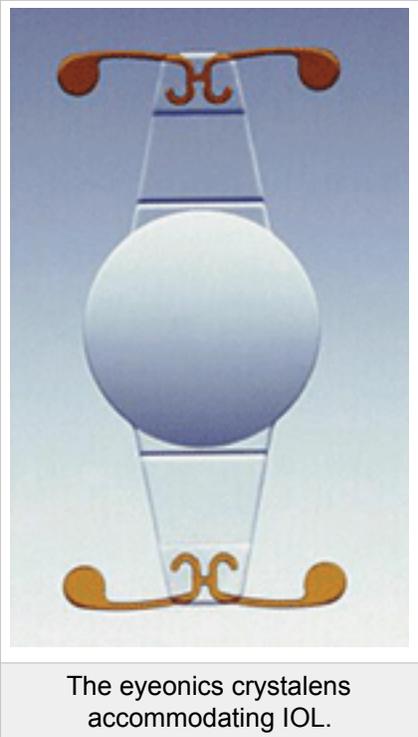


NEWSLETTER - SUMMER 2005

Technology is Relentless By Dr. I. Howard Fine



Technology is the driving force within society and is the single most important factor affecting all human endeavors. With expanding technology in communications, within minutes of the World Trade Center attacks, televisions all over the world were informing local populations of this incident. Cellular phones allow communication with anyone anywhere from any place. We have access to information through the internet to products that we never dreamed were accessible. In business, there is merchandising control and the distribution and sale of goods is enormously facilitated with far less redundant warehousing of products. Farming has been tremendously enhanced. We have genetically altered and insect resistant crops. There is mass production and processing of food including freezing, preserving, and manufacture of foods. Travel has been augmented in an almost unbelievable manner in the past 50 years. Within the military, global positioning of missiles has freed the need for manpower to deliver arms and drone, pilot-less spy planes have allowed information gathering without endangering personnel. People can actually earn degrees without ever spending time on a college campus. Even entertainment has changed. Satellite TV allows us to choose movies at any time and at almost any place. Cable TV has brought enormous opportunities for expanded entertainment and information and the iPod allows us to carry thousands of pieces of music in a pocket-sized device.



Medicine also has changed. We now have new drug therapies that have been designed with computer modeling. Human surgery is frequently analyzed and customized by computer modeling. The human genome project has a vast potential to provide gene therapies for a variety of previously untreatable diseases.

Ophthalmology has benefited as well. There has been a technology explosion within ophthalmology. We now remove cataracts through two 1mm incisions and have enormously expanded and enhanced technology in intraocular lens implants used in conjunction with the removal of cataracts and refractive lens exchange. We have a variety of intraocular lens implants that allow us to treat pre-existing hyperopia (farsightedness), myopia (nearsightedness), astigmatism, and presbyopia (inability to focus at near).

Early technology is always expensive, but as it improves the cost frequently decreases. When I was an undergraduate at MIT, we were the only college campus that had a computer. It occupied six floors of a building and was less sophisticated than a calculator the size of a credit card that we have today.

Medicare has three choices in dealing with relentlessly expanding technology. It can try to pay for new technology for Medicare recipients and rapidly go broke. Medicare can limit access to new technology by refusing to pay for it thereby making Medicare recipients second-class citizens. Until very recently that was the case because accommodative IOLs, such as the eyeonics crystalens IOL, that allow for focusing for near, were available only to patients who were not Medicare

recipients and could pay for them out of pocket. (Medicare recipients are not allowed to pay out of pocket without losing their Medicare benefits and physicians who participate in Medicare cannot accept out-of-pocket payments, except for the deductible, without losing their ability to participate in the Medicare program.)

The third option for Medicare is to allow their recipients to pay additional amounts for new technology. A new ruling by the Centers for Medicare and Medicaid Services has just done exactly that by allowing Medicare recipients to pay out of pocket for enhanced IOL technology. This is greatly beneficial to Medicare patients who can now purchase new enhanced technology that they can afford, rather than being limited to basic technology. We will soon see a dramatic shift in the way health care is delivered from high volume, efficient low cost care, which is the system that has evolved since Medicare was enacted, to high quality personalized, pay-as-you-go care. This will be of enormous benefit for all patients and those senior citizens who cannot purchase advanced technology will still, through Medicare, be able to have adequate care for all of their medical needs.

Fine-Tune Your Result **By Richard S. Hoffman, MD**

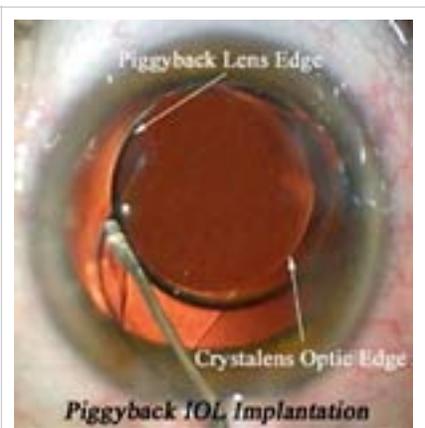


Richard S. Hoffman, M.D.

Our ability to measure the eye and calculate the desired power of intraocular lenses continues to improve year after year. It is because of this accuracy that we are able to achieve extremely accurate refractive results with excellent unaided distance vision following cataract and refractive lens exchange surgery. Despite this improved accuracy, occasionally patients will have residual nearsightedness, farsightedness, and astigmatism following surgery. These variances tend to be small and in some instances beneficial when for instance, residual nearsightedness may aid a patient in their ability to see up close without the need

for glasses. Rarely, patients will have a refractive result that is somewhat larger requiring glasses to deliver sharp distance vision.

Refractive surgery following cataract surgery with less than ideal refractive results is an excellent option for some patients. Refractive surgery under these conditions can take one of two forms. The refractive power can be fine-tuned by means of excimer laser surgery of the cornea (LASIK) or by means of a secondary “piggyback lens” that is placed inside the eye, in front of the previously placed intraocular lens.



Piggyback IOL Implantation

Piggyback lenses are usually utilized to fine-tune the result and improve distance vision. However, the recent release of low powered multifocal lenses now allows us the possibility of offering patients the option of having a multifocal lens implanted inside the eye in front of their first implanted lens to give them the possibility of distance and near vision without spectacles. A piggyback lens can be implanted at any time following the initial cataract surgery. Multifocal lenses can deliver distance and near vision but do have the potential drawback of creating halos around lights at night in some patients. If patients are appropriately selected, multifocal lens technology can offer a greater chance of glasses independence following cataract surgery.

Teamwork Focus: Front Office By Sherrie Brunell, MS



Brandy and Connie, the newest members of our front office team.

The human eye is an amazing piece of engineering and just as good eyesight is the product of a team effort by all of the parts of your visual system, so too is excellent quality eye care a team effort by all of the different elements of an ophthalmology practice. While people often refer to an ophthalmology practice as “the eye doctor,” it is important to remember that the doctors, while certainly essential, are not the only members of this team. Here at Drs. Fine, Hoffman & Sims, we truly view our practice as a team with each member playing a vital role in serving our patients’ needs.

One often overlooked but crucial component of any ophthalmology practice is the front office staff. Front office personnel perform such critical functions as greeting patients, scheduling appointments, obtaining referrals and making your experience with our practice as pleasant as possible. Of primary importance is their role in ensuring our office follows insurance and governmental regulations. This is why when you arrive for your appointment you are often asked to update your demographic information, provide current insurance information, and sign an insurance release form, even though you may have provided this information at your last visit. By obtaining your current information, our front office staff help you to use your insurance benefits correctly and help make certain your examination will be billed to the appropriate insurance company or agency.

As in every medical practice, sometimes unavoidable circumstances cause patients to wait longer than expected, or you may have questions regarding your account and you would like to speak with somebody in person. In these often stressful situations, it will be our front office staff’s role to try and meet your needs as best as they can.

Although it is easy to forget the connection, especially when one is upset or frustrated, it is important for patients to remember that we view our front office personnel as representatives, or extensions, of our doctors.

This idea of teamwork extends throughout our practice. Another example is our policy with regard to telephone calls during the lunch hour. We receive the majority of our calls between 11:30AM and 1:00PM. Unlike many doctors' offices, which are closed during the lunch hour, we do not wish to be unavailable during these peak call times. However it is important for those calling to remember that while we normally have up to five people available to answer the phones, during this high-volume call time, we will only have two front office personnel available. Most of our front office personnel are also at lunch during these peak call times. If you do call during this time period, please be prepared to wait a little longer than normal, or to leave a message and have your call returned as soon as possible.

Our goal is to provide excellent quality eye care to our patients and we believe that teamwork is the best method for achieving this goal. All personnel, whatever their role, are essential members of this team and are extensions of Drs. Fine, Hoffman and Packer. When you are interacting with our front office staff, especially during tense or stressful situations whether it is in person or via telephone, please try to remember that they are here to assist you and that, in a very real sense, they represent your doctor. In every way possible, your visit with your doctor truly begins at the front desk.

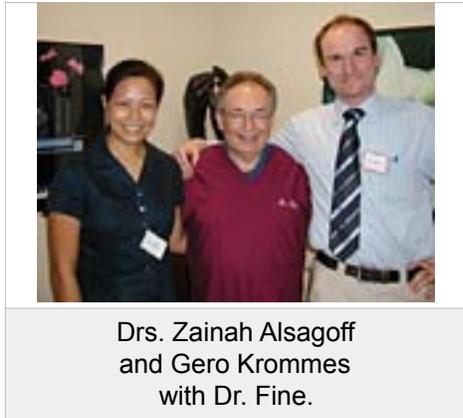
Honors and Awards **By Sherrie Brunell, MS**

Dr. Packer was honored to receive his appointment as a Fellow of the American College of Surgeons (FACS) while attending their annual meeting in October of 2004. The distinction of FACS "mean[s] that the surgeon's education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation, and have been found to be consistent with the high standards established and demanded by the College." In addition, Dr. Packer was recently elected to serve as Deputy Section Leader of the Subspecialty/ Specialized Interest Section of the Council of the American Academy of Ophthalmology (AAO) for a one year term beginning January 1, 2006.

As a member of multiple scientific advisory boards for several intraocular lens companies, Dr. Fine was delighted when Newsweek magazine contacted him for his opinions regarding some of the latest technology in accommodating IOLs which appeared in the October 11, 2004 issue.

In December, Tina Callina, COMT, our clinical research coordinator, was credentialed as a Certified Clinical Research Coordinator by the Association of Clinical Research Personnel. Tina began supervising all of our clinical research studies in 2003.

New Fellows



It is always our pleasure to welcome new physicians from around the world to observe our doctors. Dr. Gero Krommes, a surgeon from Germany, observed Drs. Fine, Hoffman and Packer throughout the entire month of May. Dr. Zainah Alsagoff arrived in late May from Singapore for a three-month observership. Welcome!

Flomax

Are you one of the millions of men who take Flomax medication? If so, you should alert your eye physician. Flomax has been associated with difficulty during cataract surgery and requires extra preparation to ensure the best outcome possible. Please tell your doctor if you take Flomax.

Personalized Care By Rachel Owen



Rachel Owen

After 30 years I was becoming increasingly intolerant of wearing contacts. Since I participate in many outdoor activities including biking, hiking and volunteer as a firefighter/medic along with my profession as a nurse, my increasing dependence on glasses was becoming impractical. I was referred to Dr. Packer and after a consultation and comprehensive eye/vision evaluation it was determined that I was not a good candidate for LASIK, but I was a good candidate for the crystalens implant.

After having both lenses implanted, my distance vision is now 20/15 and my near vision is improving daily. I am thrilled to be free of glasses, able to bike and hike in the rain, and respond to fire calls without needing other visual aids. Unless a person has been dependent on glasses or contacts for all their activities they may not be able to understand how liberating it is to no longer need them.

I found the staff at Dr. Packer's office and the surgical center professional yet caring. They personalized my experience and answered all my questions along with my phone calls in a friendly and competent manner. The operations were efficient and not at all unpleasant. Any anxiety I had was dealt with competently and I was quickly put at ease by the nurses and nurse anesthetist. The post op appointments were also thorough. Marcos, Ed and Dr. Packer would cheerfully answer my questions for the umpteenth time. It was reassuring to know that my new lenses were being monitored so closely.