Creating Distinction in Eye Care Through Dry Eye, Allergy & Glaucoma Treatment and Protocols

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Top 5 Selling Items in 2018:

1) Apple AirPods
2) Drones
3) Roomba
4) VR Headsets
5) Smart Watches

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The Future in Tech: VR and AR

- Worldwide revenues for the AR and VR markets are expected to grow from $5.2B in 2016 to $162B in 2020.
- Education, logistics and manufacturing
- Revenues include viewers, software, consulting services and systems integration

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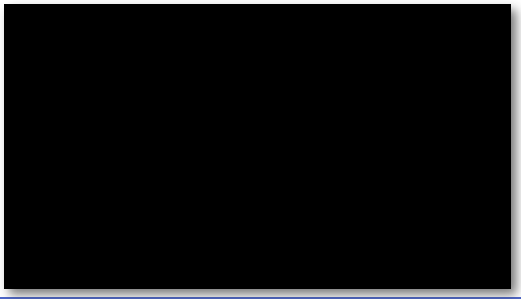
VR for Fun!



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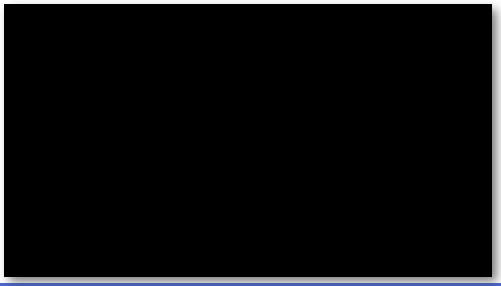
VR for Education



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What's New?

In Primary Care:

IDx-DR's output is designed to be aligned with the American Academy of Ophthalmology's (AAO) Preferred Practice Patterns for diabetic retinopathy.

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This video is intended for informational purposes only. IDx-DR is not suitable for all patients with diabetes. See important safety information at the end of the video.

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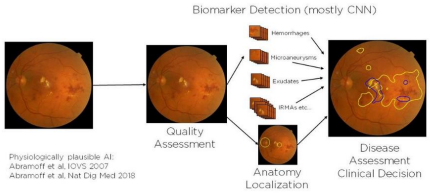
Each image is run through a series of filters that evaluate for disease, exam protocol, and image quality. Once each image has gone through this process, IDx-DR combines the results to produce a final image quality and disease determination.

Autonomous AI algorithm based on biomarkers



Physiologically plausible AI:
Abramoff et al, IOVS 2007
Abramoff et al, Nat Dig Med 2018

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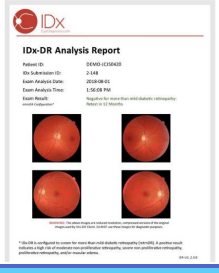
Immediate point of care results with follow-up care instructions



Within one minute, the operator will receive a results report with one of the following outputs:

Exam quality is insufficient
Low-quality images can be retaken while the patient is still at the camera

Negative for more than mild diabetic retinopathy
Retest in 12 months

More than mild diabetic retinopathy detected
Refer to an eye care professional

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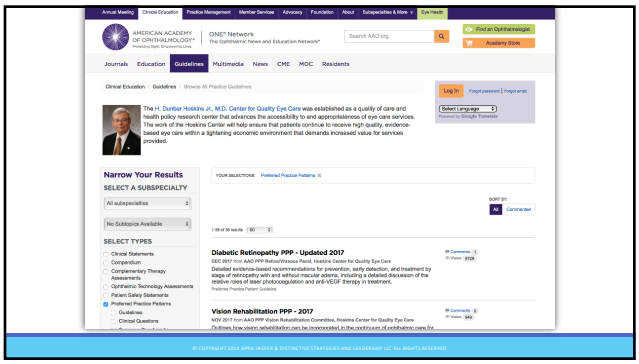

What is on Everyone's Mind?

How do I survive all of the challenges in todays healthcare system and the disruptions in eye care?

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What challenges are we facing?

- Internet "services" confusion
- Internet purchasing
- Lower reimbursements
- More capitation
- Network narrowing
- Medicare Advantage Plans
- Better educated patients
- More choices for patients

Telemedicine - Online Refractions

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Warby Parker?

"In the coming years, the plan is to diversify their glasses selection further, for example expanding into children's frames. They're also investing in futuristic technologies to conduct eye exams online that, if regulators comply, might make optical shops, in Blumenthal's words, **"irrelevant"**.

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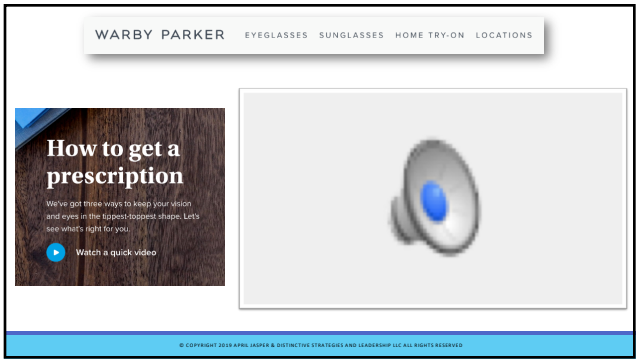

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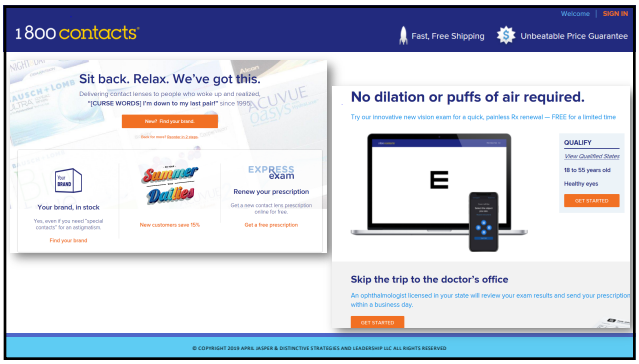

Today's Reality is **Market Confusion**

SimpleContacts

Simple Contacts lets you renew your contact lens prescription from anywhere with our online renewal test and delivery service. Here's how to complete the redness check.

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Today's Reality is **Market Confusion**

SimpleContacts

Here's how to complete the eye chart. Once you've completed both tests, a doctor will review the results within 24 hours and renew your prescription so you can get your lenses right away.

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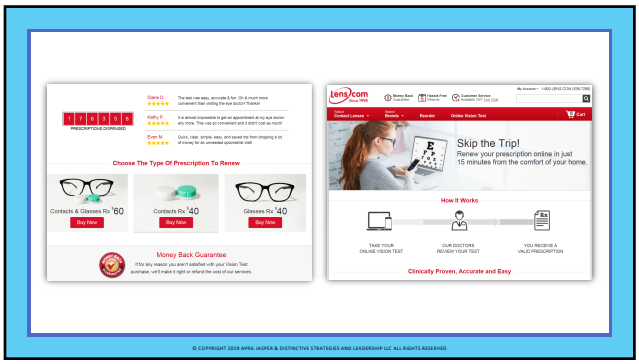

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What Do We Do?

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The Answer?

Create Distinction

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Distinction Defined:

"Businesses so uncommonly excellent, or their differentiation strategies are executed to such an extraordinary level of precision, that these distinct examples become clear market leaders"

-Scott McKain "Create Distinction"

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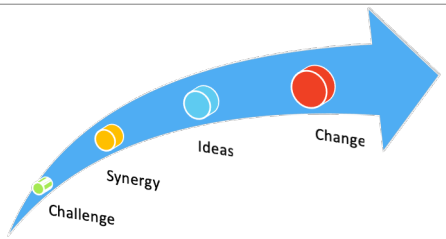
Look for The 3rd Alternative



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Why Be Distinctive?

Lessons from Music:

"Video killed the radio star"

by Trevor Horn 1978

Video killed the radio star.
Video killed the radio star.
In my mind and in my car, we can't rewind we've gone to far

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It Takes a **Team**

*"It's not enough to compel each silo or function to learn what it did or didn't do well. Instead, silos need to learn together-as an organization-to cross-pollinate ideas and share lessons learned… Those organizations who don't learn to **team** will fail. How well an organization realizes its mission depends on how people-across generations-work together."*

-Jeff Boss Forbes.com

"Why the future of healthcare depends on these"

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Why Be **Distinctive**?

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Distinction:

CAN IT BE DONE IN EYE CARE?

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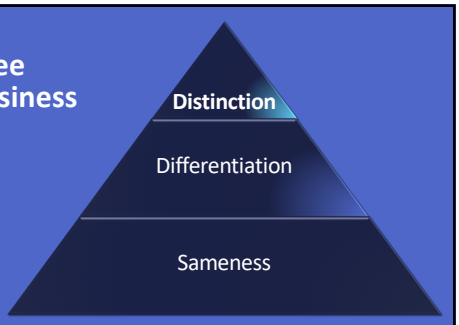
The Three Levels of Business



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1. Sameness:

- Your business is *indistinguishable* from your competition in your customers point of view
- No characteristics to generate *loyalty* or *passion* for your products or services
- Examples: Acer, Gateway, Fujitsu

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2. Differentiation:

- Creation of a point of uniqueness that results in you appearing different from your competition
- Examples: Sony, Dell and HP

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3. Distinction:

- You are on the mind of your customer in a meaningful way
- You are so uncommonly excellent that you have a clear leadership position
- You are in the words of Joe Calloway **"a category of one"**
- Example: **Apple**

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1	• Know the ***Mission/Vision*** for your practice
2	• Create an ***Atmosphere*** that mirrors the Vision
3	• Provide ***Service*** in every area that follows the Vision
4	• Continue the Vision with ***Efficiency***
5	• Solidify the Experience with ***Accuracy***
6	• Seal the Deal with ***Empathy***

6 Steps to **Distinction** in Eye Care

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Key Messages:

To be **Distinctive** we must see our business and our actions through our patients eyes

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Distinction in Eyecare: by Solving our Patients Problems

1. Consistency
2. Efficiency
3. Accuracy
4. Empathy

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Distinction: WITH DRY EYE

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Case 1 Presentation

- 62 y.o.m.
- Difficulty seeing near
- CEO
- Uses 3 digital devices regularly minimum 8 hours per day
- Eyes burn and are red every day even with artificial tears 2xday
- Itching occasionally

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Distinction with Dry Eye

1. Prevalence
2. Diagnosis
3. Treatment
4. Technology
5. Education

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WHAT DO YOU THINK THE **PREVALENCE** IS IN YOUR PRACTICE?

Dry Eye Disease

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1. Prevalence

1. 14.5% of the population
   (3 out of 20 patients)
2. If you have ***9,000*** active patients
3. Then ***1,305*** Dry Eye patients in your practice

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What Does the **LCD** Say?

- Background and associated factors to be eliminated first
- Diagnostic Testing allowed and required for further evaluation and treatment
- Management
- Indications
- Limitations

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2. Diagnosis

1. History
2. Examination

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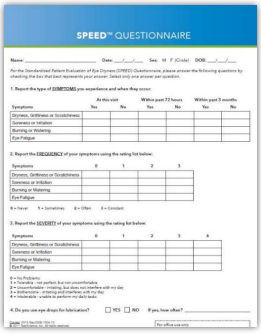
SPEED QUESTIONAIRE


SPEED™ QUESTIONNAIRE

Name: _____ Date: __/__/__ Sex: M F (Circle) DOB: __/__/__

For the Standardized Patient Evaluation of Eye Dryness (SPEED) Questionnaire, please answer the following questions by checking the box that best represents your answer. Select only one answer per question.

1. Report the type of SYMPTOMS you experience and when they occur:

Symptoms	At this visit		Within past 72 hours		Within past 3 months	
	Yes	No	Yes	No	Yes	No
Dryness, Grittiness or Scratchiness						
Soreness or Irritation						
Burning or Watering						
Eye Fatigue						

2. Report the FREQUENCY of your symptoms using the rating list below:

Symptoms	0	1	2	3
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

0 = Never 1 = Sometimes 2 = Often 3 = Constant

3. Report the SEVERITY of your symptoms using the rating list below:

Symptoms	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					

0 = No Problems
1 = Tolerable - not perfect, but not uncomfortable
2 = Uncomfortable - irritating, but does not interfere with my day
3 = Severe - I can't perform my daily tasks fully
4 = Intolerable - unable to perform my daily tasks

4. Do you use eye drops for lubrication? ☐ YES ☐ NO If yes, how often? _____

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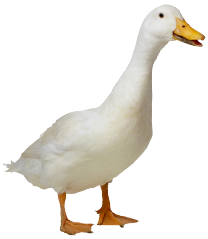
Diagnosis: Words to Say

"Do your eyes ever burn, itch, tear or get red?"

"Do you ever experience blurry vision?"

"Do you ever use drops in your eyes?"



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Examination:

1. TBUT
2. Staining
3. Lissamine Green
4. Lid Margin Evaluation

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Why Protocols and Checklists for Diagnosis and Treatment?

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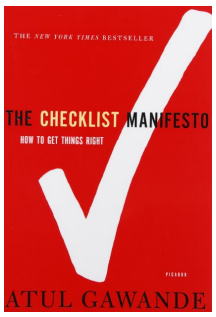

Checklist Manifesto

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Dr. Atul Gawande

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The Checklist:

"A strategy for overcoming failure, one that builds on experience and takes advantage of the knowledge people have but somehow also makes up for our inevitable human inadequacies."

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How do Checklists Work?

"They remind us of the minimum necessary steps and make them explicit."

" They not only offer the possibility of verification but also instill a kind of discipline of higher performance."

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Where did The Checklist begin?

- October 30,1935 at Wright Air Field in Dayton, Ohio
- U.S. Army Air Corps flight competition for new military long-range bomber
- The Boeing Model 299 could fly faster and farther and carry 5x the number of bombs the Army requested
- Best pilot Major Ployer P. Hill
- Crashed after 300 feet in the air

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Next

- Boeing lost the competition and almost went bankrupt
- Boeing investigated and found the complicated nature of the plane caused pilot error (new locking mechanism not released)
- A group of pilots developed a pilot's checklist

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And Then

- The Model 299 went on to be flown 1.8 million miles with no further accidents
- The army ordered 13,000 and called them the B-17
- The B-17 was used to gain a decisive advantage in World War II
- Ultimately enabled the U.S. to win the war

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Who Used A Checklist?

- 1960's Nurses began to use Checklist to record Vital Signs in hospitals
- 2001 Dr. Peter Pronovost a critical care specialist at Johns Hopkins Hospital developed a checklist for putting in a central line
- He tracked the results for a year and found the infection rate went from 11% to 0.
- After 15 months found that the checklist had prevented 43 infections and 8 deaths and saved 2Million in costs

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Who Used A Checklist

- **2003** — Michigan Health and Hospital Association asked Provost to help them initiate this checklist
- **Late 2006** — Dr. Gawande was asked by World Health Organization to help develop a surgical checklist
- **2006** — The findings were published

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Who Was Involved?

International team of researchers working with the "WHO Safe Surgery Saves Lives" developed and tested the surgical safety checklist in 8 hospitals in 8 countries

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Prevention of Surgical Errors

- The Study involved 4,000 patients in diverse populations and variety of economic conditions
- Mortality rates were reduced by half and complications by 1/3rd after the checklist was implemented

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Distinction in Eyecare: by Solving our Patients Problems

Protocols & Checklists Create:

1. Consistency
2. Efficiency
3. Accuracy
4. Empathy

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3. Treatment

1. Artificial tears
2. Restasis
3. Xiidra
4. Lid hygiene
5. Punctal plugs
6. Medication elimination
7. Omega's
8. Lid Debridement
9. Heat Therapy
10. IPL
11. Exercise
12. Environment

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Key Messages:

Ask yourself "which of my patients ***do not*** deserve the best"

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4. Technology

- Anterior Segment Photography/Videography
- Meibography
- Topography
- Tear Film Analysis
- Fluorescein strip
- Slit Lamp

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5. Education

1. Health Literacy:

   The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

2. Litigation:

   If it isn't written it wasn't done

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Key Messages:

Patient Education Tools

- Explain the condition
- What to expect from condition
- What to expect from Treatment
- When to return to office
- Why to return to office
- What to expect at the next visit

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DRY EYE

HOW DO I KNOW IF I HAVE DRY EYE?

CAUSES OF DRY EYE:

DRY EYE

RECOMMENDED TREATMENT:

WHAT ABOUT MY COMPUTER?

NEXT APPOINTMENT:

Patient Education:

1. NIH brochure
2. AOA brochure
3. Rebate information on meds
4. Verbal Discussion
5. Review of Dry Eye handout

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Distinction: WITH ALLERGY

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Distinction with Allergy

1. Prevalence
2. Diagnosis
3. Treatment
4. Technology
5. Education

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WHAT DO YOU THINK THE **PREVALENCE** IS IN YOUR PRACTICE?

Allergic Conjunctivitis

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Case 1 Presentation

- 62 y.o.m.
- Difficulty seeing near
- CEO
- Uses 3 digital devices regularly minimum 8 hours per day
- Eyes burn and are red every day even with artificial tears 2xday
- Itching occasionally

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1. Prevalence

Curr Opin Allergy Clin Immunol. 2011 Oct;11(5):471-6. doi: 10.1097/ACI.0b013e32834a9676.

Epidemiology of allergic conjunctivitis.

Rosario N[1], Bielory L.

Author information

Abstract

PURPOSE OF REVIEW: To describe currently available epidemiological data on the prevalence of allergic conjunctivitis. Allergic conjunctivitis is often underdiagnosed and consequently undertreated except when it is severe and the chief complaint of a consultation in a specialty clinic. Use of healthcare resources and reduced quality of life of affected individuals justify studies on the prevalence of allergic conjunctivitis.

RECENT FINDINGS: The association of allergic nasal and ocular symptoms (rhinoconjunctivitis) is common. Most children with allergic conjunctivitis have allergic rhinitis. Older population studies estimate a prevalence of 15-20% of allergic conjunctivitis, but more recent studies implicate rates as high as 40%. Ocular symptoms are common and contribute to the burden of allergic rhinitis and lower quality of life. Ocular allergies rank a very close second and at times may overcome the primary complaints of nasal congestion in rhinoconjunctivitis patients.

SUMMARY: Little focus has been set on the impact of allergic conjunctivitis as comorbidity to asthma and rhinitis in atopic patients. Conjunctivitis symptoms are at least as severe as rhinitis symptoms in patients with 'hay fever' and some have even generated the term of conjunctivorhinitis stressing the ocular symptoms. Prevalence studies should be specifically addressed to ocular allergy symptoms.

PMID: 21785348 [PubMed - indexed for MEDLINE]

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1. Prevalence

Ophthalmol Clin North Am. 2005 Dec;18(4):485-92, v.

Ocular allergy: diagnosis and treatment.

Butrus S[1], Portela R.

Author information

Abstract

Ocular allergy is a common hypersensitivity disorder that affects 15%-20% of the population in developed nations. This disorder can be divided into several categories: seasonal and perennial allergic conjunctivitis, atopic keratoconjunctivitis, vernal keratoconjunctivitis, and drug-induced allergic conjunctivitis. Giant papillary conjunctivitis often is included among these classifications of allergy; however, it is not a true allergy, but rather the result of a chronic mechanical irritation. This article reviews these subtypes of ocular allergy, with particular emphasis on the pathophysiology, diagnosis, and treatment of seasonal and perennial allergic conjunctivitis. These are the most common varieties, representing more than 95% of the ocular allergy cases in the United States.

PMID: 16314214 [PubMed - indexed for MEDLINE]

[Ocular allergies].
Messmer EM.

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1. Prevalence

1. 20% of the population
   (1 out of 5 patients)
2. If ***9,000*** active patients
3. Then ***1,800*** Allergic Conjunctivitis patients in your practice

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2. Diagnosis

1. History
2. Examination

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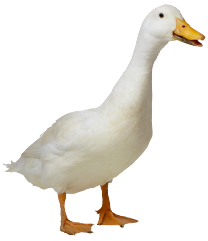
Diagnosis: Words to Say

"Do your eyes ever burn, itch, tear or get red?"

"Do you ever experience blurry vision?"

"Do you ever use drops in your eyes?"



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Key Messages:

Ask…Then
Listen

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3. Treatment

1. Artificial Tears
2. Lid Hygiene
3. Eliminate Cause
   - Allergy testing
4. Medications
   - How to use drops especially kids
5. Cool Compresses
6. Environment
   - Pillow & Mattress
   - Ceiling Fans
   - Video Games

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4. Technology

- USE TECHNOLOGY TO RULE OUT OTHER PROBLEMS

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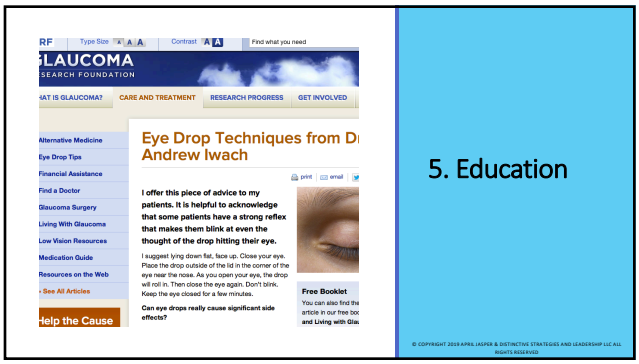

5. Education

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Patient Education:

1. NIH brochure
2. AOA brochure
3. Rebate information on meds
4. Verbal Discussion in exam room
5. Create a handout

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Distinction: WITH GLAUCOMA

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Distinction with Glaucoma

1. Prevalence
2. Diagnosis
3. Treatment
4. Technology
5. Education

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1) 50% of GL prescriptions in optometry are written by less than 7% of OD's

2) 80% of GL prescriptioins in Optometry are written by 20% of OD's

3) The other 80% of OD's are managing very few Glaucoma patients therapeutically

Facts

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1. Prevalence

1. 2% of the population
   (1 out of 50 patients)
2. If you have ***9,000*** active patients
3. Then ***180*** Glaucoma patients in your practice

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Why Treat Glaucoma?

- Distinction
- Continuity of Care
- Responsibility to patient
- Legally still involved even if only seeing the patient for "routine" care

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Why Not Treat Glaucoma?

Afraid of lawsuits?

- Lawsuits in Glaucoma:
  1. Failure to Detect (determine risk)
  2. Failure to Diagnose
  3. Failure to Warn of seriousness of disease
  4. Failure to Determine Progression and change treatment or refer
  5. Failures in Surgery

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2. Diagnosis

1. History
2. Examination

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1. Failure to Detect

- Evaluate optic nerve at every visit and dilate at least yearly
- Take Optic Nerve Photos yearly
- Include Visual Field (FDT) Screening yearly
- Be suspicious with infants and tearing, photophobia and blepharospasm
- Don't cut corners with children even though rare
- Know risk factors well

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How I Make it Simple (For Me)

- Comprehensive Eye Health Evaluation
- Includes OCT, FDT and Wide Field Photos
- Included if cash
- Extra charge if insurance
- Done before dr. sees patient
- All results reviewed with concern or celebration

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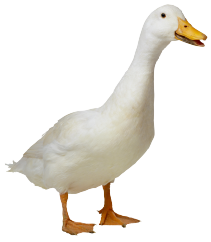
Words to Say:

"Have you or anyone in your family ever been diagnosed with glaucoma, been told they were a glaucoma suspect, use drops in their eyes or had eye surgery?"



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GL risk calculator

- 20% risk means 20 out of 100 patients with similar findings in previous clinical trials converted to GL in the next 5 years
- Risk doubles every 5 years
- Consensus is developing that a 15-20% risk is enough to consider treatment
- Remember to use an average of 3 IOP measurements and an average of 2 VF's

The following example estimates the 5-year risk of developing POAG using the point system:

- 55 year-old patient **(2 points)**
- IOP mean for right eye = 22, IOP mean for left eye = 26; therefore IOP avg = 24 **(2 points)**
- CCT mean for right eye = 532, CCT mean for left eye = 548; therefore CCT avg = 540 **(3 points)**
- VCD ratios are 0.4 in each eye, therefore avg = 0.4 **(2 points)**
- Pattern standard deviations (Humphrey) are 2.2 in each eye, therefore avg = 2.2 **(2 points)**

Total Points = 11

FACTORS	Points for Factors				
	0	1	2	3	4
Age (years)	<45	45 to < 55	55 to <65	65 to <75	≥75
Intraocular Pressure (mm Hg) Mean (3 measurements per eye and average of 2 eyes)	<22	22 to <24	24 to <26	26 to <28	≥28
Central Corneal Thickness (μ) Mean (3 measurements per eye and average of 2 eyes)	≥ 600	576-600	551-575	526-550	≤525
Vertical Cup/Disc Ratio by Contour Mean (1 measurement per eye and average of 2 eyes)	<0.3	0.3 to <0.4	0.4 to <0.5	0.5 to <0.6	≥0.6
Visual Field: **Humphrey Pattern Standard Deviation (dB) Mean** (2 measurements per eye and average of 2 eyes) **- OR -** **Octopus Loss Variance Mean** (2 measurements per eye and average of 2 eyes)	<1.8	1.8 to <2.0	2 to <2.4	2.4 to <2.8	≥2.8
	< 3.24	3.24<4.0	4.0<5.76	5.76<7.84	≥7.84
Sum of Points and Estimated 5-Year Risk of Developing POAG					
Sum of Points	0-6	7-8	9-10	11-12	>12
Estimated 5-Year Risk of Developing POAG	≤4.0%	10%	15%	20%	≥33%

Total Points: 11 Estimated Risk: 20% The patient's estimated 5-year risk (%) of developing early glaucoma in at least one eye.

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Glaucoma Risk Calculator

Other risk factors a jury looks at:

- Race
- High Myopia
- Migraine
- Disc Hemorrhage

http://ohts.wustl.edu/risk/calculator.html

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2. Failure to Diagnose

- Evaluate risk factors using protocol at every visit
- Evaluate yearly VF screening
- When change is detected initiate testing

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3. Failure to warn of seriousness of disease

- Use glaucoma patient care agreement
- Warn of seriousness of disease on all paperwork
- Pre-appoint office visits and document orders for visit and tests in chart
- Send certified letter to those who no-show (1 year for our office)
- Refer non-compliant patients out
- Do chart audits every year

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Glaucoma Patient Care Agreement

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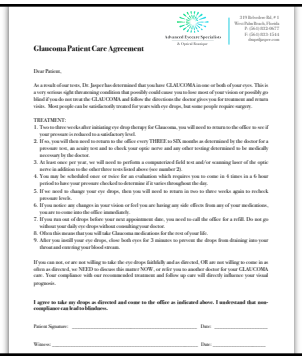

Glaucoma Patient Care Agreement

Dear Patient,

As a result of our tests, Dr. Jasper has determined that you have GLAUCOMA in one or both of your eyes. This is a very serious sight threatening condition that possibly could cause you to lose most of your vision or possibly go blind if you do not treat the GLAUCOMA and follow the directions the doctor gives you for treatment and return visits. Most people can be satisfactorily treated for years with eye drops, but some people require surgery.

TREATMENT:

1. Two to three weeks after initiating eye drop therapy for Glaucoma, you will need to return to the office to see if your pressure is reduced to a satisfactory level.
2. If so, you will then need to return to the office every THREE to SIX months as determined by the doctor for a pressure test, an acuity test and to check your optic nerve and any other testing determined to be medically necessary by the doctor.
3. At least once per year, we will need to perform a computerized field test and/or scanning laser of the optic nerve in addition to the other three tests listed above (see number 2).
4. You may be scheduled once or twice for an evaluation which requires you to come in 4 times in a 6 hour period to have your pressure checked to determine if it varies throughout the day.
5. If we need to change your eye drops, then you will need to return in two to three weeks again to recheck pressure levels.
6. If you notice any changes in your vision or feel you are having any side effects from any of your medications, you are to come into the office immediately.
7. If you run out of drops before your next appointment date, you need to call the office for a refill. Do not go without your daily eye drops without consulting your doctor.
8. Often this means that you will take Glaucoma medications for the rest of your life.
9. After you instill your eye drops, close both eyes for 3 minutes to prevent the drops from draining into your throat and entering your blood stream.

If you can not, or are not willing to take the eye drops faithfully and as directed, OR are not willing to come in as often as directed, we NEED to discuss this matter NOW, or refer you to another doctor for your GLAUCOMA care. Your compliance with our recommended treatment and follow up care will directly influence your visual prognosis.

I agree to take my drops as directed and come to the office as indicated above. I understand that non-compliance can lead to blindness.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

3. Treatment

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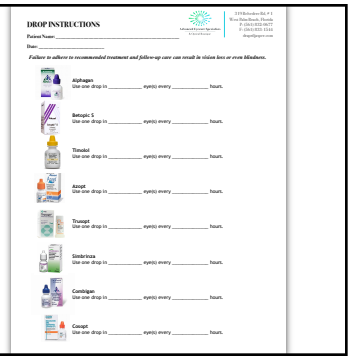
Patient education handout with images of drops and instructions



DROP INSTRUCTIONS

Patient Name:_____

Date: _____

Failure to adhere to recommended treatment and follow-up care can result in vision loss or even blindness.

Alphagan
Use one drop in _____ eye(s) every _____ hours.

Betopic S
Use one drop in _____ eye(s) every _____ hours.

Timolol
Use one drop in _____ eye(s) every _____ hours.

Azopt
Use one drop in _____ eye(s) every _____ hours.

Trusopt
Use one drop in _____ eye(s) every _____ hours.

Simbrinza
Use one drop in _____ eye(s) every _____ hours.

Combigan
Use one drop in _____ eye(s) every _____ hours.

Cosopt
Use one drop in _____ eye(s) every _____ hours.

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4. Failure to Determine Progression and change treatment

- Take advantage of Progression Analysis Software with your equipment
  - Visual Fields can be compared from one visit to the next and printed or displayed electronically on your EHR for patients to evaluate with you
  - Most EHR include IOP graphing to show fluctuations in IOP measurements between visits
  - OCT software also include Progression Analysis (combined reports)

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4. Failure to Determine Progression and change treatment

- When comparing Retinal Photos you can detect changes in NFL and Optic Nerve much easier than with drawings
- New software with retinal cameras makes comparison much easier
- Just do it
- Technology won't help you if you don't use it and review it

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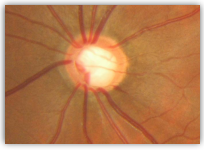
Evaluate photos for Disc hemorrhage/RNFL loss



- Consensus that highly sensitive predictor of progression
- 80% of Disc Hemes were unobserved by doctors in OHTN trials and were later noticed by photograph readers.
- Usually located infero or superotemporal
- Rarely found in normal eyes
- Usually indicate the presence of ON damage even if VF normal

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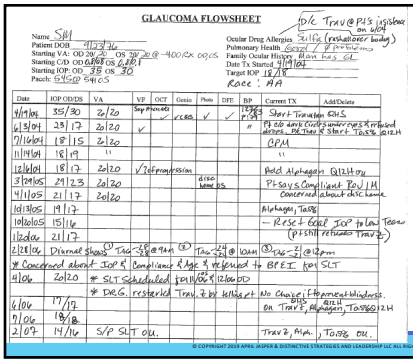

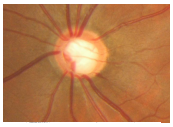

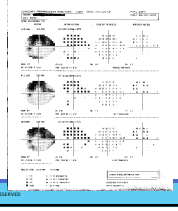

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Disc Hemorrhages in GL

Are associated with:

- Localized RNFL defects
- Neuro-retinal rim notches
- Circumscribed Perimetric Loss

Source: IOVS. 2002; 43: 2956-2961. Jonas, Martus, Budde and Hayler

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4. Failure to Determine Progression and change treatment

- Set a target pressure range and then re-evaluate as needed
- Tell your patients their target pressure to increase compliance

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Target IOP (Range is Best)

- Determined based on pts age (risk of blindness over lifetime)
- Determined based on starting IOP range
- Determined based on other risk factors for progression such as cup size, thinner cornea, race, visual field and disc heme

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How to Set Target IOP

- OHTS 20% IOP reduction + progression
- EMGT 25% IOP reduction + progression
- CNTGS 30% IOP reduction + progression
- CIGTS 35-48% reduction no progression
- AGIS <18 at all visits no progression
- Formula method using MD on VF says the worse the field the lower the target IOP

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4. Failure to Determine Progression and change treatment

- Utilize the Flow Chart within your EHR to monitor frequency of testing and results over time
- Take your time in making decisions when you are not certain and have your patient back more frequently
- Take advantage of your co-managing colleagues to give you a second opinion when you need one.

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Maintain Control

- Many Lawsuits are triggered by the comments or criticism of another physician
- Avoid Abandonment of your patients
- Better in non-compliant patients to refer them to the next level of specialist making them an appointment and getting a second person to solidify to the patient the seriousness of the disease and need for compliance.

How to terminate a patient:

- Make every attempt to contact the patient i.e. telephone and certified letter
- Record attempts at notification in the patient record and the response or lack of it
- Record in the patient record the reason for termination

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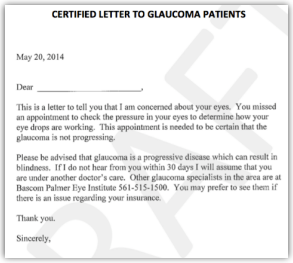

CERTIFIED LETTER TO GLAUCOMA PATIENTS

May 20, 2014

Dear _____,

This is a letter to tell you that I am concerned about your eyes. You missed an appointment to check the pressure in your eyes to determine how your eye drops are working. This appointment is needed to be certain that the glaucoma is not progressing.

Please be advised that glaucoma is a progressive disease which can result in blindness. If I do not hear from you within 30 days I will assume that you are under another doctor's care. Other glaucoma specialists in the area are at Bascom Palmer Eye Institute 561-515-1500. You may prefer to see them if there is an issue regarding your insurance.

Thank you,

Sincerely,

Maintain Control

- Send certified letter to the patient stating that continuation of the doctor-patient relationship is no longer in the best interest of either the doctor or the patient
- Provide the patient 30 days notice
- Give the patient the names of three other optometrists they can see
- Try to mend the fence and let them come back if possible

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4.Technology

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To be able to connect your instruments…

Amazing!

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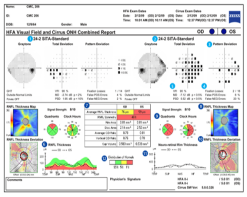
HFA3 and FORUM:

Connect Your Treatment Plan

HFA-Cirrus Combined Report – the first step
World's first OCT-Visual Field Integration



Glaucomatous patient

HFA Visual Field Section

1. HFA Grayscale Plot, OD
2. HFA Test Strategy
3. HFA Total Deviation and Pattern Deviation Plots, OS
4. HFA Reliability Indices, OS
5. HFA Global Indices, OS

Cirrus HD-OCT Section

6. RNFL Thickness Graph, OU
7. Table of RNFL and optic disc parameters with normative data comparison, OU
8. RNFL Thickness Map
9. RNFL Quadrants and Clock Hours
10. RNFL Deviation Map
11. Neuro-retinal Rim Thickness Graph, OU
12. Legend of distribution of normals

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Distinction Defined:

"Businesses so uncommonly excellent, or their differentiation strategies are executed to such an extraordinary level of precision, that these distinct examples become clear market leaders"

-Scott McKain "Create Distinction"

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Thank You!

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