

Building a dry eye practice

Editorial

Dry eye disease is one of the most frequently encountered conditions by ophthalmologists and optometrists. Millions of people in the US suffer from this condition, and the prevalence is growing rapidly. Typically, dry eye disease has been treated as an afterthought by many eye care professionals. The thought was that this condition is not significant and there is not much that can be done about it. In addition, dealing with the chronic dry eye patient can be extremely frustrating and time consuming. Many physicians prefer to get these patients out of their office so they can move on to the next cataract surgery patient.

As a cornea and dry eye specialist, I have found that treating these patients is quite fulfilling. In addition, developing a dry eye practice can be a tremendous practice builder and can be quite lucrative. It is not uncommon for dry eye patients to jump from practice to practice without the sense of improvement. Dry eye disease, along with its co-conspirators, can be difficult to manage. The treatment may take months to improve and requires much patience from both the treating physician and the patient. Once the condition has been controlled, and the patient begins to notice significant improvement, these patients are typically among the most appreciative patients in my practice. These are the patients that frequently bring in referrals and are more than happy to sing the praises of the doctor that cured them to anyone they can.

In my experience, the typical dry eye patient that gets referred to my practice is a female in her fifties. She typically has just gone through menopause and is now suffering from worsening dry eye symptoms. Often, she may have other conditions which aggravate the situation. She may be on medications such as antihistamines, antidepressants, or antihypertensive. These, along with many other medications, can lead to worsening dry eyes. This patient frequently does a significant amount of reading and computer work, which also exacerbates the situation. For this patient, her dry eye disease may become quite disabling.

One unique characteristic of the patient described above is their role in managing their household. I have found that this patient frequently is the gatekeeper to her entire family and directs the care of three generations of patients. She typically is the one bringing her children in for exams, encouraging her spouse to come in for exams, and bringing in her parents in for exams. By treating her dry eyes, and relieving her frustration, this patient typically becomes a major advocate for my practice and actively recruits her family and friends to come in. This is where the dry eye management can really build the general ophthalmology practice. Her children and her spouse may need contact lenses or glasses. They also may be interested in

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refractive surgery. Her parents may need cataract surgery or other procedures for many other medical problems. The influx of patients via this happy dry eye patient can lead to a rapid increase in clinic and surgical volume.

In addition to the increase in patient volume, the point of care testing associated with a dry eye practice can add a quick bump to the practice revenue. Current testing available, such as tear film osmolarity (Tear Lab), and Inflammadry mmp-9 testing (RPS) are easy to do and can lead to a nice revenue stream. Placement of punctal plugs can also be quite lucrative. More advanced diagnostics, such as the lipiview (Tear Science), can give great information as to the state of the patients tear film and generate more revenue. Finally, more advanced procedures, such as the lipiflow (Tear Science) or intense pulsed light treatment (DermaMed), can give patients the relief they seek while adding to the practice's bottom line.

So while we lament the next chronic dry eye patient that walks through the door, it is important to remember that these patients are suffering. Dry eye disease is a real disease and there are now many options as to how to treat them. The diagnostic and therapeutic procedures can be lucrative to the practice and can allow these long suffering patients to finally feel some relief. Once these patients improve, they may be among your best advocates and can lead to an influx of patients that may allow your practice to take off.

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