ALL DOCS™

CONTACT QUARTERLY

NOVEMBER 2023

PRESIDENT'S DESK

Another Great Meeting, ALLDocs Members!

What an Historic Event! Our 2023 annual ALLDocs meeting was the best as usual, and extra historic considering the venue. Our members walked the halls and property that our founding fathers and country's most influential business people did years ago. How fitting for our country's best optometrists!

The Greenbrier meeting did not disappoint. As usual we had an amazing lineup of speakers with 15 total hours of CE offered. A special thank you to ALLDocs members Dr. Ryan Corte and Dr. Harbir Sian who gave valued CE to our members. Dr. Derrick DeSilva, a crowd favorite, returned with: "Strategies to Slow Down Cellular Aging" and a Canadian influencer, Dr. Shalu Pal, treated us to: "Building a Specialty Practice and Scleral Lenses from A to Z." Our video lectures are available on the ALLDocs website www.alldocsod.com under the "lectures" tab. Please login and take advantage of this amazing asset.

Of course, our meeting would not be possible without the generous support of our sponsors. Thank you, Diamond Sponsors: CooperVision, Alcon and Bausch & Lomb. Thank you, Platinum Sponsor Johnson & Johnson, as well as all our Gold and Bronze Sponsors. See the ALLDocs website for a complete list of sponsors.

The ALLDocs Board would also like to thank all attendee members. If you could not join us this time, we sincerely hope to see you next year. Speaking of, the 2024 meeting dates and venue have been announced! We will be visiting another amazing property, the Biltmore in Phoenix. Mark your calendars for October 13-18, 2024.

THANK YOU TO OUR DIAMOND SPONSORS!
Alcon, Bausch+Lomb, and CooperVision

Devin Sweeney from Bausch+Lomb, pictured with ALLDocs president, Dr. Kerry Gelb.
Thank you, Bausch+Lomb!

Brandt Elkin and Ana Smith from Alcon, pictured Dr. Kerry Gelb.
Thank you, Alcon!

Rick Santowski from CooperVision, pictured with Dr. Kerry Gelb.
Thank you, CooperVision!

SCEYENCE

Does Glycemic Control Help With Myopia?

Little is known about whether glycemic control is a risk factor for myopia, with reported results being inconsistent in previous research. A new study aimed to clarify this uncertainty by evaluating the link between multiple glycemic traits and myopia. The 6 glycemic traits used as exposures were adiponectin, BMI, fasting blood glucose, fasting insulin, A1C, and proinsulin levels. Myopia was used as the outcome. Findings showed that a genetically predicted level of adiponectin was consistently and negatively associated with incidence of myopia, with all sensitivity analyses further supporting this result. The authors also found that higher A1C levels conferred greater myopia risk.

The researchers put their findings into context by explaining that adiponectin is a protein hormone produced and secreted primarily by energy-storing adipocytes and modulates serum glucose and lipid metabolism. In turn, these activities are negatively correlated with insulin resistance, obesity, type 2 diabetes, and cardiovascular diseases. As such, the researchers suggest that adiponectin may provide protection against myopia. Increasing adiponectin levels reduces the risk of myopia.

SOURCE

Li FF, Zhu MC, Shao YL, et al. Causal relationships between glycemic traits and myopia. Invest Ophthalmol Vis Sci. 2023;64(3):7. Available at: https://iovs.arvojournals.org/article.aspx?articleid=2785415.

BUSINESS

Subpoenas: What to Do When You've Been Served

Although getting a subpoena might feel intimidating, it is not uncommon for optometrists to receive multiple such legal writs throughout their careers, but knowing how to respond can alleviate any anxiety that you may experience.[1] A subpoena is a writ issued by a government agency—typically by a government agency or court—to compel the production of evidence and/or documents or to force a person's appearance to testify in a deposition.[2]

Many times, optometrists receive requests for a subpoena because the condition they are treating is the result of an accident at work, home, or another place. You are more likely to receive a request for records, but sometimes an attorney may demand your appearance in court to testify as to the nature, type, and extent of the injury.[2]

Do Not Fear Communication From Attorneys

Experts recommend that optometrists not worry about receiving subpoenas or any other communications from attorneys. If you are issued a subpoena, pay specific attention to what it is requesting and relevant deadlines. It is also important to determine whether there may be grounds to object to the subpoena.[1]

The American Optometric Association notes that the following reasons my be sufficient for a doctor to object to a subpoena:1

- Insufficient time to compile requested records or to prepare to testify
- Answering the request poses an undue hardship on the doctor
- The request is overly broad or ambiguous
- There is a request to disclose confidential, proprietary, or sensitive information

The Role of HIPAA

Optometrists are familiar with the fact that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts disclosing patients' protected health information (PHI). However, it is less known that HIPAA permits sharing PHI in the event of a court order or the order of an administrative tribunal.[1]

If a subpoena is issued, optometrists can only release the requested PHI if they have received satisfactory reassurance that reasonable efforts have been made to inform the patient of the request. In addition, efforts must have been made by the party requesting the information to secure a protective order from the court safeguarding the information. Furthermore, authorization should be secured from the patient litigant to allow the information to be released. These steps should be completed via written request and accompanying documentation of the attorney's good faith attempt to notify the patient. The key is to provide patients access to their records while being careful not to release protected information without explicit patient consent.[1]

Keep Relationships in Mind

Maintaining the doctor-patient relationship is at the heart of everything optometrists do, and this is especially true when it comes to legal matters. Doctors are legally bound to comply with a valid subpoena, but steps can be taken to keep patient interests in mind. Consistent communication with patients and attorneys throughout the process is paramount.[1]

SOURCES:

1. American Optometric Association. You've been served—now what? Where ethical intersects legal. April 11, 2023. Available at: https://www.aoa.org/news/practice-management/perfect-your-practice/youve-been-served-now-what-where-ethical-intersects-legal?sso=y

2. American Optometric Association. Legal questions and answers relating to subpoenas. Accessed May 8, 2023. Available at: https://www.aoa.org/practice/legal-questions-and-answers-relating-to-subpoenas?sso=y.

CONTACTS

Pediatric Soft Contact Lens Wear: A Focus on Safety

Prior research suggests soft contact lenses may help slow the progression of myopia in children. Recently, investigators reviewed studies on microbial keratitis and corneal infiltrative events (CIEs) in children who wore soft contact lenses. The study showed that children were not at greater risk for infection from using these lenses. The review, which included prospective and retrospective studies on soft contact lens-related complications in children who wore contact lenses for at least 1 year, showed that the overall incidence of microbial keratitis was 2.7 per 10,000 patient years, which was similar to what has been seen in adults. The incidence of symptomatic CIEs of 42 per 10,000 patient years was lower than that of adults.

The authors recommended educating patients on proper wear and care. Early responses to adverse symptoms can further reduce the risk of any long-term consequences. Eyecare providers should educate all patients about modifiable risk factors, such as avoiding swimming, sleeping, or showering while wearing contact lenses, topping off cleaning solutions, and extending wear past prescribed replacement time.

SOURCE

Bullimore MA, Richdale K. Incidence of corneal adverse events in children wearing soft contact lenses. Eye Contact Lens. 2023;00:1-8. Available at: https://pubmed.ncbi.nlm.nih.gov/36877990/.

OCT: Strategies for Improving OTC Imaging Efficiency

Many factors can drive the need for enhanced efficiency in optical coherence tomography (OCT) imaging for glaucoma, including the large and growing percentage of patients with and at risk for sight-threatening glaucoma. OCT has been adopted as a standard of care tool to help identify and monitor glaucomatous disease.[1] Below are 6 action steps to take to improve OTC imaging efficiency while ensuring an accurate diagnosis, appropriate management, and high-quality patient care:[1]

1. Consider Time-Saving Features

A general understanding of various OCT instruments and the features they offer is the first step to establishing efficiency with OCT.[1] Some models can image both the anterior and posterior segments of the eye, whereas others perform OCT-Angiography (OCT-A), among other functions.[1]

2. Train Staff

Staff should be intimately familiar with the overall operation of the OCT that a practice utilizes, including image acquisition protocols, instrument settings, and common scan acquisition errors. To ensure adequate training, OCT manufacturers offer in-person seminars and ongoing live and/or pre-recorded webinars.[1]

3. Avoid Focusing on Scan Colors

There is temptation to immediately focus on scan colors when interpreting OCT scans, but doing so can lead to misinterpretation and further practice inefficiency. To accurately interpret the OCT, optometrists should analyze the proximity of the scan reference circle to the edges of the optic disc and ensure it is centered.[2]

4. Establish Scan-Ordering Protocols

Having established scan-ordering protocols minimizes risks for necessary tests not being scheduled or billed, making it paramount to OCT efficiency.[1] All doctors and practice members should be on the same page regarding the timeframe for follow-up and in which order/at which visit various testing is normally ordered to establish efficiency.[1] The frequency of testing and follow-up should be adjusted based on risk of disease progression and/or the need to repeat unreliable or inconclusive tests.[1]

5. Optimize Scheduling

Prudent planning can avoid preventable work bottlenecks in optometry. Optometrists are recommended to account for the following factors to optimize scheduling:[1]

- How long it takes staff to acquire scans, on average
- Whether the number of OCTs scheduled on a given day should be capped based on staffing and schedules
- Whether non-emergent, unscheduled, same-day scans will be allowed
- Whether multiple tests will routinely be scheduled the same day on the same patient

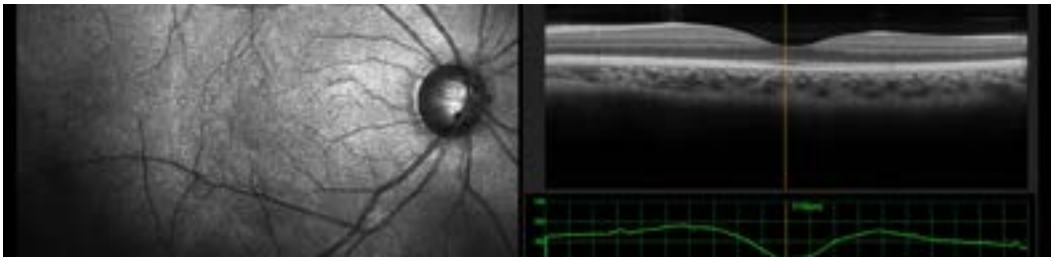
6. Use Visual Aids for Patient Education

Communicating OCT results to patients can be time-consuming. To reduce time, consider referencing color-coded visual aids on test results, progression analysis curves, and/or temporal, superior, nasal, and inferior curves to facilitate efficient patient education.[1] This can be accomplished using an exam room monitor or printout. Additionally, ensuring that technicians have scan results for the doctor prior to entering the exam room can greatly expedite how results are communicated.[1]

SOURCES:

1. Wroten C, Warnock O. Improve OCT imaging efficiency in glaucoma. Optometric Management. March 1, 2023. Available at: https://www.optometricmanagement.com/issues/2023/march-2023/improve-oct-imaging-efficiency-in-glaucoma

2. Rao HL, Pradhan ZS, Suh MH, Moghimi S, Mansouri K, Weinreb RN. Optical coherence tomography angiography in glaucoma. J Glaucoma. 2020;29(4):312-321.



Assessing AMD Prevalence in Asian Americans

As the Asian-American population continues to grow, so too has the rate of ophthalmic diseases in these individuals, including late age-related macular degeneration (AMD). In a new study, researchers characterized the prevalence of AMD in Asian-American people by age, gender, and comorbidities. The authors reviewed a sample of Medicare beneficiary populations that included nearly 22 million Asians and non-Hispanic whites. The study, which was conducted between 2014 and 2018, estimated that nearly 10% of Asian-Americans were diagnosed with any subtype AMD in 2018.

The data also highlighted a greater prevalence of AMD in multiple Asian sub-cohorts aged 40 to 64 years. These included Asian females aged 40 to 64 years with a history of diabetes or hypertension relative to the same age, gender, and comorbidity-matched cohort of non-Hispanic whites. Collectively, the findings suggest that certain Asian subpopulations have exceeded the prevalence of AMD in real time when compared to non-Hispanic Whites.

SOURCE

Hussain ZS, Wu G, Loya A, et al. Diagnostic patterns of age-related macular degeneration among Asian Medicare beneficiaries macular degeneration in Asians. Retina. 2023 Aug 15 [Epub ahead of print]. Available at: https://pubmed.ncbi.nlm.nih.gov/37603087/.

INSIGHTS

Managing Disappointed Patients After Eye Surgery

Optometrists are a key part of the continuum of care for patients undergoing cataract and laser vision correction surgeries. Unfortunately, some patients return to their optometrist expressing disappointment with the outcome after surgery. To ensure a successful referral pattern, strong optometrist-patient and optometrist-ophthalmologist relationships are necessary.[1]

Patients are more engaged in their surgical journey when they are educated and informed about any necessary additional testing, surgical options, and postoperative expectations.[1] Before referring patients to surgery, optometrists should complete an ocular assessment and ensure patients have realistic expectations. The table below describes various elements of the assessment to consider:[1]

Evaluation	Key Considerations
Ocular Surface	• Having an effective plan to evaluate tear film and ocular surfaces can reduce the potential for an unhappy patient returning to the office • Meibography and biomicroscopic gland expression can alert clinicians to a diagnosis of meibomian gland dysfunction
Cornea	• Topography and aberrometry are useful diagnostics for astigmatism and corneal optics, diagnosing dystrophies, and corneal degenerations • A medical history of autoimmune disease, diabetes, and herpes keratitis should be shared with the surgeon as part of this evaluation
Crystalline Lens Evaluation	• Optometrists with access to technology to assess light scatter, glare, and lens dysfunction can help patients understand the degree of their cataract formation and are better positioned to make an intraocular lens recommendation or surgeon referral
Vitreous Body Evaluation	• Patients must be educated about vitreous floaters before surgery and the affect floaters may have on their vision after surgery • Patients should also understand the possible need for additional surgeries if floaters become bothersome
Fundus Evaluation	• Assessment of the fundus and any suspicious findings warrant a retinal evaluation before sending patients to an anterior segment surgeon • Some conditions (e.g., advanced retinopathy) are common considerations for a consult with a retina specialist
Macular Evaluation	• Macular pathology can affect visual acuities, visual perceptions, and the central visual field and alerts surgeons as to what type of lens technology may be best suited to get patients the best outcome they are seeking
Binocular Vision Evaluation	• Alerting the surgery team to any binocular vision concerns may keep patients from believing that eye surgery will significantly reduce their dependence on glasses
Vision After Cataract or LASIK Surgery	• Educating patients on all different vision correction options and the advantages and disadvantages of each empowers them to play a pivotal role in deciding the best option for their individual visual demands
Visual Personality	• Ensuring patients understand their own visual personality will help guide decisions on the ideal vision correction approach to take

Collaborate and Do Not Settle

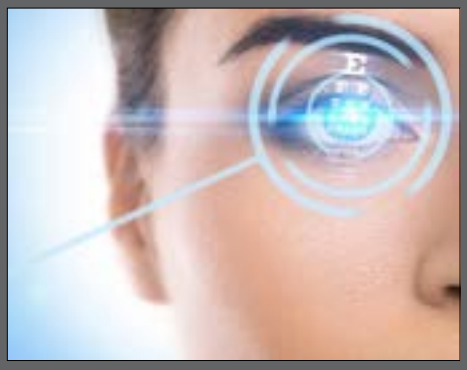
Eyecare has evolved tremendously in the past decade, and the optometrist's job does not stop with patient education. Building a practice around clear communication and technological advancements alerts patients to the competency of the referring optometrist and recommended surgical practices.[1]

SOURCE:

1. Ferguson SJ, Karpuk K. Preventing unhappy post-surgery patients. Modern Optometry. October 2022. Available at: https://modernod.com/articles/2022-oct/preventing-unhappy-post-surgery-patients?c4src=article:infinite-scroll

TECHNOLOGY

Optometrist-Performed Capsulotomy Deemed Safe, Effective



Research has supported the safety of optometrists performing YAG capsulotomy on patients who develop posterior capsule opacification (PCO) after cataract surgery. A recent study assessing outcomes of patients who underwent the procedure demonstrated that optometrists were able to perform it safely and effectively while significantly improving patients' vision.

For the study, researchers followed 79 patients who developed PCO post-cataract surgery. The mean visual acuity of patients who followed up for 1 month improved from 20/40 to 20/23 after capsulotomy, and similar visual outcomes were reported among those who completed 3 months of follow-up. No patients experienced significant adverse events, including inflammation, increases in vitreous floaters, corneal edema, cystoid macular edema, retinal detachment, or permanent vision loss.

Investigators also noted that nearly all patients reported that their vision improved after the capsulotomy procedure. The authors concluded that laser procedures can be effectively used by optometrists to provide patients easier access to high-quality eye care with minimal risk.

SOURCE

Lighthizer N, Johnson S, Holthaus J, et al. Nd:YAG laser capsulotomy: efficacy and outcomes performed by optometrists. Optom Vis Sci. 2023 Aug 18 [Epub ahead of print]. Available at: https://pubmed.ncbi.nlm.nih.gov/37594749/.

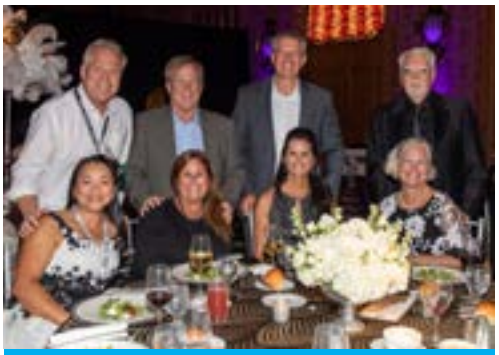
GALLERY

2023 Annual Meeting Highlights

Dr. Gelb addresses the membership

LensCrafters Leadership: Heather Young, Dave Reaves, Alfonso Cerullo, & Tanya Gapic

ALLDocs members enjoying an outdoor picnic on the grounds of the historic Greenbrier Resort



ALLDocs members Dr. and Mrs. Johnson, Dr. and Mrs. Reid, Dr. and Mrs. Vacarella, and Dr. and Mrs. Walker enjoying the Black & White Gala

Another amazing performance by Go go Gadget, pictured here with ALLDocs board member, Dr. Gretchen Brewer

Dr. Amanda Scott, Dr. Anisa Kristollari, Dr. Kathryn Larkin, & Dr. Judi Schaffer pose with first time attendee Dr. Sara Samii at the Gala

Please Join Us in 2024 at The Arizona Biltmore in Phoenix

GALLERY

2024 Annual Meeting

Arizona Biltmore

A Waldorf Astoria Resort

October 13-18, 2024

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INSIGHTS

The Impact of IVF on Dry Eye Symptoms

Previous research has shown that in vitro fertilization (IVF) elevates circulating estrogen levels by 10 to 50 times. For a new study, Australian investigators evaluated the tear film and ocular surface of women undergoing IVF. During treatment, women who received IVF had small increases in symptoms of ocular dryness, ocular pain, and tear film alterations analogous to mild dry eye that were associated with an extreme rise in serum estradiol levels and a reduction in luteinizing hormone (LH).

From baseline to the second clinical visit, ocular pain and dry eye symptoms worsened while tear stability and tear secretion decreased among recipients of IVF treatment. The study team noted it is important for clinicians to recognize that women with greater changes in serum levels of sex hormones during IVF might expect greater changes in symptoms of dry eye and ocular pain.

SOURCE

Boga A, Stapleton F, Chapman M, Golebiowski B. Effects of elevated serum estrogen on dry eye in women undergoing in vitro fertilisation. Ocul Surf. 2023;29:511-520. Available at: https://pubmed.ncbi.nlm.nih.gov/37422153/.

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