

# The Rise of Medical Optometry

## ECPs' Interest in Medical Eyecare and Differentiation Drives Era of Specialization



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BY MARK TOSH / SENIOR EDITOR

Not everyone wants to be a jack-of-all-trades. Indeed, in today's marketing and health care environment it is often seen as an advantage to wear the hat of the specialist. This, perhaps, is one of the factors that is driving ECPs to an age of specialization.

Similar to other health care disciplines, optometry today is moving toward this specialization trend, which many in the market see as a practice differentiator, a way to serve patients in a broader way and a trend connected to a growing interest among optometrists in practicing medical eyecare, as the scope of practice has expanded.

"The specialization trend is often a result of the wallet allocation rule. Simply stated, the wallet allocation rule is that each person/patient has a certain amount of money they will spend each year on medical care," said Mark Wright, OD, FCOVD, who is professional editor of *Review of Optometric Business*.

He added, "A common example that happens in a practice for a patient that is diagnosed with dry eye is they are given a scavenger hunt list: buy these eye drops at the drug store, this eye mask

from this website, and so forth. The question for a practice is how to maximize how much of that money could be spent in the practice."

In this case, the consideration is could the eye drops and the eye mask be purchased in the practice rather than the patient needing to go elsewhere? Wright asked.

There's also consideration given by ODs today to the realization that in today's day-to-day living patients have changed the way they use their eyes, notably impacted by increased screen time. As a result, optometrists, particularly those seeing patients in a private practice setting, have responded by more actively considering or even adding specialties to address today's changing and more specific patient needs.

This concept, when thought of in a larger context, according to Wright, is a general practice that identifies a patient with dry eye. Do they do more than just diagnose them or do they go further and treat them? The wallet allocation rule says that when possible they should treat them rather than send them out to someone or somewhere where they would spend those additional dollars that they are going to spend anyway.

"You can apply this principle to any of the prac-

tices that offer specialization," he added.

Before practices move into a specialty it's important that the ODs research and analyze a variety of ways that might be available to grow the practice. Often, the best place to begin is by asking other ECPs who are already involved with the prospective specialty. And another option is to look at current industry trends, market demographics and internal professional and business goals in order to determine an optimum fit.

There is another idea about specialization and that is the practice that performs the specialization area only. This is often an option for ODs who do not want to deal with the "bread-and-butter patients," Wright said. "They only want to deal with people who need the specialization. For this practice, rather than have to screen through a lot of low paying patients to find patients who need higher level care, they let other practices do that for them. The specialty-only practices then, if they have priced their product correctly, should generate a higher gross revenue and a higher net than a general practice while only dealing with the patients they want to."

But, this method of practicing, may raise the is-

**Continued on page 37**

# The Rise of Medical Optometry



## A Confluence of Factors Behind the Increase in Myopia Awareness

It's becoming more broadly accepted among ECPs that myopia will find a place as one of the major public health challenges that professionals come across. It is estimated that 50 percent of the population will be impacted by myopia by the year 2050 (due mainly to lifestyle factors), with 20 percent of the myopic patients having high myopia (when urgent action is needed).

Rising myopia increases the risk of blindness (due to high myopia), and also raises the socioeconomic burden associated with myopia complications, thus burdening health care systems around the world.

"Ophthalmic companies and eye health associations recognize this need, but public awareness of this issue is limited, making it difficult for eye doctors and allied health care professionals to discuss potential treatment options for myopic children," as the Global Myopia Awareness Coalition (GMAC) noted.

This began to change in late 2018 when an array of companies and associations addressed the opportunity around working together to increase awareness of childhood myopia, as well as encouraging parents to talk about treatment options for childhood myopia with their health professional.

GMAC, building upon this broad-based interest shown, was officially established in January 2019. While the initial support came from 10 companies, today the organization has grown to have the support of 17 different companies and associations that are working together with a singular mission around myopia awareness. GMAC is now established as an advisory board within the World Council of Optometry.

Perhaps surprisingly, given the current widespread interest in myopia management, as recently as 10 or 15 years ago there were few vision care professionals and others outside of the research community talking about myopia.

"In 2015, nobody was talking about myopia management. It was on the fringe," noted Matt Oerding, a GMAC board member. Oerding also is a co-founder along with Gary Gerber, OD, of Treehouse Eyes, the first health care practice dedicated



Kevin Chan, OD, FAAO, senior clinical director, and Matt Oerding (c), a co-founder, are among the principals leading the growth of Treehouse Eyes.

exclusively to treating myopic children. "You had people like Dr. Tom Aller [of San Bruno, Calif.] and a handful of others who were on the clinical or academic side who would talk about myopia, but you would have been hard pressed to find myopia as a topic at a big meeting."

Oerding points to three factors that have helped bring myopia awareness and myopia management to the forefront.

The first factor, he said, is the approval of vision products specifically for myopia management, including the MiSight lens from CooperVision, which was launched initially in Europe, Australia and other countries.

"You had to get approved specifically for the treatment of progression of myopia in children... I certainly think that having products get regulatory approval, even outside the U.S. helped [increase awareness]. That was a big thing," Oerding says.

The second factor has been the publication of scientific research addressing myopia and myopia management. "Five or six years ago, there weren't a lot of great studies out there that showed the efficacy of myopia treatment," he said. "And really over the last few years, we've had more studies [around myopia] than I can count, including the ATOM 1 and ATOM 2 studies out of Asia that looked at the use of atropine [as a treatment protocol] and some of the ortho-K studies" which looked at efficacy and the benefits of treatment.

"It's one thing to say it's a need and another to say can we do something about it. I think we've had a number of studies that started in 2016-2017 that have helped," he said.

The third contributing factor was the launch of Treehouse Eyes, the first and only health care business dedicated exclusively to treating myopic children. The new practice model debuted outside of Washington, D.C., by Gerber and Oerding. There are now 55 eyecare practices around the U.S. that are working with the founders and that have adopted elements of the Treehouse Eyes model.

"I think this was a big shock to people that we opened dedicated centers focused on treating myopic kids in late 2016," Oerding said. "There were a lot of people saying, 'Well, why would you do that?' This sparked a conversation about the need for treatment. People began to understand the magnitude of this issue in terms of how many millions of children are myopic. I think we played a small role in helping to spark that conversation [around myopia] as well."

Another factor that has raised awareness of myopia management—among both parents and ECPs—is the work being done by GMAC. One of the first steps the organization took was to conduct a survey in August 2019 to uncover a benchmark among U.S. parents with school-aged children and their awareness of myopia and what they knew about it. "We repeated that survey in August 2021 and the pleasing thing for us is that we've moved the dial in terms of parents taking myopia more seriously. More parents said, 'Yeah, this is something I should be concerned about. It is something that I want to ask the doctor about.'"

He added, "So we still have a long way to go, but we feel like we're making progress in moving the ball forward." ■

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## Sports Vision Takes Off as Tech and Social Media Drive New Growth

Although ECPs have been practicing sports vision or performance vision for more than 30 years, perhaps longer, this specialty has really moved to the forefront in recent years due to a number of factors, including the overall trend in eyecare to establish a specialty care niche as a way of practice differentiation.

At its core, sports vision is really working to improve an athlete's visual and cognitive performance and overall athletic performance, via testing and training. The idea is that by helping someone see things faster, it also leads to faster cognitive decisions and quicker motor decisions. This is done, in part, by finding ways to improve attention, eye/hand coordination, reaction, anticipation and focus, and decision-making.

Some of these abilities include eye-hand coordination, dynamic visual acuity, tracking, focusing, visual reaction time, and peripheral vision. All activities are sport-specific with a custom tailored program for each sport and athlete, according to the International Sports Vision Association (ISVA).

In this way, a program for a tennis player will emphasize eye-hand coordination and dynamic visual acuity whereas a program for a golfer will concentrate on visual alignment and depth perception to see the breaks in the greens, ISVA said.

Many athletes are amazed at how ECPs can predict their performance based on their findings from a visual screening. If you are having trouble getting to the next level in your particular sport even after stepping up your practice, you might have a visual problem limiting your success.

ISVA is an interdisciplinary group of professionals dedicated to advancing the field of vision training for athletes of all ages and levels to help them achieve peak athletic performance. Vision, just like speed and strength, is a critical component in how well one plays any sport. A growing body of evidence confirms that visual abilities can be strengthened and enhanced by means of appropriate visual training.

Charles Shidlofsky, OD, FCOVD, who is the clinical



Charles Shidlofsky, OD, FCOVD, (in blue) works with a member of the FC Dallas professional soccer team during a recent screening event for the team.

director of Neuro-Vision Associates of North Texas, is one of the ODs most deeply involved with spreading the word about sports vision, and pediatric vision care, as a specialty area. The Neuro-Vision practice serves children and adults with neurological vision issues.

Shidlofsky also is president of ISVA, and a member of the medical staff at Baylor Scott and White Institute for Rehabilitation-Frisco, Dallas and Fort Worth. He serves as a consultant for several Texas-based rehabilitation centers, and is the team vision consultant for the Dallas Stars (NHL), Allen Americans (ECHL) and FC Dallas (MSL).

"As with most eyecare practices, we want you to be able to see 20/20," Shidlofsky told *Vision Monday* in a recent interview. "However, we take it well beyond 20/20 by evaluating how you process information, your visual perception ability and how your vision integrates with your other senses. We utilize state-of-the art equipment so that your eyes receive the best possible care."

Shidlofsky said he became interested in sports vision while still in optometry school. "I actually

did my fourth-year project working with the college baseball team in Memphis," he said, noting this involved working with hitters and looking at ways to improve batting averages. "That was my study, and I really enjoyed it. I wanted to do more sports vision. But back in the late 80s and early 90s, it was pretty much a ghost town."

His initial efforts in sports vision came with working with lower-level teams, including Little Leaguers, and then demonstrating the success of his efforts. The kids' baseball skills definitely improved, and it coincided with parents reporting that their schoolwork was improving, too. "And it was like, 'Oh, well, there's a bigger market there' [and] I ended up jumping into the pediatric side of things."

He also noted that while sports vision has been around for decades, it's in "a big growth phase now." Among the factors driving this growth, he said, are technology and social media. "The first thing that's led [sports vision] into this growth phase is the technology," he said, noting that it's now possible to provide patients or players "tools" that they can use to work on their vision at home or before a game.

The second major impetus, he said, has been the rise and preponderance of social media. This "really has changed the game," especially as it relates to getting the word out and just promoting the idea of sports vision. Social media has provided ODs with "a forum to talk about sports vision for free," he said. "It has really helped us get the word out about what we can do with athletes and sports vision. When we go to the FC Dallas [practice] this weekend, we'll take some pictures and pop them up on social media" where they will get significant notice.

Finally, ODs noted that there really is a variety of ways to offer sports vision in an eyecare practice, from the span of a separate, dedicated sports vision facility to the simple act of offering a selection of sports protective eyewear and unique optical solutions. ■

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# The Rise of Medical Optometry

## Neuro-Optometry: Helping Patients With Individualized Treatment Regimens

In a sign of optometry's broadening approach to health care, there are a number of specialties beyond today's much-talked about dry eye and myopia management specialties that are drawing attention and interest. Neuro-optometry is one of these areas, and it's becoming an area of specialization that is attracting many ECPs. This interest stems from ODs seeking to provide a wider array of care and differentiating elements within their practices, as well as the overall interest many doctors have in being more deeply involved with patient care, which includes neuro-optometry.

Neuro-optometric rehabilitation is a specialized, individualized treatment regimen for those who have visual deficits as a direct result of physical disabilities, traumatic brain injuries and/or other neurological issues. These optometrists have special training and clinical experience in this area and understand how specific visual dysfunctions relate to a patient's symptoms and performance.

Although this is a growing area of interest, as are other areas of practice specialization, primary eyecare remains the core building block of most

ODs' practices today, even as they begin to dabble in new areas of eyecare.

Even when an OD has these specialties in their portfolio, it's still essential to have a strong footing and base in primary eyecare, DeAnn Fitzgerald, OD, told *Vision Monday* in a recent interview. She noted that primary eyecare is "still the bread and butter of what we do," even as areas of specialty care come to the forefront at many practices.

She added, "Right now, being in a pandemic situation, people need different kinds of care. No longer as an optometrist [can] you do just, 'Which is better, one or two?' and check their eyes. You have to have some other thing that, for you as a professional, gives you a little bit of [exhilaration]."

Fitzgerald is president of the Neuro-Optometric Rehabilitation Association (NORA), an inter-disciplinary group of professionals dedicated to providing patients who have physical or cognitive disabilities as a result of an acquired brain injury with a complete ocular health evaluation and optimum visual rehabilitation education and services to improve their quality of life.

She has been providing eyecare to eastern Iowa since graduating from Pacific University School of Optometry in 1984. Fitzgerald runs a primary care clinic where she diagnoses and treats ocular disease and evaluates patients with brain injury. In 2007, she opened a multi-disciplinary clinic, Cedar Rapids Vision in Motion, which provides low vision services and vision skills rehabilitation, with an emphasis on vestibular and visual skills.

In addition, Fitzgerald recently launched her sports vision and concussion clinic, Active Evolution Studio.

She explained that part of the role of primary care optometry is to determine how to help the patient to see as well as they can and to be able to perform as well as they can. Neuro-op-

tometry branches out into more of a subcategory of working with patients who have had a traumatic brain injury or other issues.

For example, she said, some concussion patients can't fully recover without the expertise of prisms, different kinds of lenses or different kinds of therapy. "The mantra for me is that 100 percent of our brains are dedicated to vision in some fashion, and 80 percent of all sensory goes through our eyes," she said. "One hundred percent of people who have some sort of neurological [issue] will have a vision problem. And so we've got to know where in the brain this is occurring, so that we can help that patient get better. ... That's where I feel neuro-optometry is needed."

Fitzgerald became interested in the neuro-optometry specialty after completing school and, subsequently, observing in her area of Iowa, that "more people coming into the practice just needed a different kind of care than what I was ever taught at school." Indeed, she said, most optometry schools don't provide numerous opportunities or introductions to specialties such as neuro-optometry.

"That's part of the problem, too," Fitzgerald said. Even in four years of school and eight semesters, "sometimes the sub specialties, like neuro optometric rehab get lost a little bit," she said.

Fortunately, the Neuro-Optometric Rehabilitation Association is one of the organizations putting more emphasis on this area of care. NORA also



has a "Clinical Skills/Fellowship Program" that was developed for its membership and which supports the highest level of clinical abilities and scientific

knowledge in the field of neuro-optometric rehabilitation. This process leads to a Fellowship within NORA. It is not a certification process but rather a learning process to help clinicians develop deeper knowledge and understanding of the multi-disciplinary approach to neuro-optometry.

Its origin dates to 1990 when a small group of optometrists met in Chicago to share their experiences in diagnosing and treating neurologically/cognitively injured and disabled patients.

As word of the new group spread, other health professionals asked to join their discussions, including physicians, therapists, psychologists, nurses, and others involved in treating physically disabled or traumatic brain injured individuals. NORA was officially established later that year.

NORA, which has more than 400 OD members and many others interested in taking part, is scheduled to hold its 2022 conference Sept. 8-11 at the Hyatt Regency in Columbus, Ohio. Currently, it is scheduled as a live in-person event. ■



DeAnn Fitzgerald, OD



## Increasing Incidence of Dry Eye Disease Presents Opportunity for ODs

The eyecare specialty built upon treating dry eye is one of the most robust specialties that ECPs are involved with today. According to some estimates, the dry eye disease (DED) market was valued at more than \$4 billion in the U.S. in 2018, and is projected to increase by approximately 50 percent to more than \$6 billion by 2023-2024.

According to the National Eye Institute (NEI), dry eye affects nearly 16 million Americans, but numbers are likely to be much higher, and as many as 6 million symptomatic individuals may go undiagnosed. Indeed, after refractive error, dry eye is likely to be the most common ocular issue an ECP will encounter in their day-to-day practice.

There's also a growing portfolio of eyecare products, exam techniques and treatment options for the OD to consider, once the decision is made to bring in dry eye treatment as a specialty or ancillary element of the practice.

Dr. Kimberly Riordan, originally from northwest Indiana, found herself in Florida after graduating from the Illinois College of Optometry, and she soon completed her residency in primary care at the William Chappell Jr. VA in Daytona Beach, Fla. She subsequently joined what has become Florida Eye Specialist in northeast Florida in 2013.

She eventually was appointed head of the practice's Dry Eye Center, which she said is "big and getting bigger." (Riordan, whose professional interests span both primary eyecare and ocular disease, also is involved with the practice's new Sports Vision

Training program, which was launched in conjunction with the Jacksonville Jaguars.)

"When I started with Dr. Amit Chokshi, MD, he had just purchased the LipiFlow system a year earlier, and he asked me if I would be interested in taking that [dry eye treatment system] over," Riordan told *Vision Monday* in a recent interview. She noted that she had worked at another large ophthalmology practice in Florida that dealt with many dry eye patients, so heading the Dry Eye Center "was an easy transition for me."

At the time, however, treating dry eye was just "emerging" as a true specialty.

The Florida Eye Specialist practice did have some dry eye patients, but the issue of dry eye wasn't talked about as much as it is today. "The landscape of dry eye today compared to 10 years ago is significantly different," she said. "We were one of the first to really embrace dry eye and the technology for treating dry eye. And in doing so, we really started to see more patients."

Today, Florida Eye Specialist has a dedicated staff for both the dry eye aspect of the practice, with a dry eye counselor, and for the sports vision specialty, with a trained tech performing the actual training sessions, Riordan said.

Another element of bringing dry eye to the forefront is the interest pharmaceutical companies

have taken in the dry eye category, and the corresponding launch of new treatment products and solutions. For example, Riordan said she believes biologic eye drops can be a vital part of treating ocular surface disease. These drops, when paired with corneal bandage devices, can prolong the effect of those treatments, she said.

Riordan said ODs who want to develop a specialty area of their eyecare practice should embrace some of the new technologies that are available in these specialty areas to treat patients, and also work to better educate patients about what's available today.

"Education is key," she said. "There are always new things available in both dry eye and sports vision. Attend conferences, network with peers who are doing these things in their practice and do your research as there is a lot going on in the world of dry eye and sports vision."

Indeed, this interest in dry eye was on display at the inaugural Eyes On Dry Eye Event last April. The first-ever Eyes On Dry Eye virtual meeting drew almost 4,000 attendees who viewed more than 15,000 hours of education. (The event was previously known as Everything Dry Eye before it was acquired by CovalentCareers.) Eyes On Dry Eye 2022 is scheduled as a virtual event running March 4-6.

In the end, dry eye represents an unmet need in patient care. Patients have been seeking better treatments for a long time, and ODs are qualified to provide solutions to fill this void. ■



Kimberly Riordan, OD

## ECPs' Interest in Medical Eyecare and Differentiation Drives Era of Specialization

Continued from page 30

sue that many practices that offer a specialty are not pricing their products appropriately, he added. "The most common error is to grossly underprice their product."

Still, there is also the factor of younger ODs who seem to be more inclined to adding the concept of a specialty to their general practice, or even create an entirely specialized practice. This is a route that

a number of ophthalmologists have followed for many years. Those ODs who choose to specialize do it as a way to distinguish themselves and differentiate their practices.

But, as some ODs have discovered, specialization is not for everyone. "Despite specialization's appeal, most ODs remain generalists, believing that going broad rather than deep is a more practical strategy for success," Wright said.

To better understand a few of the possible areas of specialization in optometry, *Vision Monday* looked at four types of specialty practices: myopia, dry eye, neuro-optometry and sports vision. The optometrists we spoke with explained how they got involved with their specialty, why they find the specialty rewarding and what important trends they see on the horizon. ■