



PRACTICING OPTOMETRY DURING THE COVID-19 PANDEMIC



A look at how much one practice changed in 30 days.

BY MILE BRUJIC, OD, FAAO

In early April, our offices were open every day, but the front doors were locked and the only people entering those doors were patients with emergent situations. We had three staff members working in our office in Bowling Green, Ohio. They stayed appropriately socially distanced and worked at workstations using only the phones, computers, keyboards, pens, etc., assigned to each of them.

We cleared our schedule of non-emergent visits for all of April and into May, not knowing when we would be able to reopen and reschedule these patients. During the month of April, when a patient called, he or she heard a message that the office was closed

due to the COVID-19 pandemic. Patients who needed glasses or contact lenses could leave a message, and patients with an urgent or emergent situation were instructed to contact the doctor on call at that location.

On the first Monday of May, we reopened our office to non-emergent patients. This is the story of how our practice changed, first to restrict our visits, and then again to begin to open back up.

DEFINING URGENT AND EMERGENT

What constitutes an urgent or emergent situation? These would include any eye-related issue that seems sight-threatening, infectious, or sounds as

though it could cause long-term permanent changes or damage to the eye.

So, if a patient calls to say that his eyes are itchy again, and it's consistent with allergies, I send a prescription to the pharmacy. But if a patient calls in to say that she got something in her eye, it's still bothering her, and she's light-sensitive, that's good reason to have her meet with the doctor on call.

When we see patients, in addition to physical distancing and general hygiene practices within the whole office, patient temperatures are checked when entering the office, all patients are required to wear masks in the office, and every one of our slit lamps now has a shield mounted on it.



Before entering Premier Vision Group's Bowling Green office patient's are fully prepared for the new policies and procedures in place.

It's important for optometry to take a leadership role, and not to be a contributory factor to this pandemic, by eliminating unnecessary patient visits. Now is a great time to embrace technology and give telemedicine a try. We're doing our part in terms of making sure we're not promoting the spread of this contagion.

ADJUSTMENT PERIOD

Patients have seemed to be understanding of the situation. Although they recognized that they couldn't come in for routine eye care, there did seem to be some frustration with the situation in general. It's not surprising; we were all feeling and experiencing similar emotions and anxieties with the new social norms being established.

MAKING PREDICTIONS

Each day, the other two practice owners and I discuss the latest changes related to state and federal guidelines, unemployment, etc. We try to decipher the information as best we can and figure out how it applies to our practice and our patients.

In early April, we let ourselves talk about what it would look like when we

finally opened back up. In an ideal scenario, we would be able to test patients to determine if they had the antibodies to COVID-19 and were immune to it. If that were the case, we could take different cautionary measures with some people versus others. That said, I didn't think we were going to be able to just pick back up and go full-bore again anytime soon. More than likely, we would get some government guidance on the number of people that could be in a certain square foot space at one

time, and that would heavily determine what we did when we moved back into normal operations.

FLASH FORWARD

We reopened our practice to nonemergent care on May 4, after the Centers for Disease Control and Prevention lifted its restrictions. We spent the week before we reopened training on additional hygiene protocols and preparing to go back to regular office hours. We did this wearing masks, so that we would be comfortable with it and ready to do it when patients returned to the office. My new uniform consists of scrubs and a mask.

We had 6 weeks of missed patient visits to reschedule, and I gave my staff members some guidance for prioritizing appointments. Every patient who needed to be rescheduled was assigned a number, one through three.

"Ones" are top priority and should be seen as soon as possible. These include patients with medical conditions who require a follow-up appointment, patients with dry eye, and contact lens wearers who are running out of lenses and/or need their prescriptions renewed. Incidentally, we are encouraging patients to have contact lenses directly shipped to their homes to avoid unnecessary handling.



Scrubs, face masks, and equipment shields are all a part of the new norm.



Everything is cleaned and sanitized after being touched, including frames in the optical area.

Patients considered to be “twos” (eg, glasses wearers, patients with diabetes who aren’t high risk) can wait a bit. “Threes” are the lowest priority. These are the patients who came in last year healthy and want to have their annual exam but have no refractive or medical needs.

WHAT'S DIFFERENT

Our practice may be back to seeing nonemergent patients, but the practice itself has undergone a total pandemic makeover.

First, we don’t see anyone unless he or she is wearing a mask. There is a sign on our door that says, “We want to keep you, the patient, safe, and we want to keep us safe, so we’ve taken additional precautions.” It further states that no one will be allowed in without a mask. If a

patient doesn’t want to wear a mask, that’s okay, but he or she will have to wait to be seen until the restrictions on wearing a mask are lifted.

Second, once patients open the first door to our foyer, they are asked to sanitize their hands at our hand sanitizing station and wait for someone to greet them. Someone from the front desk will unlock the second door to the foyer, check the patient’s temperature, and if it’s 100° or below then he or she is allowed in the office and we begin providing whatever care is needed.

If a patient’s temperature is above 100°, he or she is not allowed in the office. We encourage patients to check their temperatures at home before they come to the office so there are no unexpected surprises when they get here.

Employees must also check their temperatures before entering the office and must be masked the entire time they’re here. We are taking hygiene and disinfection to the nth degree.

We have noted on our practice Facebook page and website what patients can expect when they come to our office. We tell them that the experience is going to be different from what they’ve been used to in the past.

When patients call the office, they are asked prescreening questions related to their being in contact with anyone who has tested positive with COVID-19 or their having had any symptoms of COVID-19 in the past week. If their answers don’t raise any red flags, they are scheduled according to our prioritization system.

As of early May, I’m seeing about 50% to 65% of the patient volume I saw before the COVID-19 outbreak. Patients are no longer put into the reception area—they are now brought right back either to pretest or to an examination room. We’ve also increased the duration of every exam slot to allow more time between patient visits for disinfecting and cleaning the rooms.

STAY SAFE, STAY HEALTHY

I hope we all make it through this safe and sound. As we concern ourselves and worry about our physical health and about the spreading of the virus, we must make sure to pay just as much attention to our mental health. If health care providers are physically healthy and safe, but not emotionally or mentally healthy, they’re not going to be helpful to patients. Make sure you’re doing enough to keep yourself mentally clear throughout this difficult time. ■

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