ALL DOCS
ASSOCIATION OF LEASEHOLDING LENSCRAFTERS DOCTORS™

CONTACT QUARTERLY

MARCH 2019

Movie Sneak Peek, Meetings and Motivation

PRESIDENT'S DESK

Kerry Gelb, OD
President

It wasn't Hawaii, but it certainly felt like paradise. Another incredible Annual ALLDocs Meeting concluded in Cancún. The beach was perfect, the resort luxurious, but the best part was the company. I hope that the meeting helps our member attendees to improve their practice skills, and gives a refreshing view of the state and scope of our profession.

ALLDocs is grateful to our loyal sponsors. Their support is critical to the success of our meetings.

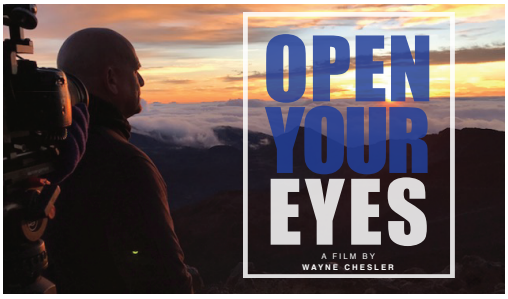
Our sponsors are true partners, bringing us products and services which enhance the quality of our care and protect the vision and health of our patients. Please support our sponsors by strongly considering them when making your purchasing decisions.

With all the robust CE, it's easy to forget that the members learn the most from each other.

Seeing our members engaged and interacting at every turn during the meeting motivates us to continue to bring exciting topics and business building ideas to our group. I appreciate hearing year after year what a reunion the meeting is and how much our members enjoy each other's company and make new friends. Thank you to all who were able to attend.

Eyes On the Reel: Sneak Peek.

This year members were treated to an extended sneak peek of the trailer for the "Open Your Eyes" project. "Open Your Eyes" will seek to expose the true value of an eye health exam and explain how the eye is a biomarker for many diseases. It's time to show the world that eye exams are not just refractions. The full-length documentary will wrap soon and is in the final editing phases. Please take a moment to watch the short trailer of the documentary and see the hard work being done by ALLDocs for our profession.



https://openyoureyes2020.com

Manager's meeting:

Our 2018 Manager's Meeting was a tremendous success. The meeting was held in Nashville, Tennessee. The attendance is growing rapidly. Topics range from staff motivation and insurance expertise, to contact lens sales and social media campaigns. Dr. April Jasper was our keynote speaker. She is a fellow of the American Academy of Optometry, Past-President of the Florida Optometric Association and Chief Optometric Editor of Optometric Management magazine.

Her "Practice of Distinction" was well received and our managers reported making positive changes in their offices and being highly motivated by the experience. Keep an "eye out" for the 2019 Manager's Meeting announcement.

GALLERY

New Attendees-New Friends

2018 ALLDocs Meeting, Cancún

Bradley H. Powers, OD
New Member

"I am so thankful I decided to go to the ALLDocs meeting in Cancun this year. At first I was worried about stepping away from the clinic for that long, but I am so happy I did. I picked up more in those 4 days than I have in all the conferences and meetings I have been to over the past 3 years combined! From the CE seminars to the smaller focus groups every event was eye opening. I picked up so many ideas on how to improve my clinic and be a better lease holder that I guarantee you will be seeing me at every ALLDocs meeting from here on! I am excited and optimistic to see how my practice goes as I take back what I have learned to my offices."

Rosemary Holcomb, OD
New Member

"Wow! We LOVED it! That about sums up our thoughts on the annual meeting. My husband and I were first-time attendees of this year's ALLDocs meeting and were blown away by the content, the excellence, the intentionality of the Board, the professional speakers and the community of doctors. We came away with an infusion into our approach to our clinic, our patients and our staff that will translate into tangible changes and updates. THANK YOU for encouraging us to come - you were right! There's nothing like it, from amazing CE to amazing ODs. From useful break-out sessions to engaging sponsor representatives. Everyone there had the same vision - moving our profession into promising futures. Well done, ALLDocs!

We'll see you in Bermuda..."

INSIGHTS

ER Visit Overuse: Optometrists to the Rescue!

Throughout the United States, emergency rooms (ERs) provide acute and after-hours care to millions of Americans each year. In a recent study, researchers reported that nearly half of all ER visits were for non-urgent medical conditions, and a similar trend has been seen with eye injuries.[1] When ERs provide nonurgent care, the cost of managing patients is 2 to 3 times higher than when it is provided in other settings.[2]

A Significant Problem

A recent study revealed that more than 40% of visits to the ER for ocular conditions were non-urgent in nature.[2] After assessing nearly 12 million ER visits, researchers found that corneal abrasions and foreign bodies in the eyes were the leading causes of emergent care, but these cases accounted for just 14% and 8% of all ocular problems managed in the emergency department setting. More than 4 million visits were for non-emergent eye problems, the most common of which was conjunctivitis, followed by styes and subconjunctival hemorrhages. Several factors appeared to make some patients more likely than others to visit ERs for non-emergent eye problems (Table).[2]

Factors Increasing Likelihood of Non-Emergency Ocular ER Visits

1. Lower income
2. Medicaid
3. Female sex
4. Utilization and risk adjusted utilization
5. Lack of private health insurance

Other research has further supported the trend that people are seeking emergency care for mild eye conditions. For example, investigators at the University of Michigan analyzed 377,000 eye-related ER visits by adults with private insurance over a 14-year period. About 25,300 of those visits were for true eye emergencies, but nearly 86,500 were for conditions that never require emergency treatment, such as conjunctivitis, blepharitis, and chalazion. The rest of the patient cohort fell somewhere in the middle.[3] This misuse of ERs leads to increased healthcare costs and further exacerbates the problem of ER overcrowding.

Come Together

An important finding from both of the aforementioned studies was that patients who were regularly seeing an eye specialist—either an optometrist or ophthalmologist—before their eye-related ER visit were much less likely to seek emergency care for an uncritical eye problem.[2,3] This highlights the fact that, depending on the eye condition, many of these people should be cared for in an alternative setting.

To combat this issue, optometrists can team up with local walk-in clinics and urgent care providers to establish systems that ensure that patients receive the most appropriate care in the right setting when eye problems occur. For example, optometrists can help reduce ER misuse by offering to examine patients immediately, by allowing walk-ins, and offering evening appointments. It is critical to make sure your local urgent care centers are aware of your availability and broad capabilities to facilitate the flow of emergencies that can be treated at your office. This can help patients avoid long ER wait times and unnecessary costs.

Encouraging patients to regularly see their optometrist may also be of help in efforts to reduce ER overuse and/or misuse. This will ensure that they can recognize the severity of eye problems before needlessly making a trip to an ER or urgent care center for treatment.

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GALLERY

2018 "Eyes On The Road" Tour

Our sharp looking 2018 Eyes on the Road team: Dr. Tessa Sokol, Dr. Lisa Greene, Dr. Torrey Carlson, Dr. Bruce Reid and Dr. Paul Vaccarella. Wonder where the Eyes on the Road team will land in 2019. Maybe your office!

Thank you ABB for hosting a great Eyes on the Road Stop. We were blown away by the smoothly run processes they have in place to insure shipping speed and accuracy.

Eyes on the Road in Florida: Dr. Schaffer has a good combination of technology and patient care. She has a "wall of fame" and photo backdrop that makes any visit to her office an event. Looks like a fun place to have an exam!

An exciting stop at Dr. Carlson's office in Knoxville. Dr. Carlson added Lipiflow to his office, he is implementing a call center with LC's help to better serve our patients at check in and check out.

SCEYENCE

Assessing the Glaucoma-Alzheimer's Link

Glaucoma, a complex neurodegenerative eye disease, leads to optic nerve damage that can result in vision loss and possibly blindness. Glaucoma is a leading cause of irreversible blindness in the United States and throughout the world. Alzheimer's disease (AD), the most common cause of dementia, is a neurodegenerative disease characterized by specific changes in the brain.

Fast Facts on Glaucoma & Alzheimer's Disease

- More than 3 million Americans have glaucoma
- More than 120,000 Americans are blind from glaucoma
- Blindness from glaucoma is 6-8 times more common in African Americans than Caucasians
- Other high-risk groups include:
  - Age older than 60
  - Family history of glaucoma
  - Diabetes
  - Nearsightedness
- More than 5 million Americans are living with AD
- Two of every 3 people with AD are women
- African Americans and Hispanics are more likely to develop AD than Caucasians
- About 30% of AD patients also have heart disease and/or diabetes
- Breakdown of AD in US by age:
  - <65 years: 4%
  - 64-74 years: 15%
  - 75-84 years: 44%
  - 85+ years: 38%

Common Features

Both glaucoma and AD affect older patients and involve selective loss of certain types of neurons. They are both neurodegenerative, chronic, and progressive diseases that are age-related and cause irreversible neuronal cell loss. Both conditions are also major public health concerns as the population ages. Glaucoma shares several features with degenerative brain diseases, such as AD, Parkinson's, and Lou Gehrig's disease. In all of these diseases, age and family history are significant risk factors, and specific areas of the brain are damaged over time. In glaucoma, the key difference is that the specific area of the brain affected is the eye and optic nerve.

The link between glaucoma and AD was first observed several decades ago when researchers discovered a higher frequency of glaucoma in patients with AD after analyzing death certificates.[3] Subsequently, several populations of AD patients were examined for the prevalence of glaucoma. These investigations revealed a two- to three-fold higher risk of glaucoma among patients diagnosed with AD.[4,5]

Several large studies have demonstrated that glaucoma patients have an increased risk of AD or other dementia diagnoses while others have observed findings to the contrary. A recent French study found that glaucoma patients were four times more likely to develop dementia, but this finding was not associated with high intraocular pressures or glaucoma medication usage. This suggests that patients with low-tension glaucoma may be the most vulnerable.[6]

More to Come

At this time, the link between open-angle glaucoma and increased risk of developing dementias like AD is an area of active research. As this research continues, there is hope that potential new treatment targets can be identified. In the meantime, experts recommend screening for certain ophthalmic diseases to gain a better understanding of the connection to AD risk.[7]

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BUSINESS

Communicating Medication Costs

A study published in Optometry & Vision Science found that just 87 of 275 eye doctor visits included a discussion of medication cost. The high cost of medications can decrease patient adherence to treatment. Findings from the study are alarming considering that many commonly used treatments require lifelong use to ensure effectiveness.

Providers are urged to talk about medication cost during patient visits to prompt an open dialogue about potential barriers to drug use. E-prescribing websites may also ease some financial concerns because they allow for coupons to be printed and eliminate some prescription drug forms.

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INSIGHTS

Optimizing Care for Concussion Patients

Traumatic brain injuries (TBI) and concussions account for at least 2.5 million trips to the emergency department or hospital each year.[1] In addition, as many as 3 million annual sports-related concussions occur in which no immediate attention is sought after the injury.[2] Symptoms can occur immediately or weeks after an initial TBI. Post-concussion visual symptoms often result from this trauma and may include changes in refractive status, binocularity, accommodation, ocular motility, visual processing, and vestibular-visual interaction.[3]

The Optometrist's Role

Beyond identifying and treating any overt eye injuries, optometrists must get a detailed account of the cause of a concussion and be aware of strategies to optimize aftercare. These individuals may present for a myriad of reasons, ranging from subtle to severe symptoms, and they are often referred from another healthcare provider.[4] Optometrists should make the patient feel comfortable so they can get the information that is needed to address any symptoms and manifestations that are visual in nature.

When assessing concussed patients, the first step is to rule out other serious eye-related medical issues with a thorough exam that includes extended ophthalmoscopy and visual field evaluations.[5] In many cases, the baseline vision status and refractive component are unknown prior to trauma, so keep in mind that a concussion may often exacerbate previously untreated or unidentified vision problems.

Optometrists should listen to patients' subjective complaints, inquire about symptom severity, and determine if vision problems are affecting quality of life (QOL). Often, special accommodations for patients may be necessary, such as dimming exam room lights and decreasing demands in visual activities and work load. Optometrists should pay close attention to subtle vision changes, including dry eye, and accommodative and vergence dysfunction.

Ensuring Optimal Outcomes

Several strategies should be considered for rehabilitation when treating concussion patients, including dry eye therapies and basic vision therapy exercises. Consider using prism glasses, tints, and filters as they can relieve symptoms. Patients should be informed that prescribed prism glasses are intended for reading and digital device use and may help for the long term. Vision therapy can assist in redeveloping and re-educating the visual system and helps manage light sensitivity, headaches, and eye strain, which in turn can improve QOL.[3]

Prescribe Appropriate Activity Cessation

Recovery time from concussions varies, so it is best to err on the side of caution and prescribe appropriate activity cessation for a short time. Recurring follow-up visits are necessary to monitor symptom resolution during the early part of recovery (e.g., once every 2-3 weeks). Those with persistent symptoms require more frequent treatment and management and may benefit from a more detailed home vision therapy rehabilitation computer program.[6]

Patients should be counseled to limit time using electronic devices and television accordingly and to use sunglasses and a cap with a brim during daylight hours. Encourage them to slowly return to visual activities for building endurance and stamina and to avoid working through ocular pain, discomfort, or exacerbating any symptoms. Concussion patients can benefit significantly by seeing their optometrist soon after their injury and throughout recovery.

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EDUCATION

Telerehabilitation for Low Vision

Low vision services can help with deteriorating or permanently damaged vision, but candidates tend to be older and the treatment can be costly. To circumvent these issues, researchers tested a telerehabilitation intervention between a provider in-office and a low vision patient at home. Patients received a handheld magnification device for reading as part of the intervention.

The study, published in Optometry & Vision Science, showed that all participants were satisfied and comfortable receiving the intervention via videoconferencing, and 80% of patients reported that their magnifier use improved after telerehabilitation. This approach may improve reading ability and could help overcome barriers to using low vision services.

REFERENCE

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HEDIS and Diabetic Eye Exams

The 6 Domains of HEDIS

1. Effectiveness of care
2. Access/availability of care
3. Experience of care
4. Utilization and risk adjusted utilization
5. Health plan descriptive information
6. Measures collected using electronic clinical data systems

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of healthcare's most widely used performance improvement tools. The National Committee for Quality Assurance (NCQA) oversees the development and implementation of the HEDIS tool and groups together more than 90 healthcare performance measures that span across 6 domains of care (Table). Health plans primarily use HEDIS to collect, report, and compare data on the tool's various measures.[1]

Diabetic Eye Exams Matter

One of the key quality control measures with HEDIS is to ensure comprehensive diabetes care, which requires health plans to gather data showing that their diabetics receive recommended screenings and exams. These measures include evaluating A1C, blood pressure, and nephropathy, but also indicate a measure for performing an annual eye exam.[2] An annual diabetic eye exam is the main strategy to screen for vision-threatening diabetic retinopathy, which ranks as a leading cause of blindness in the United States.

In the United States, about 50% of people with diabetes do not receive an annual eye exam for early detection and treatment of diabetic retinopathy, and many patients with the disease who would benefit from laser treatment do not receive such care. Studies suggest that early detection and appropriate timely interventions would result in at least a 90% reduction in blindness due to diabetes.[4] Although most patients with diabetes see their primary care physician (PCP) or endocrinologist at least once a year, significantly fewer will visit their ophthalmologist or optometrist.

The Role of Optometrists

Considering that a retinal exam is required to meet this quality measure, optometrists are integral to assisting providers in achieving the HEDIS quality measure. This provides an opportunity to team up with primary care physicians (PCPs) to further ensure that such requirements are met. To reduce diabetes-related eye disease, a collaborative referral system with PCPs and endocrinologists is needed for patients diagnosed with diabetes to ensure they see an ophthalmologist or optometrist for follow-up care of diabetic eye disease.[4]

Partner With PCPs to Meet HEDIS Measures

Claims submission data provide the necessary information to payers to validate meeting HEDIS measures, including those involving diabetic eye exams. In addition, payers request provider medical records and conduct chart reviews to gather necessary data to report to the NCQA.[5]

There are several ways that health plans confirm performance of an eye exam. Per HEDIS, any provider may submit codes to substantiate a retinal exam. Importantly, PCPs are incorporating technology in their offices that enable them to take a retinal photograph, but an optometrist is still required to interpret the photograph remotely. This approach assures PCPs that their diabetic patients are receiving the required component of the HEDIS measure.[5] Be sure to collaborate with local PCPs and Endocrinologists to ensure that HEDIS measures are met and enhance eye care, especially for your patients with diabetes.

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A New Approach to Assessing PLR

Pupillary light reflex (PLR) is typically evaluated using qualitative observations, but a simple and cost-effective iPhone-based pupillometer may help quantify PLR in real time. A novel app, dubbed the "Sensitometer test," was developed to record PLR. It prompts pupillary constriction using the iPhone flash, records pupil size using the camera, and provides measurements in real time.

A recent study compared technical capabilities of the Sensitometer with a laboratory-based infrared (IR) camera system. Investigators found that both tests were equally effective at measuring PLR. Further research is underway.

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CONTACTS

LET'S HEAR IT FOR

Conversations About Contacts

ACUVUE® BRAND CONTACT LENSES

LET'S TALK CONTACTS

From the moment they sign in at reception to guiding them through the first month of wear to working with them as their needs change over the years, your patients look to you for information and guidance about contact lenses. Your approach makes all the difference. Let's take a look at some fresh, new ways to talk to your patients about contacts.

PRO TIP

Directly asking patients if they have "ever worn contacts, or would you be interested in doing so?" can help them feel less hesitant and lead to further conversation.

PRE-EXAM

Most patients don't know how comfortable contacts can be. Asking the right questions can help reassure them.

TOP 5 WAYS TO START A CONVERSATION ABOUT CONTACTS

Existing Wearer

1. Ask how their lenses feel. If the answer isn't "Great", then ask "why not?" Asking gives the patient permission to share potential issues they might feel are part of a normal contact lens wearing experience and lead to more probing questions.

For example: "What do you do when your lenses aren't performing as well as you would like?" or "Do you use a lot of rewetting drops?"

New Wearer

2. Do you have occasions when you wish you didn't have to wear glasses?

Examples: Special events like a wedding or first date, work presentations, outdoor activities

New Wearer

3. Is there ever a time when your glasses get in the way?

Examples: Running, lying on the sofa watching TV, taking pictures

New Wearer

4. Use visual cues to start a conversation.

Example: Your patient is wearing a killer pair of shoes: "Woah, awesome shoes! You know, if style is your thing, you might want to try contacts—even if it's just once in a while. There's always a good reason to pop in a pair."

New Wearer

5. Read your patient's chart to get an idea of their lifestyle.

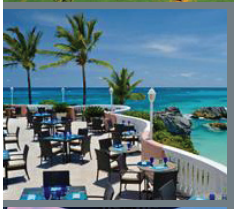
Your patient has indicated that they play golf regularly: "I noticed in your chart that you are an avid golfer. Do you ever get frustrated by your glasses fogging up or getting wet when you're out in the rain? Contacts could solve that problem, plus you could throw on non-prescription sunglasses whenever it gets sunny."

GALLERY

Save the Date

2019 Annual Meeting

Fairmont Southampton, Bermuda
September 22-27



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