Myopia management seems to be all the rage right now. You cannot pick up a journal, open your email, or scroll through Facebook without seeing something about myopia management. The MiSight 1 Day Dual Focus contact lens (CooperVision) was the first device approved by the FDA to treat childhood myopia,¹ and we hope to continue to see more treatments for slowing the progression of childhood myopia gain FDA approval in the future.

**START NOW**
Myopia management is not snake oil and is no longer an area you can ignore in your practice. As more medical devices and treatments gain FDA approval, parents will start asking about treatment options for their young myopes. If you are not ready to treat these patients, they will seek care elsewhere.

Stop being myopic about myopia management. The longer we keep our eyes averted from this growing epidemic, the more we will look back and say, “Wow, there really was something I could have done for that 6-year-old who presented as a -3.00 myope and is now -10.00 at 12 years old.”

**PUT IN THE WORK**
If you are not practicing myopia management, you are not alone. Approximately 64% of myopic children around the world are still treated with a single-vision option.² If you are still among the majority of practitioners prescribing single-vision lenses to young myopes and saying “See you in a year,” knowing they will be worse the following year, take a step back and ask yourself if you are really doing those patients a service.

Just like anything else, it takes work to get started, and getting started is half the battle. If you learn how to talk with your patients, present the options, get your staff involved, and come up with a program, the dividends will pay off. Not only will you be helping these young myopes, but you will also help your practice thrive into the future.
The steps outlined here will hopefully bring some clarity and give you a starting point to jump-start myopia management in your practice so you can start helping one young myope at a time.

Step 1: Analyze One Week of Your Patient Base
Most likely 70% of your patients are myopic, 20% are hyperopic or early presbyopes, and 10% are emmetropic. Owning an optical, I never thought that I would want to grow my emmetropic patient base, but that is exactly what you will see happen as you bring myopia management to your practice. You will soon realize that you already have a myopia management practice, you just have not tapped into it.

Step 2: Educate Yourself
There are multiple webinars, Facebook groups, and other resources out there from which you can learn about myopia management. Take a day to understand the treatment options available and evaluate your comfort level with what you can prescribe. These treatments include low dose atropine, soft multifocal or dual focus lenses, ortho-K, and don’t forget about the importance of outdoor time.

Step 3: Educate Your Staff
This is the make-or-break step. Your staff members must be on board with anything you do in your practice. They are the gatekeepers and the ones who will advocate for you on the phone, answer questions while taking large payments, and help your patients achieve success, which will lead to referrals.

Step 4: Determine Your Fees
Determine when you will present myopia management options. Will you fit this into your exam schedule (and get behind), or will you bring patients and parents back for a myopia consultation visit? Can you do telemedicine consultations with both parents present?

Will you do a global fee or pay-as-you-go arrangement for myopia evaluation visits throughout the year? Figure out your chair cost and work backward, as everyone’s fees will be different. Do not undercharge for your expertise or you will get discouraged.

Will you do a yearly fee or a 2-year contract? Will you charge more or less for different treatment options (atropine, soft multifocal, ortho-K)? Will you utilize vision plan benefits? All of these questions are important to your new focus on myopia management.

Step 5: Create Your Program
A goal without a plan is just a wish. Do not start treating your first myope without a program in place or you will get frustrated before you even get started. Here are some things to consider when building your program:
• Create a myopia progress evaluation visit schedule, aka follow-up visits. (Note: Do not use the word follow-up, as some people tend to associate the word follow-up with free.)
• Develop contracts. You will need one for each treatment, soft multifocal lenses, atropine, and ortho-K. A Google search will return multiple contracts that are already written.
• Develop a patient tracking system to track your patients’ progress on their return and missed visits.
• Create a parent presentation.

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including pamphlets and information on your website for those who have questions—and they will have questions! We use an informational flip book to keep the information clear and concise during this presentation and also send information via email, including studies and a pamphlet.

- Keep presenting the information. You will hear a lot of no’s in the beginning, but don’t get discouraged!

**Step 6: Get the Equipment**

If you want to practice myopia management to its fullest potential, I recommend getting a topographer and a device for axial length measurement. Measuring axial length is a game-changer. It gives you real data that can help you make educated decisions on progression and how aggressive you need to be with your treatment. For example, a 10-year-old child with a -5.00 D refraction and axial length of 27 mm is substantially more at risk than a 10-year-old with -5.00 and an axial length of 24.5 mm. Yes, you can get started without measuring axial length, but not measuring axial length is like treating glaucoma patients without an OCT.

**HALF THE BATTLE IS GETTING STARTED**

The awareness among parents surrounding myopia management is only going to grow in the United States. We are decades behind other parts of the world in the treatment and management of myopia, and every diopter matters in these young eyes. Eventually, myopia management will become a standard of care just like prescribing the AREDS formula for patients with age-related macular degeneration.

As a highly myopic mother of a 4-year-old, I know that myopia management has changed my practice and the lives of many young myopes in my practice. It is professionally rewarding to see parents and children cry with joy when you relieve them from the need to progress to increasingly stronger glasses or to use full-time vision correction during the day.

Once you start down the path of providing myopia management, there is no looking back. This year has brought many challenges, so let 2020 be the year that you challenge yourself and bring myopia management to your practice.

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