

# ASCRS Clinical Survey 2015

## ASCRS completes third annual Clinical Survey

More than 2,000 members responded with clinical opinions and practice patterns to help drive the future of ASCRS education

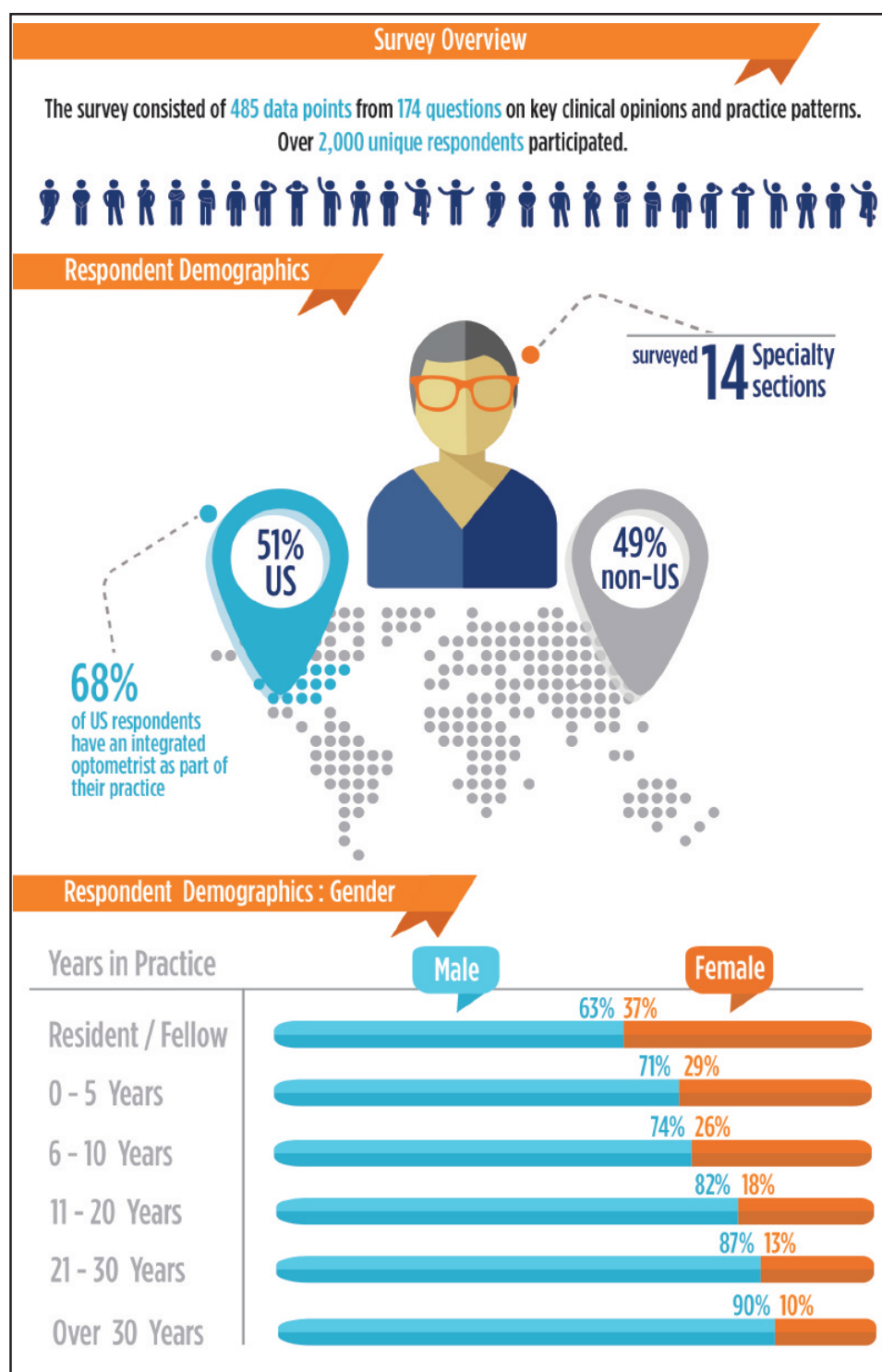
### Survey Overview

The third annual ASCRS Clinical Survey was performed both at the ASCRS•ASOA Symposium & Congress in San Diego and via electronic follow-up surveys to the ASCRS membership. More than 2,000 physicians responded to this survey, which included 174 questions that created 485 unique measurable data elements. Survey questions were developed and reviewed with the ASCRS Clinical Committees and validated by a social science statistician.

The survey asked ASCRS members key questions relating to current issues they face on a regular basis. With 2,047 responses, a significant percentage of the membership was represented, and the results were reviewed and interpreted by the ASCRS Clinical Committees.

While many surveys provide important data for our profession, most are not used to drive specific educational efforts aimed at improving the practice of medicine and assessing key clinical opinions. This is the objective behind the annual ASCRS Clinical Survey.

In addition to this exclusive overview supplement, please watch for articles in upcoming issues of *EyeWorld* and the *Journal of Cataract & Refractive Surgery* that will feature important detailed analysis of this data and commentary on key trends and gaps highlighted in the coming pages.



## Respondent Demographics

70% of respondents reported surgical technologies and techniques such as premium IOLs and laser-assisted cataract surgery as the topics they are most interested to learn about.

The average cataract volume for ASCRS member respondents is 465, and toric and presbyopia-correcting IOL adoption has increased at a higher rate over 2014.

Overall, 55% of U.S. doctors' practices are comprised of Medicare patients and nearly half (46%) have 61% or more of their practice comprised of Medicare patients. 65% of physicians' practice revenue is split between Medicare and insurance reimbursements versus elective revenue (private pay/elective procedures and technology). U.S. physicians report 50% higher reimbursement from insurance/Medicare than international physicians.

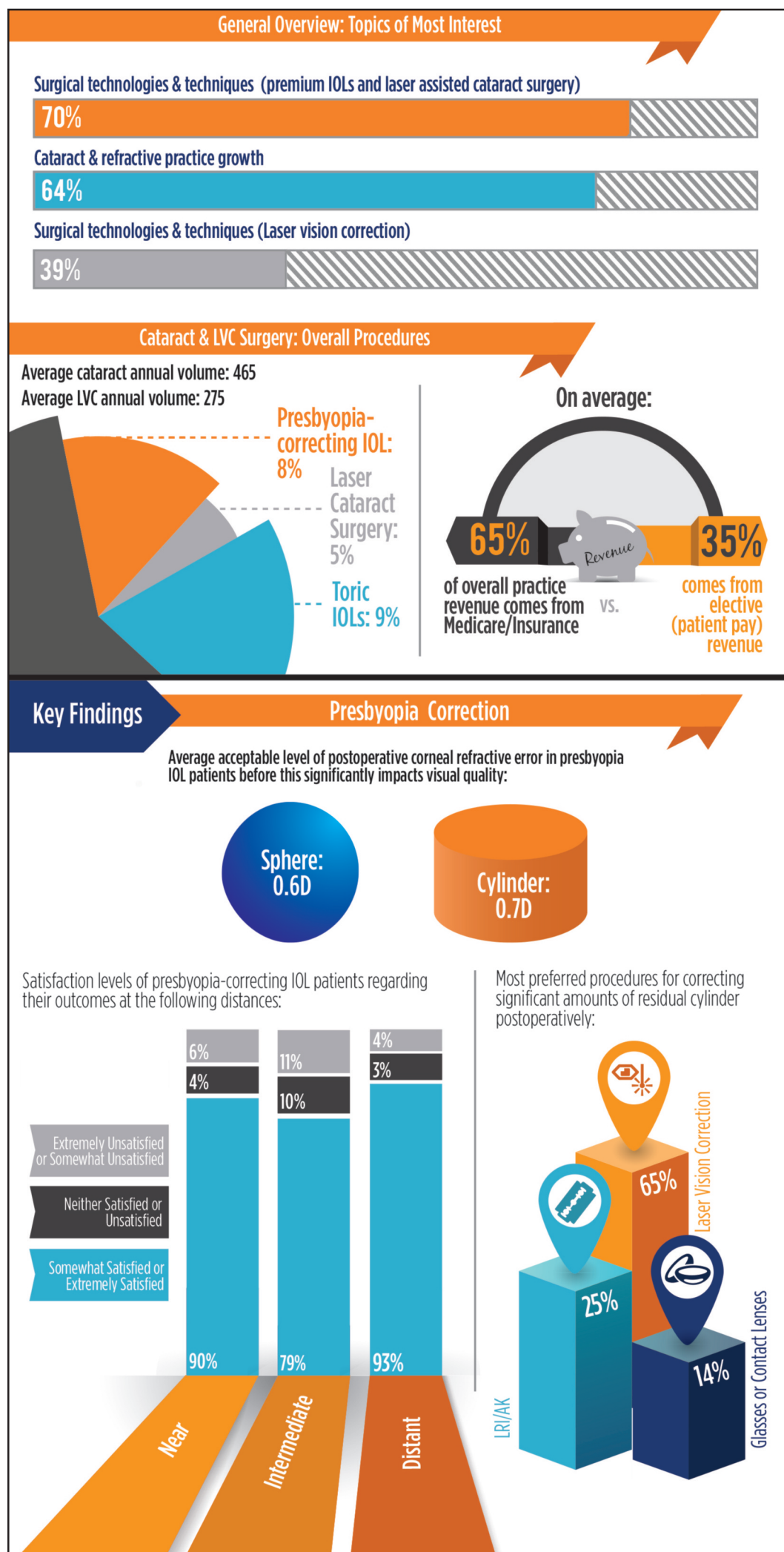
## Presbyopia Correction

### Key Findings:

Doctors report intermediate distance as the lowest satisfaction of the 3 distances. 62% of respondents believe that 0.7 D or more of residual cylinder does not have a significant impact on visual quality.

**“As a community we appreciate that presbyopia correction is complex with many important considerations to achieve successful outcomes. We now have a variety of new technologies available that, if used appropriately, allow us to significantly improve the quality of life of our patients. As a member of the Refractive Clinical Committee, we want to help ASCRS surgeons navigate treatment pathways and ensure successful outcomes, taking into consideration each patient’s unique visual needs and expectations.”**

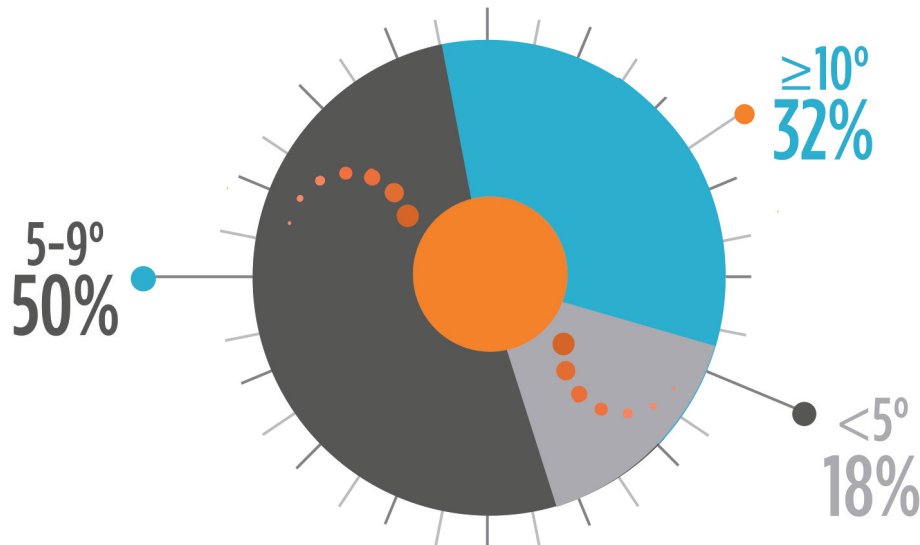
—Steve Schallhorn, MD,  
member, Refractive Clinical Committee



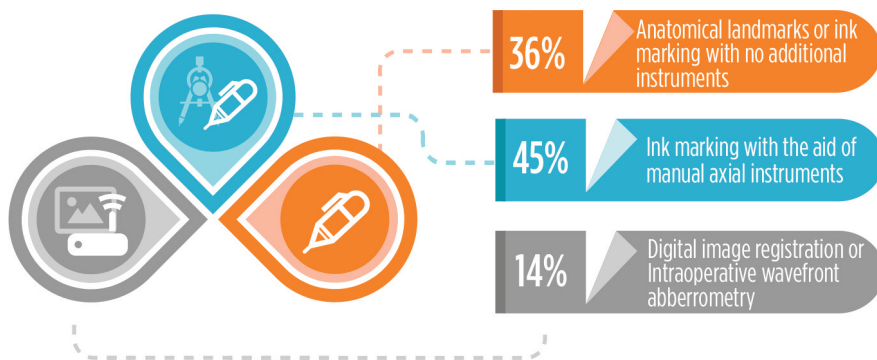
**Key Findings**

**Toric IOLs / Astigmatism**

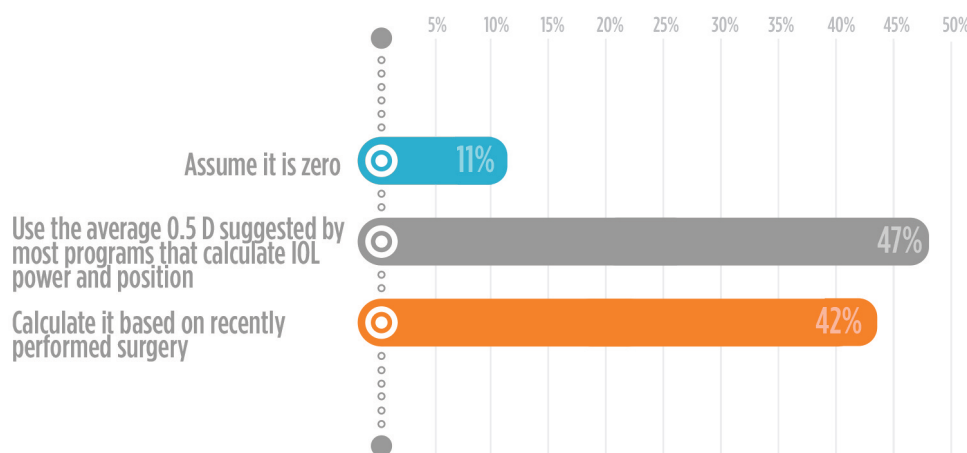
Perceived acceptable degrees of postoperative rotational error before visual quality and visual acuity are significantly affected:



How are you aligning the preoperative axis assessed with your diagnostic tools with your intraoperative axis where you are placing the toric IOL during surgery?



How do you determine your surgically induced astigmatism?



**Astigmatism Management**

**Key Findings:**

Educational initiatives are necessary to provide insight and close educational gaps pertaining to reducing the level of rotational error from the intended axis, accurately assessing power and axis levels, and the alignment of pre- and intraoperative intended axis.

ASCRS members reported that the average acceptable rotational error from the intended axis in toric IOL patients is 6.6 degrees.

29% of toric IOL surgeons believe that 10 degrees or more of postoperative rotational error is acceptable with a toric IOL before visual quality and acuity are significantly affected.

36% of respondents are using anatomical landmarks or ink marking without the aid of axial instruments.

Almost 50% of respondents report using the average 0.5 D to determine their surgically induced astigmatism.

**“Obtaining the best result from the use of a toric IOL requires fastidious attention to detail. Many practices and technologies may have been adequate in the past; however, patient expectations of excellent uncorrected vision require a more controlled approach. We look forward to educating on the full continuum of technologies and approaches for astigmatism management to help improve patient outcomes.”**

—John Vukich, MD,  
Chair, Refractive Clinical Committee

## The Refractive Ocular Surface

### Key Findings:

Overall, there is little consensus on diagnostic and treatment decisions for all severity types of dry eye and MGD patients.

18% of ophthalmologists see 51 or more patients a month with ocular surface disease requiring treatment beyond artificial tears.

When asked about the Delphi/DEWS guidelines for treating aqueous deficient dry eye and MGD, 35% reported they do not know what the guidelines say, and 38% think they are following them but are not certain. International physicians are more than twice as likely to regularly consult and adhere closely to the Delphi/DEWS guidelines.

ASCRS members stated that 20% of all cataract and refractive patients present with sufficient ocular surface dysfunction to require advanced treatment therapies.

An additional 20% present as asymptomatic but develop symptoms postoperatively.

“I use all the available tools to assist me in diagnosing the type of dry eye disease I am dealing with, and then I am tailoring my treatments accordingly. This is an exciting and dynamic space, especially with all the innovative technology that has now become available to us. As the chair of the Cornea Clinical Committee, I am committed to helping ASCRS physicians develop the right guidance for their patients, increase patient satisfaction, and achieve optimal results starting with the refractive ocular surface.”

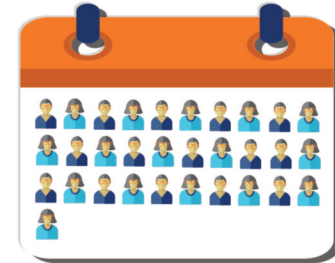
—Terry Kim, MD,  
chair, Cornea Clinical Committee

### Key Findings

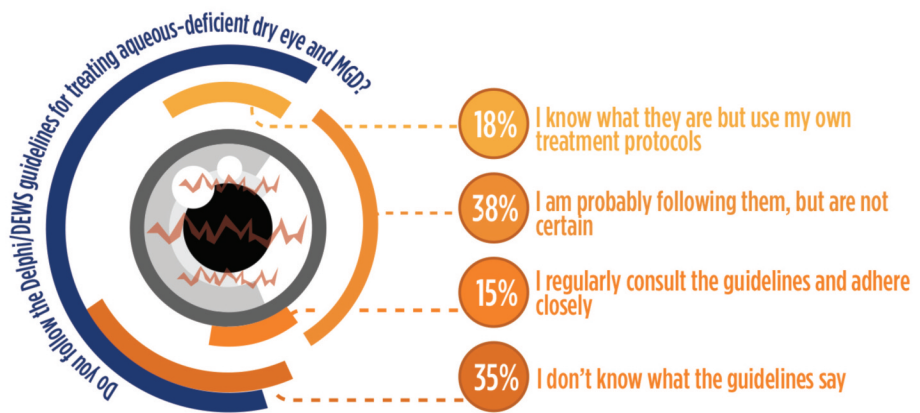
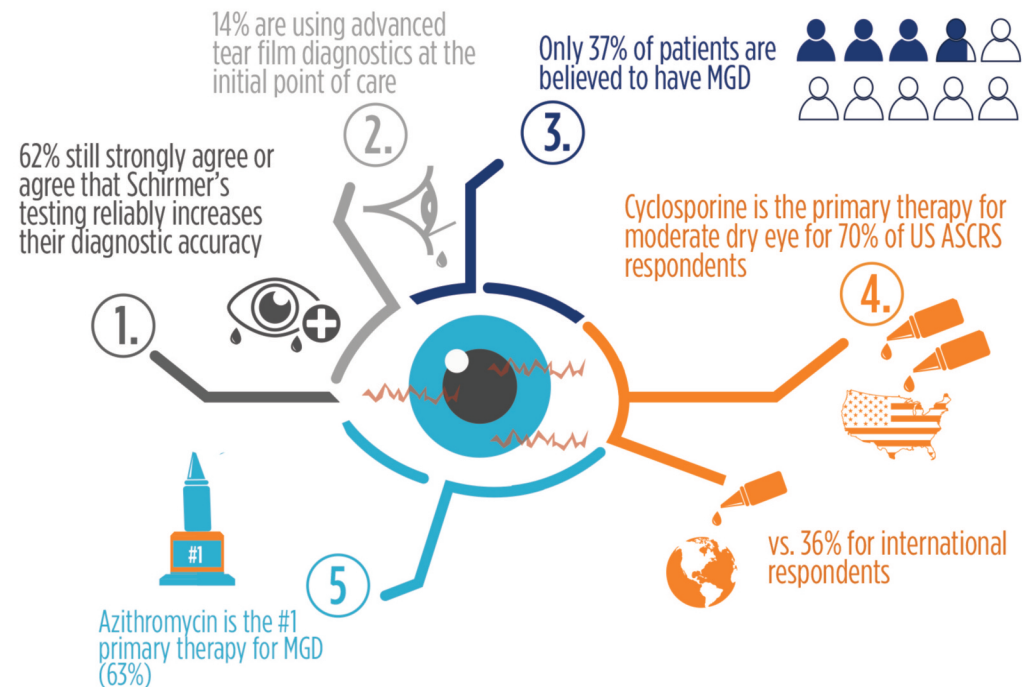
### The Refractive Ocular Surface

Average number of patients seen per month that have OSD requiring treatment beyond artificial tears:

31



Indicate your primary therapies and treatments for managing the following dry eye severity levels:



21% of patients present for preoperative refractive or cataract surgery consult with ocular surface dysfunction levels requiring some treatment beyond artificial tears



20% of patients present as asymptomatic of any ocular surface disease prior to surgery, but develop symptoms postoperatively



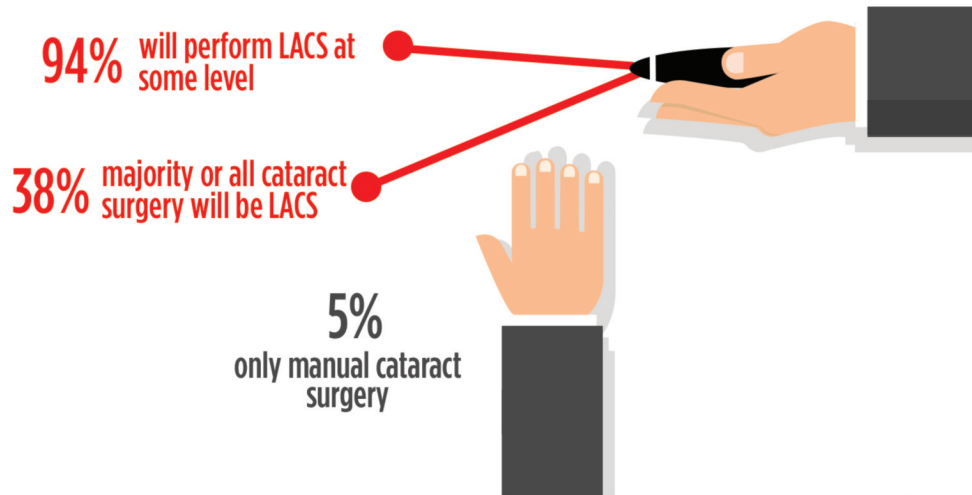
**Key Findings**

**Laser Assisted Cataract Surgery**

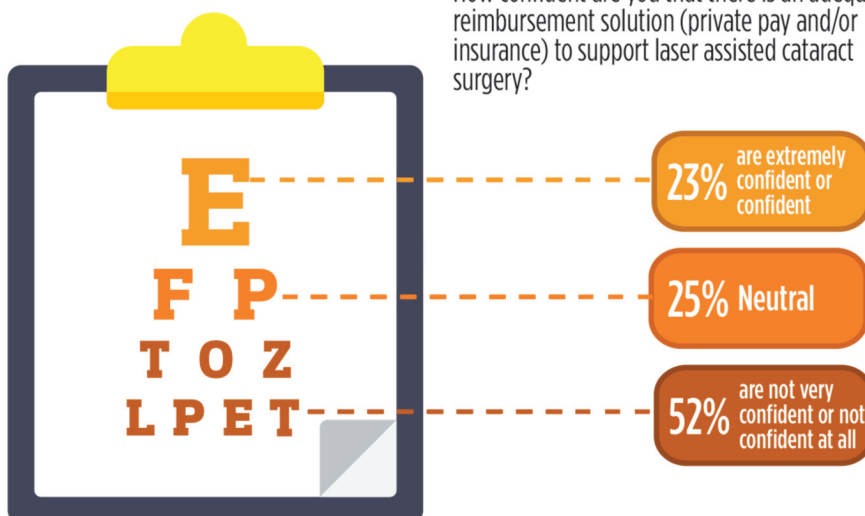
In which of the following clinical areas do you believe laser cataract surgery may provide a significant clinical benefit versus conventional cataract surgery?

Capsulorhexis Creation	59%
Arcuate Refractive Incisions	58%
Lens Fragmentation	45%
Improved Effective Lens Position (ELP)	24%
Self Sealing Corneal Incisions	17%
I don't believe this will offer a significant clinical benefit in any of these areas	15%

10 years from now, what do you believe will be your mix of laser vs. current hand-performed mechanical methods for cataract surgery?



How confident are you that there is an adequate reimbursement solution (private pay and/or insurance) to support laser assisted cataract surgery?



**Laser-Assisted Cataract Surgery**

**Key Findings:**

Almost 60% of respondents believe that capsulorhexis creation and arcuate refractive incisions will provide the largest clinical benefits with laser-assisted cataract surgery.

ASCRS members are optimistic about the future of LACS, with 94% believing they will at least do some laser cataract surgery in 10 years and 38% believing a majority or all will be LACS.

More than half of respondents are not very or not at all confident there is a current adequate reimbursement solution to support laser-assisted cataract surgery.

“As data driven outcomes analysis with quality studies reveals a clinical benefit of laser-assisted cataract surgery, I think that ophthalmic surgeons will increasingly recommend this technology to their patients, and patients will seek surgeons who perform this procedure. However, finding the optimal reimbursement and access model is a critical step in this process. ASCRS will provide a platform to share this information, as well as viable financial models for successful integration, to enable surgeons to become more comfortable with the adoption of laser-assisted cataract surgery technology.”

–Eric Donnenfeld, MD,  
chief medical editor, *EyeWorld*

## Young Eye Surgeons: Premium Technology Exposure

### Key Findings:

65% of young respondents believe toric IOL implants should begin during residency, yet 59% have implanted 5 or less.

51% of young eye surgeon respondents rated their current experience with presbyopia-correcting IOLs as somewhat or very inadequate.

51% of young ophthalmologist respondents have performed 5 or less LVC and 60% haven't performed any LACS.

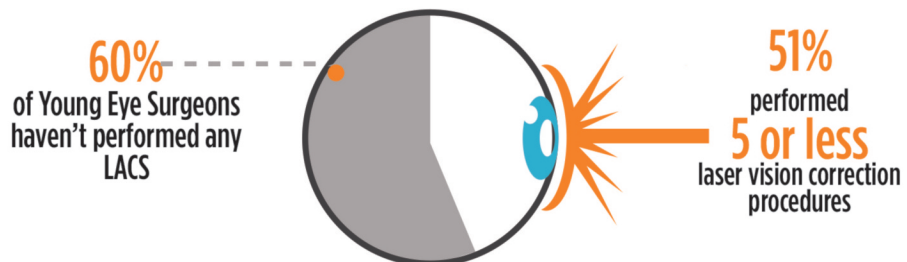
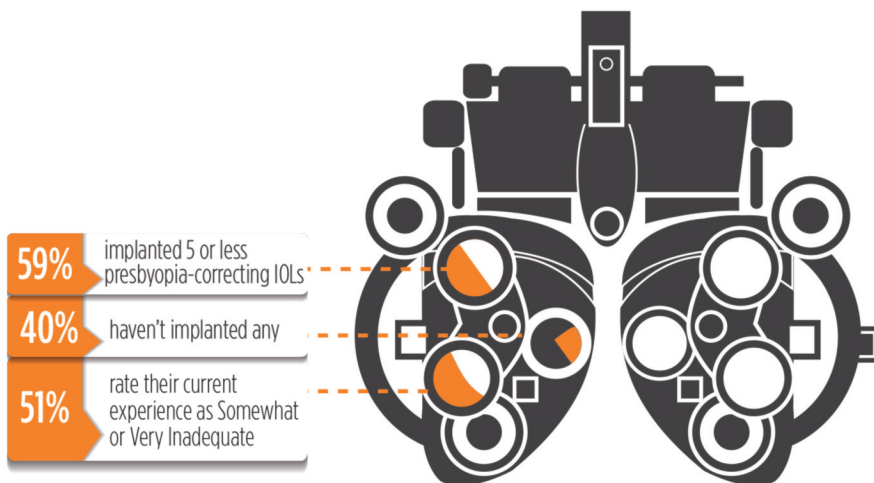
In residency, young eye surgeons experienced refractive surgical training largely in 2 categories: LASIK and surface ablation procedures.

**“For the Young Eye Surgeon audience in particular, better outcomes tend to come from the exposure and experiences with technologies, combined with developing and refining surgical skills. By identifying a number of opportunities for young ophthalmologists and addressing them in a comprehensive way, ASCRS can help increase what these physicians can confidently offer their patients.”**

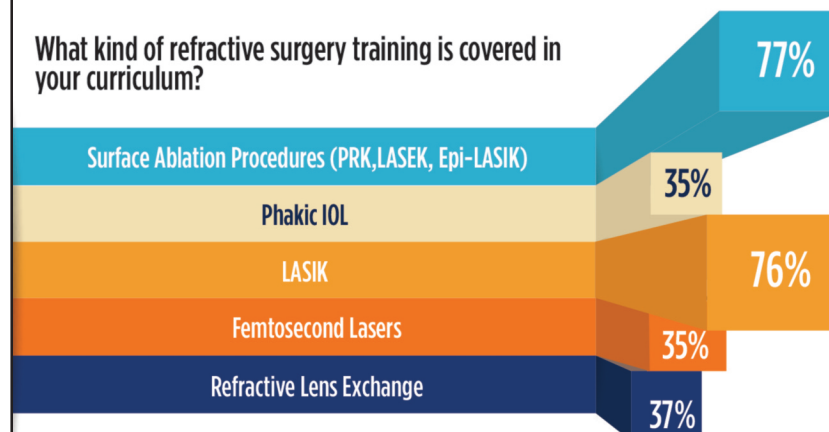
—Elizabeth Yeu, MD,  
chair, ASCRS Young Eye Surgeons  
Clinical Committee

### Key Findings

### Young Eye Surgeons: Premium Technology Exposure



What kind of refractive surgery training is covered in your curriculum?



Astigmatism Management

Presbyopia-Correcting IOLs

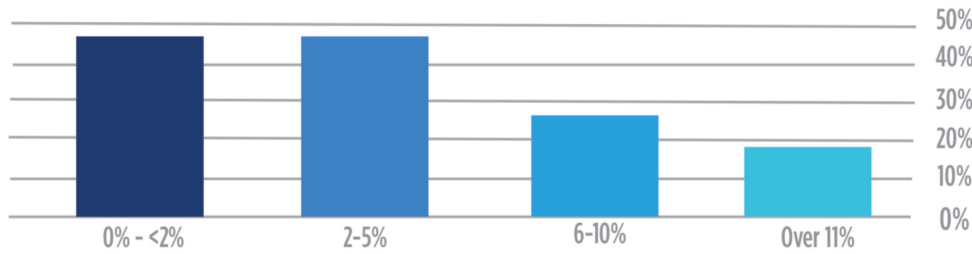
Laser Vision Correction

Surgery Overview

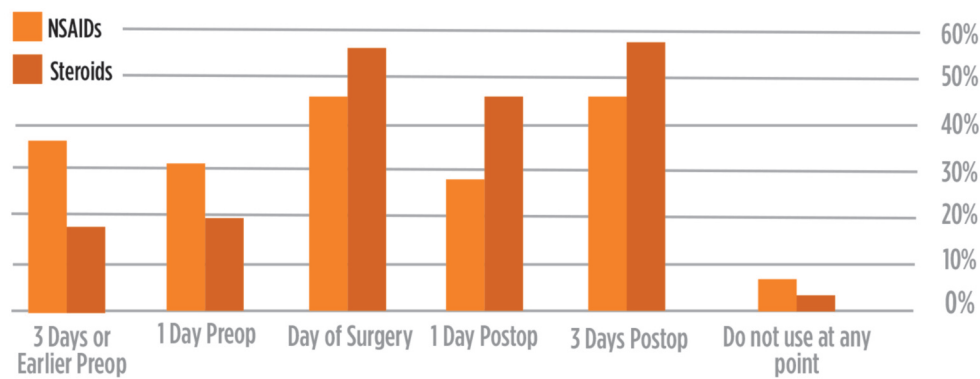
**Key Findings**

**Post-Cataract Surgery Inflammation**

Average of 4% of cataract patients have 1+ cells/flare or greater 3-7 days postoperatively



For a NORMAL patient, which of the following topical pharmaceuticals do you utilize at the following timeframes before, during, and after cataract surgery?



**Post-Cataract Surgery Inflammation/Laser Vision Correction**

**Key Findings:**

23% of ASCRS members reported that 6% or more of their cataract patients experience 1+ cells/flare or greater 3-7 days after surgery.

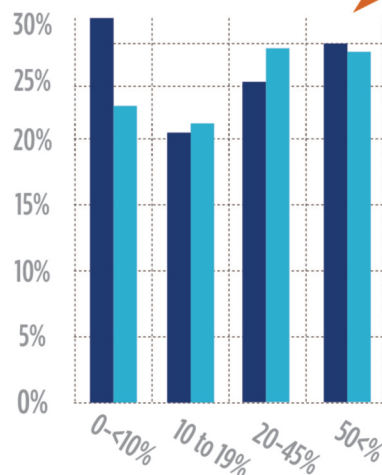
34% of ASCRS members do not use any anti-inflammatories (NSAIDs or steroids) for normal cataract patients. However, 36% are using BOTH NSAIDs and steroids 1 day postop.

**Key Findings**

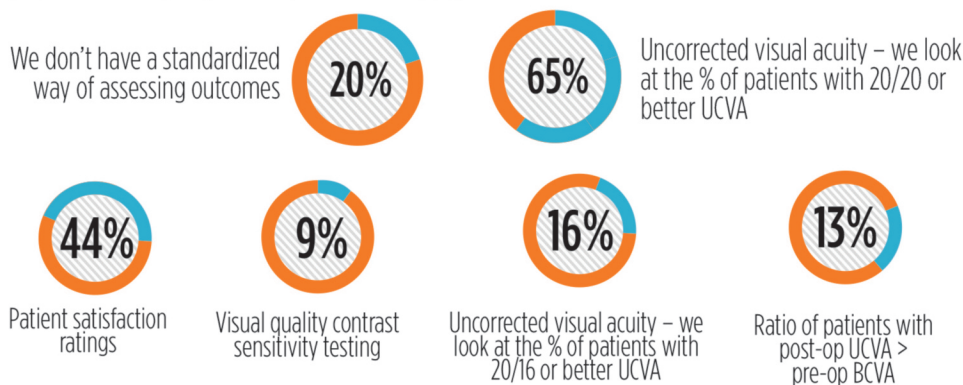
**Laser Vision Correction**

In what percentage of your patients, do you believe that LASIK has significantly increased the level of postoperative dry eye: 3 months and 6 months out?

■ 3 Months  
■ 6 Months



How are you currently assessing successful laser vision correction surgery outcomes in your practice? (Select all that apply)



**Key Findings:**

65% of ASCRS members use UCVA of 20/20 or better as a standardized way of assessing successful LVC outcomes. 20% have no standard assessment.

ASCRS members believe that LASIK increases dry eye in 29% of their patients 3 months after surgery. This maintains at 30%, 6 months postop.

## Managing the Diabetic Cataract Patient/Advanced Glaucoma Patient

### Key Findings:

About 30% of ASCRS member respondents perform intravitreal injections. Additionally, 15% of patients are simultaneously actively managed for AMD or DME, and 29% of physicians do not believe they have an in-depth understanding of these therapies and their impact.

### Key Findings:

Overall, respondents express low confidence in their glaucoma management protocol.

