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QUARTERLY

MARCH 2024



PRESIDENT'S DESK

Happy New Year, ALLDocs Members!



Kerry Gelb, OD
President

Happy New Year ALLDocs Members! Here is hoping that your year is off to a great start. The meeting planning is in full swing, we have some interesting and exciting new things to incorporate this year. Looking forward to another historic property to enjoy in Arizona. Look for registration opening early this spring - see you there!

ALLDocs is always continuing to evolve and expand with the help of our members

and partners. ALLDocs would like to announce the ALLDocs@TargetOptical division is active and growing rapidly! The first meeting was held in Hollywood, FL and was well attended. If you have a Target lease you are eligible for membership and should reach out to Tara O'Grady, our Managing Director: tara@alldocsod.com.



Tell your Target Optical Leaseholding colleagues to become a part of the ALLDocs group and enjoy the outstanding CE, comradery and business growth we have all come to appreciate. 2024 meeting dates will be announced soon. Stay tuned.



GALLERY



2024 Annual Meeting

Arizona Biltmore

A Waldorf Astoria Resort

October 13-18, 2024

www.alldocsrocks.com

THANK YOU FOR BEING A PART OF ALLDOCS



2023 was also a difficult year. ALLDocs suffered a great loss. With great sadness we announce the passing of our dear friend, Tom Nicholson. Our thoughts and prayers are with his wife, family and his CooperVision family. There was no greater supporter of ALLDocs and no better friend to our group. He will be truly missed and never forgotten. Thank you to our members who attended his celebration of life ceremony. Our meetings will not be the same. We will do our best to honor his legacy of loyalty, friendship, partnership and fun.



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INSIGHTS

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Tips for Using Automated Services to Reach Patients



For optometry practices that wish to use automated services to call or text patients, it is important to understand the rules for such communications.¹ The Telephone Consumer Protection Act (TCPA) prohibits some forms of unsolicited communications with consumers.² Originally passed in 1991 and revised periodically, the purpose of the TCPA is to give people control over automated communications directed to their phone numbers by businesses, including landlines, mobile phones, and fax machines, but the rules for each are slightly different.¹

The laws and regulations enforcing TCPA regulations have changed over time to adapt to new means of communication.¹ The TCPA applies to telephone calls and texts sent using a prerecorded or artificial voice and to communications sent using any type of automated equipment without expressed permission from the individuals receiving the communication.² The TCPA prohibits sending any type of communications using automated equipment—even nonmarketing communications—to mobile phones without permission. For landlines, only marketing calls are subject to restrictions.¹

The Health Care Exemption

Importantly, the TCPA contains an exemption for healthcare messaging.¹ The healthcare exemption allows healthcare providers to contact a patient's mobile phone via calls or texts using automated methods by following these guidelines:¹

- Use only a number provided by the patient
- State your name and contact information at the beginning of the call

- Keep the length of calls to one minute or less
- Keep the length of text messages to 160 characters or less
- Provide opt-out methods in each communication
- Calls should only concern the recipient's healthcare (no billing or marketing messages)
- No more than one communication can be sent per day and three communications per week

Gaining Authorization

To send communication via automated means to a particular number, expressed written consent from patients is needed.¹ Consider having patients sign a consent document permitting marketing calls or texts. To gain authorization, the document should list the phone numbers that may be contacted, and consent must be granted before any communications are sent.¹

Potential Consequences

The TCPA is primarily enforced by the Federal Communications Commission (FCC) through private lawsuits because it gives plaintiffs the right to seek penalties directly against violators.¹ The standard penalty is \$500, with penalties tripling for knowing and willful violations. Increasingly, the TCPA is being enforced through class-action lawsuits against violators, which seek to combine claims from hundreds or thousands of potential claimants.

Learn More

The FCC's website (www.fcc.gov) contains information about the TCPA and its rules. Any business wishing to use pre-recorded voices or automated equipment is recommended to send marketing communications with the help of professional guidance.¹ For most optometry practices, understanding and abiding by the rules of the TCPA healthcare exemption will avoid possible violations.¹

SOURCES

1. American Optometric Association. Using automated services to reach patients? Know the rules. Published August 23, 2023. <https://www.aoa.org/news/practice-management/perfect-your-practice/the-wrong-patient-communication-plan-could-be-costly?sso=y>. Accessed December 20, 2023.

2. Federal Communications Commission. Telephone Consumer Protection Act 47 U.S.C. § 227 SEC. 227. Restrictions on the use of telephone equipment. <https://www.fcc.gov/sites/default/files/tcpa-rules.pdf>. Accessed December 20, 2023.

Obstructive Sleep Apnea and Glaucoma



Obstructive sleep apnea (OSA) causes repeated episodes of partial or complete obstruction of the respiratory passages during sleep. OSA has been linked to various ocular conditions, including non-arteritic ischemic optic neuropathy, papilledema, retinal vein occlusion, central serous chorioretinopathy, floppy eyelid syndrome, keratoconus, and glaucoma. As such, the effects of OSA should be a concern for optometrists.

Proper treatment of OSA, combined with ophthalmic care, has been shown to result in better control of glaucoma. As primary care providers, optometrists should be aware of the signs and symptoms of OSA and its effects on the body and the eyes. Incorporating simple questions into patient workups can help screen for OSA. If patients confirm a prior diagnosis of OSA, they are recommended to ask if they are compliant with treatment and follow-up plans. These patients should also be educated on the ocular effects of OSA.

SOURCE

Hans S. Obstructive sleep apnea and glaucoma. *Modern Optometry*. October 2023. Available at: <https://modernod.com/articles/2023-oct-obstructive-sleep-apnea-and-glaucoma?c4src=article:infinite-scroll>.

Preventing Embezzlement in Optometry Practices



Although optometrists would like to believe their employees are loyal and would never take money from them, that is not always the case. It is critically important for optometry practice owners to watch their finances carefully.¹ Staff members can embezzle from practices in many ways, such as not recording payments and deleting charges. Some staff may take checks made out to the doctor (instead of the business) or have attempted to re-direct credit card payments to embezzle money.¹ Another way employees can steal is by giving their friends and family discounts on eyecare products that are not permitted.¹

Catch the Warning Signs

There are some telltale signs of embezzlement, such as if the practice has been growing or continuing to produce normally but there is no money left in the checking account. Optometrists are urged to look at their profit and loss statements at least once a month to see if anything stands out.¹ Other signs of embezzlement include:¹

- Past due notices about bills
- Employees refusing to teach colleagues how to do their financial job
- Employees wanting to work hours when no one else is around
- Employees taking accounting documents home with them
- Patients complaining that the practice has recorded their payment incorrectly
- Managers insisting on doing routine tasks themselves rather than let other capable staff perform duties

Steps Optometrists Can Take

To thwart theft, optometrists can take several action steps. First, consider performing a background check on staff members. Optometrists should follow up carefully on references before employing new staff and consider doing a credit check.¹ Although there are privacy issues to keep in mind, certain types of credit checks are allowed.¹ Another step practices can take is to separate staff responsibilities.¹ If enough staff is available, have one member accept payments during the day and another member balance the day sheet. This can help ensure that the money is balanced at the end of the day.

It is important for optometrists to control the checkbook. Many staff members have access to signature stamps, enabling them to stamp any check that is written.¹ Having the same person write checks and reconcile bank statements increases risks of losing control over finances.¹ On a year-to-year basis, check profit and loss statements and expenses on your own to help prevent theft.¹ Beyond these measures, other strategies to reducing risks of embezzlement include installing security cameras in the offices, opening all paper mail yourself, and performing periodic audits of payment history.¹

Take the Reins as CFO

Simply put, optometry practice owners should be aware of their finances by acting as the chief financial officer (CFO).¹ As the CFO, it is critical to prevent embezzlement by determining what money is entering and leaving the practice and holding staff who steal accountable.¹

SOURCES:

1. Hanlen HP. Prevent embezzlement: why and how employee theft happens, its signs, and what can be done to prevent it. *Optometric Management*. Published April 1, 2023. Available at: <https://www.optometricmanagement.com/issues/2023/april-2023/prevent-embezzlement>.

Recognizing the Importance of Disability Insurance



Disability insurance replaces a portion of a person's income when the insured individual is unable to work due to a covered accident or sickness. It is important for optometrists to consider disability insurance to protect their income and ensure they can still provide for their loved ones in the unfortunate event of an accident or illness.

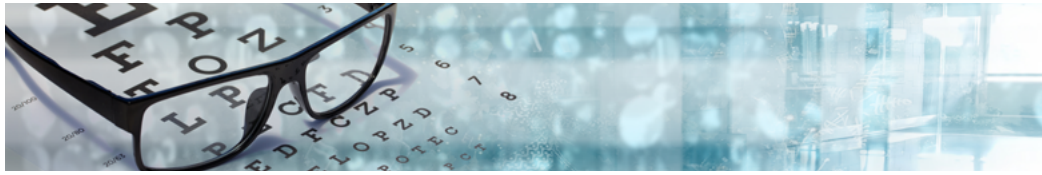
Starting the application process for disability insurance can be completed within a few minutes online or via print applications sent in by mail. Many online platforms allow you to review estimated monthly costs by answering a few questions. Optometrists may also be able to choose between different disability insurance options and see how this would affect monthly costs.

An important aspect to look for in disability coverage is an own occupation benefit. This allows a person to qualify for coverage if they cannot perform their current occupation as an optometrist. Policies that do not include this benefit may not cover someone if they are capable of working in another field for which they are adequately trained or educated.

SOURCE

American Optometric Association. Why disability insurance is crucial. Published April 27, 2023. <https://www.aoa.org/news/practice-management/perfect-your-practice/why-disability-insurance-is-crucial?sso=y>.

Survey Shows Optometrists Are Ready for Subspecialization



In August 2023, a survey from Jobson Optical Research on the sentiment toward optometric subspecialization, highlighting major trends and discussing how the findings might inform discussions about efforts to formally credential optometrists in various subspecialties.^{1,2} According to the survey—which included responses from 506 practicing optometrists and 95 optometry students—the majority of optometrists described themselves as primary eyecare providers, but over one-quarter felt they also possessed “subspecialty skills” in one or more specific niches.^{1,2}

In addition, survey respondents noted they would like subspecialty capabilities to be recognized by others because it could bolster referrals and allow greater integration of optometry into the wider healthcare infrastructure.¹ Enthusiasm for subspecialization was strongest among younger professionals, but even the most senior optometrists saw it as valuable.^{1,2}

Experience Matters

Among respondents, primary eyecare was the domain of nearly all respondents, but 26.1% reported also having additional expertise beyond that level.² Most respondents who claimed to have subspecialty skills noted they acquired these skills through clinical experience developed over their careers (Table).² However, formalized processes to define, train, and credential subspecialists are needed for the optimal adoption of subspecialty skills.¹

Although only 28.3% of respondents considered their skills to include elements of specialized care, most believed there should be subspecialties within optometry.² Current students and optometrists who practiced 5 years or less were most bullish on these matters, with 82.4% saying there should be optometric subspecialties.² Optometrists practicing 21 years or more also endorsed the idea, with 70.0% indicating there should be optometric subspecialties.² Of note, 51.9% of optometrists with 21 years or more experience agreed there should be a definable process for recognizing optometric subspecialists.²

Advantages With Referrals

Intraprofessional referrals is another area where formal subspecialization might be advantageous. The survey showed that 70.8% of optometrists already refer to others in some fashion, but many expressed a desire for greater clarity about who is on the other end of that relationship.² More than 82% of respondents said they would be more inclined to refer to another optometrist if that person had formal training validated by a community of their peers.²

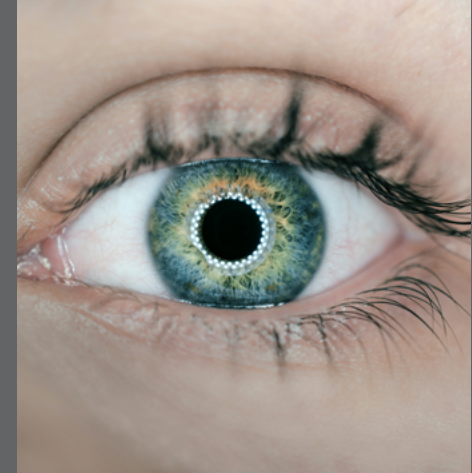
Fostering Expertise

Professional organizations that help foster subspecialty expertise can play a role in moving the conversation forward.¹ Any credentialing process should be built on the cumulative knowledge of practitioners operating at the ground level.¹ Membership in professional societies that prioritize advanced training can provide a chance for mentoring and greater access to expertise.¹ Reassuringly, 70% of optometrists and 92% of students said they would welcome the opportunity to earn a subspecialty credential.²

SOURCES:

1. Persico J. Optometrists ready to step up to subspecialization. *Rev Optometry*. Published October 11, 2023. Available at: <https://www.reviewofoptometry.com/article/optometrists-ready-to-step-up-to-subspecialization>.
2. Jobson Optical Research. *Optometry Subspecialty Research*. Available at: <https://www.surveygizmo.com/s3/7547851/Subspecialty-Report>.

Increase Your Understanding OCT Biomarkers



Although its definition can vary depending on how the term is used, a “biomarker” has been defined as any assessable substance, finding, or sign that can characterize or predict incidents or outcomes of a disease process. Within the retina, research has shown that numerous signs on optical coherence tomography (OCT) can help identify and/or quantify important clues about visual function, the likelihood of disease progression, and systemic health across a wide variety of ocular and systemic conditions.

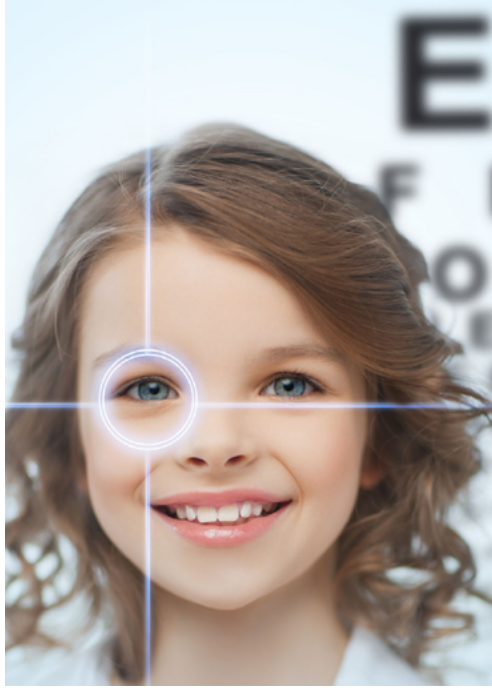
With widespread use of OCT, a variety of additional biomarkers have been uncovered to better understand who is at greatest risk for progression of age-related macular degeneration. These include reticular pseudodrusen, hyperreflective columns, hyperreflective foci, and choroidal thickness. Increased awareness of these types of OCT optometric biomarkers is important. In the field of optometry, biomarkers can provide a snapshot into the ocular and systemic health of patients. Optometrists can then use this information to optimize patient care delivery.

SOURCE

Haynes J. Tips for recognizing and understanding OCT biomarkers. *Modern Optometry*. November/December 2023. Available at: <https://modernod.com/articles/2023-nov-dec/tips-for-recognizing-and-understanding-oct-biomarkers?c4src=article:infinite-scroll>.

Acquiring Specialized Skills ²	
Practicing optometrists were asked, “How did you acquire your specialized skills?” Below are the responses (multiple options could be selected).	
Clinical Experience	86.0%
Continuing Education	69.9%
Residency	36.4%
Other	7.0%

A New Tool to Assess Myopia Risk



As the prevalence of myopia increases and options to control the condition become more widely available, it is becoming the standard of care to discuss myopia risk, progression, and management with young patients and their parents.¹ Patient questionnaires can provide insightful data to inform treatment and management decisions while also helping save precious chair time.¹

A recently developed myopia survey called UH NEAR (University of Houston Near work, Environment, Activity and Refraction) may be a valuable tool to systematically collect information about a child's demographics, ocular history, and visual activity.² The UH NEAR survey was developed to comprehensively address demographic, environmental, and behavioral factors that can be widely used in research and clinical settings to assess risk factors for myopia.²

Designed for parents of children ages 5 to 17 years to answer on behalf of their child to collect data on myopia risk factors, the UH NEAR survey considers numerous aspects of patient health that have been linked to myopia in the recent literature to aid clinicians in compiling relevant information.² These factors include heredity, demographics, and the visual environment.²

Survey Applications

The UH NEAR survey can potentially be used in clinical settings.¹ Optometrists may find the survey useful when considering management plans for patients with myopia and when collecting myopia risk factor data across different patient populations.¹ The survey can be sent to parents or guardians before they come to the office for an eye exam, filled out while in the waiting room, or administered during the child's exam.¹ Older children can help parents estimate the time it takes to perform various activities to improve accuracy, and clinicians should perform cycloplegic refractions when possible.¹ Of note, the full 44-item survey took about 10 minutes for parents to answer during focus group testing.¹

Several factors identified from the survey may indicate faster myopia progression, including:¹

- Younger age
- More myopic refraction
- Two parents with myopia
- Less than 90-120 minutes of outdoor time per day
- High educational demands
- Extensive use of digital devices

The presence or absence of some or all of these factors can help clinicians identify the level of myopia risk for each child.¹ This may be helpful when creating a management plan that is tailored to each case.¹

Looking Ahead

Because the UH NEAR survey was created based on the current understanding of myopiagenesis, it is expected to evolve and improve as new, previously unidentified risk factors become relevant.¹ In the meantime, regardless of whether you're a clinician or researcher, the UH NEAR survey offers a comprehensive and practical method of myopia risk assessment to encourage data-driven management of this growing patient population.¹

SOURCE:

1. Ostrin L. A modern tool to assess myopia risk. *Rev Optometry*. November 15, 2023. Available at: <https://www.reviewofoptometry.com/article/a-modern-tool-to-assess-myopia-risk>.
2. Gajjar S, Ostrin LA. Development of the University of Houston near work, environment, activity, and refraction (UH NEAR) survey for myopia. *Clin Exp Optom*. 2023;1-14.

Defining Success in Myopia Management



Most practitioners agree that a myopia management modality is considered successful if progression has been slowed by at least 50%. While it is impossible to know whether this goal is achieved from year to year, the best predictor of the future is the past. If the myopia progressed no more than half of what it had progressed to in the year before, then clinicians can consider their efforts successful.

With the emergence of effective myopia management options, some children will hardly progress or will not progress at all to myopia. For those who do progress, it is important to put this into perspective for patients. During consultations, the focus should be on the fact that there would be more significant progression had no myopia management been put in place. In addition, if the amount of progression slowing fails to meet or exceeds expectations, switching to a different modality or combination therapy may need to be considered.

SOURCE

- Wallace Tucker A. Create and define success in myopia management. *Rev Optometry*. Published September 15, 2023. Available at: <https://www.reviewofoptometry.com/article/create-and-define-success-in-myopia-management>.

Put Patients at Ease During Eye Exams



Diagnostic tools, such as optical coherence tomography (OCT), OCT-angiography, fluorescein angiography, and widefield fluorescein angiography, have allowed optometrists to detect diabetic eye disease earlier in the disease course. Accordingly, subtle changes in retinal structure can often be detected before patients have symptoms, such as reduced vision. However, even with these tools, stress and anxiety can hinder efforts to conduct an effective examination with patients.

To help put these patients at ease, it is important to ensure they understand the reasons for needing these diagnostic tests. This is especially true for patients with diabetes, who are recommended to have yearly exams with dilation and ancillary testing as indicated. Patients should be informed that the real goal of these diagnostics is to detect changes before they cause damage and vision loss. With a collaborative effort from patients and providers—including appropriate patient education—optometrists can optimize their chances of achieving the best possible care for patients.

SOURCE

Ferrucci S. Decrease patient stress during diagnostic testing: how to put patients at ease while you examine them for diabetic eye disease. *Optometric Management*. May 1, 2023. Available at: <https://www.optometric-management.com/issues/2023/may-2023/decrease-patient-stress-during-diagnostic-testing>.



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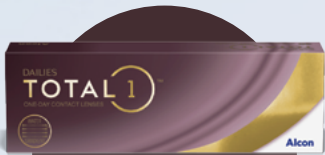
Understanding the impact of DIGITAL DEVICES

Extended digital device use has an impact on your patients' eyes.

Blink rates are reduced by at least 60% during concentrated screen time,^{1,2} which contributes to Digital Device Dryness³.

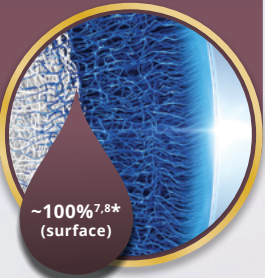
ALCON'S PERMANENT WATER SURFACE TECHNOLOGY

A portfolio designed to help your patients outsmart Digital Device Dryness



TOTAL Comfort⁴

Water Gradient and SmarTears[®] Technologies



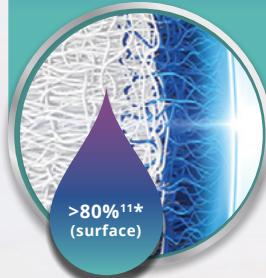
TOTAL Comfort all month long⁵

Water Gradient and CELLIGENT[®] Technologies



PRECISE VISION, DEPENDABLE COMFORT⁶

SMARTSURFACE[®] Technology



Discuss the impact of Digital Device Dryness with your patients today.

*Based on in vitro measurements of unworn lenses.

References: 1. Tsubota K, Nakamori K. Dry eyes and video display terminals. *N Engl J Med*. 1993;328(8):584. 2. Patel S, Henderson R, Bradley L, et al. Effect of visual display unit use on blink rate and tear stability. *Optom Vis Sci* 1991;68(11):888-892. 3. Wolfssohn JS, Lingham G, Downie LE, et al. TFOS Lifestyle: Impact of the digital environment on the ocular surface [published online ahead of print, 2023 Apr 14]. *Ocul Surf*. 2023;28:213-252. 4. Perez-Gomez I, Giles T. European survey of contact lens wearers and eye care professionals on satisfaction with a new water gradient daily disposable contact lens. *Clin Optom*. 2014;6:17-23. 5. In a clinical study wherein patients (n=66) used CLEAR CARE[®] solution for nightly cleaning, disinfecting, and storing; Alcon data on file, 2021. 6. Fogt J, Patton K. Long day wear experience with water surface daily disposable contact lenses. *Clin Optom*. 2022;14(9):93-99. 7. Thekveli S, Qui Y, Kapoor Y, et al. Structure-property relationship of delecticon A lenses. *Contact Lens Anterior Eye*. 2012;35(Suppl 1):e14. 8. Angelini TE, Nixon RM, Dunn AC, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. *Invest Ophthalmol Vis Sci*. 2013;54:E-abstract 500. 9. In vitro analysis of lehlifcon A contact lenses outermost surface softness and correlation with water content; Alcon data on file, 2021. 10. In vitro analysis of lens oxygen permeability, water content, and surface imaging; Alcon data on file, 2021. 11. Alcon data on file, 2019.

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