

EMBRACING MEDICAL OPTOMETRY



Optometrists can help to fill the gaps created by changes in health care today.

BY DANIEL EPSHTEIN, OD

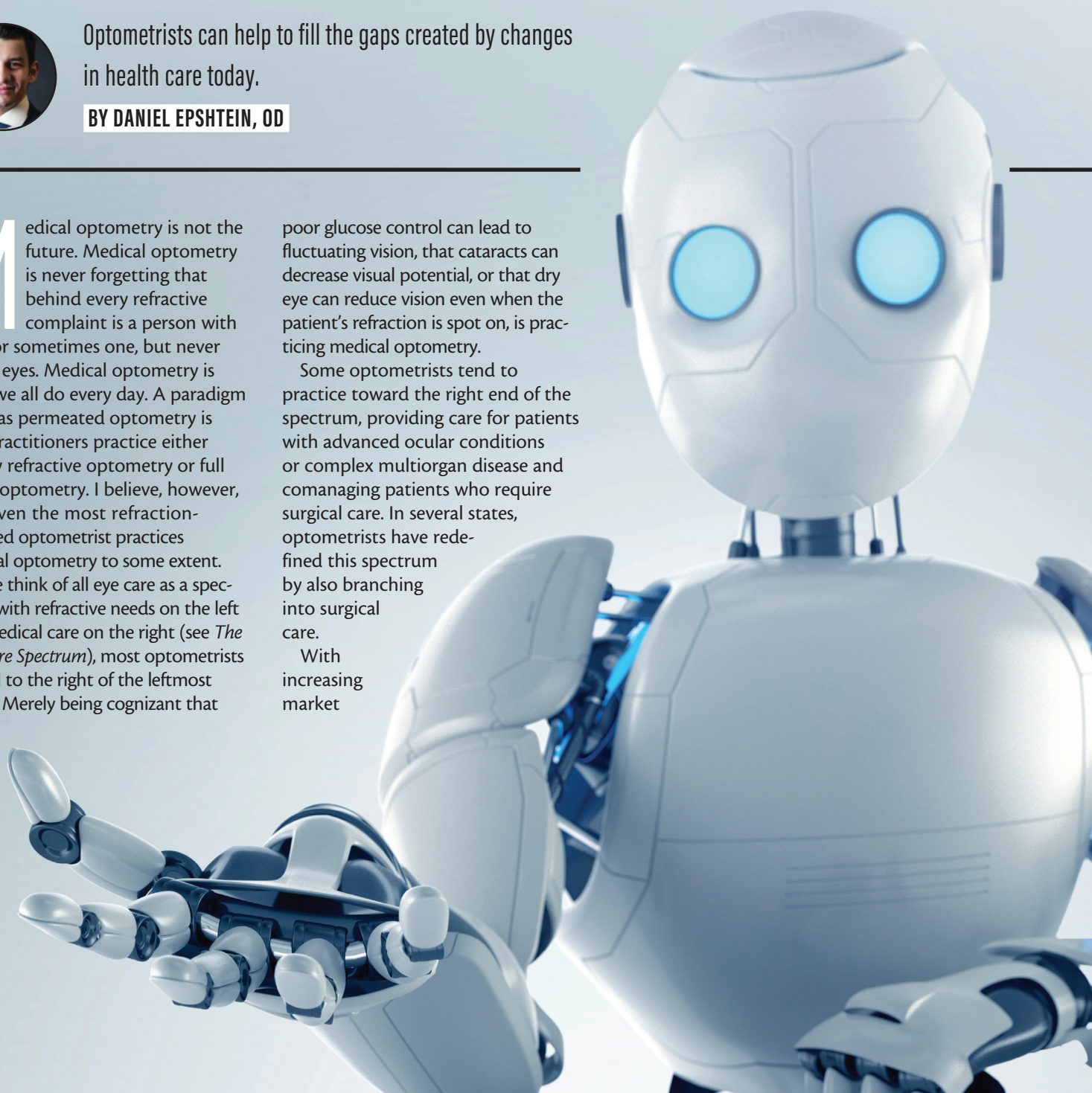
Medical optometry is not the future. Medical optometry is never forgetting that behind every refractive complaint is a person with two (or sometimes one, but never three) eyes. Medical optometry is what we all do every day. A paradigm that has permeated optometry is that practitioners practice either strictly refractive optometry or full scope optometry. I believe, however, that even the most refraction-oriented optometrist practices medical optometry to some extent.

If we think of all eye care as a spectrum, with refractive needs on the left and medical care on the right (see *The Eye Care Spectrum*), most optometrists will fall to the right of the leftmost notch. Merely being cognizant that

poor glucose control can lead to fluctuating vision, that cataracts can decrease visual potential, or that dry eye can reduce vision even when the patient's refraction is spot on, is practicing medical optometry.

Some optometrists tend to practice toward the right end of the spectrum, providing care for patients with advanced ocular conditions or complex multiorgan disease and comanaging patients who require surgical care. In several states, optometrists have redefined this spectrum by also branching into surgical care.

With increasing market



THE EYE CARE SPECTRUM

REFRACTIONS ONLY

competition, changes to health care, and an aging US population, the average optometrist needs to push farther right on the refractive-medical spectrum to properly care for patients and to stay economically viable.

ADAPTING TO CHANGING LANDSCAPES

The online sale of glasses and contact lenses continues to commoditize the refractive portion of optometric care. The leftmost point of our refractive-medical spectrum has been eaten up by companies such as Warby Parker, 1-800 Contacts, and Zenni Optical. Glasses and contact lenses have become less like medical devices and more like tools that don't require expertise to prescribe, fit, and dispense. This increased competition has led to decreased sales and/or decreased materials pricing in some practices.

As technology continues to evolve, so does the competition. With the advent of online "exams" and prescription renewals, the leftmost point of the

refractive-medical spectrum continues to be degraded. The commoditization of refractive materials and services is perpetuated not only by online competitors and patients, but also by insurance companies' shrinking reimbursements. Some insurance companies have started to partner with online retailers, further eroding the relationships between patients and their eye care professionals.

As the refractive care landscape has changed, so has the medical eye care realm. New techniques and technologies help eye care professionals to diagnose and treat conditions earlier and more effectively than in the past. Corneal cross-linking for keratoconus is the best example of this today. We now have a successful treatment that helps prevent significant disease progression and vision loss. Due to the availability of this treatment, we must now be even more vigilant in detecting patients with early keratoconus and considering treatment when appropriate.

Similar advances are occurring in other ocular diseases, including ocular surface disease, age-related macular

degeneration, glaucoma, and diabetic retinopathy. Although we may not always be the ones providing these new services, if we do not stay abreast of the advances, we are doing our patients a disservice.

FILLING THE GAPS

According to the US Census Bureau, the median age in the United States rose from 32.9 years in 1990 to 35.3 in 2000 and 37.2 in 2010.¹ Considering that age is a major risk factor for numerous conditions, such as glaucoma, ocular surface disease, and age-related macular degeneration, this means that the prevalence of many ocular conditions will increase.

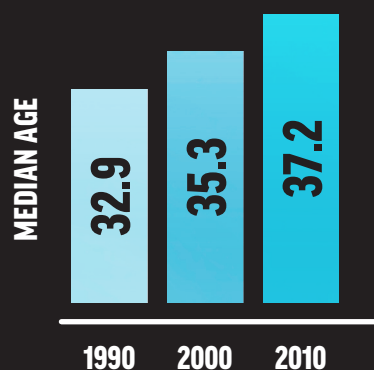
Compounding this increased need for health care services is the diabetes epidemic. Currently 30.3 million people in the United States are diagnosed with diabetes, and 84.1 million more have prediabetes.² Due to the increasing age and rate of obesity of the US population, the number of adults with diabetes has more than tripled within the past 20 years.³ With the increasing prevalence of diabetes, the resulting influx of patients will cause a significant burden on eye care providers, unless more practitioners become available to provide appropriate ocular evaluations. Optometrists are perfectly positioned to absorb these patients due to our expertise, numbers, and geographic distribution.

Fortunately, all of the optometry programs in the United States are training optometrists to provide both refractive and medical eye care. For those looking to refresh or further improve their medical eye care skills, great resources to pursue include continuing education, partnerships with industry, research journals, and trade journals. Industry

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AGING POPULATION, GROWING THREAT FROM DIABETES



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Prediabetes

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representatives can provide a treasure trove of information. They can help connect clinicians with published research data, clinical data, and practice management tips. Medical technology companies have in-house clinical data or imaging atlases that can help you familiarize yourself with the latest technology. These companies aren't only in the business of developing and selling equipment; they also have an interest in helping clinicians incorporate new technologies into their practices.

Contact lens and pharmaceutical company representatives often have data about your practice that you may not realize they have. Based on prescribing trends, these representatives can help scrutinize your office to help develop practice management solutions that can streamline your practice. Trade journals such as *Modern Optometry* also offer a wealth of information, and many are free and easily consumable either online or in print. Within these publications, professional experts discuss a wide range of eye

care topics and often review topical research trends to help optometrists stay head of the curve and continue to evolve as clinicians.

STEPPING UP TO THE PLATE

As changes occur in health care and the US population, there will be many opportunities for optometrists to practice more medical care. Although investments in equipment, such as OCT, perimetry, and fundus photography, are necessary to care for the full gamut of patients, these instruments will help to elevate your practice.

Rendering medical eye care generates exams within the practice due to the need for follow-up care and the addition of new services to the office. The most common auxiliary tests are billable to insurance companies when medically necessary. The same patients whom optometrists see for refractive needs often have medical needs that can be kept in-house, improving continuity of care. By providing more services, the practice can attract patients who would otherwise have been cared for elsewhere.

Medical optometry is not the future. Medical optometry is simply one aspect of optometry that we all practice daily. Health care is changing, and patients will need to be cared for whether optometry steps up to the plate or not. Pushing toward the right end of the refractive-medical spectrum is the future. Luckily, we have many experts, conferences, and trade journals to lead us there. ■

AT A GLANCE

- Medical optometry is not the future. It is simply one aspect of optometry that all optometrists practice daily.
- The commoditization of refractive materials and services has reduced the demand for refractions in some practices.
- Optometrists must adapt to the changing landscapes of eye care.

1. Howden LM, Meyer JA. Age and sex composition: 2010. 2010 Census Briefs C2010BR-03; US Census Bureau; 2011. www.census.gov/library/publications/2011/dec/c2010br-03.html. Accessed January 16, 2019.

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