

Optometry in the Age of Disruption: How Good Doctors Compete with Bad Companies

Abstract

The field of optometry faces unprecedented disruption from companies outside of the profession. Regulatory agencies either have little enforcement dollars or have made commitments to reduce barriers to new unproven technologies. Therefore, educating patients about the importance of solid eyecare that meets the standard of care falls on the shoulders of optometrists. This lecture teaches the optometrist how to use the latest technologies in positive ways to recapture the hearts and minds of your patients.

Learning Objectives

- Understand the landscape of disruptors operating now
- Learn the power of the doctor-patient relationship
- Know what can be done in your practice to provide better care that your patients want every year
- Learn what the profession is doing to safeguard patients

Outline

- I. Disruptors that disintermediate the doctor-patient relationship
 - a. Online contact lens middle-men
 - b. Online vision tests
 - c. Remote retinal screenings
- II. Technologies available now to enhance doctor-patient relationship
 - a. Text messaging capabilities
 - b. Google reviews
- III. Social Media
 - a. Organizational efforts
 - i. AOA
 - ii. The Alliance for Patient Safety
 - b. Campaigns to drive patients into private practices
- IV. Telemedicine
 - a. Case study
 - i. 27 year old biology professor

- ii. Purchasing lenses online for 3 years without appointment
- iii. Eye Irritation- goes to local ophthalmologist
- iv. Local ophthalmologist sends him directly to cornea specialists office
- v. Eye perforates in cornea specialists' waiting room- pseudomonas ulcer
- vi. Rushed into emergency PK surgery
- vii. 11.5mm graft will need regrant every 5 years
- viii. Current status of patient

b. Case study- patient considering telemedicine

- i. 12 year old developmentally delayed boy
- ii. Broken glasses- parents considered online refraction
- iii. Examined in office instead- diagnosed with papilledema
- iv. Sent to ED for emergent imaging
- v. Found to have mucocele invading intracranial space
- vi. Neurosurgeon noted "Patient would have been blind or dead by the weekend"

c. Telemedicine optometrists can use to improve care

- i. Red eyes
- ii. Contact lens follow-up
- iii. Triage
- iv. Medicare allowance

V. Limited distribution contact lenses

- a. Direct to consumer model chosen by one disruptor
- b. How this negatively affects outcomes
- c. Split sourcing data- Liat Gantz study
- d. Why providing limited distribution lenses is healthier to patient

VI. Advocacy

- a. The doctor patient relationship
 - i. Patients want trust and competence and efficiency in caregivers
 - ii. Patient centered care forms a solid doctor patient relationship
 - iii. Advocating for the highest standard of care
 - iv. Educating regulators, policy makers, and the public
- b. A patient's prescription, determined through consultation between a patient and his or her doctor
 - i. A patient's prescription has long been the foundation of a patients contact lens experience
 - ii. The marketplace is clearly not respecting the prescription rules
 - iii. FTC has not sought any enforcement or proposed any rule that would address the actions of online retailers
 - iv. Monitor for conditions in advance of complications
 - v. Current telemedicine technologies assess vision, and power, but do not assess health
- c. Safe, healthy and effective use of medical devices/advancements in technology to create better patient health outcomes
 - i. Contact lenses are not substitutable
 - ii. Contact lenses cannot be generic
 - iii. Contact lens Rx contains many more than 11 variables
- d. Enforcement and strengthening of patient health and safety laws and regulations
 - i. Contact Lens Rule/FCLCA
 - 1. CL Rx release

- a. Complaints to FTC
- b. Total number of CL Rx's per year

2. Rx laws

- a. Passive verification
- b. Robocalls

ii. 10 year review process

iii. New Proposal