsqhrsr `mc `m KOM+ vgn trd ntq qdshm`k physician's space when he's out of the office performing surgery. This is another new way we serve our ocular surface disease patients better and enhance our revenue without using doctor chair time. Allergy testing allows us to recommend preventive care to our patients, identify hypersensitivity as a major contributor to ocular surface disease, and many times eliminate unnecessary prescription medications.

directly proportionate to the physicians' adoption of the diagnostics and treatments and their ability to recommend the products and services, some of which are retail-oriented, to patients. In addition to the physician champion(s), it's necessary to have a lead administrative person responsible for getting all the moving parts of the enterprise aligned and keeping them moving.

Most of the surgeons in our practice immediately refer their ocular surface disease patients to a non-surgical provider in the practice, who "tunes them up" and sends them back for surgery. That's a very effective way for them to work with our optometrists, physician assistants and non-surgical ophthalmologists. All personnel are involved in our focus on dry eye patients:

- ODs, PAs, RNPs
- non-surgical ophthalmologists
- multiple technicians
- two scribes per clinic provider
- movers (escort patients from point to point during their visit)
- counselors (educate patients about any dry eye products and services the physician recommends)
- check-out staff

Everyone is trained to talk to patients about the ways in which we can help them with their ocular surface disease — getting them excited about what the doctor may be recommending and enabling us to convey a consistent message. This goes hand in hand with involving everyone whenever we're integrating new technologies or products into the practice so they know their specific role and how it correlates with what we're trying to accomplish.

To further enhance efficiency, we use a checklist of our dry eye-related products and services that follows the patient through the practice. The doctors check off their recommendations. This takes no time at all, and when patients arrive at check out, the staff knows exactly what to counsel the patient about. In addition, we have a dry eye brochure that lists our products and services. Those are placed throughout our lanes for patients and also serve as a reminder for doctors and staff to address these issues with patients who identify dry eye among their chief complaints.

To ensure the entire staff is aware of the fruits of their labor, we have a morning huddle every day in which we can highlight a positive patient experience or how we were able to find a solution in a complex

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Evaluation and Management of **Ocular Surface Disease in an Academic Setting**

Thinking "outside the box" to advance dry eye science and bring patients hope

Victor L. Perez, MD
The Ocular Surface Center
Bascom Palmer Eye Institute

At The Ocular Surface Center, part of the University of Miami's Bascom Palmer Eye Institute, we consider ourselves to be in the business of providing hope to the patients who come to us for care. By the time patients come through our door, typically they've seen several other doctors. They need someone to take a fresh look at their dry eye and identify appropriate therapies. As an academic center, we're uniquely equipped to do that.

We're fortunate to have new technologies for expanding our understanding of dry eye that aren't yet available in private practices. This allows us to "think outside the box" and provide care for these patients that they wouldn't receive elsewhere. And while all Dry Eye Centers of Excellence rely on a team effort, our team has a somewhat different make-up. We have three ophthalmologists, an optometrist, three technicians, a clinical coordinator, an executive administrator and a clinical research team.

The fellows on the research team and the clinical coordinator have very important roles. The fellows generate new ideas about what patient data we should be collecting and evaluating, and the clinical coordinator helps us to manage and work with that real-time data, which enables our center to be part of groundbreaking research. We have the ability to conduct non-sponsored clinical research into areas such as the exploration of what the relationship is between tear osmolarity and levels of MMP-9. We can also take part in clinical trials with industry, creating a bridge between the laboratory and the clinic, which gives our patients access to cutting-edge technologies and treatments. Through clinical trials, we're contributing to the field and bringing much-needed hope to our patients.

Standardized Data Collection Enhances Patient Care

Because of our work in clinical trials, we're keenly focused on standardized patient data collection and grading degrees of disease severity. However, examining and testing patients in a standardized manner is beneficial for any dry eye practitioner. Doing so ensures the quality of the information gathered, guides therapy and enables precise evaluation of the state of patients' ocular surface health from visit to visit. The dry eye workup should be similar to a glaucoma workup. With glaucoma patients, we perform corneal pachymetry, IOPs, OCT optic nerve evaluation, fundus photography and visual fields. The same comprehensive approach should be applied to dry eye *(Figure 1)*. Each part of the workup should be done in a standardized way. In our clinic, we use precise, pipette-delivered

microvolumes of fluorescein or lissamine green for corneal/conjunctival staining and we score patients using the National Eye Institute scale. We're also careful to accurately time the tear break-up test. Even the Schirmer's test, which some doctors want to eliminate, when done in a standardized way, yields useful diagnostic information. Certainly, an extremely low Schirmer's result is usually confirmation that tear insufficiency is a patient's primary problem. Other grading scales we use include the Meiboscale for gland dropout developed by Dr. Heiko Pult (www.dry-eye-tool-box.com).

Finding New Ways to Make a Difference

The following are some of the components of The Ocular Surface Center and some treatments we provide that may differ from what is commonly seen in private practice.

■ *Ocular Imaging Center.* Ophthalmology is one of the few medical specialties with direct access to its target organ, so we should take full advantage of that. In our Ocular Imaging Center, in collaboration with Dr. Jianhua (Jay) Wang, we're working to adapt ultra-high resolution OCT for imaging the ocular surface at a microscopic level. The aim is to develop new diagnostic techniques that could serve to provide doctors with information such as earlier endpoints of ocular surface damage. We're envisioning a day when OCT can be performed at the slit lamp and deliver 3-micron-resolution images of the cornea that could be used, for example, to quantify the thickness of the epithelium, intricately evaluate the tear meniscus, visualize the vascular biology of conjunctival blood vessels or assess the velocity of cells as they fluctuate on the ocular surface.

■ *Lid Margin Clinic.* As I tell our fellows, an exam is incomplete if the meibomian glands aren't evaluated and manually expressed. We've established a Lid Margin Clinic so we're giving the glands and lid margin the attention they deserve as contributors to ocular surface disease. We perform a very careful lid margin evaluation and once we diagnose meibomian gland disease, we recommend aggressive, mechanical therapy. For the purposes of patient education, we equate this with dentistry. Patients can floss and brush every day, but at some point, they still need to go to the dentist for a deeper cleaning. So, in our Lid Margin Clinic, we provide thermal pulsation, digital massage, palate massage and scraping. We use the LipiFlow (TearScience) thermal pulsation device as baseline therapy and we teach patients how to properly care for the lid margin.

FIGURE 1. **Ocular Surface Work-up Should Include**

- Questionnaire
- Slit Lamp Exam (Careful lid evaluation)
- Meibomography
- Staining
- Schirmer's
- Osmolarity (TearLab)
- InflammaDry (RPS)
- Interferometer (LipiView by TearScience)
- Noninvasive Imaging

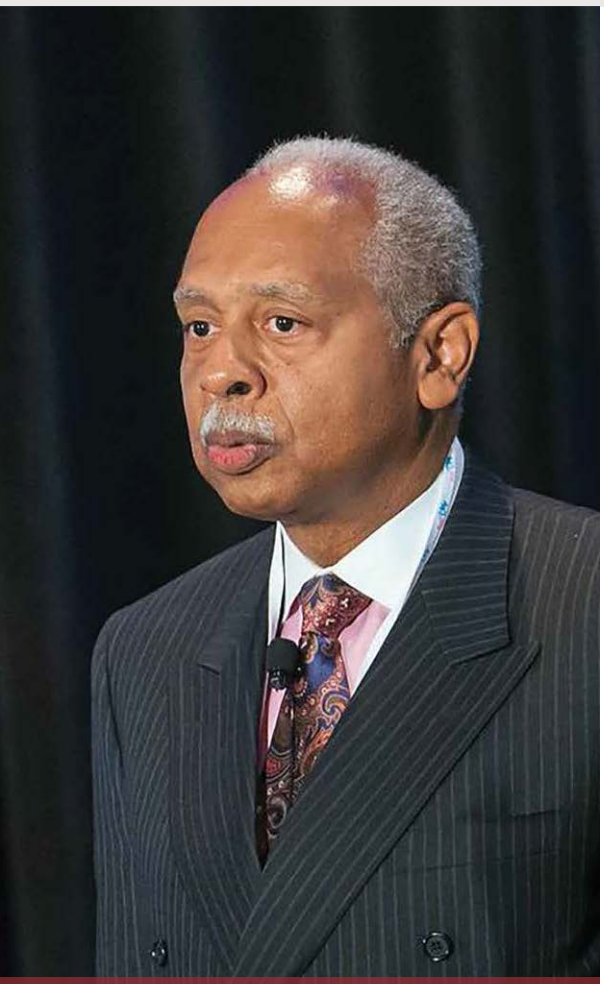
Figure 1. A dry eye patient workup should include all diagnostic tests that can inform treatment decision-making.

■ *Autologous serum tears.* At our center, we draw patients' blood, separate the serum and divide it with preservative-free saline in bottles from 20% to 50% concentration. We store it in the freezer and dispense to patients who thaw it for use 4 to 6 times a day. The hypothesis is that the serum contains various growth factors that are beneficial for the ocular surface.

■ *Prosthetic replacement of the ocular surface ecosystem (PROSE).* The PROSE device was developed by the Boston Foundation for Sight. It's a special scleral contact lens designed for the treatment of severe dry eye and cicatrizing disorders and the pain and neuropathy associated with them. PROSE consists of a transparent dome made from highly gas-permeable plastic. It fits under the eyelids, creating a space between the device and the eye that is filled with sterile saline. The liquid remains in the reservoir, providing constant lubrication by bathing the eye in a pool of artificial tears. Patients wear PROSE during waking hours and are trained in daily application, removal and cleaning as part of the treatment process. Because the device is essentially a contact lens, we can use it for refractive correction, too. The optometrist on our team is in charge of our PROSE service.

Beyond helping our patients in any way we can, our ultimate goal at The Ocular Surface Center is to continue contributing to the development of new diagnostic tools and treatments so all ophthalmologists can enhance the care they provide for their ocular surface disease patients. ■

Our Keys to Success



Frank W. Bowden, III, MD, FACS
Patti Barkey, COE, CEO/Administrator
Bowden Eye & Associates

Establishing a practice standard for dry eye care and an efficient patient flow protocol are crucial.

As was the case for many ophthalmology practices, FDA approval of the LipiFlow (TearScience) thermal pulsation treatment about two and a half years ago gave Bowden Eye & Associates an opportunity to renew our perspective on dry eye care. We'd been treating ocular surface disease, but we believed this therapy would change what we could do to help patients. We rallied our resources to develop the practice into a comprehensive center for dry eye. Today, we're branded as the place to go for symptoms associated with meibomian gland disease, dry eye and ocular allergies. This has carried our practice to a new level of patient satisfaction and we've added an entirely new revenue stream. Finally, we enjoy taking care of these patients, many of whom have suffered for years.

Any practice can attain this first-rate level of dry eye care using the resources it already has. There's no need to spend money on marketing. The patients are already sitting in the waiting room. The key is to make sure we're listening when they tell us about the problems they want us to resolve. When the glaucoma patient says he's had itchy eyes since the last visit, we need to address his itchy eyes in addition to checking his IOP. In the beginning, the patients fueling the dry eye segment of the practice present as glaucoma patients, cataract patients, and so on, but as the dry eye segment of the practice grows, the phones begin to ring with calls for dry eye consults.

In addition to listening to our patients, we believe that setting our practice's standard of care for dry eye and establishing the associated patient flow protocol are the key ingredients in our recipe for success *(Figure 1)*.

Set the Standard of Care

The standard of care guides the diagnostic and therapeutic options available to the dry eye patient. It helps everyone get involved in the process because each person has a role and a responsibility. It's extremely important to have all of the staff understand and embrace the standard of care, which means knowing the benefits of each diagnostic device, treatment or disease management product. For example, technicians have to understand each of the tests. They have to know the standard of care so they know when to perform the tear osmolarity test (TearLab), InflammaDry (Rapid Pathogen Screening, Inc.)

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FIGURE 1

Figure 1. Creating a dry eye treatment center is a multi-faceted endeavor, but a goal any practice can accomplish.

and/or Sjögren's testing (Nicox). In order to do this, they must be trained to recognize the symptoms and clinical findings that define dry eye. And they have to understand the products so they can teach the patients how to use them. Moreover, it's extremely important to have all of the doctors agree and adhere to the standard of care. It's not easy to get multiple providers to do that every day, so we remind them often and we have a monthly meeting to talk about how to enhance the patient experience.

Components of Our Standard of Care

The following are the diagnostic, management and treatment tools we use for dry eye.

Equipment

- Tear makeup — osmolarity testing (TearLab)
- Lipid/tear film evaluation — LipiView (TearScience)
- Lid closure/blink evaluation — LipiView (TearScience)
- Gland structure/imaging — LipiView II (TearScience) and slit lamp transillumination
- Gland function/score — Korb Meibomian Gland Evaluator (TearScience)
- Expressible gland count, lower lids — slit lamp exam

Testing

- Inflammation — InflammaDry (RPS)
- Sjögren's — Nicox
- Allergy testing — Doctor's Allergy Formula
- Vital stains — lissamine, fluorescein, rose bengal

These testing companies are helpful partners. They come to the practice to educate doctors and staff on implementing the testing processes.

Patient questionnaire and record documentation

- SPEED (Standard Patient Evaluation of Eye Dryness) — (originally developed by TearScience)
- Flowsheets — developed within our EMR to monitor the dry eye metrics

Disease Management Products

In addition to the medications and treatments administered by our doctors, we also offer patients several products they can purchase to help them manage their symptoms. We've found that it's important to have these available so patients don't go to the pharmacy and become overwhelmed by everything on the shelves. We've also learned that it's crucial to have someone on the team who is responsible for inventory of the products, which include Retaine (OCuSOFT) artificial tears, tranquileyes goggles, HydroEye (ScienceBased Health) supplements, Cliradex cleanser (BioTissue) and OCuSOFT lid scrubs. The products always need to be on hand at all practice locations.

Treatments

- Systemic Doxycycline, Oracea or Minocycline
- Topical anti-inflammatories — steroids, Restasis (Allergan), AzaSite (Akorn)
- LipiFlow thermal pulsation (TearScience)
- Meibomian gland probing and expression
- BlephEx tool (Rysurg)
- Prokera Slim cryopreserved amniotic membrane (Bio-Tissue)
- Punctal occlusion
- Autologous serum tears
- Tarsorrhaphy

Patient Flow Protocol

Establishing and continually improving a dry eye patient flow protocol allows us to efficiently accomplish patient education and diagnostic testing prior to patients seeing the doctor. We start with the SPEED questionnaire, which we've adapted and are also using to help identify candidates for allergy and Sjögren's testing. Every patient who comes into the practice completes the questionnaire, and every

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Any Size Practice Can Create **a Dry Eye Treatment Center**

Clifford L. Salinger, MD
The Dry Eye Spa at V.I.P.
Laser Eye Center

How a single-physician practice approaches patient management

Millions of Americans suffer from dry eye, and they are some of the most frustrated individuals who come to us seeking help. Their discomfort can impact every facet of their daily lives, even the most basic activities we may take for granted. Furthermore, as more and more doctors are coming to realize, dry eye adversely affects surgical outcomes. Therefore, by systematically addressing dry eye disease in our practices, we have the opportunity to achieve better clinical outcomes, improve patient retention and referrals, and grow our practices.

We established The Dry Eye Spa® because I wanted to create a niche, an identity among my colleagues and my patients as an Ocular Surface Disease and Dry Eye specialist. The goal was to create an environment for patients to better understand their condition and to become part of their solution. Helping to provide these individuals relief is one of the most gratifying aspects of my practice. Our experience in creating The Dry Eye Spa illustrates that it's not only large practices with multiple doctors and numerous staff members who can create a successful dry eye center of excellence. I've been very successful accomplishing this as a solo practitioner, offering services from one main office location and two satellite offices, one on a weekly basis, the other monthly.

Highlighted here are some points I've found to be most salient in caring for this group of individuals and developing The Dry Eye Spa.

- Dry eye is multifactorial and involves concurrent, overlapping disease states.[1] The importance of identifying the underlying dysfunction(s) and assertively treating it/them cannot be overstated. Dry eye is also a progressive condition. Inadequately addressed ocular surface disease often progresses to require even more intensive and expensive treatments. Without proper treatment, the cycle of inflammation and dysfunction may cause permanent damage to the lacrimal gland and ocular surface.[2] When diagnosing and managing dry eye patients, it's also important to keep in mind these three key points: that evaporative tear deficiency is the most common cause of dry eye,[3] dry eye is an immune-mediated inflammatory disorder, and some degree of inflammation is present whether it's apparent or not.[4]
- Today, we understand so much more about dry eye than in the past; we have better tools and technologies for diagnosing, managing and treating Ocular Surface Disease. Even artificial tears are much better than they used to be. Therefore, a commitment to dry eye patients requires that we use the tools available to us. For instance, I use HydroEye (ScienceBased Health), a

Essentials for Creating an Ocular Surface Center

- Environment: create the atmosphere
- Equipment: use the necessary diagnostic and treatment tools
- Establish: with each patient, by history and evaluation, the mechanism of the problem
- Education: for staff and patients, an ongoing process, deliver consistent messaging
- Efficiency: in evaluation and education
- Effectively: deliver the message and treat the condition

nutritional formulation which was validated in clinical research conducted by Dr. Sheppard and colleagues.[5] The one tool that has made the most difference in my practice is LipiFlow (TearScience) Thermal Pulsation, which addresses the root origin of evaporative dry eye disease. After one treatment with this device, along with comprehensive pre and post treatment, 85 to 90% of my patients report significant improvement in their symptoms, many at 1 month following treatment, but a significant percentage take 3 to 4 months to achieve their symptomatic improvement.

When I worked out the economics of this technology, I calculated that the breakeven point meant performing the procedure on six eyes per month. As it turned out, the equipment was paid for in 1 year because we treated nearly 200 eyes during that first 12-month period. LipiFlow and HydroEye fit nicely within the dry eye management principles to which I adhere:

- decrease tear loss
- stabilize the tear film (quality)
- protect the ocular surface
- suppress inflammation
- increase lubrication
- stimulate tear secretion (quantity)
- enhance surface healing

▸ Frequently, meibomian gland disease is not obvious and therefore requires active diagnosis. It's important to thoroughly examine the lid margin for telangiectasia, quality and quantity of secretions and evidence of complete gland obstruction.

▸ Hyperosmolarity is the central mechanism causing ocular surface inflammation and progressive damage. With an 87% positive predictive value, tear osmolarity testing (TearLab) is the most sensitive way to diagnose and grade dry eye severity and track response to therapy.[1] In addition to the osmolarity value of each eye (>308 mOsmol/L is pathogenic), the difference between the two eyes is an important number to know. A difference of >8 mOsmol/L is a hallmark of tear film instability. This test gives us the ability to modulate therapy with a quantitative endpoint.

▸ Efficiency is an extremely important factor in the success of a dry eye treatment center. To bring efficiency to the process, including the diagnostic evaluation AND the patient education aspect, we use videos, a variety of printed materials and most importantly, physician extenders, our staff! In addition, TearScience, the makers of LipiFlow, have outlined a systematic approach to patient evaluation that works extremely well. It begins with a patient questionnaire; we use both the SPEED (Standard Patient Evaluation of Eye Dryness) questionnaire and the OSDI (Ocular Surface Disease Index), which gets patients (and staff members) thinking about their problem and rating the severity of their dry eye symptoms. As such, the SPEED and OSDI help determine which patients are appropriate to evaluate with the LipiView screening device, which provides an absolute measurement of the lipid layer thickness of the tear film and identifies deficiencies in the blink mechanism. We combine that with TearScience's Meibomian Gland Evaluator — which provides a method of applying a standardized pressure equivalent to that of a normal blink to the lower eyelid while visualizing the gland secretions, which can then be graded in quality and quantity — to determine who may be a candidate for LipiFlow treatment.

Happy Patients, Happy Doctor

We all want to make our patient's feel better, which makes them happy, and thus provides professional satisfaction in our staff and in ourselves. The Dry Eye Spa has proven to be a great way for us to make sure that happens on a daily basis. And, as we all know, happy patients refer more patients, which is still the best way to build a practice. ■

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Harness the Practice-building Power of Dry Eye Care

(continued from page 4)

Potential Retail Revenue Stream

When we expand product lines, we must focus on how these are delivered to our patients. We do have some products available for retail sale. For example, we recommend nutritionals for all of our dry eye patients. My patients use omega supplements and I prefer HydroEye (ScienceBased Health). In a prospective, randomized, multi-center trial, it was shown that the ocular surface improved, staining stabilized, and markers for ocular surface inflammation — such as T-cell activation — stabilized rather than deteriorating as was the case in patients who were receiving placebo.[1] So, dry eye products as part of a retail collection can be a centerpiece of your practice and they're not affected by regulatory restrictions.

1. Sheppard JD Jr, Pflugfelder SC, Singh R, et al. Long-term supplementation with n-6 and n-3 PUFAs improves moderate-to-severe keratoconjunctivitis sicca: a randomized double-blind clinical trial. Cornea. 2013;32(10):1297-1304.

case. We provide some incentives for staff as well, monetary and otherwise, to motivate them to jump on board with whatever initiative we're trying to implement in the practice.

The Rewards

With our Dry Eye Center of Excellence plan in full swing and all personnel on board, the last piece of the puzzle is to continually analyze our performance. We monitor services provided and revenue, sometimes as frequently as weekly. This keeps us aware of any drop-off in our pursuit of our goals so we can take steps to keep ourselves motivated and on point.

The result is beneficial all around. Patients win with diagnostic accuracy and targeted treatment. Insurers win with targeted therapy as well. Doctors enjoy the satisfaction of helping an entire group of patients in a new way. and practice growth. The practice wins with growth and income diversification. ■

Our Keys to Success

(continued from page 12)

patient workup includes the Meibomian Gland Evaluator (MGE). We record the gland evaluation under slit lamp. For us, it's as routine as looking at the patient's lens.

SPEED and the MGE results guide technicians to the right diagnostic testing according to our standard of care, and the diagnostics guide the need for treatment and products. So patients first spend time with a technician, then they meet with one of our dry eye counselors before seeing the doctor and returning to a counselor. The counselors are critically important to our protocol. They start the education process for the patients who have a high SPEED score. After those patients see the doctor, the counselor schedules further testing or procedures according to what the doctor ordered. Once patients are educated about the testing and treatment recommendations, they can decide how to proceed. Most don't mind paying out of pocket when it's required, and we support them by having CareCredit financing available. The counselors also "close," just as they would for premium IOLs or refractive surgery, getting the patient on the book for the product and services. Our technician-counselor-doctor-counselor flow is crucial to maintain a smooth flow without taking up too much physician time. It also allows consistent messaging to patients, which instills confidence.

Reap the Rewards

Once we began taking care of patients with the mindset of a dry eye treatment center, the benefits to our practice became apparent. On average, the revenue that comes in each week from dry eye testing and treatments, some covered by insurance and others paid out of pocket by patients, may range from $20,000 to $40,000 per week, not including the office visits and our use of Prokera Slim (Biotissue) amniotic membrane. Most importantly, our patients are happier and more satisfied than ever. ■

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