



### PRESIDENT'S DESK

## Attention ALLDocs! The annual ALLDocs Meeting is right around the corner!



**Kerry Gelb, OD**  
President

The ALLDocs Board is excited to announce the 2021 speaker lineup. As usual we have a fantastic schedule that includes some new faces and some of ALLDocs most popular and dynamic returning favorites.

New and exciting topics and speakers await attendees this year in Key Biscayne. We will have the pleasure of hosting Dr. Jay Haynie for the first time. Jay M. Haynie, OD, FAAO will give us a useful and interesting 2 hours on Diabetic Retinopathy.

We have invited a very dynamic duo, Dr. Krstyna Lensky Sipes and Dr. Lisa Hornick. They will lecture on IPL and the practical applications of IPL in our offices. We are looking forward to that and the unique format of the lecture.

What an honor to have Dr. Dale Bredesen, author of the book "The end of Alzheimer's" come to our meeting this year. Dr. Bredesen will update us on Neurodegenerative disease.

We have also invited Dr. John Gelles to talk to our members about Keratoconus. Dr. Gelles will give us some important updates and help make diagnosing Keratoconus easier for our members.

Our sponsors at Essilor have offered to give us a special treat. They are sending Frank Pigneri, ABO-AC Director

of Customer Education at Essilor of America, to speak to our group. Frank will talk about education that Essilor offers to OD's and staff. He will give us specific highlights of the C.E.O.D program that Essilor offers. This two-hour offering should be very beneficial to our members. Dr. Ryan Parker will also accompany him and give us his update on Essilor Friday morning. Thank you Essilor!

Returning favorites include the very smart Dr. Chris Knobbe, Ophthalmologist & Associate Clinical Professor, Emeritus University of Texas Southwestern Medical Center - Dallas. He will return to ALLDocs with a 2-hour feature: Ocular Nutrition for Age-Related Macular Degeneration.

Dr. Jeff Gerson will appear again in 2021 with a one-hour CE presentation.

The ever-popular Dr. Craig Thomas will give us a 2 hour CE lecture featuring IPL clinical information.

We are also very much looking forward to our very own ALLDocs members treating us to their best practice management updates in the "Bermuda Shorts" segment of our meeting. This portion of the meeting has been a highlight since our meeting in Bermuda, where it originated and got its name. You will have to attend the meeting to find out which of our ALLDocs all-stars will present this year! Any guesses?

The ALLDocs Board, staff and event planning team are looking forward to seeing everyone and hosting yet another fabulous event. Our event is spectacular not only because of the world-class CE, beach party, gala event, activities, and five-star venue, but mostly because of you, our members. See you in Florida!



### GALLERY

**REGISTER NOW!**

**Still Time to Register!**  
**2021 Annual Meeting**

The Ritz-Carlton Key Biscayne, Miami  
October 17-22, 2021

[www.alldocsrocks.com](http://www.alldocsrocks.com)





## Untangling the Web of Internet Searches by Patients



Now more than ever, patients are going to the internet to search for information on eye conditions. A recent study published in the *American Journal of Ophthalmology* shows that the most frequently searched eye problems are cataracts, glaucoma, myopia, diabetic retinopathy, and macular degeneration, with total search queries for these conditions reaching more than 907.9 trillion.<sup>1</sup>

The study also classified search results into categories based on information on websites that internet users visited. Those categories included disease education, treatment education, and other health information, such as general eye searches and eye diseases. The study found that the most common search category for cataracts and myopia was treatment education. For glaucoma and macular degeneration, disease education was the most common search category.<sup>1</sup>

Investigators noted that the internet can be an important resource for patients, giving them a sense of empowerment from finding information quickly and for free. However, concerns were raised about information accuracy and how information from the internet is conveyed to eyecare professionals.

### Other Supporting Data

A recent national survey from the American Optometric Association (AOA) adds additional context to the key findings from the *American Journal of Ophthalmology* study. The survey found that 95% of Americans want

healthcare providers to explain what is happening during appointments and 93% want them to share the reason for each component of their examination. In addition, 85% say preventative care is extremely important to them and 79% rely on their doctors to tell them what is best for them. Furthermore, 80% reported feeling comfortable visiting their optometrist, but 57% do not see a doctor unless they have a specific concern.<sup>2</sup>

### Patient Education: A Great Responsibility

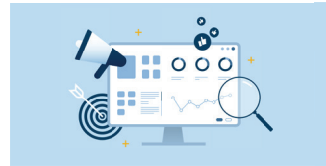
While many patients use the internet to learn about eye conditions, it should be noted that some information posted on the worldwide web is faulty.<sup>3</sup> Unfortunately, not all health information is peer reviewed or comes from reputable sources. This is especially problematic considering that more than 70,000 health-related searches are conducted each minute in the United States.

Optometrists can serve as an important gatekeeper of information during patient exams. They can identify reliable information and use the internet during patient encounters to address inquiries quickly. Optometrists can take advantage of the teachable moment by pulling up and sharing images of various eye conditions to help educate patients while they are in the office. It may help to tell patients where the information being discussed was found and offer them the opportunity to follow up if they have further questions after leaving the office.

Results from the *American Journal of Ophthalmology* study and AOA survey show how eyecare providers have a great responsibility in educating their patients. They underscore the need for optometrists and their staff to continue to expand patient education efforts in their practices and consider the role of information received from the internet.<sup>3</sup>

### SOURCES

1. Hom GL, Chen AX, Greenlee TE, Singh RP. Internet search engine queries of common causes of blindness and low vision in the United States. *Am J Ophthalmol*. 2020;222:373-381.
2. American Optometric Association. American Optometric Association's annual survey reveals misconceptions about diagnosing diabetes and its related eye diseases [press release]. October 27, 2016.
3. American Optometric Association. Do you know what your patients are searching for? October 15, 2020. Available at: [www.aoa.org](http://www.aoa.org).



## Analyzing Eyeglass Wear Compliance in Preschoolers



Despite growing support for early school-based vision screening and eyeglass provision in low-income areas, few studies have rigorously monitored compliance with eyeglass wear among preschool-aged children who receive eyeglasses through such programs. A new study has found that 71% of preschool students were consistently compliant with eyeglass wear during the 2017-2018 school year after receiving free glasses through a school-based program. Of note, compliance was solely associated with poor baseline visual acuity.

The findings support the continued implementation of preschool-based vision screening programs and suggest that such programs involving school-based screening and eyeglass delivery may reduce disparities in accessing pediatric vision care. The data also highlight the importance of monitoring and encouraging compliant eyeglass wear both in school and at home, which requires support from parents and teachers alike. The study authors said fewer patients may be lost to follow-up by connecting with eyecare resources through their schools.

### SOURCE

Source: Sabharwal S, Nakayoshi A, Lees CR, Perez S, de Alba Campomanes AG. Prevalence and factors associated with eyeglass wear compliance among preschoolers from low-income families in San Francisco, California. *JAMA Ophthalmol*. 2021;139(4):433-440. Available at: <https://jamanetwork.com/journals/jama-ophthalmology/fullarticle/2776359>.





## See How You Can Address Patients Lost to Follow Up



An inevitable phenomenon that affects healthcare providers from all medical practices, including optometry, is patients who are lost to follow-up (LTFU) or follow-up non-attendance (FUNA). These terms are broadly used in reference to routine and specialty care delivered by healthcare professionals to patients in clinical practice who do not return for successive monitoring and/or treatment after a new care or treatment regimen has begun.<sup>1</sup>

LTFU/FUNA is typically classified as complete or partial. Complete LTFU/FUNA occurs when a patient is never again seen by the original provider whereas partial LTFU/FUNA is when follow-up occurs but it is less often than what is required by clinical trial protocols or recommended by real-world healthcare providers.<sup>2</sup>

### LTFU/FUNA in Eye Care

According to recent studies, 21% to 53% of patients with diabetes fail to adhere to recommended intervals for dilated eye examinations.<sup>3-4</sup> While most patients do not have sight-threatening diabetic eye disease at a given time, the impact of less-than-optimal examination frequency for detecting diabetic retinopathy and diabetic macular edema is important. When LTFU/FUNA patients eventually return for eye exams, their disease severity may be worse, which in turn substantially increases their risks for consequential vision loss.

Of note, a high number of patients diagnosed with sight-threatening diabetic eye disease fail to follow through with a complete course of therapy from their doctor. In fact, a 5-year analysis showed that about 25% of patients who received an anti-VEGF injection did not return for subsequent injections within the next year. Higher rates of LTFU were seen among Asian and Latino Americans, and those with low annual incomes (less than \$50,000 per year).<sup>5</sup> Similar results have been seen in studies of Black, Hispanic, Native, and Pacific Island American patients and in

those aged 55 and older and with multiple comorbidities.

### Potential Solutions

Optometrists need to recognize that many patients with diabetes do not receive eye examinations at appropriate intervals, do not necessarily follow through with referrals to specialists, and do not complete treatment regimens for vision-threatening eye disease. This underscores the need for optometrists to stress the importance of receiving dilated retinal exams and ensuring that patients adhere to their referral appointments and ongoing treatment.<sup>6</sup>

Optometrists can take a proactive approach by tailoring patient care to accommodate for those at greater risk for being LTFU/FUNA. This includes patients.<sup>6,7</sup>

- Aged 55 and older
- With many comorbidities
- With poor knowledge of their diagnoses
- With poor health literacy or who do not speak English
- Living more than 20 miles from their clinic

Encouraging patients with eye diseases to talk with others who have the same eye condition, providing greater education on eye diseases, and offering improved transportation services to the clinic are other helpful strategies.<sup>6,7</sup> Ultimately, increasing efforts to preserve vision through disease-specific patient education, timely referral and follow-up, and collaborative communication are critical factors to reducing LTFU/FUNA.

### SOURCES

1. Grimsrud AT, Cornell M, Egger M, Boule A, Myer L. Impact of definitions of loss to follow-up (LTFU) in antiretroviral therapy program evaluation: variation in the definition can have an appreciable impact on estimated proportions of LTFU. *J Clin Epidemiol*. 2013;66(9):1006-1013.
2. Malcolm JC, Maranger J, Taljaard M, et al. Into the abyss: diabetes process of care indicators and outcomes of defaulters from a Canadian tertiary care multidisciplinary diabetes clinic. *BMC Health Serv Res*. 2013;13:303.
3. Fisher MD, Rajput Y, Gu T, et al C. Evaluating adherence to dilated eye examination recommendations among patients with diabetes, combined with patient and provider perspectives. *Am Health Drug Benefits*. 2016;9(7):385-393.
4. Eppley SE, Mansberger SL, Ramanathan S, Lowry EA. Characteristics associated with adherence to annual dilated eye examinations among US patients with diagnosed diabetes. *Ophthalmology*. 2019;126(11):1492-1499.
5. Gao X, Obeid A, Aderman CM, et al. Loss to follow-up after intravitreal anti-vascular endothelial growth factor injections in patients with diabetic macular edema. *Ophthalmol Retina*. 2019;3(3):230-236.
6. Thompson AC, Thompson MO, Young DL, Lin RC, Sanislo SR, Moshfeghi DM, Singh K. Barriers to follow-up and strategies to improve adherence to appointments for care of chronic eye diseases. *Invest Ophthalmol Vis Sci*. 2015 Jul;56(8):4324-31.
7. Green M, Tien T, Ness S. Predictors of loss to follow up in patients being treated for proliferative diabetic retinopathy. *Am J Ophthalmol*. 2020 Mar 31 [Epub ahead of print].



## A Look at Visual Function After Marijuana Use



A small study conducted by investigators in Spain provides evidence of visual function changes associated with cannabis use that could disprove the commonly held belief that the illicit drug is “relatively safe” from a health perspective. Researchers quantified significant adverse effects on the visual systems of patients after they smoked cannabis. Specifically, patients experienced impaired contrast sensitivity and visual acuity that were especially pronounced at nighttime.

The data provide insights on the full scope of sensory distortion that occurs with cannabis use and emphasize the risks of consuming cannabis and engaging in common tasks like driving. The authors noted that cannabis is one of the most prevalent illicit drugs involved in road traffic fatalities. The results could help generate a better understanding of visual changes relating to cannabis use and their implications for everyday tasks and raise awareness among users of the risks involved consuming the drug.

### SOURCE

Source: Ortiz-Peregrina S, Ortiz C, Casares-Lopez M, Jimenez JR, Anera RG. Effects of cannabis on visual function and self-perceived visual quality. *Sci Rep*. 2021;11(1):1655. Available at: <https://www.nature.com/articles/s41598-021-81070-5>.



## Outsourcing Billing: Is it Right for Your Practice?



Billing is a crucial part of any optometry practice, regardless of its size. The revenue cycle is a complex process, and it can be particularly challenging to have an absolutely clear understanding of all possible issues.<sup>1</sup> To bill appropriately, dedicated billers and coders and continuous oversight of claims and reimbursements is required. To facilitate your billing processes, you may want to consider outsourcing billing to a third-party company.

### Trigger Events

If you are unsure if your practice should use outsource billing, use the following questions to identify potential trigger events:<sup>1</sup>

1. Is your patient accounting system old and need to be replaced?
2. Do you have chronic problems with credentialing challenges?
3. Are you seeing constant changes in reimbursement models?
4. Do you have poor net revenues and cash recovery based on your expectations?

If any or all of those trigger events apply to your optometry practice, outsourcing billing needs may be of benefit. While the cost of outsourcing is often concerning, the alternative of keeping it in-house may mean you are leaving money on the table.

### Examining the Benefits

When outsourcing billing, practices have a trusted professional revenue cycle partner. This partnership includes giving practices clear direction to im-

prove revenue and having comprehensive knowledge of regulatory issues from the federal government and payers. A revenue cycle partner ensures that demographic data and billings are correct and that bills are received by the appropriate clearing house and payers.

In addition, outsourcing partners can offer helpful analytics that allow practices to have a clear picture of what is happening with their accounts. Specifically, they can generate reports on how accounts receivable is aging, if payers are misbehaving, and how patients are responding to reimbursement changes.<sup>1</sup> They can also help practices negotiate better contracts with payers if analytics reveals that the current contract is not working for the optometrist.

While practices can try to hire and train billing and coding staff, it is important to remember that these staffers may change jobs or careers. If you have a small staff and a member leaves your practice, you will need to start from scratch to replace them. With an outsourcing partner, a team of people is available to make sure your claims are handled.<sup>1</sup>

### Select the Right Partner

For practices that decide to outsource, look for these attributes to select the right partner:<sup>1</sup>

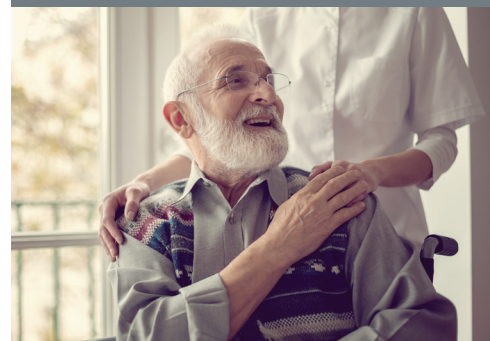
- Proven expertise. The vendor should have a solid reputation and understanding of the needs of your practice
- Solid references. Ask for recommendations for other practices like yours to get evidence that the partnership works for your type of model
- Transparency. The vendor should provide clear information up front about terms of the agreement, fee structures, and implementation plans; there should be no hidden costs
- Current technology. Ask if the vendor is using the most current technology to get the work done

### SOURCES

1. Rosenfeld J. Know the pros and cons of outsourcing billing. *Optometry Times J.* Vol. 12, Issue 11, November 10, 2020. Available at: <https://www.optometrytimes.com/view/know-the-pros-and-cons-of-outsourcing-billing>.



## Caregiver Burden in Helping Those With Visual Impairment



Family members of older adults with vision impairment spend significantly more time providing care to them than those who care for members without vision problems, according to a national study. As a result, the valued activities and emotional well-being of caregivers are more acutely impacted than those whose elderly relatives do not experience visual deficits.

Specifically, the study found that caregivers of older adults with vision impairment spent 36% more hours providing care and had 61% more of their valued activities affected per month. Additionally, caregivers of people with vision impairment had a 46% higher risk of experiencing substantial emotional difficulty per month than those of adults without vision impairment. The authors noted there is a need to better engage and support caregivers to maximize these relationships and optimize outcomes for both patients and their caregivers.

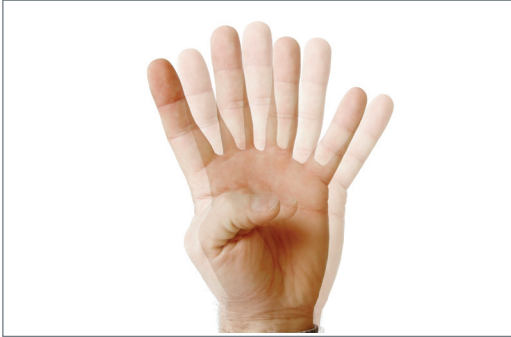
### SOURCE

Varadaraj V, Swiatek KS, Chung SE, et al. Caring for older adults with self-reported vision impairment: findings from the national study of caregiving. *Am J Ophthalmol.* 2021;227:211-221. Available at: <https://pubmed.ncbi.nlm.nih.gov/33831341/>.





# Developing a Double Vision Action Plan



Determining the cause of double vision is often challenging but taking a step-wise approach can help optimize the management of patients with this condition. In an article published in Review of Optometry, Erin Draper, OD, and Tina Zeng, OD, presented a four-step process with 20 questions to ask or consider during an eye exam when a patient presents with diplopia.<sup>1</sup> The guide can help clinicians anatomically localize the cause of diplopia and create a differential diagnosis. If a differential diagnosis is created, optometrists can then determine the appropriate management for their patients.<sup>1</sup>

## Step 1: Weigh Binocular Vs Monocular Diplopia

The first step to uncovering the cause of double vision is to determine if true binocular diplopia is present. Ask the patient these questions:

1. Does the double vision go away if one eye is covered?
2. Does it matter which eye is covered?

## Step 2: Determine Misalignment Type

The second step is to establish the type of misalignment. Ask the patient or yourself these questions:

3. Is the misalignment constant or fluctuating?
4. How are the images displaced (eg, horizontal, vertical, diagonal)?
5. Is it worse in any particular distance or direction of gaze?
6. How long has it been going on and is it stable, worsening, or improving?

7. How did you first notice it?
8. Is there any history of childhood strabismus or prior orbital surgery?
9. Is there any ductional limitation?
10. Does a cover test or Maddox rod testing in different positions of gaze match a pattern of a specific cranial nerve palsy?
11. If there is a vertical deviation, are the double Maddox rod results abnormal?

## Step 3: Localizing the Lesion

Localizing the lesion is the third step in uncovering the cause of double vision. Ask the patient or yourself these questions:

12. Are there any other associated ocular findings (eg, vision loss, ptosis, anisocoria, or others)?
13. What are the results of a forced duction test?
14. Are there other neurological signs (eg, headache, ocular pain, or others)?
15. Are there any constitutional signs (eg, fatigue, weight loss, fever, or others)?
16. Are there any other known health problems (eg, infectious disease, inflammatory disease, cancer, or others)?
17. Is the patient on any medications known to cause diplopia?
18. Where does the lesion localize to?

## Step 4: Determine Additional Testing/Treatment

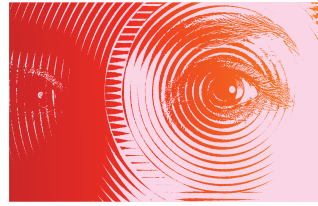
The final step is to determine if additional testing or treatment is needed. Optometrists should ask themselves:

19. How urgent is this and what additional testing is warranted?
20. What can I do to help the patient?

By following this guide, optometrists can ask the necessary questions and follow a logical and organized process while perhaps creating a differential diagnosis. This differential can then guide how patients are managed.<sup>1</sup>

### SOURCES

1. Draper E, Zeng T. An action plan for assessing double vision. Rev Optometry. February 15, 2021. Available at: <https://www.reviewofoptometry.com/article/an-action-plan-for-assessing-double-vision>.



# Corneal Crosslinking: First-Line Therapy for Kids?



Corneal crosslinking (CXL) appears to help stop keratoconus progression in the majority of young patients, according to data from a study. The study examined the efficacy and safety of CXL for stabilizing progressive keratoconus in young patients, including 30 who were randomized to the CXL group and 28 who received standard care. On average, at 18 months after randomization, patients receiving CXL in the study eye had corneal power in the steepest meridian 3.00D lower than those receiving standard care, representing a statistically significant difference. The authors added that no adverse events were associated with CXL, suggesting that it is a relatively safe intervention.

The data suggest that CXL should be considered as a first-line treatment in patients with progressive disease, according to investigators. If the slowed keratoconus progression induced by CXL is sustained in longer follow-up, there may be benefit in avoiding a later requirement for contact lens wear or corneal transplant.

### SOURCE

- Larkin DFP, Chowdhury K, Burr JM, et al. Effect of corneal cross-linking vs. standard care on keratoconus progression in young patients: the Keralink randomized controlled trial. Ophthalmology. 2021;S0161-6420(21)00297-9. Available at: <https://pubmed.ncbi.nlm.nih.gov/33892046/>.

# Comfort. Performance. Choice.

## INFUSE® Contact Lenses

Experience our latest contact lens innovation with a next-generation material infused with breakthrough ProBalance Technology™ to help maintain ocular surface homeostasis to aid in minimizing symptoms of contact lens dryness.<sup>1</sup>



### Next-Generation Material

High moisture content, low modulus, and exceptional breathability with a high Dk/t of 134\*

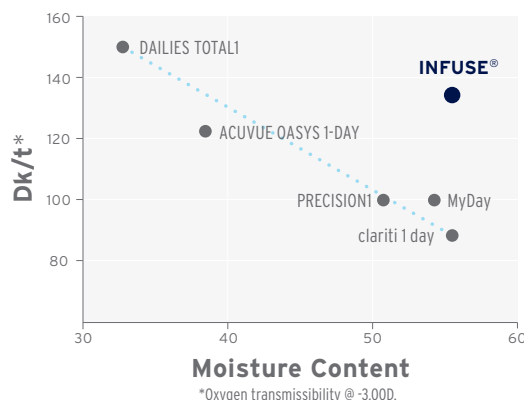
### Breakthrough ProBalance Technology™

Infused with a proprietary combination of ingredients to help maintain ocular surface homeostasis for a comfortable lens-wearing experience<sup>1</sup>

### Aspheric Optics to Reduce Spherical Aberration

Provides high-definition optics for outstanding vision<sup>1</sup>

Historically, increased breathability resulted in lenses with lower moisture content. **Until now.**



Available at  
**ALL DOCS**  
ASSOCIATION OF  
LEASEHOLDING  
LENSCRAFTERS  
DOCTORS

**WANT TO LEARN MORE? VISIT [BAUSCHINFUSE.COM/ECP](https://bauschinfuse.com/ecp)**

REFERENCE: 1. Data on file. Bausch & Lomb Incorporated, Rochester, NY. BAUSCH + LOMB, INFUSE®, and ProBalance Technology™ are trademarks of Bausch & Lomb Incorporated or its affiliates. Any other product/brand names and/or logos are trademarks of the respective owners.  
© 2021 Bausch & Lomb Incorporated or its affiliates. VCCM.0119.USA.21



INSIGHTS

## Smartphone Apps: Examining Efficacy in Vision Testing



Optometry health tool applications are increasingly becoming available for both patients and clinicians in attempts to address the increasing demand for eye care. However, when compared with traditional visual acuity testing that relies on printed optotypes, smartphone apps suffer from a range of variables that can influence the accuracy of results, according to a recent study. This includes screen size, aspect ratio, pixel density, contrast, and screen brightness.

With these limitations in mind, investigators identified 3 apps that would be suitable for clinical practice:

1. Peek Acuity (Peek Vision)
2. Peek Acuity Pro (Peek Vision)
3. LooC-Mobile eye test (LooC GmbH)

Of note, the authors reported that more work is needed in vision testing smartphone apps. Specifically, they recommended enhancements regarding the clinical validation of individual apps, improved governance of health apps, and cohort management systems for the integration of these programs into existing care pathways.

### SOURCE

Rasoulinejad SA, Pourdad P, Pourabdollah A, et al. Ophthalmologic outcome of premature infants with or without retinopathy of prematurity at 5-6 years of age. J Family Med Prim Care. 2020;9(9):4582-4586.



### CONTACT

Tara O'Grady  
[tara@alldocsod.com](mailto:tara@alldocsod.com)

Alcon

ABB OPTICAL GROUP



BAUSCH + LOMB

Johnson & Johnson VISION