

# Visions of the Future

*Editor's note: In preparation for the 2007 annual meeting to be held in Scottsdale, AZ, from Oct. 14-18, two ALLDOCS members discuss their visions of the office of the future. Share your views at [www.alldocsod.com](http://www.alldocsod.com) by posting your comments about the office of the future.*

## Full Scope, Every Day



**Dr. Duvall**

**Robert B. Duvall, O.D.**  
Bowling Green, KY  
Co-chair of Lens-Crafters' Optometric Advisory Council  
"The optometric office of the future will be one

where full-scope optometry is practiced on a daily basis. By utilizing cutting-edge diagnostic equipment and emphasizing ocular health education, patients will realize that we offer more than just refractive services. This 'future' office will accept all major health insurance plans so that patients will readily seek our services. These services will include glaucoma treatment using highly effective new products such as TRAVATAN® Z, which is BAK-free. Doctors will also be prescribing ocular allergy medications such as conven-



ient once-a-day dosing PATADAY™. Optometrists will be prescribing the latest contact lens technology, such as the developing anti-microbial coated lenses.

"Prescribing medications will be simplified with the use of electronic medical records. Optometrists will simply click the name of the patient's pharmacy on their wireless Internet notebook. In the future, paper records and paper prescription pads

will have gone the way of the dinosaurs. It will be an exciting time to practice optometry, knowing that we're providing our patients with the highest quality eye care on the planet. Plus we'll be accomplishing this with methods that are more efficient and more profitable than ever before. If we seize the opportunities that lie ahead, our profession will remain strong and our future will be bright!"

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## EMR: No Pain, Plenty of Gain

*O.D. saw immediate spike in efficiency with electronic records*

**W**ith 2014 as the government's goal for Americans to have electronic medical records (EMRs), the question isn't whether O.D. offices should convert but when, says **Jack McIntyre, O.D.**, Corpus Christi, TX. He switched his office to an EMR system from Crystal Practice Management ([crystalpm.com](http://crystalpm.com)) nearly two years ago. "The only reason I didn't convert to EMR earlier is because the software used to be more expensive and complicated. It seemed harder to learn," he says.



**Dr. McIntyre**

This software is "streamlined and simple. We customized the sequence so that it mimicked what we were doing

already on paper. As a result, it took the staff only about a week to feel completely comfortable," he says.

Dr. McIntyre contracted with the EMR company to convert existing patient demographic and Rx information. "If we didn't have that, we would have simply scanned patient records into the system as return patients made appointments or came in," he said.

Dr. McIntyre noticed an immediate increase in efficiency. "Staff used to spend five minutes or more searching for a patient record in our file room. Now it's instantaneous—and I'm getting to the patients more

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## New Kit Debuts

Alcon is introducing a new kit that reinforces the need for an annual eye exam. The kit says, "See Your Doctor Yearly For Healthy Vision."



## Visions of the Future

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### Looking Beyond Refractions



**Curt Massengale, O.D.**  
Oklahoma City

"One cannot build a successful practice without refractions, but in today's competitive environment, it takes much more.

**Dr. Massengale**

Failure to recognize that all practicing O.D.s will be held to the standard of the medical model is to stick one's head in the sand. For example, if an O.D. doesn't manage ocular hypertension or treat glaucoma, he or she must be able to di-

agnose and direct a patient at risk.

"That is why O.D.s must invest in technology—certainly a pachymeter. Although I don't think it necessary to own a scanning laser or retinal camera, I do think it necessary to have access to this data on all ocular hypertensives, glaucoma suspects and glaucoma patients. That means referring the patient for these tests, at least yearly.

"Yet referrals to other providers for routine and primary eye care inhibit practice growth. In my experience, patients with abnormal ocular conditions refer more, and more quickly, than do routine eye care patients.



"With the aging population, the move to full-scope eye care is even more important. Each of us should make every effort to control the destiny of each patient by managing every process, procedure, referral and outcome. For example, these are the steps I take with a cataract patient:

- ◆ Schedule the appointment with the cataract surgeon and explain to the patient why I recommend this surgeon
- ◆ Present the patient with instructions, including the name and address of the

cataract surgeon, appointment time and my written prescription for pre-op medications, such as NEVANAC, as well as when to discontinue medications

- ◆ Include instructions on preparing for the surgery and what to expect the day of and after
- ◆ Include my home and cell phone numbers
- ◆ Schedule the patient's post-op visit at my office" ■

## FROM THE PRESIDENT'S DESK

### What's in Your Future?



**Dr. Gelb**

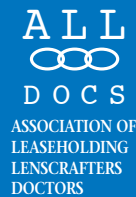
If you have not already made your plans to come to the 2007 ALLDocs annual meeting in Scottsdale, AZ, from Oct. 14-18, I encourage you to do so. This issue of ALLDocs highlights why we need to look forward to see where the profession is going and how we can best position our practices in anticipation.

ALLDocs O.D.s are forward-thinking. In fact, we want to encourage more of you to share your ideas about the office of the future on our web site—[www.alldocsod.com](http://www.alldocsod.com). While you're there, please download your membership form, if you haven't already done so.

Your ALLDocs board has been working to make sure this meeting exceeds your expectations. You'll come away refreshed from the camaraderie and filled with new ideas and initiatives for how to bring your office into the future. You'll also appreciate the time our vendor partners spend helping us understand how their R&D efforts will benefit us and our patients for years to come. Vendor partners like Alcon and CooperVision, who sponsor this quarterly publication and our web site, clearly believe that LensCrafters leaseholders have what it takes to help lead the profession to new heights.

We look forward to seeing you there. ■

Kerry Gelb, O.D.  
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### EMR

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quickly," he says.

Each exam room has two computer monitors—one for Dr. McIntyre to review the patient record and input findings and the other so patients can view their Optomap retinal images or an educational segment on Eyemaginations. "Patients feel that they've received more information, spent quality time with me and that our office is up to date across the board," he says.

Now that the patient visits are recorded in the computer, billing has become easier. "The procedure codes and diagnostic codes are right there. The claims can be sent out quickly and correctly," he says.

Other advantages: his staff no longer needs to decipher his or associate O.D.s' handwriting, and fill-in O.D.s follow the sequential steps, providing him a way to ensure that exams are being handled similarly. ■

## What Will Be in Your Office? *Meeting looks at office of the future*

The 2007 annual meeting will be held at the Fairmont Scottsdale Princess from Oct. 14-18. A tentative agenda follows. Updates on the agenda and membership applications are available on [www.alldocsod.com](http://www.alldocsod.com)—registered attendees must be ALLDocs members. Questions? Contact Dr. Richard Hults via e-mail at [reh@drhults.com](mailto:reh@drhults.com).

Between eight hours and 10 hours of CE will be available.

### Sunday, October 14th

- ◆ 12:30 p.m. Golf outing at the fabulous Scottsdale TPC course, home of the FBR Open (formerly the Phoenix Open)
- ◆ 5:30-9:30 p.m. Welcome reception with hors d'oeuvres.

### Monday, October 15th

- ◆ Presentations by Alcon and CooperVision

- ◆ **John McGreal, O.D.**, on medical optometry/billing update
- ◆ **Bill Jones, O.D.**, on retinal imaging
- ◆ LensCrafters update
- ◆ Focus Groups
- ◆ Western Hoedown

### Tuesday, October 16th

- ◆ Vendor presentations
- ◆ **Howard Purcell, O.D., F.A.A.O.**, on the practice of the future
- ◆ Electronic health records
- ◆ Afternoon and evening at leisure

### Wednesday, October 17th

- ◆ **Craig Thomas, O.D.**, on benefits of medical optometry
- ◆ **Bill Fox, O.D.**, on practice management
- ◆ Vendor presentations
- ◆ Vendor fair
- ◆ An Evening of Elegance (*Black tie optional*)



Make your reservations for the Fairmont Scottsdale Princess on line ([fairmont.com/scottsdale](http://fairmont.com/scottsdale)) using promotional code GRDOC1 or call 800.441.1414 or 800.344.4758 and ask for the ALLDocs Group rate.

### Thursday, October 18th

- ◆ Practice management update/medical billing
- ◆ **Paul Karpecki, O.D.**, on dry eye management
- ◆ LensCrafters' executive team
- ◆ Optometric Advisory Council
- ◆ Morning business session and departures

## GUEST COLUMN FROM COOPERVISION

### Getting Ahead of Back-to-School

By Bob Scott, Senior Director of National Accounts

Look for CooperVision's back-to-school marketing kit designed to help you fulfill the back-to-school needs for your community and your practice. Uncovering vision and eye health problems will help students see better and learn better. For kids and teens in organized sports, a yearly eye exam is critical for better vision, coordination and confidence. CooperVision marketing materials help you target mainly moms—the key household health care decision-makers.

#### New 1-Day Options

CooperVision's new 1-Day lenses offer patients the ultimate in health, convenience and comfort, while providing you with an opportunity for significant practice growth. No solutions are required, and the lenses cost about the same as silicone hydrogel lenses including solutions. Fresh lenses daily can be a great problem solver for patients with allergies, frequent travelers and silicone hydrogel dropouts. Visit [coopervision.com/1day](http://coopervision.com/1day).

#### New Options for Presbyopes

CooperVision's superior materials and manufacturing result in the widest array of products and parame-

ters. CooperVision offers greater product availability, extensive practitioner support and guaranteed performance with a risk-free 100-day guarantee. Visit [coopervision.com/multifocal](http://coopervision.com/multifocal).

#### New Online Learning Center

CooperVision now offers two convenient online alternatives for earning CE. The new CooperVision Online Learning Center web site ([learning.coopervision.com](http://learning.coopervision.com)) is designed for your entire practice, offering something for everyone in the office. Use the entire online course catalog or just a portion. Either way, CooperVision will pick up the tab, including courses hosted by our partners. E-mail

Garth Bradley with questions at [gbradley@coopervision.com](mailto:gbradley@coopervision.com) or leave a voicemail at 1.800.538.7850, ext. 7664.

Also, backed by a CooperVision educational grant, the Contact Lens & Cornea Section of the American Optometric Association (AOA) offers free online COPE-approved CE to AOA members. Visit the web site [istory.visualeyes.com/aoa\\_ce](http://istory.visualeyes.com/aoa_ce) for more information. ■



Bob Scott



## THE MEDICAL MODEL

### More ABCs of CPT Coding

By John Rumpakis, O.D., M.B.A.

In the last issue, I focused on the ABCs of the Total Patient Care Model. The alphabet letters are to remind you to be pro-**ACTIVE**, be **BETTER** at practicing to the fullest scope of your license and take **CONTROL** of your patients' well being. If you're following that strategy, you have likely had a very fulfilling and successful quarter. Now extend this concept to the care of the dry eye patient.

The occurrence of ocular surface disease (OSD) presentation within an optometric practice is so commonplace that you may forget the value you provide to the patient by treating and prescribing for it. Like other common chronic conditions, such as glaucoma or allergy, incorporating the appropriate approach to managing these conditions for patients is critical for both their success and the success of your practice.

It is common for patients to self-treat or self-manage without the benefit of an O.D.'s recommendation of OTC products. Rather than provide relief, this strategy often results in a more complicated condition. It is up to you to break this cycle of self-management. In order to do that, you must ask why patients self-treat. There are two primary reasons: you are dealing with a generally well-educated, well-marketed-to population; and they have nowhere else to turn if you don't recognize their conditions and follow through with a specific recommendation.

You must be proactive in managing your patients' care. Patients are often unaware of the myriad of treatment protocols that exist. It follows that they cannot know what will be most effective. To be proactive in your patients' care, maintain your role as their doctor with good communication and help them manage these chronic conditions.

Dry eye syndrome is a very common disease that increases in prevalence with age. Typically it is associated two times to three times more frequently with women than men. About 6 million women and 3 million men in the United States have moderate or severe symptoms of the disease, and scientists estimate that an additional 20 million to 30 million people in this country have mild cases of dry eye. Because the symptoms are annoying and lead to a decreased quality of life,

dry eye syndrome is one of the leading reasons patients seek eye care.

According to the American Optometric Association publication, *Caring for the Eyes of America, 2006*, optometry provides nearly 71 percent of all first-time eye care

encounters to the U.S. population and maintains nearly 61 percent of those patients on return visits. The role of O.D.s as the primary eye care providers means that you are in a prime position to not only diagnose properly, but also appropriately direct the care for those millions of patients who suffer from dry eye.

Billing for dry eye care is simple and straightforward. Most of the revenue occurs from office visits at appropriate intervals within the annual exam cycle. The office visit to perform a dry eye work-up subsequent to a general examination typically would be billed with one of these codes—99212, 99213 or 92012—and an appropriate corresponding diagnosis code for the dry eye. Note that most medical carriers suggest that your medical record should contain details on both the quantity of tear measurement, including phenol red thread or Schirmers, and your professional quality assessment of the tear film and associated structures. This qualification and quantification of the tear film is essential to your recommendation of the appropriate tear supplement, like **SYSTANE®** Lubricant Eye Drops, and will be necessary should you need to perform additional procedures such as punctal occlusion or institute phar-



macological therapy.

Dry eye treatment, like allergy, is a cornerstone of primary optometric eye care. Take responsibility to diagnose properly and treat this extremely common problem...and don't forget your ABCs. Be pro-**ACTIVE**, be **BETTER** at what you do each day, and take **CONTROL** of your patients' care and your practice. ■



Dr. Rumpakis

