

# PSS NEWS

To my colleagues,

I hope you are doing well and thriving despite the difficult times. With any luck, 2021 will be better for us all. My name is Deepak Gupta, and I am the editor for PSS NEWS. This monthly e-newsletter is the culmination of years of a very rewarding optometric career.

My goal is to provide pertinent industry news and discuss aspects of what is important to the profession of optometry. This year, I plan to provide updates on pharmacology, new technology, advances in therapeutics, contact lenses, and more. As our subscription audience grows, I hope to get some issues COPE approved to provide CE.

I have been very fortunate to be course director for PSS EyeCare, a company which is dedicated to providing quality CE programs for optometrists. Although there is no shortage of optometric education, what differentiates our meetings from the others is quality. I see too many meetings which are so inundated with sponsors that they no longer provide unbiased information. I see too many speakers who are so busy on the lecture circuit that they rarely see patients anymore. Based on these perceived deficiencies, PSS EyeCare was born. We will always bring you top notch experts in their respective fields, who are open to questions, and at reasonable prices.

In future issues, we will include comments, editorials, job listings, and advertisements. If you wish to post something, please email me at [deegup4919@hotmail.com](mailto:deegup4919@hotmail.com)

The April edition of PSS NEWS features clinical pearls from my 20+ years in private practice. In no way do I maintain that my way is the right way or the only way, but rather one which I have found to be very successful.

*Deepak*

Deepak Gupta, OD

## PSS EYECARE 2021 MEETINGS

June 12 -13 Niagara Falls NY  
 September 11-12 Mystic CT  
 September 25-26 Tysons Corner VA  
 October 23-24 Orlando FL  
 November 13-14 Atlanta GA  
 TBD Pasadena CA

## PSS EYECARE 2021 SPEAKERS

Pinakin Davey

Tim Earley

Steven Ferrucci

Susan Gromacki

Ron Melton

Jerome Sherman

Jeffrey Sonsino

Randall Thomas

and more



Deepak Gupta  
 Course Director, PSS EyeCare

For more info, visit our  
 website

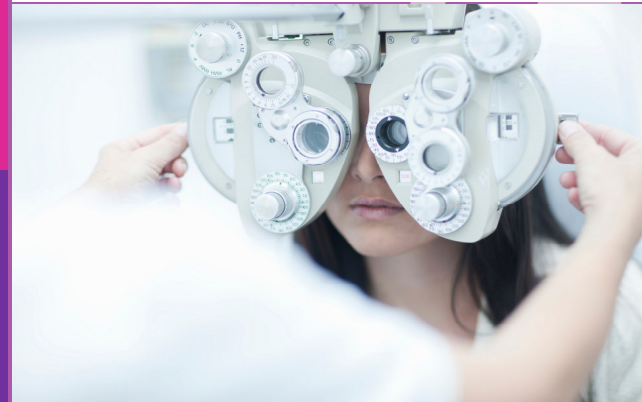
[www.psseyecare.com](http://www.psseyecare.com)

# Lessons

*We often compete with our counterparts - the ophthalmologists - for patients and a piece of the eyecare business. Sadly, they make more money than us and not just because they perform surgery. If you subtract surgery reimbursement and pro-rate for primary eye care income, MDs make \$100,000 more than us. Why? I worked alongside a group of ophthalmologists for 10 years before I opened my own practice. Here are some tips I learned from them. If you can't beat them, mimic them... right?*

## 1 Be an information processor

ODs typically delegate only menial screening tasks to the technician. In MD offices, a technician performs the refraction, checks the IOP, and often dilates the patient. If ODs are going to increase patient flow, we must increase our use of ancillary staff. Our role must change from an information gatherer to information processor. We can train technicians to perform diagnostic testing and then make decisions based on that information. By doing this, you can shave 5 minutes from each exam. This translates into a savings of 60 minutes at the end of the day -- you can go home earlier or see more patients and make more money.



## 2 Create the right ambiance

Many OD's offices are so cluttered by frames and contact lens Posters that they look less like a professional doctor's office and more like a retail store. My advice is to limit posters so patients focus on you. A patient can get a brand name contact lens or frame anywhere, but there's only one place where they can get your services. The perception is that these ads are what drive patients to make purchases. While there is some truth to this, studies clearly show that the most important driver of sales for both contact lenses and eyeglasses is the doctor's recommendation. Take 30 seconds the exam room to discuss specific lens recommendations. You don't have to go into a lot of detail, but you will be amazed at how much this 30 second introduction will improve your sales.

## 3 Obtain referrals from other healthcare providers

Ophthalmologists are great at soliciting referrals from primary care doctors. ODs should adopt this practice. Start by sending a letter or by calling local physicians to explain your services. Send a copy of your CV so they will know your qualifications. Mention that you're licensed to handle ocular disease and that you can often see emergencies quickly (most ophthalmologists are booked months in advance). Many primary care doctors still don't know what we can do, so it is our job to educate them. If you have tried this and been unsuccessful, keep trying. Persistence will pay off.

## Stress annual health exams, not vision checks

Even if a patient's vision is unchanged, they should still return annually to have the health of their eyes checked. If you don't emphasize this point during your exam, many of your patients won't return until they perceive a change in their vision. While this may work well for our young myopic patients, it fails when patients get older and the changes in vision are not as dramatic. The message I send with my patients is clear: they should come to my office every year for an ocular health exam and I will update glasses and contacts at that visit.

## Dilate every patient

Many insurances require dilation as part of a comprehensive eye exam. Plus, it is standard of care for many ocular medical conditions. Lastly, if we set this as the standard of care, then the perception of us as providers of comprehensive eye exams increases. A patient choosing not to be dilated should be the exception, not the rule. Those who worry that dilation will negatively impact their dispensary can take the "Dilate and Browse approach." Have patients start looking at frames during the 20 minutes that their pupils are dilating which is ample time to find the right frame, etc.



## Refer patients to other ODs

When you need to refer, send a patient to a specialist (surgery or retina) if that is what they truly need. Send to an MD for treatments which are outside of the scope of practice. Consider referring to another OD to confirm a keratoconus diagnosis or for glaucoma. Sending a patient to an ophthalmologist inevitably leads to a discussion that an optometrist is not a medical doctor. Long term, it erodes the patient's confidence in an optometrist for handling medical conditions.



## Invest in Medical Technology

Corneal topographers, pachymeters, visual field machines, and nerve fiber analyzers can be found in almost any ophthalmologist's office. It should be no different for optometrists. Such equipment increases revenue in terms of reimbursement, but it also instills a level of confidence in your patients. Once they see that you keep up with medical technology, they'll trust you to handle the appropriate disease states and will return to your office. In many cases, you will not be able to maintain the standard of care for disease such as glaucoma, keratoconus, etc if you do not have the appropriate equipment. Of course, you need to have sufficient patient volume to afford such equipment, but the technology is well worth the investment.

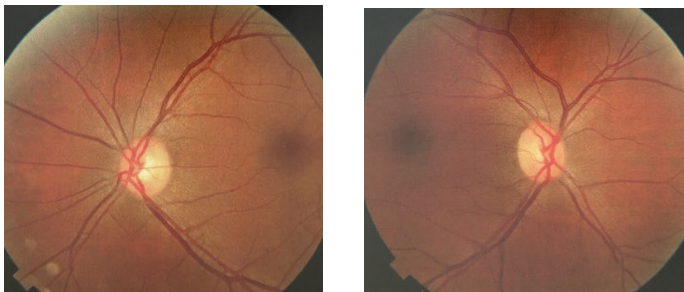


# NEWS: IN CASE YOU DIDN'T HEAR

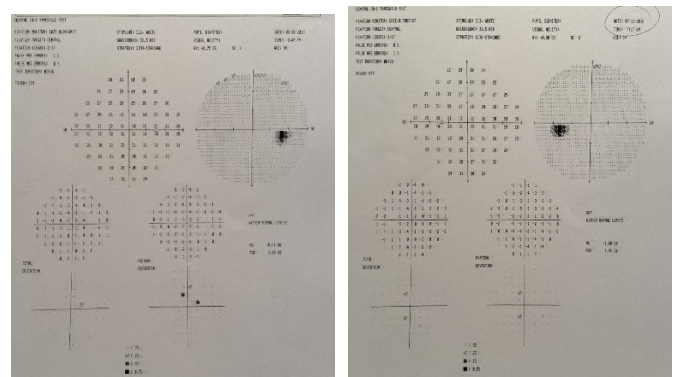
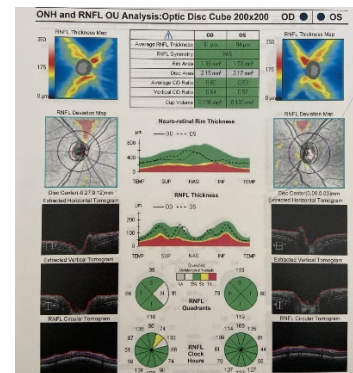
- At the beginning of 2021, optometrists in Massachusetts were finally successful in obtaining glaucoma privileges. In addition, they will also be allowed to prescribe oral anti-infectives.
- Efforts continue to try to push through legislation which will allow New York optometrists to prescribe orals.
- In March, ODs in Mississippi gained approval to prescribe oral steroids, to surgically remove chalazion and minor eyelid lesions, and to perform laser capsulotomies.
- The new FTC Contact Lens Rule is scheduled to go into effect April 1, 2021 despite objections from most optometrists and from the AOA.

# CASE STUDIES FROM THE TRENCHES

A 38 year old female patient with a strong family history of glaucoma comes in for a routine eye exam with no visual complaints. Her medical history is positive for diabetes, well controlled by oral meds. Her mother went blind from glaucoma and both of her siblings take eyedrops for glaucoma. No other issues.



Her corneas are 520 and 525. Her IOPs range from 18 to 21 OD and 20 to 22 OS. Her ONH, VF, and OCT is below. Her question at the end of the exam is if she has glaucoma and what can be done to prevent her from developing glaucoma.



**What is your diagnosis? What is your management plan?**  
**Find out what I did for this patient in the next issue.**

# MARKET PLACE

**Editorials**

**Advertisements**

**Job Openings**

There are currently no job openings to list. Please check with us again in the next issue.

## **Atlantic Optics**

We service and sell ophthalmic equipment in CT, Mass, and Eastern NY. Call John Herde at 860-416-2906 or visit [www.atlanticoptics.com](http://www.atlanticoptics.com)

## **Optometric Malpractice Insurance**

Berxi offers optometrists easy and affordable rates. Visit [psseyecare.com](http://psseyecare.com) and click on the link to get your no obligation quote.

"I will never go anywhere else for my CE again."

H.D. Mystic, CT

"Dr. Gupta gave the best glaucoma lecture I have ever heard. I learned so many things from it"

J.D. Baltimore, MD

"This was the best CE I have ever been too. The speakers, the food were all awesome!"

A.C in Orlando FL

"I have been to many CE meetings in my career. None had the relaxed atmosphere and interaction that PSS EyeCare meetings offer."

M.P. Augusta, GA

# PSS EYECARE 2021 LIVE MEETINGS

All meetings include breakfast and lunch

**June 12 & 13 – Niagara Falls NY**  
**18 COPE/FL Board Hours**



Pinakin Davey  
Susan Gromacki  
Deepak Gupta  
Jeffrey Sonsino  
Jerome Sherman

**TBD – Pasadena CA**  
**18 COPE/FL Board Hours**



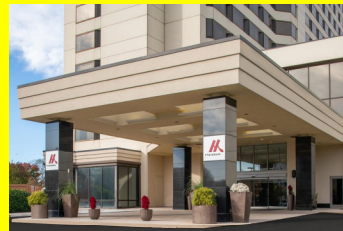
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To view agendas or to download registration form, please visit our website

**[www.psseyecare.com](http://www.psseyecare.com)**

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