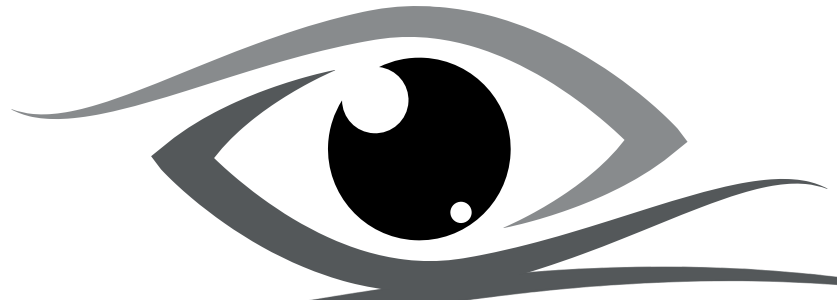




College of Optometry  
UNIVERSITY OF HOUSTON

# Monthly FOCUS

*LIVE Webinar Series*



# PowerPoint Lecture Slides



# Incorporating Myopia Management into Everyday Practice

ASHLEY WALLACE-TUCKER, OD, FAAO, FSLs, ABO  
DIPLOMATE

## Disclosures

CooperVision

Bausch & Lomb

SightGlass

Topcon

VTI



## Poll Question #1



## CHANGE is HARD!

- ▶ 1 in 3 people would avoid change if they could.
- ▶ Also, 1 in 3 people report that if they don't see immediate results from their efforts, they give up and do something else.

**In April 2021, the World Council of Optometry passed a resolution that declares support for myopia management as standard of care<sup>1</sup>**



**Evidence-based standard of care combines three main components:**



**MITIGATION**



**MEASUREMENT**



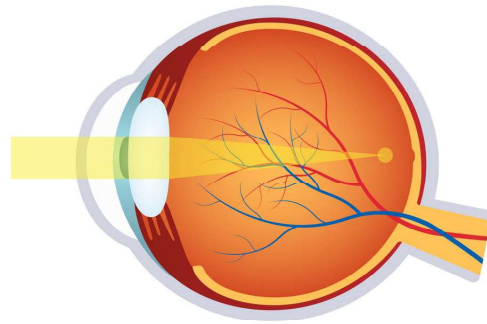
**MANAGEMENT**

1. World Council of Optometry. Resolution: The standard of care for Myopia Management by Optometrists. <https://worldcouncilofoptometry.info/resolution-the-standard-of-care-for-myopia-management-by-optometrists>. Accessed 2nd March 2022.

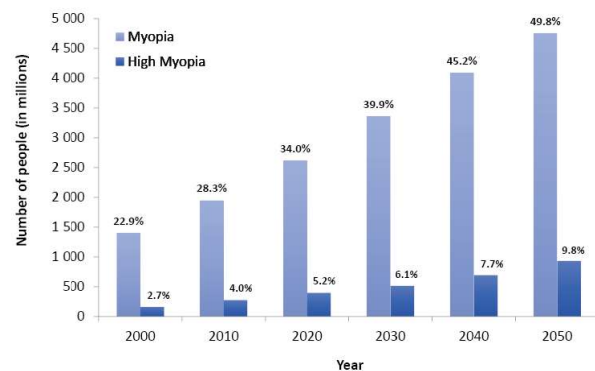
## #FACT

Myopia is likely the most common condition encountered by an Optometrist on a daily basis in clinical practice.

## MYOPIA



## Why are we SO concerned?



Holden BA, Fricke TR, Wilson DA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology 2016

## Myopia Classification

- ▶ Mild myopia: -0.25 to -3.00D
- ▶ Moderate myopia: -3.25 to -6.00 D
- ▶ High myopia: greater than -6.00 D



\*\* There is no "safe" level of myopia.\*\*

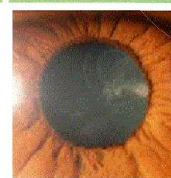
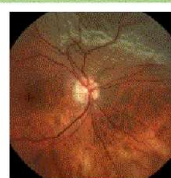


OCULAR DISEASE RISK

# EACH DIOPTER MATTERS!



Prescription	1 Myopic Macular Degeneration <sup>1</sup>	2 Retinal Detachment <sup>2</sup>	3 Cataract PSC <sup>3</sup>	4 Glaucoma <sup>4</sup>
-1.00 to -3.00	2.2	3.1	2.1	1.65
-3.00 to -6.00	9.7	9.0	3.1	2.46
-6.00 to -9.00	40.6 x risk	21.5	5.5	2.46





# Treat or manage???

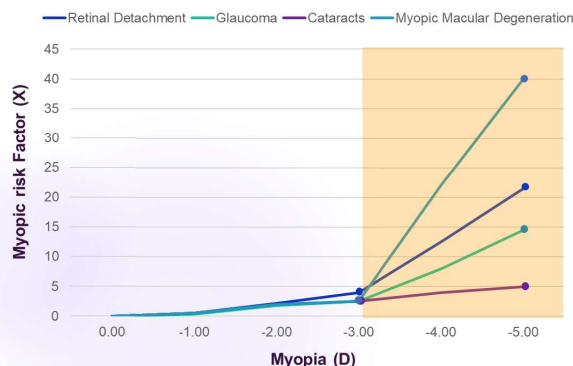
- ▶ Starts with a complete **SHIFT in MINDSET**
  - ▶ Managing refractive error has not changed much over the years
  - ▶ Myopia needs to be viewed as a potentially **sight threatening disease**
  - ▶ Research proves the benefits of slowing the progression



## Myopia ≠ nearsightedness

- ▶ Myopia is MORE than just being nearsighted
  - ▶ Increased risk of retinal detachment
  - ▶ Increased risk of myopic macular degeneration
  - ▶ Increased risk of POAG
  - ▶ Increased risk of PSC
- ▶ Equates myopia to just blurred vision that can be easily fixed with traditional glasses and/or contact lenses

## The importance of managing myopia..



### Slowing myopia progression by 1 diopter:

- Reduces risk of myopic maculopathy by **40%**
- Reduces risk of open-angle glaucoma by **20%**
- Reduces risk of visual impairment by **20%**

## Other reasons to MANAGE myopia?

Obligation

Reputation

Differentiation

Career Satisfaction

Patient Loyalty

Built-in Marketing

Increased Revenue \$\$\$



## Keys to success

- ▶ Educate yourself
- ▶ Educate your staff
- ▶ Educate your patient base
- ▶ Establish a myopia management protocol

EDUCATE yourself:  
Become a MASTER at  
myopia management

# Educational opportunities

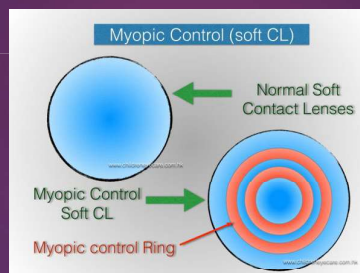
- ▶ Myopia Management Meetings
  - ▶ Global Myopia Symposium (September)
  - ▶ Vision By Design (September)
  - ▶ THE Myopia Meeting (May)
  - ▶ Global Specialty Lens Symposium (January)
- ▶ Online CE courses
  - ▶ Brien Holden Vision Institute
- ▶ Review of Myopia Management website



## Poll Question #2

### Three evidence-based myopia management strategies

#### Atropine



#### Orthokeratology



**Dual Focus or Center Distance Soft MFs**

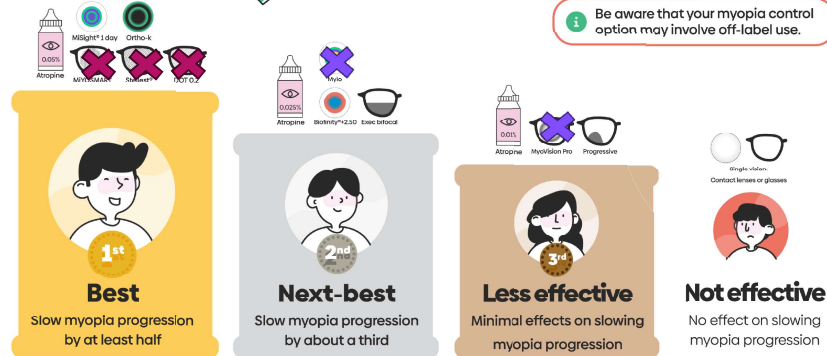


## What Are My Options?



These categories are based on total treatment effects compared across multiple studies. The best treatment for your child will depend on their eyes, suitability and other individual factors.

Be aware that your myopia control option may involve off-label use.



Full-time wear matters for maximum treatment. Children using atropine eye drops still need spectacles or contact lenses to see clearly.

MyKidsVision Copyright © 2019-2023 Myopia Australia Pty Ltd All Rights Reserved. Scan to learn more

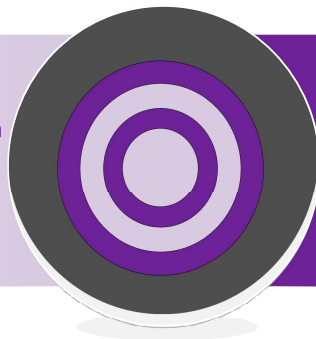
## FDA Approved Option:



### ► CooperVision's MiSight 1 Day:

- First and only FDA-approved soft lens for myopia CONTROL
- Clinically proven to slow the progression of myopia when initially prescribed for children 8-12 years old

Two correction zones to correct myopia so children enjoy clear, spectacle-free vision



Two treatment zones (2.00D myopic defocus) to place the treatment zone image in front of the retina

● treatment zones creating myopic defocus ● correction zones

# Note about Soft Multi-focals

Randomized Controlled Trial > JAMA. 2020 Aug 11;324(6):571-580.  
doi: 10.1001/jama.2020.10834.

## Effect of High Add Power, Medium Add Power, or Single-Vision Contact Lenses on Myopia Progression in Children: The BLINK Randomized Clinical Trial

Jeffrey J Walline <sup>1</sup>, Maria K Walker <sup>2</sup>, Donald O Mutti <sup>3</sup>, Lisa A Jones-Jordan <sup>4</sup>, Loraine T Sinnott <sup>5</sup>, Amber Gaume Giannoni <sup>2</sup>, Katherine M Bickle <sup>6</sup>, Krystal L Schulle <sup>2,3</sup>, Alex Nixon <sup>3,4</sup>, Gilbert E Pierce <sup>1</sup>, David A Berntsen <sup>2</sup>; BLINK Study Group

Affiliations + expand  
PMID: 32780139 PMCID: PMC7420158 DOI: 10.1001/jama.2020.10834  
[Free PMC article](#)

### Abstract

**Importance:** Slowing myopia progression could decrease the risk of sight-threatening complications.

**Objective:** To determine whether soft multifocal contact lenses slow myopia progression in children, and whether high add power (+2.50 D) slows myopia progression more than medium (+1.50 D) add power lenses.

**Design, setting, and participants:** A double-masked randomized clinical trial that took place at 2 optometry schools located in Columbus, Ohio, and Houston, Texas. A total of 294 consecutive eligible

- ▶ Center Distance Design ONLY – highest add child will tolerate (usually +2.50 D)
- ▶ Daily, Monthly and Quarterly Disposable options available
- ▶ Many more prescription options available including torics

# Atropine

Clinical Trial > Ophthalmology. 2019 Jan;126(1):113-124. doi: 10.1016/j.ophtha.2018.05.029.  
Epub 2018 Jul 6.

## Low-Concentration Atropine for Myopia Progression (LAMP) Study: A Randomized, Double-Blinded, Placebo-Controlled Trial of 0.05%, 0.025%, and 0.01% Atropine Eye Drops in Myopia Control

Jason C Yam <sup>1</sup>, Yuning Jiang <sup>2</sup>, Shu Min Tang <sup>2</sup>, Antony K P Lau <sup>2</sup>, Joyce J Chan <sup>2</sup>, Emily Wong <sup>2</sup>, Simon T Ko <sup>3</sup>, Alvin L Young <sup>4</sup>, Clement C Tham <sup>5</sup>, Li Jia Chen <sup>6</sup>, Chi Pui Pang <sup>2</sup>

Affiliations + expand  
PMID: 30514630 DOI: 10.1016/j.ophtha.2018.05.029

### Abstract

**Purpose:** Low-concentration atropine is an emerging therapy for myopia progression, but its efficacy and optimal concentration remain uncertain. Our study aimed to evaluate the efficacy and safety of low-concentration atropine eye drops at 0.05%, 0.025%, and 0.01% compared with placebo over a 1-year period.

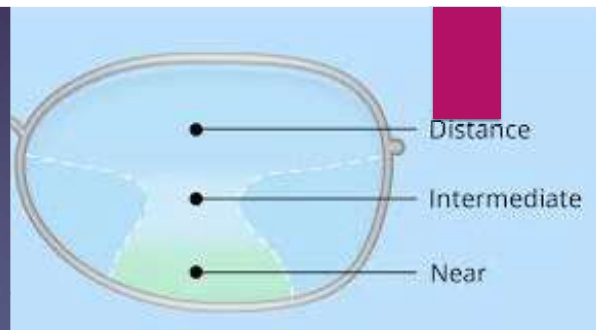
**Design:** Randomized, placebo-controlled, double-masked trial.

**Participants:** A total of 438 children aged 4 to 12 years with myopia of at least -1.0 diopter (D) and astigmatism of ≤2.5 D or less.

- ▶ Non-selective anti-muscarinic agent
- ▶ UNKNOWN mechanism of action in myopia control
- ▶ Must be specially compounded
  - ▶ 0.01%, 0.025%, **0.05%**

## Alternatives – but less effective...

- ▶ Executive Bifocals
- ▶ Progressive Addition Lenses (PALs)



Always Recommend....



## Poll Question #3

Always Recommend....

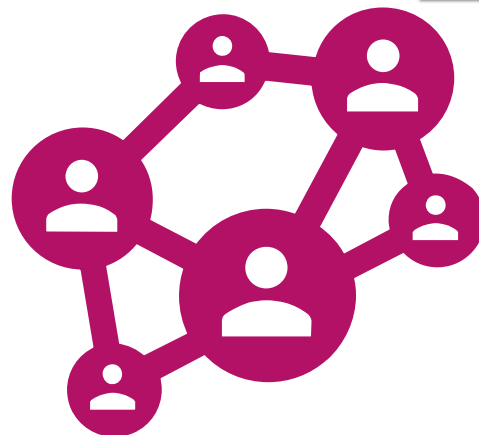
**Spending at least 13 hours per week (just under 2 hours per day) outdoors has been shown to reduce the likelihood of children becoming myopic, across multiple research studies.**

# Educate your staff: Create myopia management advocates



## Consumers value staff members who:

- ▶ Are knowledgeable in products and services.
- ▶ Engage with patients in an authentic way.
- ▶ Are in alignment with the message the doctor delivers.



A positive experience with staff drastically improves customer satisfaction!!



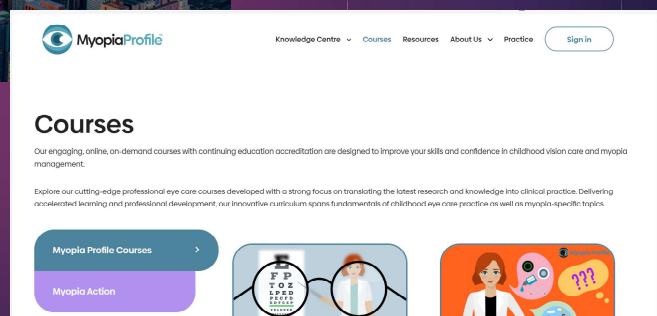
# Team myopia management

- ▶ All team members need to be well versed in myopia management
  - ▶ Front Desk
  - ▶ Technicians
  - ▶ Optical
- ▶ Must be able to answer questions about:
  - ▶ Benefits of myopia management
  - ▶ Available treatment options
  - ▶ Billing for myopia management consultations and products



## What has worked for me...

- ▶ Attend CE events with doctor
- ▶ Center monthly/quarterly staff meetings around myopia and myopia management
- ▶ Provide written scripts or FAQs
- ▶ **Allow team members in exam room**
- ▶ Incentivize departments/entire team?





## Other ideas...

- ▶ Myopia management for team member's children/family members
- ▶ Orthokeratology for myopic team members
- ▶ Have the team train each other



Educate your patient base:  
Create raving fans of you and your practice

## Establish your Target patient base

- ▶ Myopic children
- ▶ Myopic parents
- ▶ Hyperopic children...  
Wait, WHAT??



# The CLEERE study

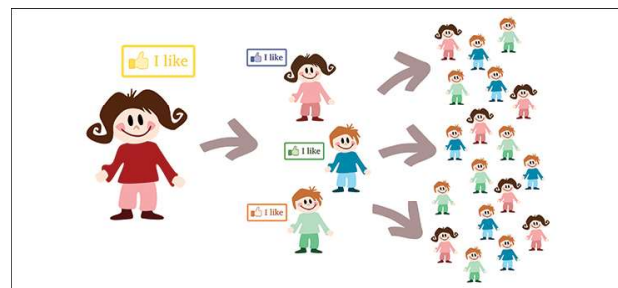
## Early Refractive Error

Exhibiting less than **0.50D** of manifest hyperopia at age 6 to 7 years is the most significant risk factor for future myopia.



## How will you reach them?

- ▶ **Word of Mouth**
- ▶ In house marketing
- ▶ Newsletters
- ▶ Schools
  - ▶ PTO
  - ▶ School Nurse
- ▶ Vision Screenings
- ▶ Sports clubs
- ▶ Pediatricians
- ▶ Social Media



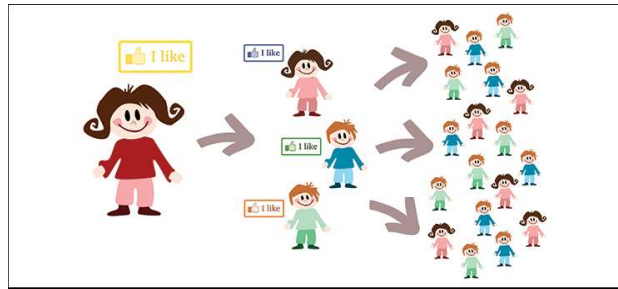
## Interesting...

On average, 1 happy orthokeratology patient, refers 4 patients!



## How will you reach them?

- ▶ Word of Mouth
- ▶ **In house marketing**
- ▶ Newsletters
- ▶ Schools
  - ▶ PTO
  - ▶ School Nurse
- ▶ Vision Screenings
- ▶ Sports clubs
- ▶ Pediatricians
- ▶ Social Media



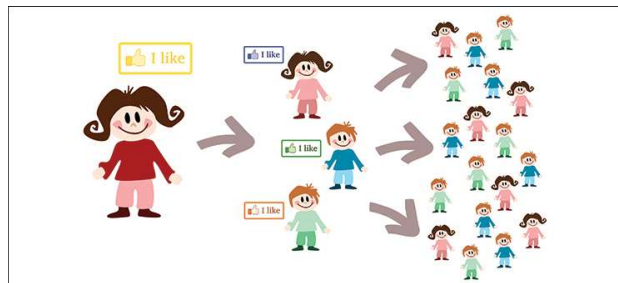
## In House marketing ideas



- ▶ Orthokeratology Wall of Fame
- ▶ Posters on inside of exam room door
- ▶ Custom "On-Hold" messages
- ▶ Waiting room and exam room videos
- ▶ Myopia management packets

## How will you reach them?

- ▶ Word of Mouth
- ▶ **In house marketing**
- ▶ Newsletters
- ▶ Schools
  - ▶ PTO
  - ▶ School Nurse
- ▶ Vision Screenings
- ▶ Sports clubs
- ▶ Pediatricians
- ▶ **Social Media**





## Establish a myopia management protocol: A strategy that promotes YOUR success

### Goals

- ▶ Prevent myopia
- ▶ Delay the onset of myopia
- ▶ Stop or slow the progression of myopia



100

- eye health  
(daily)

## Appropriate fitting sets





## Advantages of Same-Day Consultation

Captures the parent(s) while in office

Could save time in the future

Works best when the doctor knows ahead of time that this is a potential myopia management patient.

May need to baton toss to a trained staff member.



## Disadvantages of Same-Day Consultation

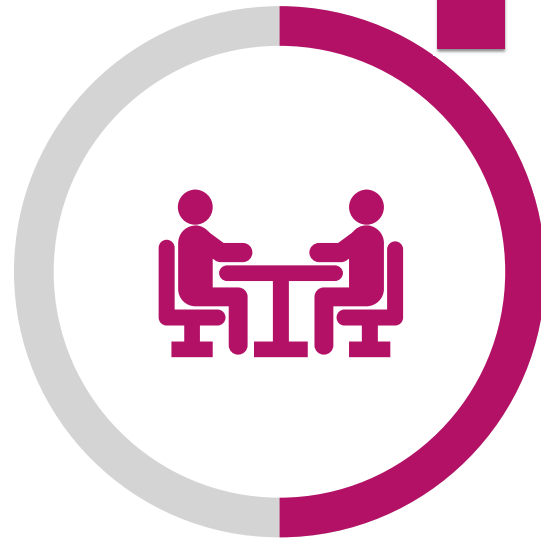
- ▶ May have to repeat exact same conversation to other parent
- ▶ May feel rushed
- ▶ Potentially get behind on schedule

## Value of a scheduled CONSULTATION Visit

- ▶ Allows time for:
  - ▶ Reasons for management vs. treatment
  - ▶ Detailed discussion of all options
- ▶ Go over financial and clinical expectations
  - ▶ Can be done by the doctor, designated staff member or both
- ▶ Myopia management contract
- ▶ Speak directly to the child (if present)
- ▶ CANNOT be rushed
- ▶ Charge vs. NO charge
- ▶ Could be done virtually if needed

Be upfront about  
expected and  
potential outcomes

- ▶ Discuss what will likely happen with NO myopia management
- ▶ Discuss expectation of **50%** reduction
- ▶ Be sure to discuss chance of NO reduction at all
- ▶ Be clear that myopia management must be consistent to get desired results



## Poll Question #4

On average, how much of a  
conversation do you think a person  
retains?

**17-25%**

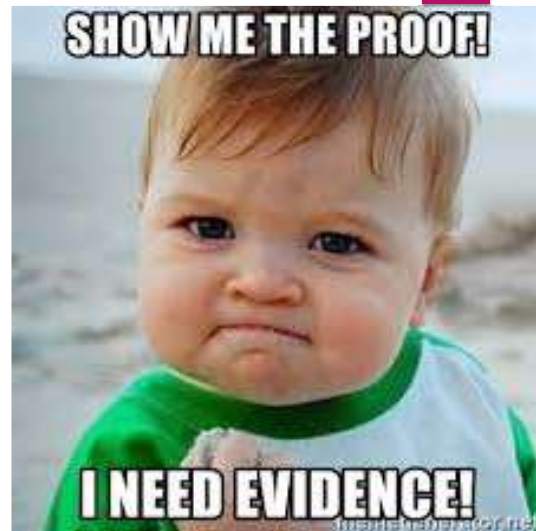


## Myopia Management Contract/ Agreement

- ▶ Outlines all topics covered in consultation
  - ▶ Fees
  - ▶ Follow-up Schedule
- ▶ Addresses that only one myopia management option is FDA approved
- ▶ Lens warranty
- ▶ Should also address:
  - ▶ Refund Policy
  - ▶ Drop-out Policy

## Be prepared...

- ▶ Some parents will trust you wholeheartedly
- ▶ Others will want PROOF
  - ▶ Provide written summary of all topics discussed
  - ▶ Include journal articles to back up everything you discuss



## Do NOT be apologetic about your fees

- ▶ Think of myopia management like:
  - ▶ Inevitability of teenagers needing braces
  - ▶ Presbyopes needing PALs



## Financial expectations: First Year

- ▶ Global pricing for both ortho-keratology and soft multi-focals/dual focus lenses
  - ▶ 1 year supply of soft lenses
  - ▶ 2 pairs of ortho-k lenses
  - ▶ Quarterly visits with all testing included
- ▶ Atropine could be done differently
  - ▶ Global pricing -OR-
  - ▶ Office visit for each follow-up

**NO INSURANCE COVERAGE**

## Financial expectations: Subsequent Years

- ▶ Global pricing – typically less than initial year
- ▶ Myopia Management Fee + Cost of lenses for contact lens wearers
- ▶ Myopia Management Fee for atropine users

**NO INSURANCE COVERAGE**

## Another way: Subscription Model

- ▶ Divide the program into palatable monthly payments
- ▶ Require an initial deposit
- ▶ May require more staff time in order to manage properly
  - ▶ Lens shipments
  - ▶ Monthly credit card charges



## Other Ideas to consider...

- ▶ Rebates
- ▶ Care Credit
- ▶ HSA/FSA
- ▶ Include a pair of glasses in the package



## Concierge service

- ▶ Allow patients access to your email (or even phone number)
  - ▶ Be sure to respond in a timely manner
- ▶ Assign a dedicated staff member(s) to myopia management patients
- ▶ Emergency visits included?
  - ▶ Possibly only if contact lens or atropine related?



## Clinical expectations

### Recommended Follow-up Schedule for Contact Lenses

- ▶ 1 day (ortho-k only)
- ▶ 1 week
- ▶ 1 month (ortho-k only)
- ▶ 3 months
- ▶ 6 months
- ▶ 9 months
- ▶ 12 months

### Recommended Follow-up Schedule for Atropine

- ▶ 1 month
- ▶ 3 months
- ▶ 6 months
- ▶ 9 months
- ▶ 12 months





## Few more tidbits...

### How to set fees

- ▶ Calculate **chair cost**: hourly cost of providing care to a patient
  - ▶ To calculate chair cost, divide total practice expenses (excluding cost of goods) by total optometrist hours worked
- ▶ Consider average number of appointments per year and time per appointment then multiply by chair cost
- ▶ Example:
  - ▶ Chair Cost = \$200/hour
  - ▶ 6 visits per year at 1 hour each
  - ▶ Total chair cost = \$1200 + materials



### Atropine: where do I get it?

- ▶ Low dose not commercially available
- ▶ Establish a relationship with a local compounding pharmacy
- ▶ Refer to online compounding pharmacy
- ▶ Should be no more than **\$60-\$80** for 1 month supply





Thank you!!

Questions:  
[Ashley.w.tucker@gmail.com](mailto:Ashley.w.tucker@gmail.com)