

MARCH 2019



PRESIDENT'S DESK

Happy New Year ALLDocs Members! "20/20" -- Our Year!



Kerry Gelb, OD
President

Happy New Year ALLDocs Members! "20/20" --Our Year! Wishing all our ALLDocs members, friends, families and sponsors a healthy and prosperous year!

How appropriate that our movie should premier in the year 2020. ALLDocs is proud to announce "Open your Eyes" will go live to the world in March. After an exclusive world premier event: Vision Expo East at the Jacob Javits Center in New York, the www.openyoureyes2020.com website will be live. The documentary will be available to view for free to the public. Feel free to send the link to your patients and colleagues. The website will feature other useful clips to share with your patients and friends too.

The 2019 ALLDocs Manager's Meeting was a tremendous success! This year the meeting was held at the Hilton, Ft. Lauderdale Beach. We lucked out with fantastic weather and even better company. The ALLDocs Managers are an impressive group. The meeting continues to grow with record attendance of 81 fine individuals this year.

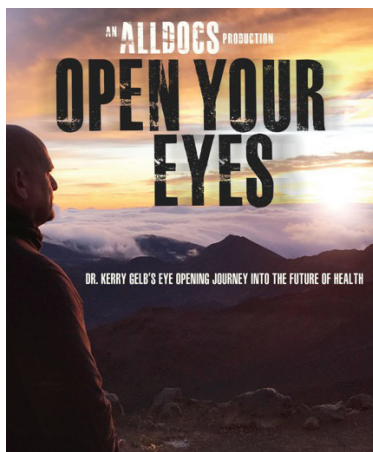
The Managers had a variety of speakers and interesting group discussion. Ryan



Gustus, O.D. of LensQuote (*Winner of the 2019 Minute to Win it, Bermuda Meeting*) gave a compelling lecture on body language and psychology of sales. It was entertaining and enlightening. Bill Caskey, Sales Trainer & Leadership Development Author, spoke about leadership and training your staff to sell. Bill was extremely motivating and made some incredible points.

Our very own Dr. Kyle Sexton talked to the managers about digital media marketing: what works, and what does not. Building an online reputation is critical, and Dr. Sexton gave them a fantastic overview. We were also fortunate to have Shane Sheppard of Vision Web give our managers a review and answer questions on Revenue Cycle Management. Thank you Vision Web.

2019 was a great year. Looking forward to what this significant 20/20 year will bring.



INSIGHTS

SAVE THE DATE

2020 Annual Meeting

Montage Deer Valley
September 13-18

www.alldocsrocks.com



TECHNOLOGY

BUSINESS

THE BOARD

CONTACTS

SCIENCE

INSIGHTS

PROFILES

GALLERY





Effective Approaches for Closing Your Practice



Each year, many optometrists decide to retire, sell, or move their medical practice. In doing so, the focus is often on what lies next in life, but it is also important to address the details of closing the existing practice. Physicians can make serious mistakes when terminating their practice, many of which can affect them for years to come.¹

Get Ready Financially

When it comes to exit planning, an early start is ideal. Determine what your spending will be like when you close a practice and look closely at whether your assets can support your specific desired lifestyle. Unfortunately, it is not uncommon for businesses to neglect putting aside sufficient money along the way.²

If you are nearing retirement, consider changing or adding to your current retirement plans. Professionals in their 50s or 60s can put away significant money each year into retirement plans, and there are several options for doing so. For most small employer groups, SIMPLE plans tend to be good options because they are easy to set up and administer. Practice owners who want to save larger amounts of money might consider profit sharing or defined benefit plans, but these can be more complex to set up and administer. The self-employed 401(k) is a good option for an independent doctor with no employees.²

Health insurance is often an afterthought but can be a major issue for anyone who wants to retire before age 65. Younger, healthy retirees may

be able to buy insurance policies for themselves, but those with pre-existing conditions may need to be covered as an employee. This should be considered prior to exiting or selling a practice. Once retirement income is in order, practice owners should also do some advance tax planning with their accountant or other financial professional to discuss the income and estate tax implications of selling the practice.²

Be Proactive

Whenever a doctor has established a physician-patient relationship and wishes to close their office, it is important to be insulated from potential mistakes and backlash. Below are 6 action steps that they can take to safeguard themselves:¹

1. Give the entire active patient load reasonable notice before closing the office doors and check your state laws to see if there are rules for physicians when practices close.
2. Consult counsel to further protect yourself from other legal factors, including employment contracts, accounts receivable rights, and trial coverage obligations.
3. Follow laws and responsibilities for storing, releasing, retaining, and providing access to patient records in case there is a need to respond to lawsuits, audits, complaints, and so forth.
4. Leave adequate forwarding information in case patients or payors need to contact you.
5. Remember that a notification of retired status or change of office address is required for federal Drug Enforcement Administration registration.
6. Do not treat your own family members once your active practice goes inactive.

SOURCES

1. Barton HM. The 10 biggest legal mistakes physicians make in closing or leaving a medical practice. Excerpted from *The Biggest Legal Mistakes Physicians Make: And How to Avoid Them*. Edited by Steven Babitsky, Esq. and James J. Mangraviti, Esq. Available at <https://seak.com/blog/uncategorized/10-biggest-legal-mistakes-physicians-make-closing-leaving-medical-practice/>.

2. Beiting J. Part V: exit strategies. *Rev Optom*. November 18, 2006. Available at: <https://www.reviewofoptometry.com/article/part-v-exit-strategies>.



The Effects of Meditation on IOP



Reducing intraocular pressure (IOP) in patients with primary open-angle glaucoma is currently the only approach to prevent further optic nerve head damage but new research suggests managing stress may also be helpful. A study of 90 patients with glaucoma found that mindfulness-based stress reduction may help lower IOP and normalize typical stress biomarkers.

For the study, investigators randomized patients to a wait-list control or a mindfulness meditation group that meditated daily for 21 days. Those who meditated had significantly lower IOP readings than non-meditators. These patients also experienced better quality of life when compared with those who did not meditate.

Additionally, the study demonstrated that meditation appeared to help normalize stress biomarkers, such as cortisol, β -endorphins, interleukin 6, TNF- α , brain-derived neurotrophic factor, reactive oxygen species, and total antioxidant capacity. Furthermore, meditation correlated with positively modified gene expression. The authors concluded that mindfulness meditation can be recommended as adjunctive therapy for patients with primary open-angle glaucoma.

Source: Dada T, Mittal D, Mohanty K, et al. Mindfulness meditation reduces intraocular pressure, lowers stress biomarkers and modulates gene expression in glaucoma: a randomized controlled trial. *J Glaucoma*. 2018;27(12):1061-1067. Available at: https://journals.lww.com/glaucomajournal/Abstract/2018/12000/Mindfulness_Meditation_Reduces_Intraocular.5.aspx.



Soft Contact Lenses in Children: Examining Safety

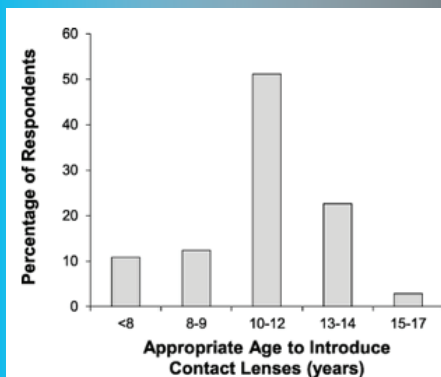


Over the past decade, there has been increasing interest in fitting children with contact lenses to treat myopia. This has largely been fueled by parents wishing to improve self-esteem and quality of life for their children. Furthermore, the availability of daily disposable soft lenses removes the need for cleaning and storage, making them an attractive option for children and teenagers.¹

Current Perceptions

A survey from the American Optometric Association found that 97% of optometrists reported fitting contact lens patients under the age of 18. The survey also explored the age at which practitioners felt it was appropriate to introduce children to soft contact lenses (Figure). Over 70% felt that children can be introduced to these lenses at age 12 or younger.² A gradual shift in the approach of optometrists to vision correction appears to occur as children get older.

Surveying Practitioner Attitudes and Behavior



All soft contact lenses approved by the FDA for daily and overnight wear do not have age restrictions, implying that they are safe in both adults and children. While contact lenses are an attractive option, there are still important lens-related adverse events to consider. Some can be serious, such as microbial keratitis, while others are less serious. The latter category typically includes painful red eye, contact lens peripheral ulcers, and infiltrative keratitis. Some events may be allergic in origin and may not involve the cornea.

Assessing Current Data

In a review published in *Optometry and Vision Science*, data was collected from a range of studies to estimate the incidence of complications, specifically corneal infiltrative events and microbial keratitis, in patients under the age of 18. The study looked at data from scientific literature relating to the use and safety of contact lenses in children. Most studies were designed to evaluate the influence of a lens design on myopia progression, the effects of contact lenses on self-esteem, the ease of fitting and adaptation to wear, the safety of contact lens wear, or some combination.¹

Overall, the review indicated that the incidence of corneal infiltrative events in children was no higher than in adults. In fact, for patients in the youngest age range of 8 to 11, *it may be markedly lower*. Furthermore, the incidence of corneal infiltrative events was particularly low when the population was limited to children aged 12 and younger. The lower rate of adverse events in the 8-to-11 age group resulted from patient behaviors rather than biological factors.¹ This suggests greater parental supervision may help mitigate risks.³

Additional safety data are needed for children wearing contact lenses. Industry, academia, and the broader contact lens community can engage in this endeavor as new contact lens options for myopia are evaluated.¹

SOURCES

1. Bullimore MA. The safety of soft contact lenses in children. *Optom Vis Sci*. 2017;94:638-646.
2. Sindt CW, Riley CM. Practitioner attitudes on children and contact lenses. *Optometry*. 2011;82:44-45.
3. Wagner H, Richdale K, Mitchell GL, et al. Age, behavior, environment, and health factors in the soft contact lens risk survey. *Optom Vis Sci*. 2014;91:252-261.



Pain Perceptions & Ocular Discomfort



Pain sensitivity is an important factor that affects how individuals answer questionnaires about dry eye, but little is unknown about how it affects ocular discomfort. A study has found that pain sensitivity appears to play an important role in influencing how ocular discomfort is perceived.

For the analysis, researchers had 42 patients complete the Pain Sensitivity Questionnaire to quantify pain sensitivity levels to assess key factors, including exposed interpalpebral area, tear meniscus height, tear-film lipid layer thickness, ocular surface cooling, and non-invasive tear breakup. Participants were then asked to refrain from blinking until the initial onset of discomfort, which was termed the maximum interblink period (MIBP). The ocular surface cooling rate was simultaneously measured. Patients were then seen for 4 visits over a course of 2 days.

Results showed that a longer MIBP was associated with decreased pain sensitivity and a lower ocular surface cooling rate. The authors estimated that people would be able to refrain from blinking for an additional 4 seconds if they had the lowest pain sensitivity rating when compared with those who had the highest pain sensitivity.

Source: Li W, Lin MC. Pain sensitivity associated with the length of the maximum interblink period. *Invest Ophthalmol Vis Sci*. 2018;59(1):245-252. Available at: <https://iovs.arvojournals.org/article.aspx?articleid=2670310>.

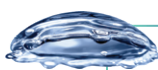
INTRODUCING PRECISION¹

A LENS DESIGNED WITH NEW WEARERS IN MIND



FEATURING SMARTSURFACE[®] TECHNOLOGY FOR PRECISE VISION AND DEPENDABLE COMFORT¹

Contact lens wearers rated PRECISION¹[®] as **SUPERIOR** to 1-DAY ACUVUE[®] MOIST for end of day vision, end of day comfort and overall handling in a clinical study²



New SMARTSURFACE[®] Technology provides a microthin, high-performance layer of moisture on the lens surface that **EXCEEDS 80% WATER.**³



THE LENS FOR YOUR NEW WEARERS TO
START IN AND STAY IN

¹Trademarks are the property of their respective owners.

References: 1. Alcon data on file, 2018. 2. Alcon data on file, 2019. Based on mean subjective ratings from a prospective, randomized, bilateral crossover, double-masked, controlled clinical trial of PRECISION¹[®] and 1-DAY ACUVUE[®] MOIST contact lenses; $p \leq 0.0001$. 3. Alcon data on file, 2018.

See product instructions for complete wear, care and safety information. 

© 2019 Alcon Inc. 8/19 US-PR1-1900032

Alcon



INSIGHTS

Esophoria Common in Concussed Patients



After suffering a concussion, patients often report problems with eye movements, reading, and other visually related aspects. Esophoria—defined as an inward deviation of the eyes—results in the eyes and brain continuously trying to coordinate to rotate and move the eyes to a straight-ahead position. Several recent studies suggest the prevalence of esophoria at near vision in concussed patients is below 15%, but data are needed to more accurately assess the true frequency of esophoria in these individuals.

For a retrospective analysis, researchers reviewed 71 patient charts in a neuro-optometric private practice setting in which there was a diagnosed concussion. All patients received a comprehensive vision examination, with an emphasis on examining near vision. Approximately 30% of patients with a medically-based diagnosis of concussion exhibited esophoria at near vision, indicating that the prevalence of esophoria in these patients may be more common than previously thought. The study team proposed that phoria decompensation and excessive accommodative vergence are two possible mechanisms that could be causes of these issues.

Source: Tannen B, Good K, Ciuffreda KJ, Moore KJ. Prevalence of esophoria in concussed patients. *J Optom.* 2019;12(1):64-68. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6318546/>.



SCEYENCE

Fast Facts. An estimated **45 million people in the U.S. wear contact lenses.** Two-thirds of **contact lens wearers are female.** The average age of contact lens wearers worldwide is **31 years old.**



Lowering IOP: Glasses to the Rescue?



Reducing intraocular pressure (IOP) is the goal of treatment when managing glaucoma. In recent years, patient care has gradually shifted away from using topical drops as a first medical therapy and then providing a referral for traditional filtering surgery.^{1, 2} Since these operations are traumatic for patients, the paradigm has shifted toward using minimally invasive glaucoma surgeries. Even though these procedures are less invasive, they still carry risks that must be considered in the treatment equation.²

Seeking New Solutions

While there has been significant progress in the management of patients with the most serious stages of glaucoma, few options exist for those diagnosed with milder disease.¹ A new approach that could make a significant impact for patients with milder forms of glaucoma is the IOPTx system (Bionode LLC), which is a contact lens and glasses combination currently being assessed in clinical trials. The system uses transcorneal electrical stimulation—a non-invasive procedure—to target aqueous inflow and outflow structures of the eye in an effort to reduce intraocular pressure (IOP).¹

Non-adherence to glaucoma treatments has historically been a problem when managing people with the disease, and data suggest that patients often overestimate their use of glaucoma eyedrops.^{3, 4} With the advent of the IOPTx system, it may be possible to use the device to address patient compliance issues and potentially slow the progression of glaucoma.

Other Emerging Strategies

Ocular surface disease (OSD) is a common comorbidity associated with glaucoma. Research shows that nearly half of patients treated with topical glaucoma medications have OSD.⁵ Topical medications often contain preserva-

tives, some of which can be toxic and may lead to inflammation and dryness.⁶ Constant use of topical medications can alter the composition of tear film composition and may even damage the ocular surface.⁶ Preservative-free medications are available to fight this problem, but these agents are expensive and are not always readily available.

Neuromodulation may have a role in reducing rates of OSD resulting from topical hypotensive medication use among patients with glaucoma. Another non-invasive option is laser trabeculoplasty, which has shown some success when used as a primary or secondary treatment for glaucoma or in patients with medication adherence issues. However, the attrition rate with laser trabeculoplasty has been high in clinical research.⁷

More to Come

In an effort to further personalize treatment based on patient needs, several other emerging wearable non-invasive devices are currently being investigated, including:

- Triggerfish contact lens sensors (Sensimed)^{8, 9}
- Repetitive transorbital alternating current stimulation^{10, 14}
- IOP modulating goggles^{15, 16}

These innovations and others are promising solutions in the management of patients with glaucoma because they are less invasive than currently available therapies. Although more research is needed, it is clear that the glaucoma treatment revolution will continue in the foreseeable future.

SOURCES

1. Lukasik T, Ahmed IIK. Can we lower IOP with glasses? *Rev Optometry*. February 15, 2019. Available at: <https://www.reviewofoptometry.com/article/can-we-lower-iop-with-glasses>.
2. Pillunat LE, Erb C, Jünemann AG, Kimmich F. Micro-invasive glaucoma surgery (MIGS): a review of surgical procedures using stents. *Clin Ophthalmol*. 2017;11:1583-1600.
3. Nordstrom BL, Friedman DS, et al. Persistence and adherence with topical glaucoma therapy. *Am J Ophthalmol*. 2005;140(4):598-606.
4. Sayner R, Carpenter DM, Blalock SJ, et al. Accuracy of patient-reported adherence to glaucoma medications on a visual analog scale compared with electronic monitors. *Clinical Therapeutics*. 2015;37(9):1975-1985.
5. Fechtner RD, Godfrey DG, Budenz D, et al. Prevalence of ocular surface complaints in patients with glaucoma using topical intraocular pressure-lowering medications. *Cornea*. 2010;29(6):618-621.
6. Mastropasqua L, Agnifili L, Mastropasqua R, Fasanella V. Conjunctival modifications induced by medical and surgical therapies in patients with glaucoma. *Curr Opin Pharmacol*. 2013;13(1):56-64.
7. Leahy KE, White AJ. Selective laser trabeculoplasty: current perspectives. *Clin Ophthalmol*. 2015;9:835-841.
8. Konstas AGP, Guaranta L, Mikropoulos DG, et al. Peak intraocular pressure and glaucomatous progression in primary open-angle glaucoma. *J Ocul Pharmacol Ther*. 2012;28(1):26-32.
9. De Moraes CG, Mansouri K, Liebmann JM, Ritch R, Triggerfish Consortium. Association between 24-Hour intraocular pressure monitored with contact lens sensor and visual field progression in older adults with glaucoma. *JAMA Ophthalmol*. 2018;136(7):779-785.
10. Nair DG, Rengas V, Lindenberg R, et al. Optimizing recovery potential through simultaneous occupational therapy and non-invasive brain-stimulation using tDCS. *Restor Neurol Neurosci*. 2011;29(6):411-420.
11. Song S, Sandrini M, Cohen LG. Modifying somatosensory processing with non-invasive brain stimulation. *Restor Neurol Neurosci*. 2011;29(6):427-437.
12. Chrysikou EG, Hamilton RH. Noninvasive brain stimulation in the treatment of aphasia: exploring interhemispheric relationships and their implications for neurorehabilitation. *Restor Neurol Neurosci*. 2011;29(6):375-394.
13. Sabat BA, Fedorov AB, Naue N, et al. Non-invasive alternating current stimulation improves vision in optic neuropathy. *Restor Neurol Neurosci*. 2011;29(6):493-505.
14. Gall C, Schmidt S, Schittkowski MP, et al. Alternating current stimulation for vision restoration after optic nerve damage: A randomized clinical trial. *PLoS ONE*. 2016;11(6):e0156134.
15. Berdahl JP, Fautsch MP, Stinnett SS, Allingham RR. Intracranial pressure in primary open angle glaucoma, normal tension glaucoma, and ocular hypertension: a case-control study. *Invest Ophthalmol Vis Sci*. 2008;49(12):5412-5418.
16. Ren R, Jonas JB, Tian G, et al. Cerebrospinal fluid pressure in glaucoma: a prospective study. *Ophthalmology*. 2010;117(2):259-266.



VISION EXPO



2020 NYC
MARCH 26-29
JAVITS CENTER | NEW YORK CITY

REGISTER NOW





BUSINESS



FORT LAUDERDALE

Fourth Annual ALLDocs Manager's Meeting!



Ft. Lauderdale Beach provided a fantastic backdrop for our fourth annual ALLDocs Manager's Meeting! Over 80 managers attended from all over the country and Canada. With carefully chosen speakers and interactive business group discussions, a tremendous amount of education was packed into this day and a half. The managers enjoy networking and brainstorming with each other. Nevertheless there was some time allocated for fun!

The Managers were treated to an exclusive screening of the "Open your Eyes" ALLDocs Documentary. It was great for them to see the important project that our organization undertook. The Managers will be able to spread the word to our patients and the public about the documentary and the value and preventative nature of an eye exam. They enjoyed the film and had several great questions for Dr. Gelb at the Q&A after the screening.



The very popular two-and-a-half-hour group discussion was very lively. Topics included: Recruiting, Retaining and Motivating staff, Myopia Management, Interdisciplinary Referral Strategies (how to get them started), Marketing Ideas (how

to drive more patients to your office) and much more. Everyone in the group participated. This has always been the most productive part of the meeting.

The evening activity was truly spectacular. The managers embarked on a night-time cruise aboard the River Queen. They enjoyed an evening ride, island barbeque, and variety show! They deserved the treat after a long day of education and discussion. It will be hard to match this year's wonderful event.

Thank you to our Managers Meeting Sponsors: ABB and B+L. This meeting would not be possible without their support. Marianne Nemon from B+L attended the meeting and spoke to the group. John Mastrodonado, representing ABB, addressed the crowd and attended our event as well. Thank you, ABB and B&L, - loyal sponsors and friends!

Managers Meeting Testimony

"I'm very thankful that my doctor chose to send me to this meeting. I learned a lot during those two days, and came back to work with a lot of useful information to share with my staff and doctor. The speakers were great! My favorite was the Open Your Eyes movie and speaker, Dr. Gelb. This movie really makes you realize how important this field is, and how eye exams are about SO much more than glasses prescriptions."

Leaving the meeting, I've been introduced to a group of people that have already been so helpful when I have questions in the office. The Facebook page is a great new resource.

I look forward to next year!

*Krista Young
Dr. Valido and Associates
Cincinnati*



GALLERY

Fun in Ft. Lauderdale!



THANK YOU TO OUR NEWSLETTER SPONSORS

Alcon

ABB OPTICAL GROUP



BAUSCH + LOMB

Johnson & Johnson VISION



CONTACT

Tara O'Grady
tara@alldocsod.com