

SEPTEMBER 2020



## PRESIDENT'S DESK

### Rising to the Challenges of 20/20 in our Journey to the Top. Here We Go ALLDocs!



**Kerry Gelb, OD**  
President

Despite this year's challenges, the ALLdocs Board is happy to announce the 2020 annual meeting registration has opened! The Montage Deer Valley in Utah is a very elegant mountain getaway and should be an amazing venue. Located just five minutes from Main Street, the retreat is home to a 35,000-square-foot spa sanctuary, inspired dining and year-round activities from mountain biking to fly fishing. Check your emails and look out for those reminders and countdowns on Facebook. Visit [www.alldocsrocks.com](http://www.alldocsrocks.com) to register.

Every year we bring new innovative business solutions to our members. Specializing and differentiating our practices had been an ALLDocs focus for some time. This year will be no different. There will be some new vision therapy solutions to help you treat patients who suffer from post-concussion syndrome, traumatic brain injury, and those who have various binocular vision dysfunctions. There will also be some telemedicine information, updates and

opportunities. New innovative partners bring us unique business models that help keep us ahead of the curve.

A big thank you to Dr. William Fox. Dr. Fox attended the California Lenscrafters Sublease Group (CALCs) Southern California Continuing Education Symposium. Dr. Fox spoke to the CALCs doctors about the benefits of being an ALLDocs member, delivered a very inspiring message about practicing optometry and shared some of his business acumen. Thank you to Dr. Jason Lam, Dr. Dave Kato, Dr. Meredith Barber, Dr. Alice Tien, Dr. Elliott Shapiro, Dr. Carole Gee, Dr. Bei Zhang, Dr. Jasmine Nguyen and all the CALCs doctors for inviting Dr. Fox and welcoming him to the meeting. We hope to see many of our California members at the meeting in Utah!



Dr. Jason Lam, Dr. Meredith Barber, Dr. William Fox, Dr. Carole Gee



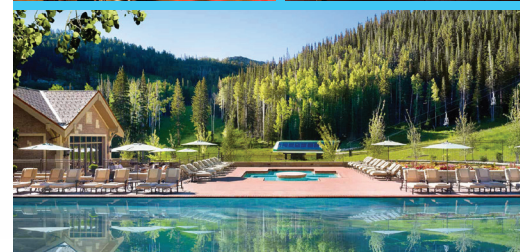
## INSIGHTS

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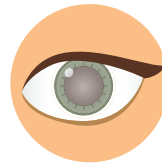
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# Individualizing Care in Patients With Glaucoma



After patients are diagnosed with glaucoma, it can be challenging to determine next steps to keeping them coming back to optometry offices and remaining in good health. There is no one-style-fits-all approach to managing glaucoma. Having a well-constructed, individualized plan for treating the disease is critical to optimizing outcomes. Below are some strategies to help with this important step.

## Treatment Initiation

When initiating glaucoma treatment, start by setting an intraocular pressure (IOP) range that best estimates the disease impact and most appropriate treatment. Target IOP should be individualized based on maximum peak untreated IOP and the amount of damage that has occurred. Other relevant factors include age, life expectancy, family history, status of the fellow eye, and risk of visual disability.<sup>1</sup>

When starting treatment to reduce IOP, prostaglandin analogs (PGA) are often first selected because of their strong efficacy and safety profile.<sup>2</sup> If the target pressure is not reached with a PGAs, consider adjunctive therapies. Topical options include beta blockers, carbonic anhydrase inhibitors, alpha-adrenergic agonists, or polytherapy fixed-combination drugs. Discussing risks and benefits of therapies and any alternative approaches with patients may ultimately improve treatment adherence.<sup>1</sup>

## Change Perceptions

Managing glaucoma requires patients understand that treatment will not cure them or vastly improve functionality or quality of life. Instead, emphasize that these therapies will help prevent functional decline or reduced quality of life.<sup>1</sup> If patients are concerned about treat-

ment, take these worries seriously and be prepared to consider possible changes to therapy if appropriate. Simply asking patients how they feel and talking to them about their medications can positively impact self-management practices and patient well-being.<sup>1</sup>

## Foster Adherence

A challenging aspect to managing glaucoma is patient adherence to therapy.<sup>3</sup> Many issues can influence adherence, including:<sup>1</sup>

- Patient factors (eg, doubt, forgetfulness, denial)
- Environmental factors (eg, cost, competing activities, travel)
- Treatment regimens (eg, refills, side effects, complexity)

## The Relationship With The Clinician

Studies have recommended that optometrists presume low treatment adherence in patients and give clear, precise information about expected benefits of treatment.<sup>4</sup> An effective way to enhance treatment adherence is through repeated education to patients and their caregivers about glaucoma and the visual consequences of not adhering to therapy. Provide written materials that explain the disease in patient-friendly language.

## The Big Picture

The good news is that, although current treatments for glaucoma only slow disease progression by reducing IOP, there are several pharmaceutical options available to improve patient health. By taking an individualized approach, optometrists are well positioned to navigate the wide range of risk factors for progression and set appropriate target IOP ranges. Optometrists can play an important role by being prepared to adjust treatments based on any changes that are seen when monitoring patients using available technologies.

## SOURCES

1. Steen J, Sowka J. My patient has glaucoma...now what? Rev Optometry. March 15, 2019. Available at: <https://www.reviewofoptometry.com/article/my-patient-has-glaucomanow-what>.
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3. Reardon G, Kotak S, Schwartz GF. Objective assessment of compliance and persistence among patients treated for glaucoma and ocular hypertension: a systematic review. Patient Prefer Adherence. 2011;5:441-463.
4. Nordmann JP, Akesbi J. Improve adherence in glaucoma patients: a doctor's duty. J Fr Ophtalmol. 2011;34(6):403-408.



# Digital Health Services: What Do Patients Think?



New digital technologies are emerging as possible ways to help reduce costs and expand access to healthcare, including optometric services. New survey data suggest that while patients have expressed interest in using digital healthcare services, they still value high-quality interactions with their doctors.

More than 50% of survey respondents reported that they would like to use a virtual office visit to get immediate answers to urgent healthcare issues. About 70% indicated they would likely use an app or online system to schedule appointments or healthcare reminders. When asked to consider a hypothetical health plan that offered virtual visits and online services, 45% of respondents said they would be willing to pay a little more for them.

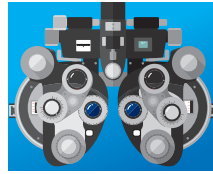
However, survey respondents ranked other aspects of healthcare interactions much higher than access to digitalized services, such as having high-quality interactions with their doctor. This highlights that patients will consider making tradeoffs when they spend their healthcare dollars. While patients care about affordability, they also value quality time with their doctor.

Source: Blue Cross Blue Shield of Arizona. December 5, 2019. Available at: <https://www.prnewswire.com/news-releases/new-study-highlights-healthcare-and-plan-priorities-for-consumers-300970392.html>.





## Exploring Eye Exam Rates in Older Adults



Current estimates show that vision impairment and blindness affect 9% of American adults aged 65 and older.<sup>1</sup> The prevalence of many common eye conditions increases with age, but most vision impairment is preventable or treatable with timely diagnosis and care. In a 2016 study, the National Academies of Sciences, Engineering, and Medicine investigated disparities in access to eye and vision care. This report identified medically underserved populations as a group requiring more research.<sup>2</sup>

Recently, a study published in JAMA Ophthalmology provided national estimates on self-reported use of eye care and disparities in its use in more than 2,000 people aged 50 to 80 in the United States. The research team surveyed the proportion of these adults who received an eye examination within the past 2 years as well as the sociodemographic and economic factors associated with receipt of eye care.<sup>3</sup>

### Highlighting Key Findings

According to the study results, more than 80% of survey respondents underwent an eye exam in the past 2 years, but less than 60% reported undergoing an eye exam in the past year. Although most respondents reported receiving recent eye care, nearly one-third of older adults with diabetes had not undergone an eye examination in the past year despite guideline recommendations to do so.<sup>3</sup>

The odds of having undergone an eye exam within the past 2 years were high-

er for: women; respondents with household incomes of \$30,000 or higher; and people with a diagnosed age-related eye disease or diabetes. Importantly, the odds of having undergone an eye examination within the past 2 years were lower for respondents who were: unmarried; from the midwestern or western United States; and reported having fair or poor vision.

### Examining Rationale of Patients

The JAMA Ophthalmology study also assessed reasons for undergoing or not undergoing a recent eye examination. Respondents who underwent a recent eye exam did so most frequently to “check their glasses or contact lens prescription” and/or “for routine care.” The top 3 reasons reported for not undergoing a recent eye examination included:

1. Having no perceived problems with eyes or vision: 42%
2. Cost: 25%
3. Lack of insurance coverage: 23%

### Looking Ahead

Guidelines for routine preventive eye care remain controversial, and the U.S. Preventive Services Task Force states that there is insufficient evidence to support routine vision screening in older adults.<sup>4</sup> Authors of the study recommend that eye doctors develop and evaluate screening protocols that seek to prevent vision loss and maintain quality of life, even in the absence of known vision problems. In addition, efforts should be made to incorporate the current data regarding socioeconomic status, geography, and other key factors to help target people who are at the greatest risk for not receiving recommended eye care.

### SOURCES

1. Rein D, Wittenborn J. Cost of vision problems: the economic burden of vision loss and eye disorders in the United States. Available at: [www.preventblindness.org](http://www.preventblindness.org).
2. National Academies of Sciences, Engineering, and Medicine. Making Eye Health a Population Health Imperative: Vision for Tomorrow. Washington, DC: The National Academies Press; 2016.
3. Ehrlich JR, Ndukwe T, Solway E, et al. Self-reported eye care use among US Adults aged 50 to 80 years. JAMA Ophthalmol. 2019;137(9):1061-1066.
4. US Preventive Services Task Force. Final recommendation statement: impaired visual acuity in older adults: screening. Available at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).



## Monitoring Dry Eye in Sjogren's Syndrome



The monitoring of dry eye disease (DED) in patients with Sjogren's syndrome does not appear to be uniform in optometric offices across North America, according to findings from a study. Researchers analyzed Sjogren's syndrome-related DED tests used in North American optometric practices and compared academic settings to private practice settings using charts from 123 patients with Sjogren's syndrome. Symptoms of DED were present on 98.4% of patient charts.

The authors reported that clinicians used different methodologies to measure and grade specific variables. Private practitioners were more likely to use symptom questionnaires and grading scales. Academic settings were more likely to record tear breakup time and tear meniscus height. The results suggest that creating universally accepted standards of testing may improve the ability of clinicians to communicate and understand the course of DED in patients with Sjogren's syndrome.

Source: Acs M, Caffery B, Barnett M, et al. Customary practices in the monitoring of dry eye disease in Sjogren's syndrome. J Optom. 2018;11(4):232-241.



## Bowel Diseases & Colonic Malignancies: How Optometrists Add Value



A recent Health Policy Institute brief from the American Optometric Association (AOA) states that optometrists can be instrumental in helping healthcare professionals who manage patients with inflammatory bowel diseases (IBDs) and other colonic malignancies.<sup>1</sup> Extraintestinal manifestations of these conditions in the eye present a unique opportunity for optometrists to identify exacerbations of IBDs during comprehensive eye exams.

According to the brief, the clinical manifestations of common IBDs—including Crohn's disease, ulcerative colitis, and other conditions—are not restricted to the gastrointestinal tract. IBDs often impact other bodily organs, including the eyes in more than 72% of patients with IBDs.<sup>2</sup> Extraintestinal manifestations associated with the eyes include inflammatory changes in blood vessels of the conjunctiva and sclera and ciliary body. If left untreated, these manifestations can cause temporary and/or permanent vision loss.<sup>1</sup>

### A Unique Opportunity

The small extraintestinal manifestations that occur within the eye allow optometrists a unique opportunity to identify exacerbations of IBDs during a comprehensive eye exam. The comprehensive eye examination may lead to an earlier definitive diagnosis of an IBD, which can lead to earlier and more effective treatment.

According to the AOA report, a growing number of Americans have been diagnosed with IBD. The prevalence of IBD was 2 million in 1999 but increased to 3.1 million in 2015. The AOA brief

notes that inflammation from IBDs has been linked to a variety of ophthalmic conditions, including:<sup>1</sup>

- Episcleritis
- Scleritis
- Keratoconjunctivitis sicca (dry eye)
- Retinal edema
- Optic neuritis (swelling of the optic nerve)
- Extraocular muscle nerve palsies

All of these manifestations can range in severity from mild to severe, according to the AOA brief. They can also be temporary or permanent and may cause significant loss of quality of life from visual disability. The most common ocular complication associated with bowel disease is dry eye syndrome.<sup>1</sup>

### Make it Routine

The AOA brief notes that eye evaluations should be a routine component of care in patients with IBD, just as it is with other chronic comorbid systemic conditions like diabetes. Optometrists have the ability to provide personalized feedback to patients and the interprofessional healthcare team regarding any IBD prescribed drug therapies (ie, aminosalicylates). This feedback is important because IBD therapies may cause several ocular side effects, including (but not limited to) changes in distance and near vision. Furthermore, a dilated eye examination can detect colonic malignancies with extracolonic manifestations (eg, familial adenomatous polyposis).<sup>1</sup>

The capacity of optometrists to diagnose IBDs and other colonic malignancies early using comprehensive eye examinations underscores its capacity to improve health outcomes in team-based medical management, according to the AOA brief. The comprehensive eye exam should be viewed as an integral part of a patient's essential episodic primary care experience.

### SOURCES

1. American Optometric Association. AOA Health Policy Institute. The role of Doctors of Optometry in the identification, treatment and prevention of sexually transmitted diseases. March 2019. Available at: [www.aoa.org](http://www.aoa.org).
2. Troncoso LL, Biancardi AL, de Moraes HV Jr, Zaltman C. Ophthalmic manifestations in patients with inflammatory bowel disease: a review. *World J Gastroenterol*. 2017;23(32):5836-5848.



## A Novel Approach for Convergence Insufficiency



Convergence insufficiency is a common binocular vision disorder, especially among children. Patients with the condition can experience a variety of symptoms, including headaches, eyestrain, blurred vision, loss of place when reading, and diplopia during near visual activities. Recently, a small study found that 12 weeks of office-based vergence/accommodative therapy (OBVAT) appears to improve symptoms in children aged 12 to 17 years.

Researchers compared 10 children with normal binocular vision and 12 with convergence insufficiency, the latter of which received treatment with 12 weeks of OBVAT, which consisted of 12 1-hour sessions. When compared with baseline measurements, the study team observed a significant increase in peak velocity and more accurate response amplitude to 4° symmetrical convergence step stimuli after OBVAT. The investigators noted that near point of convergence, positive fusional vergence, and symptoms also significantly improved after OBVAT. In total, 10 of the 12 participants with convergence insufficiency met clinical success criteria.

Source: Tannen B, Good K, Cluffreda 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/>.





## Key Updates Impact Overtime Pay in Optometry Practices



In September 2019, the United States Department of Labor (DOL) issued a final ruling under the Fair Labor Standards Act (FLSA) that updates the earnings thresholds necessary to exempt executive, administrative, and professional (EAP) employees from minimum wage and overtime pay requirements.<sup>1</sup> The rule went into effect January 1, 2020. In addition to other revisions, the DOL final ruling:

- Raises the “standard salary level” from \$455 to \$684 per week (equivalent to \$35,568 per year for a full-year worker)
- Raises the total annual compensation requirement for “highly compensated employees” from \$100,000 to \$107,432 per year
- Allows employers to use nondiscretionary bonuses and incentive payments paid at least annually to satisfy up to 10% of the standard salary level

With the ruling taking effect, over 1 million additional American workers will become overtime-pay eligible in 2020. This should prompt small businesses nationwide—including optometry practices—to review their compliance with federal labor laws and assess how the new overtime provisions may affect staff. This self-audit gives employers an opportunity to ensure complete compliance with FLSA provisions and help protect against claims associated with the employment process.

### Determining Exemption Status

Essentially, FLSA dictates when workers are considered “on the clock” and how that time is compensable for em-

ployees who are exempt or non-exempt from overtime regulations. EAP employees are exempt. Doctors are not subject to a salary basis or a salary-level test.

The DOL outlines 3 tests that all must be met to satisfy an exemption claim:

- Payment on a salary basis. The employee must be paid a predetermined and fixed salary that is not subject to reduction because of variations in the quality or quantity of work performed
- Payment of a minimum salary level. The amount of salary paid must meet the specified minimum amount of no less than \$684 per week
- A duties test. The employee’s job duties must primarily involve those associated with exempt executive, administrative, professional, outside sales, or computer employees

### Classify Correctly

For optometry practices to know if their employees are correctly classified, employers are encouraged to not assume that their current models are accurate. Practices should review the DOL’s Wage and Hour Division (WHD) guidance to determine how staff should be classified. Additional tools and resources are available on the DOL’s WHD website ([www.dol.gov/agencies/whd](http://www.dol.gov/agencies/whd)) to ensure that practices are operating in compliance with the various federal labor laws. Payment practices should be reviewed on a periodic basis.

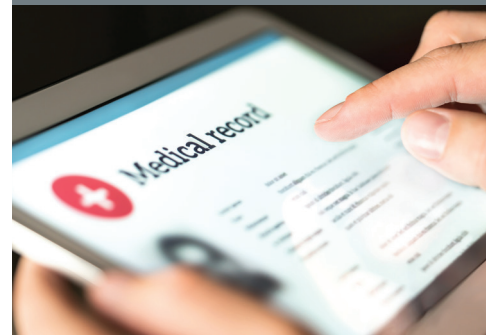
To mitigate fallout from employment-related incidents and claims, employers can protect their practices with employment practices liability (EPL) insurance. This insurance covers employers for costs of fighting employee allegations in court, regardless of the outcome, and judgments or settlements that result. Common claims include wage and hour laws, wrongful termination, sexual harassment, invasion of privacy discrimination, and breach of contract.<sup>1</sup> More information about EPL insurance is available at <https://aoainsurancealliance.com>.<sup>3</sup>

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1. United States Department of Labor. U.S. Department of Labor issues final overtime rule. News release. September 24, 2019. Available at: [www.dol.gov](http://www.dol.gov).
2. United States Department of Labor. Topical Fact Sheet Index. Available at: [www.dol.gov/agencies/whd/fact-sheets](http://www.dol.gov/agencies/whd/fact-sheets).
3. American Optometric Association. Why employment practices liability insurance is critical to protecting your practice. Available at: <https://aoainsurancealliance.com>.



## Free Prescribing Database for Ocular Disease Drugs



EyeMedsNow is a new, free comprehensive database with important pharmaceutical information that can help optometrists and eye care professionals when treating patients with ocular disease. This resource (<http://eyemedsnow.com>) provides intuitive search capabilities for a full range of ophthalmic medications.

EyeMedsNow allows clinicians to search by condition, classification, or key word to find medications for patients. Each drug card featured on the website includes information on indications, typical dosing, how the drug is supplied, warnings, precautions, and more. The resource can also quickly identify local pharmacies with the lowest price for medications that are prescribed. Payment assistance programs are noted where applicable.

The database is the result of a collaboration between Gregory Nixon, OD, Thomas Mauger, MD, and a team of 3 optometrists, 3 pharmacists, and an additional ophthalmologist. The EyeMedsNow team diligently studied package inserts for each drug to extract key information. In some situations, secondary resources (eg, journal articles) were used for further specifics about medications. Real-time updates to the database will be made as new treatments emerge.

Source: Tannen B, Good K, Cluffreda 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/>.

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**REFERENCES:** 1. Results of an online survey 435 patients who completed an evaluation program for Bausch + Lomb ULTRA® Multifocal for Astigmatism contact lenses. Survey results include 391 patients who indicated that they had a preference. 2. Results of an online survey 435 patients who completed an evaluation program for Bausch + Lomb ULTRA® Multifocal for Astigmatism contact lenses. Survey results include patients who strongly agreed, agreed, or slightly agreed (on a 6-point agreement scale) with a margin of error of +/- 2.7%.

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**INSIGHTS**

## Can a Nintendo Game Help With Near Acuity?



American researchers have developed a game called "PDI Check" for the Nintendo 3DS gaming system that appears to reliably test monocular near acuity, stereopsis, and color without the need for occlusion patches or goggles. For a study, researchers had 45 patients perform routine patched near visual acuity testing, Ishihara's color test, and Stereo Fly tests. Each person then played PDI Check, a 2-phase orientation and testing game, on a Nintendo 3DS. Results showed that PDI Check was just as reliable as conventional clinical testing methods for near visual acuity, stereopsis, and color deficiency.

Authors of the study believe PDI Check has practical clinical potential because it overcomes barriers of acquisition time, efficiency, and motivation for some patients and testing environments. They added that the game may be of particular benefit for patients with developmental delay, autism, nystagmus, and goggle and patch aversion and for those who tend to memorize certain tests during repeat testing.

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/>.



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