



### PRESIDENT'S DESK



**Kerry Gelb, OD**  
President

## There is Still Time to Register, ALLDocs members!

There is still time to register for the ALLDocs Annual Meeting!

Visit [www.alldocsrocks.com](http://www.alldocsrocks.com) to get your last minute spot secured at the meeting. There are a number of new members joining and it will be a pleasure to meet them and welcome them to ALLDocs. If you would like more information about the meeting or have any questions, you can contact Tara O'Grady, ALLDocs Managing Director: [tara@alldocsod.com](mailto:tara@alldocsod.com) or email our meeting support team: [support@alldocsrocks.com](mailto:support@alldocsrocks.com). Looking forward to seeing you all in West Virginia at the beautiful Greenbrier, America's Resort!

This year, in addition to medical CE we are adding some asset protection information for our members. We have invited Legally Mine to present to our members. Legally Mine is the largest, most respected, experienced, and comprehensive lawsuit protection company in America. They provide specialized consulting, packages and tools to help businesses and practices manage risk. This should be an interesting and valuable addition to our meeting. We are optometrists but business owners as well. ALLDocs seeks to improve not just our members' optometric skills and knowledge but our business acumen as well. This is just one of the treats in store for ALLDocs members in West Virginia.



### GALLERY



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## See What Really Matters When Incentivizing Employees



For many business owners, it can be challenging to find the perfect blend of employee incentives. To start incentivizing, it is imperative that managers of optometric practices know what matters to its employees.<sup>1</sup> Some employees enjoy praise and recognition while others prefer to get financial benefits or more time off. Knowing how to motivate your employees is paramount to creating a successful incentive program.<sup>1</sup>

### Gratitude & Recognition

People like to feel appreciated and know that what they are doing at work is making a difference. Staff at an optometry practice work tirelessly to ensure that clinics run seamlessly. A quick “thank you” from a manager or supervisor can go a long way towards incentivizing employees.<sup>1</sup> This gratitude should be followed by recognition. Giving a small gift card, voucher, or social media post to an employee for a job well done can have an enormous impact on how they feel about their organization.

### Financial Incentives

In the current economic environment, many employees live paycheck to paycheck. Money can be an effective motivator for many people, but this approach should be used cautiously. Consider setting up a quarterly bonus system where employees share profits. Doing this on a quarterly rather than yearly basis can keep staff more engaged.<sup>1</sup>

### Time Off & Flexible Schedules

Most staff members covet their time off, and research shows that taking time away from work yields both mental and physical health benefits. Studies have shown that employees who take vacations have less stress, a better outlook on life, and are more motivated to achieve goals.<sup>2</sup> If financially feasible, consider closing the offices for a vacation, giving all staff paid vacation time. This could increase long-term productivity while also helping to retain and hire employees.<sup>1</sup>

Many younger workers appreciate the flexibility of working at places other than their job site, such as coffee shops or parks. But since exams must be performed in the office, creative approaches are needed to allow employees to work remotely. Some optometric staff roles can be completed remotely, such as ordering contact lenses, verifying insurance, and confirming appointments.<sup>1</sup> Think about offering a remote day of work as an incentive to stay with your practice.

### Foster an Environment of Ownership

Involving employees in setting goals can make them feel more vested in achieving those goals. Giving staff members this level of ownership might help prevent “quiet quitting,” a term that refers to employees doing the bare minimum to complete job tasks. Employees are less likely to become disconnected if they feel like they have a purpose in your organization, are needed, and have the resources to do their job.<sup>1</sup> Continuing to invest in your employees will be a rewarding experience for your management team and business.

#### SOURCES

1. Reynoldson TM. Incentivizing employees: what really matters? *Optometric Management*. January 1, 2023. Available at: <https://www.optometricmanagement.com/issues/2023/january-february-2023/incentivizing-employees-what-really-matters>.

2. Achor S, Gielan M. The data-driven case for vacation. *Harvard Bus Rev*. Published July 13, 2016. Available at: <https://hbr.org/2016/07/the-data-driven-case-for-vacation>.



## The Optometrists' Role in Pediatric Referrals



Children might not be able to accurately express concerns about their visual status, meaning they can consequently develop vision-threatening conditions and quality of life problems that go undetected. For a study published in *Optometry and Vision Science*, researchers evaluated referrals to their pediatric ophthalmology clinic to assess the diagnostic accuracy of different healthcare providers.

The study demonstrated that there were no ocular abnormalities in 38% of children referred by general practitioners or pediatricians, compared with a much lower rate of 15% for kids who were referred by an optometrist. The most common reason for referral was strabismus, with diagnostic accuracy rates of 51% for general practitioners, 50% for pediatricians, and 89% for optometrists. Based on the findings, investigators highlighted the importance of referring to optometry first to decrease the number of false positives and improve efficiency in pediatric ophthalmology.

#### SOURCE

Voa K, Lee GY, Jindani Y, et al. Letter to the editor: accuracy of referrals to Canadian pediatric ophthalmology services. *Optom Vis Sci*. 2022 Oct 10 [Epub ahead of print].





## Strategies for Discussing Out-of-Pocket Expenses With Patients



Talking about out-of-pocket medical expenses can be uncomfortable for optometrists and patients alike. Optometrists are trained to educate patients on the best treatments available for their eyes, some of which may not be covered by insurance. Meanwhile, patients with medical insurance typically expect that these treatment options will be at least partially covered by insurance. However, the most desirable therapies may not be covered by any insurance carriers due to the ever-changing health insurance landscape and continuous advances in ocular treatments.<sup>1</sup>

### Emphasize Care Over Cost

To provide the highest level of care, premium services and out-of-pocket expenses are a reality that should be embraced. All patients should be educated on the full range of options available to them, including those that are covered and not covered.<sup>1</sup> Optometrists should not assume which services or treatments patients can afford. It is essential to at least give patients the option to choose their treatment for themselves.

### Common Out-of-Pocket Expenses for Eye Care

Using brand versus generic medications is one area in which the discussion of out-of-pocket expenses often arises. The appropriate name brand medication should be considered as first-line therapy to provide the highest level of care for each

patient case. Generic medications should be considered after:<sup>1</sup>

- First attempting to obtain prior authorization
- Changing to alternative name brand medications
- Educating patients on efficacy and safety differences

The process of not using a generic first-line therapy may require more education and time spent with patients to thoroughly explain why the name brand option is best for them. Patients need to understand that all medications are not equal, and the options being offered are intended to optimize results.

Refractive surgery is another area that often involves discussions about out-of-pocket expenses, especially refractive cataract surgery.<sup>1</sup> In most cases, patients expect the operation to be covered by their medical insurance. While it is covered in its most basic form, patients often want more than the standard surgical cataract outcome. Discussing all options prior to surgery is mandatory so every patient can choose for themselves the option that best fits their needs, desires, and price point.<sup>1</sup>

An emerging area for frequent discussions about out-of-pocket services is dry eye disease (DED). In many practices, patients present with dry eye risk factors whereas others will present with full-blown DED.<sup>1</sup> As new treatments for DED continue to enter the market, it will be important to discuss potential out-of-pocket costs for these options.

### Preparing for Future Conversations

Experts recommend documenting discussions about out-of-pocket medications and procedures and the ultimate decisions that were made in patients' medical records.<sup>1</sup> In addition, staff members must be educated on discussing out-of-pocket expenses with patients to help reinforce the doctor's recommendations and to field questions. Patients may be more accepting of higher cost options if optometrists and their staff conduct careful discussions on the available treatment options and upfront associated costs.<sup>1</sup>

#### SOURCE

Robben J. Discussing out-of-pocket expenses with patients. *Modern Optometry*. September 2022. Available at: <https://modernod.com/articles/2022-sept/discussing-out-of-pocket-expenses-with-patients?c4s-rc=topic:practice-enrichment:feed>.



## Identifying Impediments to Ortho-K Wear in Eligible Myopes



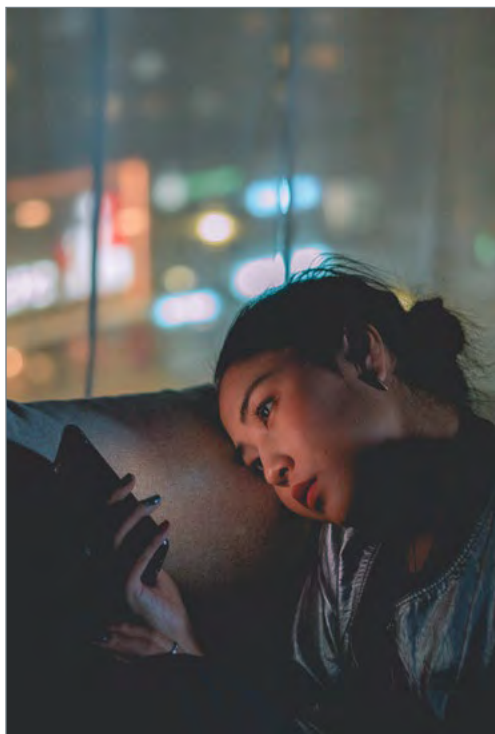
Orthokeratology lenses (ortho-K) are effective for pediatric patients at high risk of developing high myopia, but their use is limited because it is less user-friendly than other available options. In a new study, researchers investigated the ortho-K rate of usage among children and identified setbacks to success. Results suggest that health education and follow-ups should be strengthened to ensure the quality of this modality's application.

The study, which included 72,920 children, found that 32,259 were eligible to use ortho-K, but this option was used by only 1,021 participants, making up 1.4% of the total population and 3.1% of the potential eligible population. Ortho-K use was positively correlated with age, BMI, age at initiation of refractive correction, and presence of parental myopia. Sleeping 6 hours or less per night and a correction target of -3.00D or less were factors contributing to unsatisfactory vision. The authors noted that practitioners should conduct more rigorous examinations of indications and perform detailed inquiries during follow-ups in clinical practice.

#### SOURCE

Zhao W, Wang J, Chen J, et al. The rate of orthokeratology lens use and associated factors in 33,280 children and adolescents with myopia: a cross-sectional study from Shanghai. *Eye*. April 12, 2023. Available at: <https://www.nature.com/articles/s41433-023-02503-1>.

## Unplugging: Help Your Patients Give Their Eyes a Break



Studies have shown that spending too much time on digital devices can lead to dry eye, strained eyes, frequent headaches, loss of concentration, and difficulty sleeping, among other symptoms.<sup>1</sup> An additional disadvantage of spending too much time in front of technology is that it often equates to many hours of being sedentary or not interacting with others, which can result in an unhealthy lifestyle.<sup>1</sup>

Beyond vision problems, prolonged exposure to blue light can lead to sleep problems, headaches, and neck and shoulder pain.<sup>2</sup> The default focus of the eyes is for distance viewing, but the eyes were not designed for staring at near objects all day. Unplugging could be a good reminder to give the eyes a break.

### Counseling Patients

Some studies have estimated that Americans spend as many as 10 to 12 hours per day on digital devices, highlighting the need for counseling on year-round options to preserve vision against over-exposure.<sup>1</sup> Unfortunately, most people now live in a work and home environment that is highly dependent on technology. As such, efforts are needed to guide patients on ways to reduce the amount of time spent viewing digital devices.

Experts recommend that patients—especially younger individuals—practice good visual hygiene. To improve visual hygiene, clinicians can offer the following advice to their patients:<sup>1</sup>

**Follow the 20-20-20 rule:** When using electronic devices, counsel patients to make a conscious effort every day to take a 20-second break and look away from the screen every 20 minutes and view something 20 feet away

**Maintain a comfortable position:** Educate patients to position themselves in a comfortable working distance from their device by using zoom features to see small print and details rather than bringing the device closer to the eyes

**Adjust device settings to reduce glare:** The American Optometric Association recommends reducing glare by adjusting device settings or using a glare filter. Patients should understand that doing this can decrease the amount of light reflected from the screen

**Purchase occupational eyewear:** Specialized work glasses can supplement everyday pairs of glasses for those who work in specific fields or industries. These glasses use lenses that optimize intermediate and near distance vision

**Power down before sleep:** Patients should be instructed to turn off digital devices at least one hour before going to bed

In addition to practicing good visual hygiene, patients should be counselled on the importance of comprehensive eye exams. A comprehensive eye exam is the best way to ensure that the eyes are healthy and the visual system is operating efficiently.<sup>1</sup> Healthy eyes and efficient vision allow users to interact with technology in a comfortable and clear way for longer periods of time, which might translate into better productivity.

### SOURCES

1. American Optometric Association. Help patients see the benefits of unplugging. March 3, 2022. Available at: <https://www.aoa.org/news/clinical-eye-care/health-and-wellness/day-of-unplugging?sso=y>.
2. American Optometric Association. Put your digital devices to bed early. March 1, 2017. Available at: <https://www.aoa.org/about-the-aoa/press-room/press-releases/2017-save-your-vision-month?sso=y>.

## A Community Approach to Increase Eye Care Access



Disparities in access to eye care are profound and fall along racial, ethnic, and socioeconomic lines, resulting in higher rates of eye disease and poor vision in Black, Hispanic, and low-income communities. A new study used a community-level approach to address disparities by identifying patients with eye disease before they might otherwise present to care and connecting them with treatment. The intervention group received free eyeglasses at an optometry exam and assistance with ophthalmology appointment scheduling from patient navigators.

Results from the study demonstrated that vision screening and imaging, followed by optometric exams, were used to refer 66.1% of screened subjects to ophthalmology among community-based program adults living in public housing in New York City. The cost of the intervention per case of newly detected eye disease was \$274. The authors reported that actively recruiting high-risk patients can effectively identify patients in need of eye care. Conducting screening and follow-up optometric exam on-site in housing developments may also lead to high retention.

### SOURCE

Hark LA, Horowitz JD, Gorroochurn P, et al. Manhattan Vision Screening and Follow-up Study (NYC-SIGHT): baseline results and costs of a cluster-randomized trial. *Am J Ophthalmol*. 2023;251:12-23. Available at: [https://www.ajo.com/article/S0002-9394\(23\)00028-4/fulltext](https://www.ajo.com/article/S0002-9394(23)00028-4/fulltext).



## Are Colorblindness Glasses Right for Your Patients?



Inherited colorblindness—also called color vision deficiency—has no known cure. Genetic colorblindness is caused by an absence of or problems with functioning 1 or more of the 3 types of color-sensing cone photoreceptors in the retina. People with deuteranomaly or protanomaly experience an overlap between some of the light wavelengths that the brain interprets as red or green color.<sup>1</sup>

In recent years, new glasses have promoted products to improve color vision for people with common forms of red-green colorblindness, but little is known about how well colorblindness-correcting glasses work.<sup>1</sup> For some people with milder forms of red-green colorblindness, specially formulated color-correcting eyeglasses may improve contrast between some colors.<sup>1</sup>

### Fixing Colorblindness With Glasses

Colorblindness glasses work by enhancing the distinction between red and green colors. However, the results vary depending on the type and extent of a person's color vision deficiency. Furthermore, these glasses do not give people a true equivalent of natural color vision.<sup>1</sup> These glasses are made with certain minerals to absorb and filter out some of the wavelengths between green and red that could confuse the brain. Some of the light coming through colorblindness glasses is blocked, meaning the remaining red and green light wavelengths do not overlap as much. With less overlap, the brain gets a clearer signal to help distinguish between problem colors.<sup>1</sup>

EnChroma makes one of the most popular kinds of colorblindness glasses. It develops optical lens technology that selectively filters out wavelengths of light at the point where confusion or excessive overlap of color sensitivity occurs. EnChroma's lens technology may alleviate symptoms of red-green color blindness for a richer, more colorful experience of the world.<sup>2</sup>

It should be noted that colorblindness-correcting glasses will not change color perception for people whose deficiencies are caused by a complete absence of red or green photoreceptors. In addition, the positive effects of these glasses last only for as long as they are worn. The glasses do not modify a person's photoreceptors, optic nerves, or visual cortex to fix colorblindness.<sup>1</sup>

### Counselling Patients on Treatment

When caring for individuals with colorblindness who are considering colorblindness glasses, patients should be educated on the following:<sup>1</sup>

**Colorblindness glasses might worsen night vision.** Wearing colorblindness-correcting glasses at night is ill-advised. Reducing the amount of light getting into the eye might especially be a problem for people who have other eye conditions, such as cataracts or macular degeneration

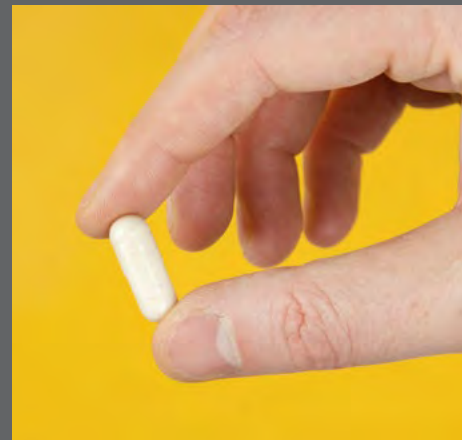
**Colorblindness glasses are expensive and may not provide desired results.** These glasses can cost hundreds of dollars, so help set realistic expectations for patients on how much the glasses might change their vision before they buy them. Also, colorblindness-correcting glasses are not typically covered by insurance

**Contrast-enhancing glasses are different from colorblindness glasses.** Patients may have heard about other devices designed to enhance contrast between colors, but inform patients that these products were not developed specifically to enhance color vision from colorblindness

### SOURCES

1. Mukamal R. Do colorblindness glasses really work? American Academy of Ophthalmology. EyeSmart. March 8, 2021. Available at: <https://www.aao.org/eye-health/tips-prevention/do-color-blindness-correcting-glasses-work>
2. EnChroma. How EnChroma color blind glasses work. Accessed May 10, 2023. Available at: <https://enchroma.com/pages/how-enchroma-glasses-work>.

## The Impact of Oral Antihypertensives on Glaucoma Risk



Many patients with glaucoma take topical glaucoma drops in addition to systemic oral hypertensive medications to control blood pressure, but these medications can have an impact on glaucoma risk and intraocular pressure (IOP). A new meta-analysis examined existing evidence on these drugs and showed that systemic antihypertensive medications may mask elevated IOP or positively or negatively affect risks of glaucoma.

For the study, researchers examined 5 drug classes and reported that systemic beta-blockers were associated with lower odds of having glaucoma as well as lower IOP. Calcium channel blockers were associated only with higher risks of glaucoma. No consistent associations were seen among angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, or diuretics with glaucoma or IOP. The investigators concluded that systemic beta-blockers to treat hypertension may benefit those at risk for glaucoma while systemic calcium channel blockers may be harmful. Additional trials are needed to fully understand optimal treatment approaches for people at risk for glaucoma who have hypertension.

### SOURCE

Leung G, Grant A, Garas AN, et al. A systematic review and meta-analysis of systemic antihypertensive medications with intraocular pressure and glaucoma. *Am J Ophthalmol*. 2023 Mar 24 [Epub ahead of print]. Available at: [https://linkinghub.elsevier.com/retrieve/pii/S0002-9394\(23\)00119-8](https://linkinghub.elsevier.com/retrieve/pii/S0002-9394(23)00119-8).

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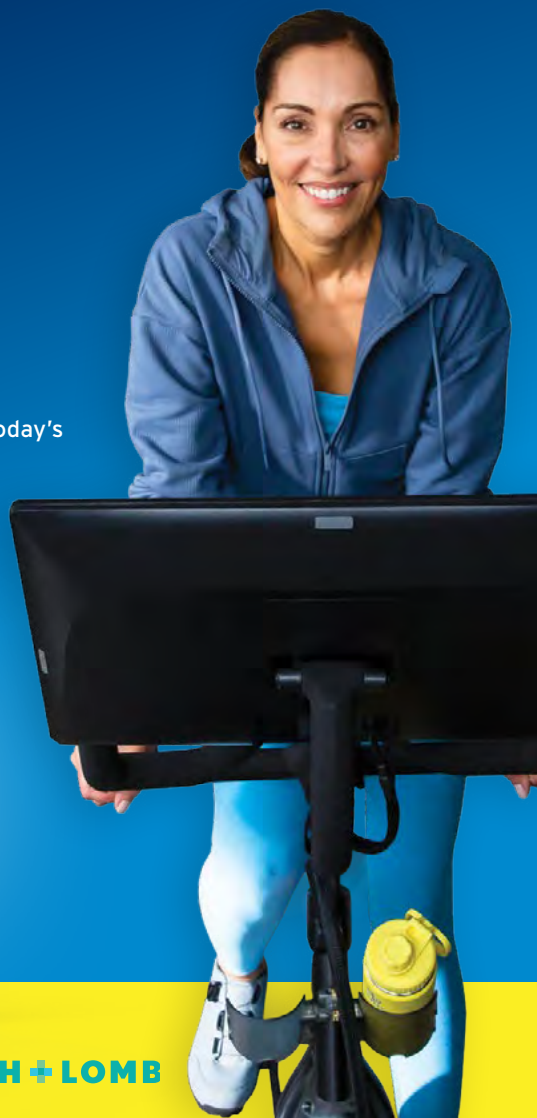


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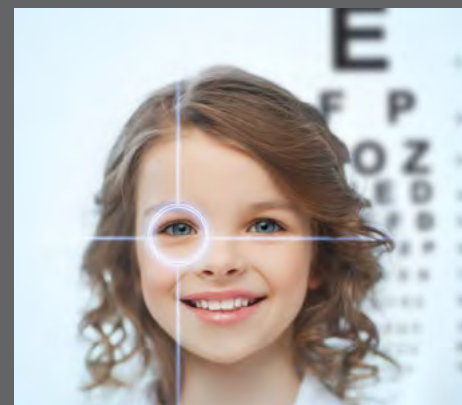
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INSIGHTS

## Childhood Vision Screening Rates on the Decline



Vision screening is vital in pediatric care because of the impact of visual function on daily life and the high potential for interventions to address many causes of decreased vision. A new study, which was based on 175,000 survey responses, assessed recent trends in childhood vision screening and vision care. It found that the percentage of children receiving vision screening decreased significantly from 69.6% in 2016 to 60.1% in 2020. The percentage of screenings performed by a vision specialist also decreased from 55.6% to 50.4% from 2016 to 2020.

Importantly, the prevalence of reported unmet needs for vision care increased significantly between 2019 and 2020. The authors noted that future research should explore the impact of health insurance status on vision care access and unmet needs among children in the United States across the same time period. Additionally, the impact of expanding certain methods of healthcare access during the pandemic, such as virtual appointment platforms, should be examined.

### 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. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9527180/>.

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**CONTACT**

**Tara O'Grady**  
tara@alldocsod.com