



PRESIDENT'S DESK

It's that exciting time of year again, ALLDocs members!



Kerry Gelb, OD
President

Registration is **OPEN** for the 2023 annual meeting. This year's event will be held at the prestigious Greenbrier Resort in White Sulphur Springs, WV.

Located amid the breathtaking mountains of West Virginia, The Greenbrier is a National Historic Landmark and world-class resort that has been welcoming guests from around the world since 1778. The natural mineral springs that drew the first guests nearly 250 years ago continue to lure visitors to the 11,000-acre luxury retreat today. With a guest list that includes

28 U.S. Presidents, America's Resort has long been a favorite destination of royalty, celebrities and business leaders and soon, ALLDocs members!

The Greenbrier is widely regarded as one of the finest luxury resorts in the world. Surrounded by the wondrous Allegheny Mountains, The Greenbrier offers exclusive services and amenities such as championship golf, fine dining, more than 55 activities, designer boutiques, a world-renowned mineral spa and a 103,000-square-foot gaming and entertainment venue, recognized as America's only private casino.

Please register as soon as you can to help our event team make proper arrangements. Once again, we are looking forward to a truly unique experience, seeing familiar ALLDocs faces, and meeting new members! Don't forget to register your guest and pay attention to travel specific information about getting to the Greenbrier, America's Resort.



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How Health Information Exchange Can Impact Optometry



Health Information Exchanges (HIEs) are organizations that provide services to enable the secure sharing of electronic health-related information. HIEs can make patient information more readily available in your office by enabling you and other members of your staff to securely access a patient's health information quickly and at anytime of day.¹

A Backgrounder on HIEs

HIEs act as a central repository of a patient's health information that can be shared with all other providers on a care team, even if they are in different health-care systems or offices. Patient information in HIEs can include consultations, medical history, allergies, medications, immunizations, health problems, and laboratory results, among many more. Behavioral health and psychiatric data can be exchanged in an HIE, but these require a separate authorization from patients.¹

With HIEs, clinicians can finish a patient exam and send the results to the HIE. When the next clinician prepares to examine the patient, the health information will have been automatically updated in electronic exam forms. Since patient information is sent directly to the HIE at the point of care, all members of the care team can get a complete picture of the patient's health status.¹

Big Benefits Possible

A potential benefit of HIEs is that they may enable more accurate patient information than what can be obtained from asking a patient about their medical history and relying on their memory. The Office of the National Coordinator (ONC) for Health Information Technology has identified the following benefits with HIEs:²

- Rapid information sharing
- Enhanced patient safety by reducing medication and medical errors
- Increased efficiency by eliminating unnecessary paperwork and handling
- Better care coordination by providing clinical decision support tools
- Reduced cost by eliminating duplicate tests and unnecessary procedures
- Improved quality of care
- Facilitation communications between healthcare providers
- Reduced need for patients to deliver medical records
- National exchanges of health information

Seize the Opportunity

Despite the potential benefits, few optometry providers are currently participating in HIEs. The reasons for this poor uptake are likely multifactorial, but a key contributing factor is that most eyecare providers are not aware of the existence or value of HIEs.¹

Optometrists should recognize that every state in the U.S. is covered by at least one HIE. You can identify available HIEs within your state by conducting a simple web search. You can also visit the ONC's website at HealthIT.gov to learn more about HIEs and how to get started with one.²

If you decide to join an HIE, you will be taking an important step to improving your practice's capabilities for optimizing clinical outcomes. In addition, local primary care physicians who discover that you are participating in an HIE may be more likely to refer their patients to you in the future.¹

SOURCES

1. Snyder RP, Lipson MJ. What is a health information exchange? How an organization that securely shares patient health information can benefit patients and your practice. *Optometric Management*. June 1, 2022. Available at: <https://www.optometricmanagement.com/issues/2022/june-2022/what-is-a-health-information-exchange>.
2. HealthIT.gov. HIE benefits. September 30, 2022. Available at: <https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/hie-benefits>

The Impact of Type 2 Diabetes on Dry Eye Disease



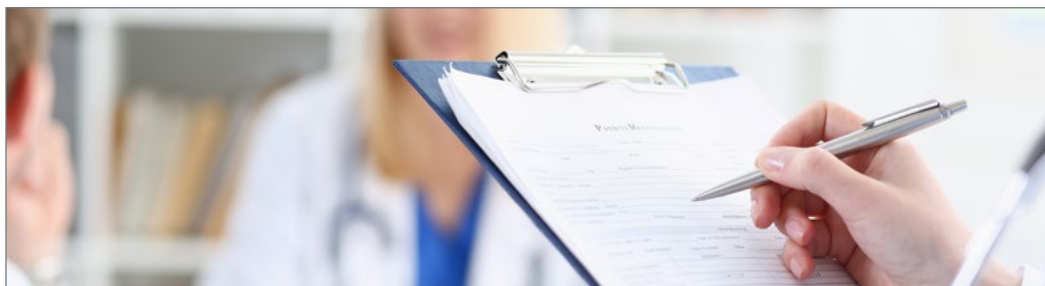
Few studies have focused on the impact of diabetes on meibomian gland (MG) morphology and function. To address this research gap, a new study evaluated the impact of type 2 diabetes on dry eye disease (DED) in 90 patients. A higher prevalence and increased severity of MG dysfunction was seen in patients with both type 2 diabetes and DED when compared with those who only had DED.

Investigators found that the MG loss was significantly higher in both the upper and lower eyelids of patients with diabetes who had DED than in those without diabetes and DED. They also found that the Ocular Surface Disease Index scores of patients with diabetes and DED were higher than what was seen in the normal control group, but lower than what was observed for patients without diabetes and DED. The authors concluded their findings provide concrete evidence for the relationship between MG dysfunction and diabetes and DED.

SOURCE

Yang Q, Liu L, Li J, et al. Evaluation of meibomian gland dysfunction in type 2 diabetes with dry eye disease: a non-randomized controlled trial. *BMC Ophthalmol*. 2023 Jan 31 [Epub ahead of print].

Practical Recommendations for Developing a Case History



Implementing tools to streamline patient intakes and case histories is critical to developing more complete diagnoses and enhancing patient management. Giving case history the proper attention can show patients that you value them as more than just a number on the schedule.¹ Knowing which questions to ask and what information to obtain can guide care and influence patient outcomes.² Below are some practical recommendations to enhance the patient experience and to refine overall case history skills.

What to Include on Intake Forms

To gather a more efficient and comprehensive case history, optometrists should first ensure that intake forms are customized. When selecting or developing an intake form for your practices, a variety of factors should be considered, such as demographics and commonly treated conditions at your clinic.¹ Customizing these tools will guide the case history interview and allow for earlier recognition of eye conditions. Intake forms should:¹

- Ensure inclusivity
- Ask about past elective cosmetic procedures
- Be mindful of high medication use
- Ask about past COVID-19 infection

Forming a Sensible Case History During the Exam

While electronic health record (EHR) systems are critical to medical practices, some EHR formats may not be conducive to an efficient and personalized case history. EHR templates are often not ideal for interviewing patients while they are in the exam chair.¹ Supplementary assessments may compensate for limitations of an EHR case history template. Below are a few best practices to optimize documentation of patient data:¹

- Log how patients feel in their own words
- Do not copy/paste data to save time
- Avoid ambiguous abbreviations

Communicating About Difficult Topics

It may be important to inquire about issues that are traditionally private, but patients might not be forthright in disclosing information due to societal norms and expectations.¹ These personal history components may be crucial to determining a diagnosis and deciding what to prescribe for treatment. Below are some difficult conversation topics that should be considered during patient encounters:

Pronouns: Using correct pronouns throughout the exam and case history demonstrates respect and inclusivity. Normalizing gender identity throughout the office can help create a safe space.³

Substance use: Inclusion of questions regarding substance use on an intake form may help break the ice regarding use of alcohol, tobacco, vaping and other legal and/or illegal drugs. Explaining the rationale for these questions can help patients understand factors connected to eye health.¹

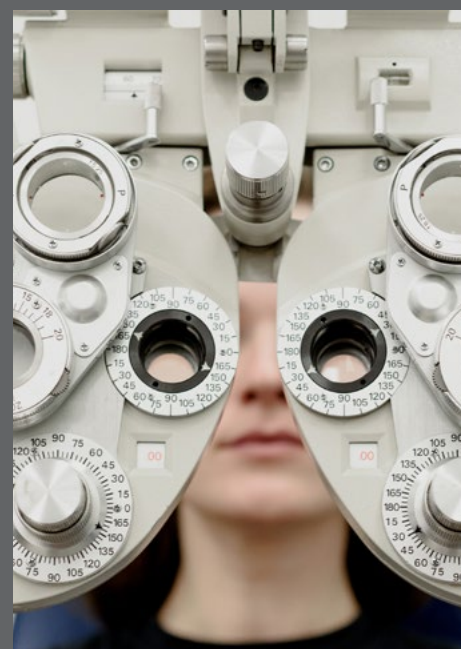
Sexually transmitted infections (STIs): Patients might be guarded when discussing STIs, but explaining to them the reason for the question may foster greater understanding and openness.¹

Case history information is gathered by many different methods and can help guide patient exams. Efforts to adapt intake forms and history-taking techniques to reflect a practice's community may further improve patient care.

SOURCES

1. Tyler J, Tawa M. Developing a constructive approach to case history. *Rev Optometry*. February 15, 2023. Available at: <https://www.reviewofoptometry.com/article/developing-a-constructive-approach-to-case-history>
2. Halkett GKB, McKay J, Shaw T. Improving students' confidence levels in communicating with patients and introducing students to the importance of history taking. *Radiography*. 2011;17(1):55-60.
3. Bindman J, Ngo A, Zamudio-Haas S, Sevelius J. Health care experiences of patients with nonbinary gender identities. *Transgender Health*. 2022;7(5):423-429.

Childhood Vision Screen Rates on the Decline



Vision screening is a vital part of pediatric care because of its impact of visual function in daily life and the high potential for using interventions to treat many causes of decreased vision. A new study used a large national survey-based database to assess trends in childhood vision screening and vision care over a 4-year period. Results showed that the percentage of children receiving vision screening decreased significantly, dropping from 69.6% in 2016 to 60.1% in 2020.

The study also found that percentage of screenings performed by a vision specialist decreased significantly, dropping from 55.6% in 2016 to 50.4% in 2020. Additionally, reported unmet needs for vision care increased significantly between 2019 and 2020, rising from 0.5% to 1.1%. This indicates the likely impact of the COVID-19 pandemic. The researchers concluded that this recent and significant decrease in vision screenings necessitates interventions focused on increasing both specialist and non-specialist screenings.

SOURCE

Chauhan MZ, Elhusseiny AM, Samarah ES, Rook BS, Sallam AB, Phillips PH. Five-year trends in pediatric vision screening and access in the United States. *Ophthalmology*. 2023;130(1):120-122.



What to Do When Patients Decline Dilation



Many optometrists have encountered scenarios in which a patient arrives for a comprehensive eye exam but then requests not to be dilated due to other previous commitments.¹ In some cases, patients might not be able to return in subsequent days for dilation. When these situations arise, optometrists often decide to move forward with the comprehensive eye exam but code for an intermediate exam, with the belief that they will not be able to code for a comprehensive exam without dilating the patient.¹ This raises key questions that all optometrists must keep in mind when examining patients who decline dilation.

Dilation Is Not Required for Coding

According to the American Optometric Association, dilation is not required for optometrists to code for either a comprehensive eye exam or an intermediate exam.¹ The definition for a comprehensive ophthalmologic service (CPT codes 92004 and 92014) states that comprehensive ophthalmological services describe a general evaluation of the complete visual system.¹ The comprehensive services constitute a single service entity but need not be performed at one session. In other words, the patient can return for dilation in a subsequent visit.

Of note, comprehensive service includes a patient's history, general medical observations, external and ophthalmoscopic examinations, gross visual fields, and basic sensorimotor examinations, and always includes initiation of diagnostic and treatment programs.¹ According to the definition, an ophthalmoscopic exam must be documented. Unless it is specifically required by a payer (e.g., a vision plan), the choice for dilation is up to the professional judgment of optometrists.¹

Dilation Is Essential Unless Medically Contraindicated

Even though coding 92004 and 92014 does not require dilation, optometrists should still consider dilation essential unless medically contraindicated. Current clinical practice guidelines recommend using dilation as a standard of care. Malpractice suits against optometrists are rare, but studies show that 45% of these cases result from missed diagnoses. A chief mistake that frequently leads to a missed diagnosis is not dilating patients.¹

While dilation is optional when coding for a comprehensive eye exam, it should still be performed to adhere to the highest standard of care.¹ If dilation is refused, optometrists should clearly and thoroughly document the reasoning for refusal in the medical record. Since a comprehensive eye exam can be performed over the course of multiple visits, optometrists should offer to reschedule patients for a subsequent visit to perform dilation.¹

Other Important Considerations

In 2021, CMS and AMA released new definitions and guidelines for billing Evaluation and Management codes that no longer define the components of an eye examination. Instead, they require providers to perform "a medically necessary" examination.¹ Of note, some health insurance plans require dilation as part of their comprehensive eye examination, particularly for people with diabetes. If dilation is required but not performed, optometrists might be in violation of the contract. As such, it is important to carefully review the requirements for a comprehensive eye exam established by each payer.

SOURCE

1. American Optometric Association. 2 points to keep in mind when patients decline dilation. February 14, 2023. Available at: <https://www.aoa.org/news/practice-management/billing-and-coding/2-points-to-keep-in-mind-when-patients-decline-dilation?sso=y>.



Corneal Ectasia Risk Higher in Preterm Children



Previous research has shown a positive correlation between retinopathy of prematurity (ROP) severity and corneal steepness in preterm children. However, the role of premature status or ROP pathology in the development of a steep corneal curvature is unclear. In a study of children aged 2 to 12 years, researchers evaluated corneal topography in full-term and preterm children with or without ROP. They found that premature status led to greater corneal ectasia, and laser treatment for ROP caused further corneal steepness and higher anterior corneal astigmatism.

When compared with full-term eyes, premature eyes demonstrated steeper anterior corneal curvature, higher anterior and posterior corneal astigmatism, and thinner thinnest pachymetry. Laser-treated ROP eyes showed steeper anterior corneal curvature and higher anterior corneal astigmatism than the intravitreal injection-treated eyes. Due to significant abnormal corneal topography, premature patients—especially those with laser-treated ROP—may be suboptimal candidates for laser refractive surgery.

<https://www.reviewofoptometry.com/news/article/preterm-children-at-greater-risk-for-corneal-ectasia>

SOURCE

Wu PY, Chen HC, Hsueh YJ, et al. Corneal topography in preterm children aged 2 years to 12 years with or without retinopathy of prematurity. Eye. 2022 Dec 16 [Epub ahead of print].



5 Steps to Reducing Your No-Show Rate



Throughout healthcare, patient no-show rates are one of the most significant factors leading to reduced efficiency within medical practices.¹ In addition to suboptimal treatment outcomes, patient no-shows result in the unnecessary use of resources and lost time.² Although virtual visits offer accessible patient care and were widely adopted during the COVID-19 pandemic, optometrists do not have the same luxury when it comes to telehealth.¹ Optometrists typically need patients to be physically present to properly examine their eyes and perform essential imaging and tests. Below are 5 effective methods to help prevent no-shows to your practice in the future:

1. Educate Patients

Education is an essential factor in ensuring that patients keep their appointments, but studies show that most people do not fully understand the importance of eye care visits.¹ Patients may believe they are seeing fine so there is no urgency to come to the clinic. It is critical to be thorough with patient education about exam findings to help patients realize why they should not miss their appointments and increase compliance in the future.³

2. Increase Accessibility

Ensuring that your clinic is wheelchair accessible, offers translator services, and is accessible via public transportation are important ways to reduce barriers to accessibility. Consider offering evening and/or weekend hours to accommodate patients who cannot take off from work.¹

3. Send Reminders

Appointment reminders are vital in reducing no-show rates. Automated or staff-generated voicemail messages, texts, and/or email reminders are also helpful. Another approach is to offer automated messaging to fill cancelled appointments on a first-come, first-serve basis. Following up with no-show patients—especially those who are new to your practice—can help you clarify reasons for their absence and get them rescheduled.¹

4. Schedule Wisely

One approach to increase the likelihood that certain patients will show up for their appointment is to schedule families together in the same time slot. For example, you can schedule an initial 30-minute appointment plus 15 minutes for each additional family member. Another approach is to call patients who schedule their appointment online for later that same day and have them verbally confirm their appointment details. In cases where bad weather arises on the day of an appointment, call your patients that morning to confirm their visit or reschedule them.¹

5. Reduce Wait Times

Since long waiting times can lead to patients not showing up to their next appointment, efforts should be made to reduce wait times. One approach is to have patients participate in pretesting while they wait. This can help patients feel more engaged and aware that the appointment process has started. High patient satisfaction at the initial visit will also help increase compliance with future appointments.¹

SOURCES

1. Adlakha M. Reduce your patient no-show rate. *Modern Optometry*. January/February 2023. Available at: <https://modernod.com/articles/2023-jan-feb/reduce-your-patient-no-show-rate>.
2. Mehra A, Hoogendoorn CJ, Haggerty G, et al. Reducing patient no-shows: an initiative at an integrated care teaching health center. *J Am Osteopath Assoc*. 2018;118(2):77-84.
3. McMullen MJ, Netland PA. Lead time for appointment and the no-show rate in an ophthalmology clinic. *Clin Ophthalmol*. 2015;9:513-516.



A New Tool to Improve Lighting in Your Practice



Adequate lighting is imperative to ensuring the clinical accuracy of tasks within an optometric practice. In spaces where more illumination could be beneficial, a portable light source can be a solution. Recently, Eschenbach released a new two-in-one desk lamp and flashlight called the Magno travel lamp. This dual-purpose tool features three color temperatures and can be dimmed from 100% to 10% light by just clicking a button.

When used as a desk lamp, the Magno flashlight head can be set on a table face-down while the lamp head is folded out from the handle. When using the device as a flashlight, the lamp head can be folded back into the handle. The rechargeable battery lasts for 8 hours when the light is used as a desk lamp and 5 hours when used as a flashlight. A convenient perk of the Magno travel lamp is that it can easily be moved from room to room or taken on the road because it is lightweight and easily transportable.

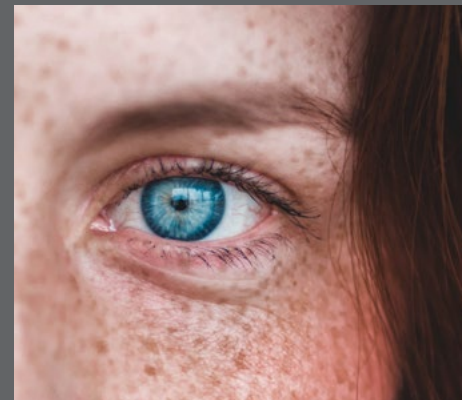
SOURCE

Eschenbach Optik of America, Inc. Magno Travel Lamp. Available at: <https://eschenbach.com/non-optical-task-lighting-magno-travel-lamp.asp>



SCEYENCE

NAION: Identifying Risk Factors for Fellow Eye Involvement



Nonarteritic anterior ischemic optic neuropathy (NAION) is the second most common type of optic neuropathy in patients aged 50 years and older and research suggests its incidence rising. For a study, researchers investigated risk factors for fellow eye involvement in 113 patients with unilateral NAION. Several risk factors were identified for fellow eye involvement, including the presence of:

- Diabetes
- Greater visual function damage
- Severe sleep apnea

During the follow-up period, 40 patients developed fellow eye involvement. A poorer initial average deviation indicated a higher risk of fellow eye involvement. The initial average deviation was significantly poorer in patients with fellow eye involvement than in those without it. Patients with poorer initial average deviations had shorter attack intervals between the two eyes. The authors noted that more intensive follow-ups might be needed for patients with risk factors identified in the study.

SOURCE

Li X, Guo T, Zhang Y, et al. Risk factors for fellow eye involvement in patients with nonarteritic anterior ischemic optic neuropathy. *Ophthalmic Res.* 2022 Dec 9 [Epub ahead of print].



MyDay® toric

Material/H ₂ O content	stenfilcon A/54%
Replacement schedule	Daily Disposable
Oxygen transmissibility	80 Dk/t (at -3.00D)
Revenue carton size	90-pack
Material Technology	Aquaform® Technology
Design	Optimized Toric Lens Geometry™
Base curve	8.6 mm
Diameter	14.5 mm
UV Blocker*	Yes


Biofinity® XR toric & Biofinity® toric

Material/H ₂ O content	comfilcon A/48%
Replacement schedule	Monthly
Oxygen transmissibility	116 Dk/t (at -3.00D)
Extended wear	Yes
Revenue carton size	6-pack
Material Technology	Aquaform® Technology
Design	Optimized Toric Lens Geometry™
Base curve	8.7 mm
Diameter	14.5 mm


MyDay® toric and Biofinity® toric

Sphere power	Cylinder	Axis
+8.00D to -10.00D (0.50D steps after +/-6.00D)	-0.75, -1.25, -1.75, -2.25	Full circle in 10° steps

MyDay® daily disposable toric now matches Biofinity® toric's prescription range 100%



With our OptiExpert™ fitting tool app, speed up finding the right toric contact lens fit for your patients.



MyDay® daily disposable toric wide range covers 100% of Biofinity® toric prescription options.

MyDay® family of contact lenses has UV blocking to help protect the eye from the transmission of harmful UV rays.*



Biofinity® XR toric		
Sphere power	Cylinder	Axis
+8.50D to +20.00D and -10.50D to -20.00D (0.50D steps)	-0.75 -1.25 -1.75 -2.25	Full circle in 5° steps
+20.00D to -20.00D (0.50D steps after +/-6.00D)	-2.75 -3.25 -3.75 -4.25 -4.75 -5.25 -5.75	Full circle in 5° steps

*Warning: UV-absorbing contact lenses are not substitutes for protective UV-absorbing eyewear, such as UV-absorbing goggles or sunglasses, because they do not completely cover the eye and surrounding area. Patients should continue to use UV-absorbing eyewear as directed.

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