

THE NEXT WAVE IN AMD CARE

With AMD iManager, you can give patients choices that they didn't have before—plus an opportunity to be involved in their own eye health care.

by **Burt W. Dubow, OD, FAAO**

• **IN THE UNITED STATES**, as many as 11 million people have some form of age-related macular degeneration (AMD) and that number is expected to double to nearly 22 million by 2050.¹ The complexity of this disease makes it necessary for eye-care professionals to embrace emerging assessment tools and tests to truly benefit our patients now and in the future. In my office, we deal with a variety of patients, and we do the best we can for them. We care a lot about our patients and we try to do everything we can to preserve their vision for their lifetime. I have been in practice now for 39 years, and I have always seen patients with macular degeneration. I've followed the literature, listened to lectures by experts and have done the best I could, but I always felt helpless and hopeless; like there was nothing I could really do for those patients.

In years past, we were led to believe that there was nothing that patients could do to reduce their risk of macular degeneration, other than possibly supplementation. Unfortunately, we didn't know what supplements to recommend, why to recommend them, when to recommend them or even how to track it all. We also didn't know the effect of diet, but thanks to great research, we now understand where risk comes from better than we used to and we understand what we can do better to rebuild or preserve the macular pigment (e.g., proper diet, sun protection, blue light protection, not smoking). We also understand the pro-

gression from dry AMD to wet AMD better, and we have the great technology that's available now to track maculas that are at higher risk and catch any change before it becomes disastrous, and to save that first eye and not let it go blind. So, there has been a confluence of great science, research, supplements and technology to catch progression and manage it better.

And when this protocol-driven software system (AMD iManager, powered by ECR Vault) came along, it really offered the private practice optometrist a great opportunity to do better. Any average optometrist can grasp this concept of patient-focused, patient-oriented care to help them do better at preserving their vision for their lifetime. However, how to

Between 53% and 65% of patients who convert from dry to wet age-related macular degeneration lose legal vision in the first eye. AMD iManager provides a single source for managing patients at risk through identification, education, diagnosis and treatment.

do it—and do it effectively—is key, especially in the current health-care system that is more and more focused on increasing efficiency and spending less time with patients. In the following pages, I'll show you just how easy

it is to adopt this great assessment tool by explaining how I did it in my own practice.

AMD iMANAGER

AMD iManager is the easiest and most well-developed program to drop into a private optometry practice and have it work, not only to connect the practice to patients in a medical way, but also to give the practice the anchor from the medical perspective that it needs to remain viable.

You need to have a blueprint to follow, and the process gives you that blueprint. Once you have that, you can customize it for your own practice. When I decided to start using AMD iManager in my practice, the first thing I did was sit down with my key staff people and review what I learned about the system. I shared the training I had gone through, the manual, the statistics, and I explained that I thought it was a great idea for our patients and our practice. I also made it clear that I needed their help if we were going to implement it, and luckily, they were all on board because they got it. And they quickly became as passionate about it as me. So, as a team—and that's the key—we worked hard for about seven or eight months until we became efficient with it in our practice.

Staff involvement is really critical for optometry. When I first started practicing, staff didn't do much more than fit glasses, but now, optometry staffers are trained professionals with a career,

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AMD IMANAGER POWERED BY ECR VAULT ALLOWS FOR A PERSONALIZED AGE-RELATED MACULAR DEGENERATION RISK MANAGEMENT PLAN FOR EVERY PATIENT.

ASSESS	TREAT	SUPPORT
patients aged 50+	personalized treatment plans	code validation
identify risk factors	prescription consultation	AMD protocol updates
Sighrisk calculator	patient education	educational materials
genetic testing	lifestyle modifications	scientific research
Amsler grid	optical/protective lenses	training resources

which gives them the positive feedback of helping patients as a trained professional involved in the patient's health and long-term well-being and being responsible as part of a team effort with the doctor. It also helps the profession of optometry to have a staff that's more professional and looked upon as a health-related career.

My staff and I have learned that we have to integrate as a team to make the most of AMD iManager, so I can turn patients back over to them for various things in order to accomplish our goals, whether it's macular pigment optical density (MPOD) or genetic testing, or even a nutritional consult. We have staff trained to do all of this, so I can get back into my flow without any unnecessary disruption.

AMD IMANAGER AND MY PRACTICE

We began using AMD iManager on my patients only, because I am the senior doctor and have the most patients in the age range in which we were interested (50+). My staff quickly learned how to fit the use of AMD iManager into their pretest routine, which we do on every patient and typically takes about 30 minutes. They are able to include the AMD iManager and the related tests and treatments in only three or four additional minutes. Because we've seen almost all of our patients previously, my staff gets the AMD iManager ready the day before by entering in whatever health and retina data we already know. Then, on the day of the exam and during the pretest process, they go through the AMD iManager questions with the patient about their diet, cholesterol

and weight, etc. Using this information, AMD iManager generates a red risk curve to show the patient's risk at this time as they age, and a green curve that gives them a goal. So my staff does their job quickly, and then the iPad follows the patient into the exam room until I am ready to open it up and explain the risk curve research.

Since we first implemented AMD iManager into our routine, I have learned how to summarize the results at the end of my exam in anywhere from three to five minutes. I start by telling patients that we're going to discuss macular degeneration and I quickly and efficiently show them what the AMD iManager tells us about their risk, and then I make my recommendations from there.

The macular degeneration spiel.

I talk to patients about the different vectors of causation for macular degeneration, including lifestyle,

sun exposure, diet, health, family history, genetics, and what's already happening in their retinas. I explain that, "These are all different risk factors that we have to look at, and once we understand them, we can work with you as a partner to help you manage them in a way that is most preventative so you don't develop macular degeneration, but if you do start to develop the disease, we can also work with you to try to minimize the damage, slow it down and prevent you from going blind." I then proceed to talk about the latest and greatest technology and research we have that we can use to help us preserve their vision for the rest of their lives. And people get that rather quickly.

Reviewing the findings. I look at the risk curve with the patient and show them where they are now and where I'd like them to try to shoot for. I can quickly explain the process and why we're doing it, in an easy, understandable way. Here's an example of what I might say: "Jane Doe, you are 65 years old. This is your risk at age 70; at age 75, it's this much higher and at age 80, it's this much higher. You're seeing 20/20 now, and I want to make sure you're still seeing 20/20 at age 80." I tell patients that a lot of the research behind these findings were done in Ireland, and that their risk curve is



Example of the Sighrisk graph that AMD iManager generates for each individual patient based on their personalized, modifiable risk factors.

based on that research and what we know about them. I then move on to explain what else makes up their risk (e.g., age, health, genetics).

Recommendations. The treatment plan protocol that AMD iManager comes up with is easy, and again, most independent practitioners can tweak it the way they want it, but at least it provides us with a blueprint. This comes in handy when dealing with patients who question or resist our recommendations. It gives us the ability to explain that the protocol and plan have been designed by experts in the field who have done the research and tracked patient success; that it's not just coming from us. It gives you credibility.

I look at the AMD iManager-generated risk curve with the patient and explain that if they change some lifestyle changes, they can lower their risk. The first thing I tell them is that smoking is the greatest risk for macular degeneration, but most of my patients don't smoke. The next risk I talk about is body mass index (BMI). I explain that it's really important for them to manage their body mass and weight and that, believe it or not, it affects how well they will see when they are 80 and 85 years old. So we can quickly and effectively talk about weight management in a safe way, where patients understand that it affects their maculas.

Next, I talk about diet; eating colorful fruits, dark green leafy vegetables and fish as a basic diet. I also discuss antioxidants, supplementation with the omegas as well as sun wear. The whole thing takes between three and five minutes in the exam room, and patients are intently tuned in because they get how important all of this is to their vision and ocular health.

I'm in the second year of this and we're now repeating our analysis and I'm saying to patients, "Look at how great you're doing; you've lowered your risk." And I've already had people come back and tell me they've started eating spinach and

AMD iManager allows you to intergrate a multitude of patient information into the most effective and efficient system for managing, monitoring and treating age-related macular degeneration. Plus:

- 5-minute patient assessment, followed by treatment plan
- Enables you to provide advanced eye care and create patients for life
- iPad app with no EMR integration required
- Desktop integration for ECR Vault/OfficeMate users

wearing their sunglasses more. I have my staff go through the analysis and I can tell patients that their risk went from 45% to 38% and they're proud. But not everybody is going to follow recommendations. Consider the fact that 50% of patients don't comply with their glaucoma medications.² But many patients will follow your suggestions, remind them year after year and repeat their analysis year after year.

ADDITIONAL RELATED SERVICES

Once we determine a patient's level of lifestyle risk and I look at their retinas, we move on to whatever is next for the patient, whether it be MPOD testing if they have high risk, or genetic testing if they have drusen or other retinal signs, or we'll schedule them back for further consult with a staff member if they want to know more about what else they can do to lower their risk. We're now able to see patient improvement with improved, clinically proven and easily incorporated technologies such as MPOD testing and contrast sensitivity, and they help in maintaining compliance and giving patients a boost to stay on track with our recommendations. We started doing MPOD testing halfway through last year, so I haven't started to see the repeat MPOD measurements yet, but most people want to know their numbers. I think it's going to be another tool for us to show patients what they've done and how they've lowered their risk and built up their pigment levels. So they're going to be more incentivized to keep doing better.

The tradition for AMD screening has been MPOD testing, but you can't

perform that on every patient, which is why there's an option to do contrast testing, which can be done in a couple of minutes. My office doesn't have contrast testing currently, but we're looking forward to adding it. We do, however, have—and regularly use—MPOD testing, and the value of such testing is that it gives us an assessment that patients can understand and relate to, as well as a goal to shoot for in lowering AMD risk.

Being able to offer the ability to understand a patient's predisposition to develop macular degeneration with genetic testing and use that to help manage their risk is another incredible option for optometry. The higher the genetic potential, the more severe the case of macular degeneration could be, and patients really get that.

That's it for the clinical details, so what about the carrot at the end of that stick?

PROFITABILITY POTENTIAL

The number-one point is that this is all for the patient's benefit, but the nice perk is that there are several avenues of profitability with AMD iManager. Our practice is now selling many more nutritional supplements compared to last year, but we don't tell patients to buy them from us; it's their choice.

Another type of profitability that goes along with AMD iManager relates to billing and coding. Thanks to the way John Rumpakis, OD, MBA, set it up, billing and coding is easy to understand and follow. We are able to properly code and bill every office visit

and service based on his plan.

There's also profitability from the optical side, because people are buying appropriate blue-blocking technology sunglass wear.

Finally, there's also the long-term profitability of people who remain your

implement it in an efficient, time-oriented way, which is key.

Most optometrists could figure it out if they spend the time, but in today's world, time is one thing many of us don't have to spare.

We're dealing with ICD-10 codes,

we have a great opportunity to play a key role.

The tools are there; you just have to learn how to integrate them into your routine, but any average optometrist can do this. It's easy and so patient-focused and so rewarding. It revitalizes your whole concept of what you're doing for people. And if you don't use it, you'll never know what you're missing. This is the most significant medical service I've added to build the doctor-patient relationship in my entire career. You can tell that you have patients in the palm of your hand. You are creating patients for life. They're not going to go anywhere because no one else is going to care about them the way that you do.

"This is the **most significant** medical service I've added in my career to build the **patient-doctor relationship.**"

patients. They return on a regular basis and continue to do business with your clinic. I work three days each week, and in just our first year of using AMD iManager (and keep in mind it took us about eight months to get good at it), our revenues for this program alone were more than \$10,000 per month.

MALPRACTICE AND BLINDNESS: NOT WORTH THE GAMBLE

According to Paul Karpecki, OD, the number-one reason for malpractice in optometry is failure to diagnose. And while this topic may have us think more about glaucoma or corneal ulcers, there are malpractice cases related to macular degeneration because we now have the ability to prevent or improve blindness from this disease, and as optometry becomes more of a medical profession, we all have to keep this in mind. The stakes may be high, but we do have an ace in our pockets. AMD iManager is thousands of pieces of information and the latest research all concisely put together in one software-driven platform. However, you have to know more than just the information and the science behind the system; you have to understand how to clinically

HIPAA issues and others, and most doctors simply don't have the time to sit down and figure something like this out for themselves. That said, it's important for practitioners to understand that it actually is easy to implement AMD iManager, and it solves those issues.

As I mentioned previously, it took my staff and I some time to get really efficient with it, but now that we have learned it, I can share our experience and train others to adopt the process, and my staff can help. We can get almost anybody up and running in a short period of time because the process works.

AN OPPORTUNITY YOU AND YOUR PATIENTS CAN'T AFFORD TO MISS OUT ON

To summarize, it's good for patients because it prevents needless blindness and helps them stay motivated; it's good for the clinic professionally because it keeps us on the leading edge; it's good for healthcare because it saves the system billions of dollars in wasted treatments and injections for conditions that could have been caught earlier; it makes sense economically; and it ensures optimal record management. Finally, newer tests have also changed how we measure things like contrast, so

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Special thanks to Paul Karpecki, OD, for his contributions to this paper.

Additional information can be found at:
www.ecrvault.com/amdimanager

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