

## Don't Take Solutions for Granted

*O.D. shakes off complacency for proactive recommendations*

**D**ale Stein, O.D., always had liked OPTI-FREE<sup>®</sup> EXPRESS<sup>®</sup> MPDS and OPTI-FREE<sup>®</sup> RepleniSH<sup>®</sup> MPDS. "I recommended it, but I didn't follow up if there were no complaints. It wasn't a priority to me what solution the patient was using."

His attitude toward contact lens care products changed at the 2007 ALLDocs annual meeting. "I had an epiphany that solutions were more important than I originally gave them credit," says Dr. Stein, who is partners in four practice locations in southern New Jersey with **Wayne Goldschneider, O.D.**, and



Dr. Stein

**David Talbot, O.D.**

What changed his attitude was education about the Andrasko staining grid, updated online at [staininggrid.com](http://staininggrid.com). "It shows me that there seems to be significantly less corneal irritation with OPTI-FREE<sup>®</sup> RepleniSH<sup>®</sup> with most contact

lenses. Plus, it's one solution that has never been recalled, and it's the newest formulation of the major brands," he says.

Dr. Stein adds that the wetting agent, TearGlyde<sup>®</sup> reconditioning

*Continued on page 2*

### An Extra Reminder

**D**r. Dale Stein appreciates that the OPTI-FREE<sup>®</sup> RepleniSH<sup>®</sup> MPDS box carries the banner, "See Your Doctor Yearly For Healthy Vision." The practice recommends that all contact lens patients come in for annual eye health exams. Having the reminder on the box "is another reminder of Alcon's commitment to patient care." ■



**ALLDocs 2008**  
**October 19-23, 2008**  
**The Breakers • Palm Beach, FL**

### Register Early

*ALLDocs annual meeting registration form on line*

**N**ames of the first 65 O.D.s who register for the ALLDocs annual meeting will be entered automatically into a drawing for a 37-inch LCD television. The registration form is posted on line at [alldocsod.com](http://alldocsod.com). ■

## To B-Scan or Not to B-Scan

*Ophthalmic ultrasonography provides useful images*

**K**erry Gelb, O.D., ALLDocs president, added a B-Scan ultrasound into his Woodbridge, NJ, office last year. "Although ultrasonography is not performed on a routine basis, it can be very beneficial as a supplemental test," he says.

Ultrasonography is performed when it is difficult to view the structures of the fundus because of opaque media, from the cornea, lens or vitreous. B-scans produce two-dimensional images, unlike A-scans, which are used mostly for IOL calculations and produce unidimensional images, Dr. Gelb says. Ultrasonography can also be used to view orbital tissue behind the globe since this tissue is not directly observable. Additionally, B-scan ultrasonography can be used for

optic nerve head drusen. B-scan ultrasonography is most commonly used to determine the thickness of pigmented choroidal or retinal lesions, and it can be used to determine if these pigmented lesions change over time.

"B-scans help aid in the differentiation between a nevus and a malignant melanoma," Dr. Gelb says. One study shows the incidence of nevus is about 6.5 percent of the population. "Doctors who use the Optos imaging technology find up to 20 percent of patients demonstrate a choroidal nevus. B-scans should be considered for these patients."

Any presumed nevus that demonstrates elevation should be followed very

*Continued on page 4*

# At Your Service 24/7

## O.D. finds web site enhances presence in the community

**P**atients in Corpus Christi, TX, who want to schedule their appointments or order contact lenses or want to hear again what glaucoma means for their vision have a local resource in [cccontacts.com](http://cccontacts.com), the web site of **Jack McIntyre, O.D.**, and his three practice partners. "It's mainly the younger generation, but more baby boomers and seniors are getting onto the Internet for their health information. So I wanted to have a presence on the web," Dr. McIntyre says.

His web site is far more than a kind



Dr. McIntyre

of electronic ad, however. It's a robust site that allows patients to order contact lenses on line, schedule an appointment, or view animated videos from Eyemaginations, a video on the Optos technology or the practice's TV ads. Another web site, [ccdryeyecenter.com](http://ccdryeyecenter.com), is linked into the main page for patients looking for dry eye information. His web site is linked to [caller.com](http://caller.com), the web site of the local newspaper, the *Corpus Christi Caller-Times*, where his practice answers all eye care-related questions that come into the newspaper's site. The answers remain posted on the site.

[cccontacts.com](http://cccontacts.com) optometry • contact lenses • children's vision

We'll see you at your convenience not ours!

**SCHEDULE NOW!**

- ORDER NOW
- optomap system
- disposable lenses
- our doctors
- our office
- office forms
- feedback
- contact us
- patient education
- home

Would you like the convenience of ordering your contacts online without worrying if a clerk 1000 miles away will process your prescription properly? Now, your worries are over. Drs. McIntyre, Garza, Avila and Justice now offer online contact lens re-ordering through our office. Our highly trained staff will process your orders immediately for easy pickup or right to your door delivery. With no membership fees, you'll find us fast, convenient, and economical.

Dr. McIntyre chose a local web designer, but there are many options. Some companies provide free or low-cost web sites to O.D.s and allow some customization. Dr. McIntyre says he visited a large number of O.D. web sites and read about them in optometric journals, taking note of what he liked and thought he'd want. "There's a lot of work on the front end, and then there's a small amount of on-going work. It's evolutionary," he says, adding it's not enough to build a web site and then ignore it.

There are some process changes that are essential with adding a web site, and the most important is that staff and doctors check their email regularly, at least three or four times a day. "People who send emails want immediate answers. They don't want to wait a day to hear back from you," he says. ■

## FROM THE PRESIDENT'S DESK

### Focusing on the Future

**A**t the beginning of 2008, we are already looking forward to several events and developments. The first is a highlight of the year for many of us on the ALLDocs board of directors—our annual meeting. Mark your calendar now to be certain you can join us at The Breakers in

Palm Beach, FL, from October 19-23, 2008.

At our last meeting, many ALLDocs members told me they were adding new instrumentation to improve patient care. Now, I'd be interested in hearing from you on how that's working. We may be able to include your experience in our discussions on technology at the annual meeting.

We're also encouraging our members to visit our web site, [alldocsod.com](http://alldocsod.com), frequently. Presentations from our 2007 meeting are posted, and we're looking to expand the site in content and functionality. We want it

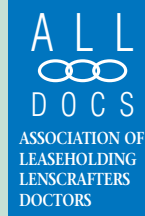
to be a web site that benefits you and your practice. Email me with your suggestions for practice management ideas, technology updates, useful links and other information you'd like to see on [alldocsod.com](http://alldocsod.com).

As busy O.D.s, it's tempting to focus primarily on day-to-day activities. But in order for us to remain on the cutting edge of the profession and create a strong presence and stability for our patients, it's equally important to focus on the future. ■



Dr. Gelb

Kerry Gelb, O.D.  
[drkmg@comcast.net](mailto:drkmg@comcast.net)



## Solutions

*Continued from page 1*

system, works with patients' natural tears to retain moisture on the lens surface. "I have the sense that patients are more successful. They tell me they can wear their contact lenses more comfortably for longer periods and that the contact lenses seem not to dry out as much." Now the doctors say they have seen fewer follow-up visits from patients complaining about discomfort or dryness.

The staff echoes the doctors' recommendations. "The staff knows that this is our preferred solution. We've reviewed it with them, and our Alcon rep has talked with them, too. In addition, they're hearing the feedback from patients."

Making a recommendation for a contact lens solution used to be an afterthought. Now, it's an essential part of the exam, Dr. Stein says. ■

## GUEST COLUMN FROM COOPERVISION

### Part-Time Wear for Long-Term Gain

By Tom Nicholson

**O**.D.s who take the view that their patients are wearing what they want, in terms of spectacles or contact lenses, are missing out on the “mixed-use opportunity.” That’s the 54 percent of patients, current spectacle wearers who say they are either very or somewhat interested in contact lenses.

If patients are interested, though, why don’t they say so? In the majority of cases, 64 percent, there’s no discussion with the eye care provider about contact lenses. In the 36 percent of cases where such a discussion is held, the patient initiates it. That means that eye care providers initiate the discussion on contact lenses with spectacle wearers only two percent of the time.

But wearing contact lenses does not have to be an either/or proposition. Indeed, practitioners expect their contact lens patients to own and use eyeglasses, and 70 percent do.

At CooperVision, we would like you to think of part-time contact lens wear as a kind of eyeglass-wearers retention program. Your spectacle patients will return to the office more routinely to refill contact lens orders, and they’ll think of you as their

first choice in vision correction. In other words, contact lenses will provide new reasons for the patients to return to your office.

Making the presentation for part-time contact lens wear is simple. Ask patients if they’ve ever considered contact lenses for



Tom Nicholson

sports, hobbies or social events. If they say they haven’t, it’s probably because they don’t realize that part-time wear is a viable option.

With CooperVision’s Proclear® 1 Day and ClearSight™ 1 Day daily disposable lenses, your patients will start looking for reasons to give their glasses a day off. And you’ll see a jump in your bottom line, as each contact lens patient represents an increase in exam fees and better compliance to an annual return visit. CooperVision calculates that converting just one spectacle lens wearer per day to part-time contact lens wear can add more than \$19,000 in revenues in one year.

Don’t let your patients leave your office assuming contact lenses aren’t an option for them—because you didn’t suggest it. Find out more by visiting [coopervision.com](http://coopervision.com), or contact me directly at [tnicholson@CooperVision.com](mailto:tnicholson@CooperVision.com) or call 317.417.0677. ■



Be proactive in discussing part-time wear.

## AMD Assessments

*Simple test can start discussion on AMD prevention*

**I**n March 2007, **Wayne Goldschneider, O.D.**, and his practice partners **Dale Stein, O.D.**, and **David Talbot, O.D.**, added technology to measure the macular pigment in a patient’s eyes. Low macular pigment correlates to a greater risk for developing age-related macular degeneration (AMD). The QuantifEYE® Program from ZeaVision test results in a number that correlates to a high risk, medium risk or low risk for developing macular degeneration. About 50 percent of patients

over 21, to whom the test is recommended, opt for the added services, which include this test and a digital retinal image. “We have an informed consent form that we present, there are brochures in the reception area and the techs recommend it,” he says. It’s been so successful, they since have added the system in their other three practices.

With patients who fall in a medium-risk or high-risk category, the doctors will look for additional risk factors for AMD, including



Dr. Goldschneider

smoking, family history and diet. “With that information, we can recommend a supplement containing lutein and zeaxanthin.” These are two important

carotenoids that are helpful in protecting the retina, says Dr. Goldschneider.

Patient response has been positive. “This allows us to focus more on eye wellness and patients’ overall health. It exceeds their expectations,” he says. “Any time we put new technology into the practice, there’s a wow factor.” ■

## IMPLEMENTING THE MEDICAL MODEL

### Plan Now for the Years Ahead

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

**A**re you preparing yourself and your practice to create the opportunity to benefit from change?

While many O.D.s have an aversion to change, your ability not only to accept change, but to anticipate it, create it and benefit from it is more important than ever. We often associate landmark dates, such as New Year's or the beginning of a new quarter, as the time to make changes in our lives. Yet, changing behaviors is not an event; it is a process. Here are positive changes that you can implement immediately in your practice.

◆ Provide your patients the standard of care.

Shortcuts don't pay off. Don't ignore individuals with ocular allergies, dry eye and low-grade chronic conditions. Patients not only want this care, they expect it and appreciate it.

◆ Provide your patients with options. Patients want to be informed of their options for their medical eye care and their refractive care. They appreciate partici-

pating in their own care decisions.

◆ Communicate with your patients. Taking the extra time to communicate with your patients, even if it's as little as one minute, creates a significant positive shift in their perception of your care.

◆ Code your encounters properly. Make sure that you translate the standard of care into proper CPT coding. Make this year the year that you learn to code your services properly.

◆ Accept that refractive care and medical care are not mutually exclusive. Providing "Total Patient Care" means taking care of the entire patient, both refractively and medically. Doing both will build your practice and create greater patient satisfaction.

It's not too late to let 2008 be your year of change. Take control of it. Don't let change happen to you; anticipate it and direct change to your practice's and your patients' benefit. ■



Dr. Rumpakis

## B-Scan

Continued from page 1

carefully for change or referred to a retinal oncologist for a second opinion. Dr. Gelb refers to the work done by **Jerry A. Shields, M.D.**, and **Carol L. Shields, M.D.**, at Wills Eye Hospital. Their work can help the comprehensive optometrist better manage patients with a choroidal nevus. They created this pneumonic device to help differentiate choroidal nevus from malignant melanoma:

**To Find Small Ocular Melanomas**

**T**—thickness greater than 2mm

**F**—fluid, if present, likely means an active lesion

**S**—symptoms, vision problems reported by patient or found during an exam

**O**—orange pigment is consider an active growing lesion

**M**—margin, meaning the nevus is touching the disc margin

According to Drs. Shields,

choroidal melanocystic tumors that display zero factors have four percent chance for growth at five years, and they most likely represent choirodial nevi. Usually observation alone is warranted. Tumors that display one factor have about a 38 percent chance for growth, and those with two or more factors show growth over 50 percent of the cases at five years. Most of these tumors with two or more risk factors

probably represent choroidal melanoma, and early treatment generally is indicated.

Research provides guidelines concerning the rate of metastasis of the malignant melanoma. With tumors less than 3mm, the five-year mortality rate is less than five percent. This is why retinal oncologists are comfortable following small tumors, Dr. Gelb says. For melanomas between 3mm and 4mm, the mortality rate increases to 16 percent; with tumors between 4mm and 8mm, the mortality rate rises to 32 percent. Tumors greater than 8mm reflect a 50 percent mortality rate. The Collaborative Ocular Melanoma Study found similar risk in metastasis between irradiation and an enucleation.

Dr. Gelb uses his B-scan approximately 15 times to 20 times a month. He has negotiated special pricing for the ALLDocs group with DGH technology, which has now produced a B-scan that can be plugged directly into any laptop for less than \$6,000. ■

## Coding B-Scan

**T**he CPT code for ophthalmic B-scan is 76512. Corresponding ICD-9 codes that support medical necessity follow: 224.6—Benign neoplasm (choroids); 355.04—Nuclear cataract; 366.53—After cataract, obscuring vision; 371.03—Central opacity of the cornea; 377.2—Drusen of optic disc; and 379.23—Vitreous hemorrhage.

The procedure is billed as a monocular procedure. Reimbursement varies, depending on the geographic area and carrier, but averages about \$140. ■