

The Game Changers of 2012

At press time, the big retina meetings of the year—Macula Society, American Society of Retina Specialists, Retina Society, and American Academy of Ophthalmology—are behind us, and the holidays are upon us. Hopefully by now you have had time to digest not only your Thanksgiving dinner, but also the plethora of data that has been disseminated at these conferences throughout the year.

So what will you do with all this information? Is there anything that you learned that has changed the way that you do things? The *Merriam-Webster* definition of the term *game changer* is “a newly introduced element or factor that changes an existing situation or activity in a significant way.” Some of the developments of the past year clearly fit that definition. From new anti-VEGF agents for treatment of age-related macular degeneration, retinal vein occlusions, and diabetic macular edema to the approval of the first nonsurgical approach to treatment for symptomatic vitreomacular adhesion, retina specialists’ options for treating patients continue to grow. Not to be overlooked are the advances in vitreoretinal surgery. Although incremental, these changes and improvements to instrumentation affect how we approach our cases.

In terms of nonmedical game-changers, the Centers for Disease Control and Prevention reported this year that physicians have crossed a threshold in terms of adoption of electronic health record (EHR) systems. As of 2011, more than half (55%) of physicians had adopted an EHR system—although, notably, those in surgical specialties lagged significantly behind primary care physicians in terms of adoption

(48% vs 58%, respectively; $P < .01$).¹

Of those who have adopted EHR, about three-quarters say their system meets the federal “meaningful use” criteria, and 85% report being somewhat (47%) or very (38%) satisfied with their systems. As might be expected, more physicians younger than 50 years (64%) than 50 or older (49%) have adopted EHR, and larger group practices are more likely to have these systems than smaller groups or solo practitioners.

About three-quarters of EHR adoptees reported that using their system has resulted in enhanced overall patient care. More specifically, 41% said they have ordered more on-formulary medications, and 29% said they have ordered fewer tests because of the availability of lab results.

We bring this up because we have 2 positive reports regarding EHR adoption in this issue of *Retina Today*. David Misch, MD, an early adopter of EHR (1998), says the rewards of using such a system go far beyond the government’s incentive check for meaningful use, providing better patient flow, improved efficiency, and integration of diagnostic and imaging information into the data available to him without leaving the examination room.

And in his article on starting up an ocular oncology private practice, Timothy G. Murray, MD, MBA, FACS, reports that adopting EHR on day 1 has expedited patient care and provided opportunities to educate patients.

Perhaps you are one of the 55% of physicians now using EHR. If not, perhaps 2013 is the year you should consider adding this feature to your practice to benefit your patients, your staff, and yourself. It could be a game-changer for all involved. ■



Robert L. Avery, MD,
Associate Medical

Allen C. Ho, MD,
Chief Medical Editor

1. NCHS Data Brief. Physician Adoption of Electronic Health Record Systems: United States, 2011. Atlanta, GA; July 2012. <http://www.cdc.gov/nchs/data/databriefs/db98.htm>. Accessed November 28, 2012.