

Myopia Management

Strategies for bringing myopia management into a clinical practice



Moving From Theory Into Practice

By Ian Flitcroft, MA, D.Phil, FRCOphth

Several years ago, my hospital conducted a survey of optometrists in academia and private practice looking at the barriers for clinicians to start practicing myopia control. The obstacles reported related to limited training, an increased financial burden, changes to the standard clinical practice, incorporating new technologies and treatments, and lack of implementation support.

As a research scientist involved in myopia control, I investigated this further with my colleagues and we concluded that starting myopia management has little to do with science, but a lot to do with human psychology. In fact, one of the biggest hurdles eye care providers face in building a comprehensive myopia management program is first deciding where to start.

Start the Conversation

All eye care practitioners should start a conversation about myopia and myopia control with the parents of myopic children. Unfortunately, that's where many providers stop because they are unsure about increased chair time and the messaging to the parents. To facilitate this process, eye care providers can prepare simple messages that help explain that their goal is to minimize the advancement of patient's refractive error. Below are key points to consider when starting a dialogue with parents:

- **Communicate with the parents. If the child is already myopic, start with, "We need to slow the progression of the refractive error." If the child is at risk of becoming myopic, start with, "We need to delay or stop potential myopia."**

If applicable, relate to the parents' myopia, as many myopic children are likely to have myopic parents.³ Don't overpromise, consider the following plan, "Let's aim for the myopia to be half of what it would have been without treatment."

- **Don't feel the need to convince parents to get on board with myopia treatment, just provide the educational resources to make them aware that something can be done.**

When facing resistance from parents, simply say, "We understand your concern, many parents have felt similarly when first learning about their child's myopia. When you bring your son/daughter back for their glasses

check we can always discuss management and treatment options again."

- **Highlight successes in myopia control.** There's no better way of encouraging parents to get on board than to show them that myopia control can work!

Ian Flitcroft, MA, D.Phil, FRCOphth, is a pediatric ophthalmologist on staff at Temple Street Children's Hospital in Dublin, Ireland.

1. Fulk GW, Cyert LA, Parker DE. A randomized trial of the effect of single-vision vs. bifocal lenses on myopia progression in children with esophoria. *Optom Vis Sci.* 2000 Aug;77(8):395-401.
2. Smith MJ, Walline JJ. Controlling myopia progression in children and adolescents. *Adolesc Health Med Ther.* 2015 Aug 13;6:133-40.
3. Zhang X, Qu X, Zhou X. Association between parental myopia and the risk of myopia in a child. *Exp Ther Med.* 2015 Jun;9(6):2420-8.

The opinions expressed in this article are the author's own and do not constitute advice from Topcon on how to diagnose.

WHERE DO I START?

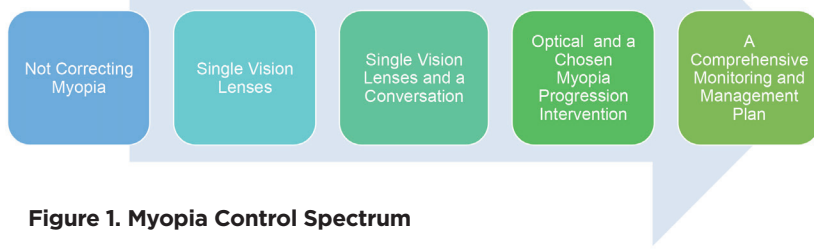


Figure 1. Myopia Control Spectrum

Image: Ian Flitcroft, MA, D.Phil, FRCOphth

Every clinician providing comprehensive eye care for a young demographic falls somewhere on the myopia control spectrum represented in Figure 1, based on my team's research. We found that optometrist involvement can range from those who strongly believe optometrists shouldn't be managing pediatric myopia, to those who offer a comprehensive diagnosis, monitoring, and management plan during each phase of the patient's myopia control journey. Our research also revealed that the vast majority of eye care providers treating myopia rely solely on single-vision lenses without addressing the need for monitoring and management of progressive myopia.

The reality is, if a clinician isn't providing a comprehensive diagnostic, monitoring, and management program, they are not effectively practicing myopia control. In fact, single-vision lenses alone are one of the least effective treatments for myopia.^{1,2}



Strategies for Myopia Success

By Gary Gerber, OD

Despite reported barriers to implementing myopia control in an eye care practice today, some optometrists are succeeding in myopia care. What's different about these eye care providers? On the clinical side, nothing. These optometrists have the same clinical acumen, the same skills as their colleagues; they may have put in more time studying myopia control, but the training is out there, and anyone can certainly learn it. In addition, the technology to measure axial length is readily available.

I would argue the most important quality of eye care providers succeeding with myopia control is they think differently about myopia. They're leaders in their practices and let the staff know that "myopia matters, it's important, and we're going to do something about it."

How you think about myopia will determine what you do about it. So, the first thing to consider is: Is myopia a disease or is it a refractive error?

For example, the optometrist who approaches myopia as a disease will view a child who comes in for an optical chief complaint, who also presents with myopia, in the same vein as any other clinical finding (e.g., a presbyope who is also a glaucoma suspect).

Presenting Myopia Management to Parents

Once myopia is uncovered, it's important to consider how to approach the parent. Should you say the following?

"Can I make a suggestion? As an option, what do you think about coming back next week for some more tests?" If you wouldn't make vague suggestions to a glaucoma suspect, don't make them to the parent of a myopic child.

The conversation should sound more like this: "We need to get your daughter new glasses to make her vision clear. But we can't stop there, because her vision will keep getting worse. I want her to come back next week for some more tests because I'm concerned your daughter's eye is bigger than it should be. And if it continues to grow, she could have some trouble later on in life."

Discussing the Costs of Myopia Control

One way to think about the out-of-pocket costs of myopia care is to compare them to orthodontia, which is not usually covered by insurance. What are parents paying for at the orthodontist? They're not paying for rubber bands and wire; they're paying for the ability to give their kid a better smile, leading to an overall better quality of life. When a parent comes in to manage their child's myopia, they're not paying for contact lenses or eye drops; they're paying to give their

child a better quality of life, and the ability to see the world for as long as their child is going to be alive.

I suggest setting a fee structure that is very easy for parents to understand. I would tell the parent something like, "It's going to cost you 'X' dollars to treat your child's myopia for the next 'Y' years." A global fee is definitely the "Staples Easy Button" and how I recommend you approach this.

Preparing the Practice for Myopia Control

Eye care providers must invest some time and money to start managing myopia, and it's important that your fees cover the additional expenses for technology, training, etc. With the right fee structure, treating myopia can be a highly profitable venture. Consider the following investments you'll need to make:

1. Technology to measure axial length An optical prescription is not a proxy for measuring axial length; you must have both pieces of information. Within the market of devices to measure axial length, Topcon Healthcare's devices are first-class and affordable, and I recommend all providers take a look at them.

2. Staff training There are hard costs to initially train the staff and provide ongoing training. Your costs will depend on whether you conduct training after hours, during staff meetings or close the office for a dedicated training session.

3. Opportunity costs Speaking to parents and doing myopia consultations takes time away from other tasks. However, myopia management can bring lifetime patients to your practice. It's important to consider the pros and cons of dedicating time to myopia management.

The Time is Now

We keep hearing that myopia management is the next big thing in optometry. It's not the next big thing in optometry; it's a big thing right now. With the United States alone having more than 15 million myopic kids and growing, and with half the planet expected to be myopic by 2050,¹ the time to jump on to this is now.

Gary Gerber, OD, is the co-founder of Treehouse Eyes, America's first centers dedicated exclusively to providing myopia management services, with 48 centers in the US and 60 planned by the end of 2021.

1. Holden BA, Fricke TR, Wilson DA, et al. Global prevalence of myopia and high myopia and temporal trends from 2000 through 2050. *Ophthalmology*. 2016 May;123(5):1036-42.