

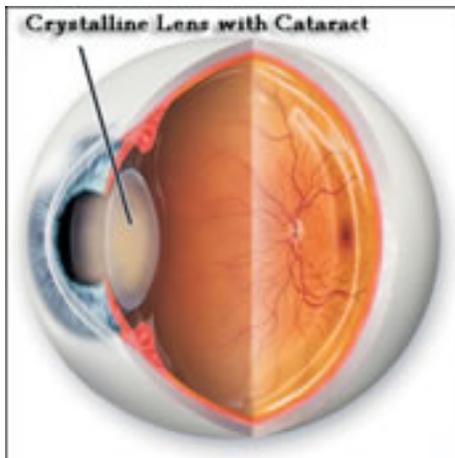
NEWSLETTER - SUMMER 2009

Improving Patient Satisfaction with the New Tecnis Multifocal IOL By Richard S. Hoffman, MD



Richard S. Hoffman, M.D.

When patients undergo cataract surgery, the cloudy crystalline lens of the human eye is removed in order to create a clear path for images to reach the retina. State of the art surgery replaces the crystalline lens with a foldable artificial lens implant in order to maintain the focusing power that was removed with extraction of the crystalline lens. One of the nice advantages of cataract surgery is that we can calculate and customize different artificial intraocular lens (IOL) powers to individual patients' eyes in order to give clear distance vision without glasses. With this ability, nearsighted or farsighted patients, who required glasses to see clearly at a distance before cataract surgery, will many times be able to function excellently with their distance vision without glasses following surgery.



One of the functions of the crystalline lens is to change its power or accommodate when the object of focus changes from distance to near. When we are young this accommodation occurs effortlessly. However, as we age this ability to accommodate becomes compromised and individuals around the age of forty soon require bifocals or reading glasses in order to see well up close. After cataract surgery, the accommodative ability of the crystalline lens has been removed so even though patients who have undergone surgery may see well in the distance, they still require glasses for up close vision. This is true for the majority of IOL implants that are implanted in the US because these implants are usually monofocal IOLs that are focused to one distance.

Newer lens implants have been developed that are termed multifocal IOLs and these new implants can deliver both distance and near vision in the majority of patients. The most recently FDA approved multifocal IOL is the Tecnis Multifocal lens. Our practice was one of the principal investigator sites for the clinical studies used to approve this lens and we have been very excited and impressed with how well this IOL is performing. In the FDA clinical trials, 88% of patients who were implanted with this lens in both eyes were able to function without needing glasses. Multifocal IOLs can produce halos and glare in some individuals but the vast majority of appropriate surgical candidates are very happy with their vision following implantation of these newer IOLs. In the FDA trials, 94% of patients were satisfied with the lens and would have it implanted again if they had to do it over again. Although 100% glasses independence and 100% patient satisfaction would be ideal, there is currently no IOL technology that delivers 100% of the time and the FDA statistics for the Tecnis are the best of any multifocal IOL currently available in the US.



Although monofocal IOLs are covered by Medicare and private insurances, multifocal IOLs are not. Until recently, Medicare patients could not even pay the difference in cost for these lenses if they wanted to have them implanted. However, today Medicare patients are able to choose these “premium IOLs” if they desire them and if their ophthalmologist believes they would be a good candidate for multifocal technology.

In addition to using these IOLs for cataract surgery, we are also performing Refractive Lens Exchanges (RLE) with multifocal IOLs in patients who do not have cataracts but wish to have glasses independence at both distance and near. A RLE is basically the same procedure as a cataract extraction differing in that there is no cataract present. Instead of removing a cloudy cataractous crystalline lens, the clear crystalline lens is removed and replaced with the multifocal IOL. A RLE is not performed to remove cataracts and because of this it is a procedure that is not covered by insurance. Despite this, many patients are willing to pay to have a RLE as they would any other refractive procedure and these individuals tend to be some of our happiest patients.

The Tecnis Multifocal IOL has improved our ability to deliver spectacle independence in our patients while decreasing the incidence of unwanted halos and glare. We are very pleased to be able to offer this technology in our practice. If you are interested in learning more, ask us at the time of your next visit or call Tony Reynolds at 541-687-2110.

The Reality of Health Care Costs By Dr. I. Howard Fine



Dr. I. Howard Fine

Health care reform is a hot topic today. To most people, reform means reducing the cost of health care. There is much in our current health care delivery system that could be improved, but ultimately with only a relatively marginal reduction in costs.

The only way to dramatically reduce health care costs is to dramatically reduce health care, and that means allowing people to suffer and die early from treatable diseases. Unacceptable, you say. And I agree.

This forces us to recognize how much we value good health, without which much of the joy is taken from our lives. What else that we look upon as valuable do we believe to be our right at a very low cost? Food? Shelter? Clothing? Cosmetics? (Which Americans spend more on each year than medications).

We all look forward to the availability of a cure for cancer and heart disease, our biggest killers, but that can only come at a huge cost – a cost in which, one way or the other, we must all participate. If we remove or significantly reduce profits from manufacturers of medical devices and pharmaceuticals, their research budgets will disappear. How much medical innovation is created in Britain or Canada?

Physicians take an oath to serve but not a vow of poverty. Like almost everyone else, they wish to achieve financial security for themselves and their families. If we devalue the worth of their long training, hard work, expertise and responsibility, their numbers and their productivity will decline.

In spite of the very high taxes that the Swedish people pay for universal health care, there was recently a five-year wait after diagnosis for cataract surgery in the first eye and an additional seven-year wait for surgery in the second eye. That is a

twelve-year wait for bilateral visual rehabilitation. Those who could, left the country for their cataract surgery. A law was passed in Sweden allowing privately paid cataract surgery in ambulatory surgery centers, and within a very short time the twelve-year wait was reduced to about six months. That happened without an increase in the number of surgeons. It's not surprising.

An emphasis on preventive care is a cornerstone of our impending health care reform: smoking, obesity, substance abuse, auto accidents and emotionally undisciplined living extract a huge amount of precious health care resources and are totally unrelated to the availability of health care professionals or facilities. This is not new and it is totally preventable. It depends on voluntary behavior modification by our citizens, which thus far has not been forthcoming.

When we cure cancer and heart disease, people will live longer and be more free of symptoms. But more people will need more medical care for a longer time to address the chronic infirmities of increasing age – increasing the overall cost of health care. Like global warming, this is an inconvenient truth.

We all want the best of health care. When President Obama and the U.S. Congress say we can save billions of health care dollars each year over the next decade, we should also all want to know how.

Thank you!

For your assistance with our continuing effort to protect your medical record and identity.

In accordance with the Federal Trade Commission's Red Flag regulations we are asking our patients for the following information at the time of appointment:

- Driver's license or other photo ID;
- Current health insurance card;
- Utility bill or other correspondence showing current residence will be needed if the photo ID does not show your current address.

Once we have obtained this information, your picture will be taken by our office staff and placed into your electronic medical record. In addition, we will need to review your insurance card(s) every six months.

During your visit in our practice, we respectfully ask that you turn off your cell phones on arrival as they can interfere with our equipment and testing, and disturb other patients in the clinic. We are also a fragrance-free clinic to help those who

are sensitive and allergic to perfume. Please refrain from wearing fragrance on your visits to our clinic.

For more information regarding identity theft please visit: <http://www.ftc.gov/opa/2007/10/redflag.shtm>

We love participating in our community!

This spring, Dr. Packer gave a presentation to the Chamber of Commerce's Greeters Club; Dr. Hoffman made exam donations to the worthy causes of Roosevelt Middle School Showcase Silent Auction and the YMCA Silent Auction at the Second Annual Ladies Night Out. Tony Reynolds, COT, our Refractive Surgery Director, gave presentations and screenings at both the Viking Sal Retirement Center's Health & Wellness Fair and the Willamalane Adult Activity Center's Glaucoma and Vision Screening Fair.

We are also thrilled to be partnering with OHSU and Peace Health Medical Group to continue to support medical education in Oregon by serving as attending surgeons for fourth-year medical students. We are the site for their elective clerkship in ophthalmology rotation. Students from across the country come here for four-week rotations to learn ophthalmic exam skills and be exposed to the real world ophthalmic practice.

Testimonials



A Thrill!

By Diane Krause

I am still thrilled with the results of my surgery. It is a miracle to me to be able to see without glasses or contact lenses. It was my habit since I was 8 years old to reach for my glasses before even getting out of bed. To be able to open my eyes in the morning and see clearly still brings tears to my eyes at times.

Dr. Packer and his staff were wonderful, very professional and caring. Dr. Packer affirmed my decision to go with lens replacements, and although a little frightened about the surgery, I do not regret it. I would encourage anyone considering the

surgery to do the research, talk with others, confer with Dr. Packer and then go for it!

I feel so fortunate to have the ability to see so clearly! I enjoy hiking and taking walks, and with my contacts my vision would become blurry from being outdoors, now I see perfectly. My hobby is playing pool, and the very next day after my surgery I was seeing the edges of the pool balls sharper than I ever have.

I remember opening my eyes after the second lens implant and being able to read the clock on the wall in the surgery room. The next morning, exactly 24 hours after my surgery, I had my post-op exam, and my vision was 20/20 for distance and up-close.



The Best Part
By Karen Morrow

It has been less than one month since my multifocal lens implant surgery. I had heard about this procedure so I set out and did my research.

Without a doubt I know I received the best treatment from Dr. Hoffman and his staff. When I entered his office I knew I was in the right place. From the receptionist to the technicians and after visiting with Dr. Hoffman I knew I was a good candidate for eye surgery. Dr. Hoffman talked about my options and I went with his recommendations. Every question was answered up to and after the surgery. The procedure was so quick! I was home in less than three hours. After resting for the rest of the day I felt fine. I could not be more pleased with the results. The following day I was able to read and use the computer with no difficulty. I had my second eye done within two weeks.

Since the surgery I have been sewing, reading, walking and even spent a couple of days riding in the dunes at the coast. I now have over-the-counter sunglasses. I am not constantly looking for my indoor glasses or prescription sunglasses! I can read easily and clearly whether I am inside or out. The colors are brighter and

everything around me is so clear! The best part? No more fumbling for the right glasses!!

Thank you Dr. Hoffman and staff!! I will certainly recommend you to my friends.

Life Made Safer



Last year, while skiing with my son and grandson, I skied into a dark shadow. It was not a shadow but a rock wall. I was not seriously hurt, but my confidence in my vision was seriously shaken. It was then I decided to be aggressive about doing all I could to have better eye sight. Dr. Fine and his staff took me under their care and recommended my cataracts be replaced with lens implants. They explained the options of the different lenses available and the surgical procedure. I said simply, "I want the best far vision you can give me." I truly believe I see better now than as a teenager. I will not be skiing into anymore rock walls. I can see the Ducks score touchdowns, and even tell what number the receiver is wearing. I can see the golf ball stop rolling. The surgical procedure itself is a piece of cake. In fact, you get cake and juice after surgery. The discomfort is less than having your teeth cleaned and the results are instantaneous. We are fortunate to have Dr. Fine and his staff here in Eugene providing his magic.

With great appreciation,
Larry Hughes, DMD

Drs. Fine, Hoffman, & Packer Travel/Teaching Schedule —

December through July 2009

January 18-23, Maui, HI

Dr. Packer and our administrator, Laurie Brown, participated in the Hawaiian Eye Meeting, sponsored by the Royal Hawaiian Eye Foundation and Slack, Incorporated. Dr. Packer presented two papers to surgeons and lectured on “Endoscopic Cyclophotocoagulation” for ophthalmic technicians. Laurie lectured on using electronic medical records in an ambulatory surgery center and on our experience incorporating our website Patient Portal. Dr. Packer and Laurie participated on a panel for a discussion session entitled “Governance Issues: The Physician/ Administrator Team.”

January 22-24, Park City, UT

At the New Techniques and Controversies in Cataract and Refractive Surgery Symposium, Dr. Fine taught multiple courses.

February 5-8, Los Angeles, CA

Laurie Brown, COMT, COE participated in the Practice Management Session of the 2009 Joint Symposium on Cataract and Refractive Surgery, Jules Stein Eye Institute and ASCRS/ASOA. She presented “Effectively Integrating Presbyopia-Correcting IOLs into an Already Busy Practice.”

February 9-13, New Zealand

At the International Intraocular Implant Club (IIIC) meeting, Dr. Fine as the current president presided over a thought provoking out-of-the-box session for member ophthalmic surgeons during the IIIC Scientific Program titled “Refractive surgery is a process not a procedure”. Dr. Hoffman presented a lecture on “Training the Next Generation of Refractive Surgeons.”

March 7-8, San Francisco, CA

Dr. Fine was an invited speaker at the University of California San Francisco to teach a course on ophthalmic advanced surgical technique. He also lectured on the management of small pupils and the floppy iris during lens surgery.

April 3-8, San Francisco, CA

Our doctors lectured extensively at this year’s American Society of Cataract and Refractive Surgery Annual Meeting. Dr. Fine gave a total of ten presentations to surgeons, concentrating on emerging technology in cataract surgery. Dr. Hoffman participated in leading multiple courses and wet labs. He was the Senior Instructor for the popular course: “Phacoemulsification in Difficult and Challenging Cases” which features the implementation of cutting-edge technology in eye surgery. Dr. Packer chaired clinical research meetings, and was course director, symposium

panelist and moderator of scientific sessions. His scientific paper, titled “Efficacy and Patient Satisfaction with a Diffractive Aspheric Multifocal IOL”, won the Best Paper of Session award. His performance as Jerry Seinfeld in the educational production of “Something About Nothing,” by The Seinfeld Surgeons Team in the Refractive Challenge Cup session was also a highlight.

May 15-19, Bali, Indonesia

Dr. Fine gave seven presentations as an invited guest speaker at the 24th Congress of the Asia-Pacific Academy of Ophthalmology. His lectures included his own simple solutions for complex problems in cataract surgery and how he’s improved his patients’ surgical outcomes through use of new phaco technology.

May 20-26, Rome, Italy

Dr. Fine was an invited guest speaker at the joint meetings of the Società Oftalmologica Italiana (SOI), Ocular Surgery News (OSN), & Associazione Italiana di Chirurgia della Cataratta e Refrattiva (AICCER). He spoke on several topics, including his belief that every pupil should be viewed as an Intraoperative Floppy Iris Syndrome (IFIS).

May 28-31, Kiawah Island, SC

Dr. Packer was a faculty member at the Storm Eye Institute & Ocular Surgery News, Kiawah Eye 2009 annual continuing education meeting for surgeons. His presentations were “My Way –Venturi Bi Axial MICS Phaco Chop” and “The White Cataract” in the Hot Topics Cataract Spotlight session. He also lectured in the JCAHPO Continuing Education Program for Ophthalmic Allied Health Personnel session on the “Preoperative Evaluation in Refractive Cataract Surgery.”

June 18-21, Nürnberg, Germany

Dr. Fine taught on the use of biaxial phacoemulsification in difficult and challenging cases during the 22nd International Congress of German Ophthalmic Surgeons. He was also an expert panelist in a debate on the current controversies in cataract surgery today.

July 23, Eugene, OR

Dr. Fine was a guest lecturer at the University of Oregon summer anatomy course. His presentation included an overview of the anatomy of the human eye and a question and answer forum for medical students.