



PRESIDENT'S DESK

Exciting News, ALLDocs Members!



Kerry Gelb, OD
President

Attention ALLDocs! Registration is now **OPEN** for the 2024 annual meeting! Join your fellow ALLDocs members at the historic Biltmore in Phoenix, Arizona. Register as soon as possible to get your choice of excursion or activity on Wednesday. As usual, this will be our best meeting. Visit www.alldocsrocks.com to secure your spot.

The ALLDocs Board and event team have a fabulous program planned for our members. We are happy to announce: GoGo Gadget is returning by overwhelming popular demand! A decade on the road has

molded this PA based group into an entertainment machine. Much like ALLDocs members, they are trendsetters in their industry and their show is the definition of "Epic." Continually reinventing their stage design, Go Go Gadget's visual display rivals that of a nationally touring act. Dance the night away at our signature gala. Spouses and sponsors are welcome to join.

Tossing things up a bit, we also have some hands-on workshops devoted to specialty care planned for the group this year. Expanding scope of practice, giving our members exposure and hands on training on the newest technology is the ALLDocs way. Let's spend a little time out of the lecture hall and dive into specialty care! This is a very exciting change to our meeting routine.

Looking forward to another great meeting and seeing each of you. Block your calendars, book your flights and register today!



Go Go Gadget performing at the ALLDocs Annual Meeting in 2021



GALLERY



2024 Annual Meeting

Arizona Biltmore

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Action Steps for Holding Onto Valued Employees



According to estimates, almost 1.7 million healthcare workers quit their jobs in the first half of 2022, equating to 3% of the entire healthcare workforce turning over per month.¹ The good news is there are action steps optometrists can take to increase the likelihood of securing sensational staff.¹

1. Compensate & Reward

Base pay is the top reason healthcare workers stay at their jobs, and 78% of employees believe they will get better pay by changing jobs.¹ The easiest way to combat this cause for quitting is to offer fair wages and never skimp on deserved raises.¹ Use trusted resources like Indeed and ZipRecruiter if you are unsure of what is deemed “fair wages” both nationally and in your area. In addition to monetary compensation, other benefits should be considered. Offering any type of extra benefits, such as paid time off, vision materials at the practice’s cost, or paid holidays, can make an impactful difference.¹

2. Offer Flexibility

Other data show that 16% of healthcare employees want schedule flexibility, and 17% want a work-life balance that matches their needs.¹ One potential solution for employees who want more flexibility is to provide opportunities for remote work. Some tasks within an optometry office can be done remotely, such as scheduling, billing, phone management, insurance verification, and scribing. Of note, shift scheduling can often be provided in optometric practices. Allowing staff to work shifts can give them options to have mornings or afternoons off, depending on their preferences.¹

3. Develop & Advance

Lack of development and opportunities for advancement can also contribute to staff quitting. Consistent performance reviews that incorporate goal setting are an effective way to keep communication lines open and course correct if employees feel underutilized.¹ Encourage feedback from staff and have them identify and express their goals for growth within the office to ensure management and employees are on the same page. Offering incentives for employees to further themselves within the optometric profession is another effective way to motivate growth.¹

4. Avoid Burnout

Burnout can lead productive employees to look elsewhere for a job, with recent data showing that 40% of workers reporting they have left a job due to burnout.¹ While being occasionally short staffed is unavoidable, this should be minimized as much as possible. Express gratitude and check in with employees to gauge their level of burnout to avoid losing team members due to being overwhelmed.¹

5. Onboard Thoroughly

Poor onboarding makes employees 8 times more likely to be disengaged, whereas positive onboarding makes them 2.6 times as likely to feel workplace satisfaction.¹ Thorough onboarding should include reviewing the office’s mission, communicating expectations and job duties, and extensive training.¹

SOURCES

1. Fulmer P. Securing sensational staff. *Optometric Management*. 2023;58:31-33. Available at: <https://www.optometricmanagement.com/issues/2023/november-december-2023/securing-sensational-staff>.

A Free Glaucoma Resource From “Prevent Blindness”



Prevent Blindness (www.prevent-blindness.org) is offering downloadable fact sheets and other materials to better inform patients about glaucoma. As part of its offerings, Prevent Blindness has developed “The Glaucoma Community,” a free platform available via a web browser or through a mobile app. The program offers educational glaucoma content, a personalized newsfeed, and the moderated “Community Chat,” where users can connect to share experiences and advice.

A new offering is the Glaucoma Community Promotional Toolkit for healthcare and public health professionals, which includes:

- Printable flyers designed for placement in clinic lanes, waiting rooms, or to be distributed to patients, especially those newly diagnosed with glaucoma
- Social media graphics and text tailored for each social media platform
- PowerPoint slides created to share in various ways, including as part of waiting room TV content, a screen saver in a clinic room computer, or in presentations

SOURCE

Prevent Blindness. Prevent Blindness joins National Glaucoma Awareness Month in January to educate the public and professionals on the “silent thief of sight.” Published December 27, 2023. <https://preventblindness.org/2024-glaucoma-awareness-month/>. Accessed April 1, 2024.

Facilitating Pediatric Eye Exams



Providing comprehensive pediatric vision care is an excellent way to build a practice and is rewarding for both patients and optometrists.¹ For pediatric patients, the first eye examination should take place between the ages of 6 and 12 months. If no concerns are present, additional eye exams should occur when the child reaches 3 years of age and then again at age 5 years and annually thereafter.¹ When performing eye exams in pediatric patients, it is crucial to evaluate for any presence of disease. Some of the most common ocular morbidities in childhood include refractive error and strabismus.²

Asking the Right Questions

Many parents are unaware of the link between vision and performance or learning, highlighting the importance of asking the right questions to ascertain clues that may warrant an extended visual evaluation.¹ Below are sample patient history questions to ask the child's parent or caregiver:¹

- Was the child born full-term? Children born prematurely with lower birth weight are at an increased risk of developmental delay including visual delays³
- Did the child reach all developmental milestones on time? Visual problems are more common in children with delayed developmental milestones³

Here are some examples of performance questions to ask parents of school-aged children:¹

- Is your child reading at an appropriate age level?
- Does your child struggle with reading but excel in other subjects?
- Do you feel as though your child is reaching their full potential?
- Does your child avoid reading-related tasks?

Below are sample questions to ask school-aged children:¹

- Do you ever see the words moving on a page when you are trying to read?
- Do you ever see two of things when you're looking at them?
- Do your eyes or head hurt after looking at something?

Clinical Testing

If answers to these questions suggest that a child has a vision problem, a good starting point for determining which testing is appropriate can be found in the American Optometric Association's evidence-based clinical practice guidelines, which are available at www.aoa.org.⁴

That said, each child brings a unique combination of language development, cognitive function, comfort level, and attention into the exam room that may make it challenging to standardize testing. Testing options should be kept open and flexible to gather enough data to inform clinical decisions.¹ Consider starting with a known testing standard for each exam element and then modify accordingly if a child cannot accurately perform or sit for them.¹

Diagnosing roadblocks in vision development—such as ametropia, binocular vision dysfunction, accommodative dysfunction, oculomotor dysfunction, amblyopia and strabismus—is an important step for children to receive the full scope of optometric care they need. Treatment may include lenses, prisms and/or optometric vision therapy. Successful treatment of the vision problem may help children reach their full potential.¹

SOURCES:

1. Press D, Cohen K. Pediatric exams made easy. *Rev Optometry*. Published May 15, 2023. Available at: <https://www.reviewofoptometry.com/article/pediatric-exams-made-easy>.
2. Vitale S, Cotch MF, Sperduto RD. Prevalence of visual impairment in the United States. *JAMA*. 2006;295(18):2158-2163.
3. Soleimani F, Zaheri F, Abdi F. Long-term neurodevelopmental outcomes after preterm birth. *Iran Red Crescent Med J*. 2014;16(6):e17965.
4. American Optometric Association. Evidence-based clinical practice guideline: comprehensive pediatric eye and vision examination. *Optometric Clinical Practice*. 2020. Available at: www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/EBO%20Guidelines/Comprehensive%20Pediatric%20Eye%20and%20Vision%20Exam.pdf. Accessed January 15, 2024.

Vision Loss & Physical Activity in the Elderly



Researchers at Johns Hopkins University explored the impact of objective vision measurements on physical activity among older adults in the United States. Investigators found that elderly adults with vision impairment spent less time overall engaging in physical activity. Importantly, older adults with lower mobility were less likely to seek eye care, including:

- Refractive correction
- Addressing reversible causes of vision loss (i.e., cataracts)
- Prevention of chronic diseases

The study included 723 individuals who were sampled from over 10 million older Americans, 30% of whom had objective vision impairment. In the study, any objective vision impairment was significantly associated with lower number of active minutes per day (7.8% fewer), shorter active bouts (7.0% shorter), and greater activity fragmentation. The authors noted that with the ability to monitor real-world activity using wearable technology, future analyses should incorporate objective measures of physical activity to determine the temporality of these associations.

SOURCE

Almidani L, Varadaraj V, Banerjee S, et al. The quantitative impact of visual function on accelerometer-measured physical activity in older US adults: a nationwide cross-sectional analysis. *Ophthalmol Sci*. Published December 29, 2023. <https://www.reviewofoptometry.com/news/article/elderly-adults-with-vision-loss-engage-in-less-physical-activity>. Accessed April 1, 2024.

Collaboration Enhances Concussion Management

An estimated 1.6 million to 3.8 million sports-related concussions occur each year in the United States, according to recent estimates.¹ To ensure successful outcomes in patients who have post-concussion syndrome, collaboration among optometrists and other healthcare providers is paramount.¹ Post-concussion syndrome is characterized by persistent symptoms, such as vision changes that can last a period of weeks to months after an initial injury.² With collaboration, healthcare providers can ensure comprehensive care that facilitates optimal recovery.¹

The Importance of the Optometrist

An estimated 50% to 90% of people who have persistent post-concussion syndrome symptoms experience clinically significant visual disturbances, including problems with vergence and accommodation.³ Fortunately, an optometrist's timely assessment of oculomotor, vergence, accommodative, and visual-processing tests can help diagnose or triage visual impairments associated with concussions.¹

Testing includes dynamic visual skills assessments as well as a comprehensive eye examination to rule out eye disease or systemic pathology.¹ Visual symptoms may include reading/tracking issues, photophobia, screen intolerance (scrolling in particular), poor tolerance of visually busy areas, double vision, or a rapid propensity to fatigue with any visual task.¹

Approaching Treatment

Vision therapy for deficits resulting from physical disabilities and traumatic brain injuries plays an important role in addressing oculomotor disorders and related visual impairments.¹ Specifically, neuro-optometric rehabilitation can be used to help patients recover visual function, improve their overall quality of life, reduce risks of associated mental health challenges, and decrease risks of a subsequent concussion.^{4,5} Optometrists who have neuro-rehabilitation training can significantly contribute to comprehensive care.¹

People who develop post-concussion syndrome and children who have academic or reading issues can greatly benefit from the following interventions:¹

- Dynamic visual skills training
- Visual processing and integration
- Balance and visual-vestibular integration
- Vision-related symptom management

Build a Collaborative Alliance

Optometrists can take steps toward collaborating on care for patients who suffer concussions. First, conduct a search of local primary care doctors, sports medicine doctors, and nurse practitioners in the area and contact them about the treatment approaches to offer patients.¹ It may be helpful to ask about the utility of standardized questionnaires, such as the Brain Injury Vision Symptom Survey (BIVSS), and protocols, such as vestibular ocular motor screening (VOMS).^{6,7} The BIVSS questionnaire helps identify visual issues so patients can be triaged accordingly. The VOMS screening includes near point of convergence as part of its battery.^{6,7}

After optometrists gather interest from healthcare providers in collaborating to treat concussions, efforts can be made to dedicate time in weekly schedules for sports-related cases. These cases should include those who have suffered concussions but can be expanded to seize opportunities to care for athletes who wish to ensure they are at peak visual performance.¹

SOURCES:

1. Mooney B, Quaid PT. Collaborate on concussion management. *Optometric Management*. 2023;58:32,34,36. <https://www.optometricmanagement.com/issues/2023/september/collaborate-on-concussion-management/>
2. Marshall S, Bayley M, McCullagh S. Updated clinical practice guidelines for concussion/mild traumatic brain injury and persistent symptoms. *Brain Inj*. 2015;29(6):688-700.
3. Fried E, Balla U, Catalogna M, et al. Persistent post-concussion syndrome (PPCS) in children after mild traumatic brain injury is prevalent and vastly underdiagnosed. *Sci Rep*. 2022;12(1):4364.
4. Ciuffreda KJ, Ludlum DP, Yadav NK, et al. Traumatic brain injury: visual consequences diagnosis and treatment. *Advance Ophthalmol Optometry*. 2016;1,307-333.
5. Clark, JF, Graman P, Ellis JK, et al. An exploratory study of the potential effects of vision training on concussion incidence in football. *Optometry Vis Perform*. 2015;3(2):116-125.
6. Laukkanen H, Scheiman M, Hayes JR. Brain Injury Vision Symptom Survey (BIVSS) questionnaire. *Optom Vis Sci*. 2017;94(1):43-50.
7. Kaae C, Cadigan K, Lai K, Theis J. Vestibulo-ocular dysfunction in mTBI: utility of the VOMS for evaluation and management—a review. *NeuroRehabilitation*. 2022;50(3):279-296.

The Case for Early DED Treatment in OSA



Researchers investigated whether ocular surface alterations were associated with disease severity in patients with obstructive sleep apnea (OSA)-hypopnea syndrome. The study found that over 40% of people with OSA had significant dry eye disease (DED) problems that are believed to result from inflammation, subsequent increased tear evaporation, and eyelid laxity.

According to the meta-analysis, the prevalence of floppy eyelid syndrome and DED was 40% and 48%, respectively. Schirmer 1 values and tear breakup time were remarkably reduced in patients with OSA when compared to the control group. Patients with OSA had elevated Ocular Surface Disease Index scores, corneal staining scores, and meibomian gland loss rates when compared with the controls.

The authors concluded that patients with OSA-hypopnea syndrome have a higher risk of developing floppy eyelid syndrome and DED. Early detection and treatment of ocular surface lesions may help prevent severe ocular surface disease.

SOURCE

Sun J, He J, Liang Z. Comparison of ocular surface assessment outcomes between healthy controls and patients with obstructive sleep apnea—hypopnea syndrome: a meta-analysis of the literature. *Front Physiol*. 2023; 14:1163947.

A Blueprint for Resolving Staff Conflicts

An inevitable consequence of running an optometric practice is that mistakes, misinterpretations, or misunderstandings will pop up and create conflict among staff members.¹ If left unchecked, this discontentment can fester, leading to long-lasting negative effects, such as poor morale, inefficient productivity, absenteeism, a negative impact on patient care, and staff turnover.¹ Below are 5 key components to implementing protocols to resolve conflict between team members:

1. Assemble All Parties Involved

If a complaint is levied from one employee to another, gather them together and serve as mediator. Create an environment of open communication and never make assumptions. Allow each person to air their issues freely to get a full understanding of both parties.¹

2. Encourage Listening and Acknowledgment

As the leader, optometry practice owners must give their undivided attention to each staff member in the dispute and set ground rules. Use positive body language (i.e., eye contact and nodding) to affirm they hear the complaints and try to understand the fundamental issue. At this point, it is critical to identify whether the issue is one of discrimination or harassment. According to the Equal Employment Opportunity Commission, it's how the behavior is perceived that matters, not the intent.¹

The key is for optometrists to gain a true understanding of what—exactly—triggered the hostility. Once the root problem or cause has been identified, it should be confirmed with the opposing parties to ensure everyone is on the same page.¹



3. Validate Each Person's Feelings

When all parties agree on the nature of the problem, give credence to the feelings behind the conflict and use empathetic wording. This shows that you genuinely care, and you're invested in facilitating a resolution.¹

4. Encourage Employees to Find a Solution

After staff is heard and acknowledged, help them structure an approach toward a solution. Reiterate your confidence in their abilities to find a remedy.¹ However, if employee interactions continue to escalate or language becomes aggressive or disrespectful, it may be time to step in. Consider implementing some team-building exercises that are not work-related to build bonds between employees.¹

5. Document & Follow Up

After meeting with employees about any conflict, document the meeting and set a target date to check in with staff. This is an opportunity to confirm if the situation is rectified or if any progress has been made. Stay vigilant because catching these problems early can help create an environment of mutual respect and collaborative problem solving.¹

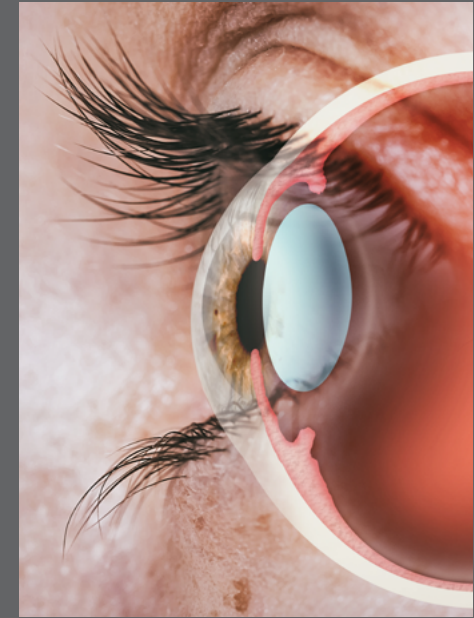
SOURCE:

1. Jabaley J. Resolve conflicts among staff. *Optometric Management*. 2023;58:20-22. <https://www.optometricmanagement.com/issues/2023/april/resolve-conflicts-among-staff/>

Causes of Employee Conflict	
• Personality differences	• Competing job duties or poor implementation of a job description
• Workplace behaviors noted by some co-workers as irritating	• Mistakes in organizational change and transition
• Unmet needs at work	• Poor communication
• Perceived inequities of assets	• Differences over work methods or goals
• Unclarified roles	• Differences in perspectives due to age, sex, or upbringing

Source: Society for Human Resources Management: <https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/managingworkplaceconflict.aspx> Accessed April 1, 2024.

Trending: Syphilitic Uveitis on the Rise



The annual rate of primary syphilis infection in the United States has risen by 74% since 2017, and with this increase comes more cases of intraocular inflammation. Researchers recently reviewed 2010-2019 data on more than 440,000 inpatient hospital visits and found that 1.3% carried a diagnosis of syphilitic uveitis. The national incidence was 0.15 per 100,000 population and showed an increasing trend over the years. Below are the syphilitic uveitis incidence rates per 100,000 by racial/ethnic group:

- 0.40 for African Americans
- 0.15 for Hispanics/Latinos
- 0.11 for Whites

The highest percentage of admissions for syphilitic uveitis were from the South (42.1%), followed by West (25.0%), Northeast (17.4%), and Midwest (15.5%). Of note, the incidence of syphilitic uveitis was four times higher in the male population. The authors emphasized the importance of having a high index of suspicion for syphilitic uveitis when evaluating patients with intraocular inflammation.

SOURCE

Mir TA, Kim SJ, Fang W, Harvey J, Hinkle DM. Rising incidence of syphilitic uveitis-related hospitalizations in the US. *JAMA Ophthalmol*. 2024;142(1):7-14.

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INSIGHTS

More Vision Screenings Needed for Kids



Researchers recently investigated associations between sociodemographic and health characteristics and the receipt of eye care among children aged 17 years or younger in the United States. Results showed that just 53.2% of children aged 5 years or younger received at least one vision screening within the past 2 years. Of those screened, less than 26% were referred to an eye doctor. Overall, only 38.6% of all children in the study had a previous eye doctor visit.

Several factors were associated with lower odds of vision screening, including younger age, lack of health-care visits, no insurance coverage, parent education high school or less, and lower household income. Non-White ethnicities and households with a non-English primary language and lower incomes were more likely to be referred to an optometrist after vision screening. The authors noted that targeted strategies are needed to increase vision screening and access to eye care services in these vulnerable groups.

SOURCE

Antonio-Aguirre B, Block SS, Asare AO, et al. Association of Sociodemographic characteristics with pediatric vision screening and eye care: an analysis of the 2021 National Survey of Children's Health. *Ophthalmology*. 2023;S0161-6420(23)00886-2.



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