OCOS MEETING
2 HOURS CE

"FABRY’S DISEASE"
PINAKIN DAVEY, OD

MONDAY,
FEBRUARY 11
6:30 - 9:30 PM

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$40 at Scott's Seafood
Costa Mesa, CA
In the US there are approximately 30,000 practicing optometrists — but there are about 150,000 MDs. We have made stunning progress despite our small size. We are the David going against the Goliath in any federal or state legal battle. But thanks to the men and women of our state and national associations, we continue to make strides toward inclusion and equality.

To some of you it may be a surprise that this past weekend was the California Optometric Association’s House of Delegates meeting. In the meeting the two heads of state, the COA and the AOA, joined together for the greater good of optometry once again. Much was discussed but the main message this year was inclusion into Affordable Care Act or Obamacare as some may call it. The AOA has been instrumental in lobbying for optometry and ensuring its role as primary eye care providers in this ever changing field. Thanks to the AOA, the Harkin Amendment will ensure that optometrists or other providers will not be discriminated against based on degree but rather included into health care panels based scope of practice and training.

The COA is playing a lead role in establishing the model for the new health care exchanges and no one is more important than our very own Dr Ed Hernandez, who chairs the Senate Healthcare Committee. It has been said that as California goes so does the rest of the country. Never has this been more true than now. California is leading the way in establishing a working model for the health exchange that the rest of the states will follow. Here, too, optometry needs to be at the forefront and is, thanks to the support of COA. As of right now one of the 10 essential health benefits is a full pediatric comprehensive eye exam including glasses and contacts as well as low vision aids and vision therapy. But Dr Hernandez is working hard to include adult eye exams into the wording of the law.

Additionally, VSP has now also been allowed to participate in the healthcare exchange as a stand-alone vision plan, a feat we can also attribute to the long hours and battles of the COA.

Every year brings on new challenges and hurdles, but rest assured our state and national associations have optometry’s best interest in mind and will continue to fight for you. All that is needed is you. If you value your future it is paramount to be active, engaged, and a member of COA.

Thank you,
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In 2014, 3 to 5 million more Californians will have health insurance. Due to this massive influx of newly insured citizens and large numbers of medical doctors retiring, a large provider gap will occur. As a result, senator Ed Hernandez is authoring 4 separate bills to help Californians receive the medical treatment they deserve.

Senate bills 491 through 494 are currently spot bills (bills without complete language) that will expand the scope of practice for nurse practitioners, physician assistants, pharmacists and optometrists. By expanding privileges of these professions, the provider gap can be reduced and the promise of the affordable care act will be fulfilled. Without changes to our current system, we will see longer waits to see medical doctors with many patients choosing to either go to the ER or have their conditions worsen while waiting. Both of these factors will drive up health care costs.

As optometrists, we will be on the leading edge of these changes. You will be called upon to speak to your local legislators this year so we can increase access to care for all Californians. So, if you receive an email or a call to action, I implore you to take 5 minutes and make the call. Opposition to these bills are simply castle guarding and without merit. Do not let them frame the argument by suggesting that we will hurt patients. The only thing that will hurt patients is the lack of, or delayed, treatment. We are highly skilled and trained medical professionals and we are desperately needed at this critical expansion of our nation’s health care.

David Ardaya, O.D.
OCOS Keyperson Coordinator
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Glaucoma is a challenging eye disorder for those who may have it as well as for those who treat it, as this condition typically shows no significant early signs. When not properly treated in its early stages, glaucoma eventually leads to extensive damage to the optic nerve. Should this happen, irreversible blindness or loss of visual field may occur. Currently, glaucoma is one of the leading causes of blindness.

The most common form of glaucoma is primary open-angle glaucoma, which approximately 2.2 million Americans face. By 2020, this number will rise to 3.3 million. Especially concerning is that about half of the people that have glaucoma do not even know it yet. Glaucoma affects peripheral vision before causing significant issues with central vision, leading to a late realization by patients that they have it. Poor compliance with medication usage is especially rampant ("...so you ran out of your drops last night again, Mrs. Parker?"), prompting me to wonder if I should make the appointments for glaucoma patients one day earlier to avoid their running out of drops.

Standard glaucoma screening tests are performed to catch glaucoma early. We check eye pressure by appplanation tonometry (be wary of pressures obtained with non contact tonometers) and carefully analyze the optic nerve with the help of a fundus lens after dilating the eye in order to get a better 3D image (my lens of choice is the 66D lens). In general, we encourage our patients to get examined at least once yearly—more frequently should there be a predisposition for the development of this condition either by personal or family history. Diabetics and hypertensive patients should be monitored more carefully, as well as those with pseudoexfoliation, as these are risk factors for the development of glaucoma.

Once a patient is considered to be a glaucoma suspect, it is important to examine them approximately every three to four months unless your degree of suspicion is extremely low. This is important in order to monitor any fluctuations in intraocular pressure which may occur as well as to examine the optic nerve for any changes such as a hemorrhage (which is an ominous sign for glaucoma that can be missed should the visits be too far apart). What should the basic exam consist of? Visual field testing (24-2 or a 30-2 or a more sensitive method such as FDT, or frequency doubling technology) should be used. Appplanation tonometry to measure pressure is vital at every appointment. Gonioscopy should be done at least yearly to determine the type of glaucoma and look for angle damage. Pachymetry should also be done to see if a correction factor for the IOP needs to be factored in for corneal thickness (subtract to get true IOP in thicker corneas, add for thinner corneas). Optic nerve analysis by direct inspection and with either an HRT, GDX, or OCT should be employed, and optic nerve imaging via fundus photography should also be done early on to monitor
any changes in optic nerve appearance. If you do not have access to such equipment, be sure to refer the patient for evaluation or for such diagnostic testing. At the Orange County Eye Institute, we offer a full range of the latest diagnostics available for glaucoma testing.

What are some of the things one can look for in examining an optic nerve? Remember the ISNT rule, which states that a normal neural rim thickness should be greatest Inferiorly, followed by the Superior, Nasal, and Temporal rims (in order from thickest to thinnest). If you notice a deviation from this general rule, this should make you more suspicious. If you see “baring” of the blood vessels, in which the optic nerve blood vessels almost appear to be floating in air as the nerve tissue is becoming atrophied in their vicinity, then this is also a suspicious sign. Notching of the nerve, where a distinct area of the nerve appears excavated as if a scoop were removed from the rim, should also be noted. Disc hemorrhages are also tell-tale signs that the optic nerve is undergoing changes that could be glaucomatous. The diameter of the optic nerve should be noted as well, as larger cups are usual in larger nerves, which can also vary between eyes. This can be measured with the slit beam and a 66D lens directly (a larger nerve is on the order of 2mm).

Keeping our patients safe and catching glaucoma early is our goal—we use multiple approaches to testing and the most advanced diagnostic equipment, seeking to discover this as early as possible. If you need help with glaucoma certification, diagnostic testing, or a referral for glaucoma management, feel free to contact me at the Orange County Eye Institute.

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New Treatment for Evaporative Dry Eye Disease

Evaporative dry eye, or meibomian gland disease, is responsible in part for the burning, redness, and visual blurring for 70% of people who have dry eye. In the past, the best treatment for this condition was the regular use of warm compresses, which patients rarely follow our prescribed protocol and even if performed correctly, only partially improves symptoms. Dry eye disease affects more than 100 million people throughout the world, 65% of those cases stemming from evaporative dry eye. If not treated correctly, this can lead to more serious issues including cornea damage and other sight related issues.

Introducing LipiFlow

Dr. John Hovanesian, Dr. Diana Kersten, and Dr. Karen Skvarna of Harvard Eye Associates were part of a select group in the United States conducting a study on the LipiFlow® Thermal Pulsation System. Now, Harvard Eye Associates is the first and only practice in Orange County to offer LipiFlow® to patients with meibomian gland disease.

LipiFlow® Thermal Pulsation fights Evaporative Dry Eye from the root of the problem by applying direct, controlled warmth and pressure to the inner eyelid and glands. Pulsations empty the affected glands of clogging oils, allowing for the eye’s normal lipid flow to resume. The process is virtually pain free for patients and can usually be performed the same day as examination or through outpatient sessions. In a clinical study, 79% of patients who underwent LipiFlow® Thermal Pulsation reported improvement of their symptoms within four weeks of the start of treatment. As gland function and normal lipid flow began to resume, patients reported being less susceptible to dry eye symptoms, many claiming complete symptom relief.

Conclusion

Meibomian gland disease has always been a hurdle for optometrists and ophthalmologists to successfully treat. LipiFlow has been very effective in treating patients with MGD, with the majority of patients having some form of relief. We have successfully been able to treat dry eye symptoms for our patients who have previously struggled with traditional methods such as warm compresses. This has had a tremendous impact on our patients’ quality of life.

If you would like more information on LipiFlow®, contact Maria Michel at Harvard Eye Associates, 949-900-5228 or mmichel@harvardeye.com
We are excited to announce that TLC Laser Eye Centers has launched a joint venture partnership with Harvard Eye Associates at our Laguna Hills location.

TLC brings your patients the very best in technology, surgical outcomes and a personal approach for both LASIK and refractive IOLs. TLC was founded on the philosophy of co-managing patients with Optometry, working with some of the most experienced surgeons while maintaining our strong commitment to our affiliate optometrists.
Injections No Longer Work on My Patient with AMD... What Can I Do?

The intravitreal injection of drugs which lower vascular endothelial growth factor has revolutionized the treatment of wet age related macular degeneration. Wet AMD has been transformed from a disease from which visual loss was inevitable to a disease where 40% of patients might be expected to have visual improvement and 60% might be expected to maintain vision. Despite these spectacular results, persistent subretinal fluid and retinal edema, signs of continuing neovascular activity remain a problem. In fact, the continued presence of subretinal fluid and/or retinal edema predicts eventual visual loss. For this reason, the retina specialist tries to dry the macula to the best of his/her ability.

The retinal specialist tries to attain a dry macula by intensive treatment and/or intensive followup. The pivotal clinical trials which showed the efficacy of anti-VEGF injections all used an intensive protocol of monthly injections. Fortunately, the CATT (Comparative Age Related Macular Degeneration Treatment Trial) showed the equivalency of monthly injections of ranibizumab was equivalent to monthly examinations of patients with injections of ranibizumab as needed. However, monthly visit are required to diagnose and treat subretinal fluid or retinal edema as soon as possible.

But what do you do when intravitreal injections are no longer working? The retina specialist can increase the frequency of injections, increase the dosage of anti-VEGF or change the type of anti-VEGF drug. Increasing the frequency of injections makes sense because the half life of drug in the eye is probably on the order of 9 to 12 days. However, injections more than once a month become onerous for the patient. Increasing the dosage also makes some sense, in that more drug with the same half life means an effective drug level is in the eye for a longer period of time. Yet a recent clinical trial with a mega dose of ranibizumab seemed to be no better than the FDA approved dose. How can this be? It is now apparent that a single injection of ranibizumab into the eye pharmacologically squelches all anti-VEGF activity to such an extent that increasing the dosage further makes no difference. Switching drugs makes sense especially now that aflibercept is available. Think of these drugs as sponges which we inject into the eye to soak up the VEGF molecules. Ranibizumab and bevacizumab are sponges essentially made from the same material and use an antibody mechanism to trap the VEGF molecule. On the other hand, aflibercept is a sponge made from a different material. It uses a receptor mechanism to trap the VEGF molecule. Because it may be a more effective mechanism, every 2 month injections of aflibercept were proven to be equivalent to monthly injections. In addition to VEGF blockade, it also blocks an additional factor that ranibizumab and bevacizumab do not, placental growth factor. So I do switch people to aflibercept if I feel there is continued wet AMD activity.

But what do you do when even this fails? My colleagues at the University of Southern California and University of Iowa and I have collaborated on a pilot study to examine this very question. We have concluded
that the addition of photodynamic therapy to conventional injections may be a reasonable option. Photodynamic therapy was the best treatment for wet AMD until the injections came along. It was quickly abandoned, because when used alone it was not effective. However, what we found out was that in a group of 26 patients who were not responding to injections that the addition of photodynamic therapy dried the subretinal fluid and retinal edema, improved the vision, and decreased the frequency of injections in a significant number of patients. Many of the patients after the addition of photodynamic therapy reverted to control only with injections; some patients required repeat periodic photodynamic therapy. What is nice about this approach is that photodynamic therapy is already FDA approved for the treatment of wet AMD. Photodynamic therapy involves the intravenous infusion of a photosensitizing dye followed by exposure of the macula to infrared light. The infrared light causes free radical formation which damages endothelium, and the abnormal blood vessels are targeted while normal blood vessels are left alone.

In summary, there is yet another option if injections fail, and this option is already available and FDA approved.

Dr. Chong can be reached at 714 901 7777.
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Buying a practice or purchasing into a partnership can seem like a daunting task. You’ve spent years learning how to diagnose patients but never learned how to become a partner or how to buy a business. There are many professionals that can help in the process but having good resources and recognizing the strengths and limits of each professional are important. True entrepreneurs are driven by their desire or “gut” feelings despite naysayers or “negative-minded” professionals. With that in mind, here’s a look at the various resources and professionals for practice transitions and what they should be expected to do – plus some tips on finding the right ones.

**Practice Broker:** Brokers (business brokers or M&A advisors) are focused on the buying and selling of practices. They are the lead person in helping with a practice transition. Often they do appraisals as well as buyer or seller representation. Brokers are licensed and like real estate agents are typically paid a fee only if the transaction is completed (in return they might ask for an exclusive agreement). Good brokers are excellent resources for many of the professionals listed here. They are often uniquely qualified to complete a transaction because they are the contact point and central party for the sale. Fees are often a percentage of the sale price and average around 10% for sellers, but can be lower for larger transactions. Brokers are the only professionals paid this way; all other professionals receive hourly fees regardless of the outcome. Brokers are licensed real estate agents and can also handle real estate leasing and purchases. A good broker will act as a general point person to coordinate all the other professionals and resources needed. Their job isn’t just to negotiate the highest or lowest price. They will move the transaction along to insure everything closes on schedule, help overcome obstacles, help clients with their options, collaborate with others, and resolve deadlocks. The broker is the generalist and traffic controller.

**Appraiser:** You’ll need someone to help place a value on the practice you are buying (often this can be done by a practice broker as well). Make sure the appraiser is familiar with the specific business. Ask how many appraisals they have done in this industry and their background. Do they research comparable sales? Never rely on a value based simply on gross revenue. Fees for appraisals vary between $1,500 - $5,000 and should not be tied to any variable. The fee should not be contingent on a successful sale. **Note:** The appraiser should have a complete set of financials and backup information to understand all the adjustments. Also make sure the appraiser is neutral. Beware of friends or doctors who “value” a practice or give you average sale prices. You could easily overpay or underbid and lose an opportunity.

**Consultant:** Consultants are excellent for buyers in understanding the “opportunities” and growth areas for a practice as well as finding any hidden problems or concerns. Many people use a consultant to review and complete the due diligence process for an office instead of obtaining an appraisal. A consultant should understand the specific business including coding, frame sales, expense ratios and industry averages. They should also be able to review and guide you with the due diligence practice. Consultants can often help in negotiations of the practice sale as well. Most consultants are paid by the hour or based on fixed fee contract. **Make sure the consultant is industry-specific and knows your profession.**
Coach: Coaches are different than consultants in that they focus on intentions or completion of goals rather than the technical aspects. A coach is going to motivate you and help you overcome obstacles. A consultant will help you design systems and manage technical operations. Coaches often charge based on hourly rates and usually meet with the owner one on one with weekly calls.

Colleagues, owners, family, friends: Other owners are excellent resources for understanding the nuances of practice ownership. Bear in mind that they are very subjective and may have their own fears or agendas (which could be said of colleagues, family or friends as well). Use their info with a grain of salt. Never rely on general statements or valuation opinions that are based on rumor or without fact. Often times colleagues’ opinions are based on personal experiences. Separate opinions from expert advice. Use a doctor for the diagnosis of eye health - use an industry specific professional for business expertise.

Lender: With most practice sales, recurring buyers need to obtain 100% financing. Lenders can be either conventional or SBA. SBA lenders usually have a government guaranty fee which increases your borrowing cost. Conventional lenders tend to process their deals faster. Look for lenders who specialize in medical (or field) also called “cash flow” lenders. Most other general, asset based lenders will not provide the most attractive loans. Many buyers apply to more than one lender for comparison and competitive reasons. Lenders have their own approval criteria based on various risk models. Just because a buyer was declined by one lender doesn’t mean the practice is bad or won’t be approved by another lender. Use a direct lender as opposed to a finance broker or middle man.

CPA / Accountant: Buyers often use CPAs to review the financials of a practice being purchased; sometimes they perform valuations. They should not “negotiate” or write the purchase agreement. Use someone familiar with the industry if you are seeking a valuation opinion. CPAs charge either a flat fee or hourly rate. You’ll also need a CPA to maintain your monthly and annual financials and prepare tax returns. Often buyers use the seller’s CPA to manage the books after the sale since they are already familiar with the business. Use Quickbooks software to manage the P&L yourself or hire a part time bookkeeper in the office to record daily financials. Having monthly up to date financials is critical to the business’ success.

Attorney: Attorneys help in reviewing purchase agreements, seller notes, lease agreements, set up corporations and sometimes handle closings. When locating an attorney, find one who understands your specific business industry and make sure they are transaction-oriented rather than a litigator. Litigation attorneys are often more competitive in style which could be difficult in negotiating a sale. Attorneys charge anywhere from $300 and up per hour for their time. It’s best to obtain a fixed fee price for preparing a purchase agreement or other specific documents. Attorneys can sometimes kill a deal if they are not collaborative in their negotiating style. Beware of attorneys unfamiliar with your industry who charge simply by the hour. Use an attorney willing to prepare the documents based on a fixed flat fee, otherwise fees can climb into the tens of thousands.

Escrow company: Escrows are used to complete the sale of the business and transfer money and documents between the buyer and seller in a neutral manner. This insures that both parties are protected. An escrow will make sure all liens are paid and all payroll, sales and property taxes are
paid by the seller before closing. You can use a separate escrow company or attorney. Escrow charges are often based on the size of the deal and fees range about $1,500 per side.

Leasing broker: A commercial leasing broker is a licensed real estate agent who can find, negotiate and help you obtain or renegotiate lease space for your office (or help purchase a commercial real estate office). Brokers are usually paid by the landlord and receive a percentage of the gross lease term (often up to 6%). Leasing brokers are helpful in knowing the pulse of the market and area rental rates.

Estate/Financial planner: The purchase or sale of a business generally occurs only once in your lifetime. From the beginning of the purchase to the final sale and “cash out” stage it’s important all along the way to have your financial plan and exit planned out. After all, the business is a vehicle to take care of you and your family economically. Financial planners can help to minimize tax implication and manage investments. Planners either charge a fee based on assets under management or by (average around 1%) fee per trade. Start planning early. Use auto debit features for setting up good savings habits we call “stash and forget it”.

Insurance Agent: We all need insurance even though you may not like it. Insurance includes both business and personal coverage plans such as: workers compensation, life, property and liability, medical malpractice, disability and employee health plans. Most of these are not optional and are required before taking ownership. Make sure you leave enough time to get approved for coverage, especially life or disability which could take 30 days or more—Otherwise the closing could be delayed.

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Frustrated? Feeling Burned Out?

I think all of us reach a point in our careers when we feel each day becomes drudgery, just the same old-same old. If you haven’t yet noticed this, you just might not have been in practice long enough. Don’t despair! There is a light at the end of the tunnel.

The reason this burn-out occurs is that we are not seeing growth in our practice but we feel that we are working as hard as possible. We also tire of the same routine each day without reward. I have some ideas that may help you to enjoy our fine profession more and reap the rewards of practice growth.

When we are really busy we start to neglect our recall responsibilities. This is gradual but will result in a decrease in how far out you are booked for exams. Be diligent with your recall system and get a computerized one that reminds the patient of their need for an examination until they schedule or respond. This will insure that your chair time is spent efficiently each day. Also have technicians to help you use your time more effectively by allowing them to do a larger part of the testing for your patients. The most important part of being a doctor is not collecting the information, but interpreting all of the gathered data and recommending a cohesive plan of action to help resolve patient concerns.

Another suggestion to renew your practice is to offer innovative new techniques and contact lens designs. Think about retinal photography, tear assays, visual field analysis, pachymetry, corneal topography, and nerve fiber layer analysis. Offer the newest and most sophisticated contact lens designs to bring attention to your practice and make practicing more fun for you. **Learning about new instruments, testing techniques, and contact lens designs can renew your interest and excitement in your practice. In turn you will see your practice image and income grow.**

Increasing your knowledge in laser vision correction (LVC) will create a new profit center for your practice. Staff trainings and Tech Nights at your local TLC Center can help you re-engage your staff for the New Year. Encourage your staff to attend and step outside of their comfort zone. The more familiar and comfortable with LVC they are; the more they will promote it for you. With the proper education, your staff can help shoulder the burden of explanation, scheduling, and follow-up for surface ablation and Lasik surgery patients. Staff involvement and enthusiasm is the biggest driving factor, second only to the doctor’s efforts, in encouraging patients to have LVC. To develop this area of your practice, work on your receptionist’s script, patient questionnaire, on-hold message, and staff participation. By mentioning, in as many areas as possible, the fact that you provide services in the care of LVC patients, you help to establish an image in your patient’s eyes and the community, of being a laser vision expert.

Your practice income will grow by co-managing these patients. This income is independent of material costs for contact lenses, frames, and spectacle lenses associated with other areas of your practice. Fees for pre and post-op care go right to the bottom-line.

By incorporating some of these ideas I believe you can refresh your enthusiasm for your practice and reduce the frustration of feeling like you are just spinning your wheels each day at the office. New areas of practice and increased income always make us feel like we are getting somewhere. Only by making a difference in people’s lives can we make each day a new adventure.