By Cynthia Matossian, MD

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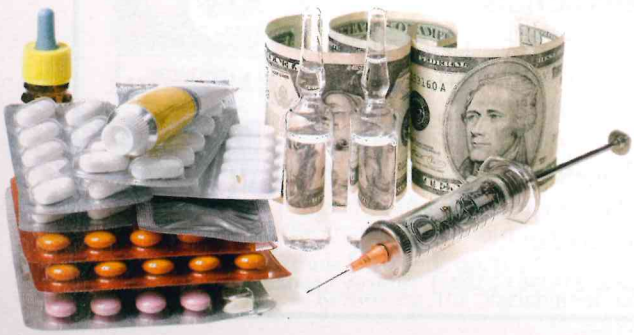
The economics of going 'dropless'

Prophylactic injections can save hassle and money for both you and your patients.

Our practice is currently under a barrage of phone calls from confused patients seeking guidance concerning insurance coverage for their perioperative cataract surgery eye drops.

The problem is that pharmacists often swap out prescribed branded medications for generics without contacting the prescribing physician. In some cases, these generics are dramatically different. Patients have no clue the medication covered by their insurance requires a different instillation schedule. This leads to errors with potential under-treatment and possible post-operative complications.

I believe the aggravation this conundrum causes can be alleviated with prophylactic intra-operative injections. That's why we're currently engaged in a clinical trial with trans-zonular injections of Tri-Moxi or Tri-Moxi-Vanc (Imprimis Pharmaceuticals, San Diego, Calif.). These injections are designed to reduce the need for postoperative medications. Delivering these injections could ultimately reduce practice costs by reducing the onslaught of phone calls and by taking patient compliance issues out of the equation.



THE INJECTION

The injectable suspension is deposited trans-zonularly into the anterior vitreous behind the capsular bag with a 30 gauge cannula after the IOL is in place. Irrigation and aspiration is then performed to remove the viscoelastic. Stromal hydration is completed per usual to close the incision.

With these injections, patients should rarely need topical antibiotics and steroids. Once a day topical NSAIDs can still be used. Moreover, the patients will no longer need extensive technician time with complicated post-operative medication schedules.

THE ECONOMICS

Tri-Moxi is $20 and Tri-Moxi-Vanc is $25 per injection. Compare that to the $100-$200 patients would be shelling out for each of the three eye drops. The issue, however, is that some insurances don't currently cover Dropless therapy (Medicare may, through either a local policy decision or ABN). In other words, until policies are established either you or your ASC may have to absorb the cost. That's the tradeoff. In exchange, you receive greater staff productivity, fewer phone calls and fewer noncompliance issues.

LIMITING USE

This trans-zonular application of three well-known medications is relatively new. We do not have established protocols for their use. Some surgeons are using this product with every cataract patient, whereas others are limiting it to those who may be a little confused or unable to instill drops in their eyes due to comorbidities such as a stroke or Parkinson's.

For now, prophylactic injections are in their infancy, but they're poised to make a significant impact on our practice patterns in the years to come. OM

Continued from page 64

their chosen fields: one became a glaucoma specialist, and the other graduates from medical school this year and will start his residency in Arizona.

Also, I include interested students in clinical research and publishing unusual pathology case reports. Earlier in my career, I served 15 years attending in ophthalmology clinic and surgery and participated in monthly grand rounds, and the boards review section of their residency training.

I learn a tremendous amount from these students, who are certainly more up to date with many of the systemic medications currently on the market than me. Further, the opportunity to explore the pathophysiology and mechanism of action of the ophthalmic conditions we see together provides the motivation to re-learn the etiologies of the more esoteric conditions, and I often gain insight into the latest thinking about various conditions.

It is invigorating when a student lights up after seeing pathology at the slit lamp or learns to use a direct or indirect ophthalmoscope for the first time. And, unexpectedly, teaching makes me a more careful and deliberate clinician, as I portray behaviors that should ideally be emulated in the students' careers.

In addition to the ophthalmic/medical component, the importance of witnessing the physician/patient interaction cannot be underestimated. We are each the amalgamation of the behaviors and habits of our mentors, and we have a powerful responsibility to demonstrate the compassion, concern and level of fulfillment (and fun) embodied by this privileged and unique relationship.

IF I COULD DO IT ALL OVER AGAIN

When asked, especially in today's healthcare environment, if I would become a physician if starting out again, I emphatically respond positively and enthusiastically. Regardless of the forces that govern healthcare delivery, nothing is as rewarding as a patient's trust, and with a strong work ethic, medicine is predicted to remain a growth area with the potential for strong, reliable economic return. **OM**