



CLINIC NEWSLETTER



What's Inside

- Dr. Ristvedt talks about the individualized approach to glaucoma care.
- CoFi is coming! Learn more about how Vance Thompson Vision is working to streamline patient payments for co-managed elective procedures.
- Doctor spotlight on Brent Kramer, MD



Spring 2023



New & Noteworthy



Spring Symposium Recap

Our team had a great time going 'Back to the Future' of Eyecare at the Vision Foundation Sioux Falls Symposium. The day of education featured panel discussions and case-based presentations on advanced cataract, refractive, glaucoma, and corneal care. Special highlights included a sneak peek into our expanded services in oculoplastics through a captivating display of surgical possibilities by Dr. Zachary Keenum, and what's coming in retina care by surgeon, Dr. Jed Assam.



TWO KEY TAKEAWAYS FROM ALLISON SHUREN ON COMPLIANCE IN COLLABORATIVE CARE

- Patient choice is key for compliant collaborative care.
- The doctor providing aftercare should set and collect the fees associated with those visits.



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Individualized Approach to Glaucoma Care is Possible

By: Deborah Gess Ristvedt, DO

Glaucoma is the leading cause of irreversible blindness world-wide. As intraocular pressure is the main driver in treatment, we have looked toward medications, laser, or more invasive procedures such as trabeculectomy and tube shunt in the past. Our focus is now shifting toward quality of life factors, lifestyle concerns associated with glaucoma, and a more interventional mindset when it comes to when and what we do in the treatment of IOP. Minimally invasive glaucoma surgery or MIGS has revolutionized this space. We are now offering SLT as first line therapy in the advent of the LIGHT trial, sustained-release biodegradable implants that treat IOP without relying on patient compliance, and less invasive surgical approaches to optimize the natural outflow pathway. With so many options, an individualized approach to glaucoma is possible.

There are key factors when individualizing care and deciding what treatment is best for the patient, including; age, severity of glaucoma, lens status, IOP goals, compliance, gonioscopy findings, and other ocular findings such as ocular surface disease. Minimally invasive glaucoma surgery can be performed as a stand-alone procedure or in conjunction with cataract surgery. Newer formulation eye drops, biodegradable implants, and laser can be used to optimize IOP before or after MIGS. Stenting, dilating, and cutting procedures allow optimization of the outflow pathway. The TM is the main source of resistance; however, there also can be collapse of Schlemm's canal, or blockage in the ostia of the collector channels, limiting outflow. I like to look at severity of glaucoma, VF progression, number of medications a patient is using, and IOP goal when deciding on the type of MIGs device I am going to use. Many of these techniques can also be enhanced with multiple...

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Individualized Approach to Glaucoma Care is Possible

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MIGs, addressing the outflow pathway as well as the inflow pathway like ECP or micropulse laser. There are times that warrant lower IOP than optimization of the outflow pathway allows. Bypassing the angle with a subconjunctival gel stent can be effective for those with refractory glaucoma, still avoiding a trabeculectomy or tube shunt. With so many options, it is crucial that long term data will be needed to look at IOP lowering effects, VF stability, avoidance of more invasive procedures, and drop reduction. There is no doubt that we are now treating glaucoma in a more holistic fashion with more options than ever before. This is so encouraging, and I look forward to the continued evolution focusing on quality of life and quality care.



CoFi ••

We have partnered with CoFi, a platform that will allow patients to directly pay their out-of-pocket charges, including refractive costs and the aftercare fees associated with their LASIK or advanced cataract surgery, at the same time. On June 1st, 2023, we will begin using CoFi to enhance the patient experience related to payments to Vance Thompson Vision and to the doctor they choose to perform their aftercare. Rather than writing two checks or authorizing two credit card payments, one to Vance Thompson Vision and one to your office, when a patient chooses to do their aftercare back home with you, payments processed through CoFi will automatically go into your account without you having to collect their check, run their credit card at a later date, or collect your payment when they arrive at their post-op visit. Active and past-co-management payments processed through CoFi are visible to you and your team.

Additionally, you set the fees for the aftercare you will provide, enhancing co-management compliance.

We believe this new approach will provide a streamlined experience for patients, minimize billing confusion, improve efficiency between our offices by eliminating mailed paperwork, and refine the collaborative care processes.

If you would like to get enrolled to receive patient payments directly through CoFi, you can click the link or enter the web address below to set up a call or demo with CoFi on-boarding representatives.

www.cofimd.com/vtv





Research

Sites participating in this study include: Sioux Falls

Sites participating in these studies include: Fargo, Sioux Falls, Bozeman, and Alexandria

Cloudbreak Pterygium Drop Study

- Subjects with primary or recurrent pterygium will be randomized 2:1 treatment vs placebo, self dosed BID daily.
- Minimum of 1.2 mm and a maximum of 4.5 mm encroachment onto the cornea.
- Patients should be in good overall health with no other major eye conditions.
- 12 visits over 2 years with compensation up to \$1,400.

Presbyopia Drop Studies

- There are currently four separate FDA monitored drop studies looking at various mechanisms of action to treat presbyopia. Between the four studies there is a wide array of inclusion criteria. If there is a patient >40 years old who is interested in presbyopic drop treatment - we encourage them to reach out or we can follow-up with them pending your referral. These patients can be phakic or pseudophakic, can be plano or refractive error of -4.00 to +2.00 with 1.25 astigmatism.
- Patients are compensated for their time.

Doctor Spotlight: Brent Kramer, MD

Vance Thompson Vision

Last year, Brent Kramer, MD joined our teams in Sioux Falls, Alexandria, and South Sioux City. He specializes in LASIK, cataract, cornea, and complex anterior segment surgery.

A member of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons, Dr. Kramer's knowledge of vision care has already proved invaluable as he recently performed Alexandria, Minnesota's first cornea transplant.

Dr. Kramer was born and raised on a hog farm in Ellsworth, MN, and completed his undergraduate studies at South Dakota State University in Brookings, SD. He then went on to earn his medical degree from Iowa Medical School in Iowa City, where he participated in the research distinction track.

Dr. Kramer completed an internship at the University of South Dakota in Sioux Falls, SD, and a residency at the University of North Carolina in Chapel Hill, NC. He rounded out his formal education with a fellowship at Duke University in Durham, NC.

Brent and his wife, Shanna, stay busy keeping up with their 2-year-old son and baby daughter. Their Vizsla keeps Brent pretty busy, too – especially during pheasant hunting season. On the off chance that he has some free time, you can find Brent cheering on Minnesota sports teams.



“Ophthalmology within medicine is really special. People really care about their vision, and it’s a really delicate thing for them. For people to entrust us with their vision is a true privilege.”