

EYE-Q

by R. Thomas Barowsky, MD

Exam Skills vs. Computer Skills

Q: I have always had my eye exam done by my local eye doctor but, because of a concern with changes in my vision, I recently saw an ophthalmologist. I'm not sure if I got as good an eye exam as I should have because she didn't do all the special tests and take all the pictures that my local eye doctor does every year. She said my problem was that I had an early cataract but not to worry about it. Should I be concerned that she missed something because she didn't do more tests?

A: This is a question I hear more and more as technology advances and more instrumentation becomes available. It's amazing how many of these "toys" the sales people tell me I can't live without.

There are basically two ways to approach the diagnosis and treatment of eye disease. One is to do as your local doctor did and order every test on every patient. I refer to this as disease screening. It allows a lesser-trained person to complete a large number of tests for the doctor to review. If the doctor sees a problem they can then decide how to deal with it. As you can imagine this is a very expensive way to practice medicine from the patient's or from their health insurance carrier's standpoint and contributes to the rising cost of providing healthcare without improving the health of a large majority of the people who are examined this way. The fact is, many insurance companies will not pay for tests ordered this way and the patient is then stuck with the bill. This is simply because with a good history and exam most, if not all, of these additional tests are not required.

Once the doctor has committed to this very expensive equipment they have a need to bill for its use to recoup their expenses. A piece of equipment like you allude to typically costs between \$30,000 to \$60,000 or more and has a useful life of 5 to 7 years before its technology becomes out-of-date. If the doctor can't do enough tests to make the equipment pay for itself then they are looking at a big financial loss. So by examining everyone in this way they are able to spread the cost of the equipment out among more patients.

Unfortunately, once the sales person has installed the equipment, explained how to use the right insurance codes to get maximum reimbursement from the insurance companies and given the staff a quick orientation on how to run the equipment, usually during a lunch break, the doctor is basically on his/her own to learn how to interpret the results and reports generated by this medical marvel of modern science. The learning curve is different for every doctor, based on their abilities, but certainly there will always be limits to the value of this kind of medical testing because of the limited opportunity to have hands on training with experts in the particular field.

It is my opinion that a better way to approach a patient's problem is to take a good eye health and vision history and examine the patient first. I refer to this as diagnosis directed healthcare. In diagnosis directed healthcare the doctor uses his/her clinical experience and expertise in the field to order the tests appropriate to the results of the medical interview and exam. It is a technique that requires more time on the part of the examining doctor to ask the appropriate questions, consider the possible diagnoses and then order the appropriate tests to rule out or rule in the appropriate diagnosis. Most patients will require fewer additional tests and the patient's cost of care will go down. This is better for the patient and for healthcare in general because the cost of care is controlled and this helps keep down those pesky health insurance premium increases.

If you have questions about your eye health e-mail Dr. Barowsky at doctom@tdkj.com and we'll try to answer your questions here at Eye-Q.