

Case Management: Overcoming Objections

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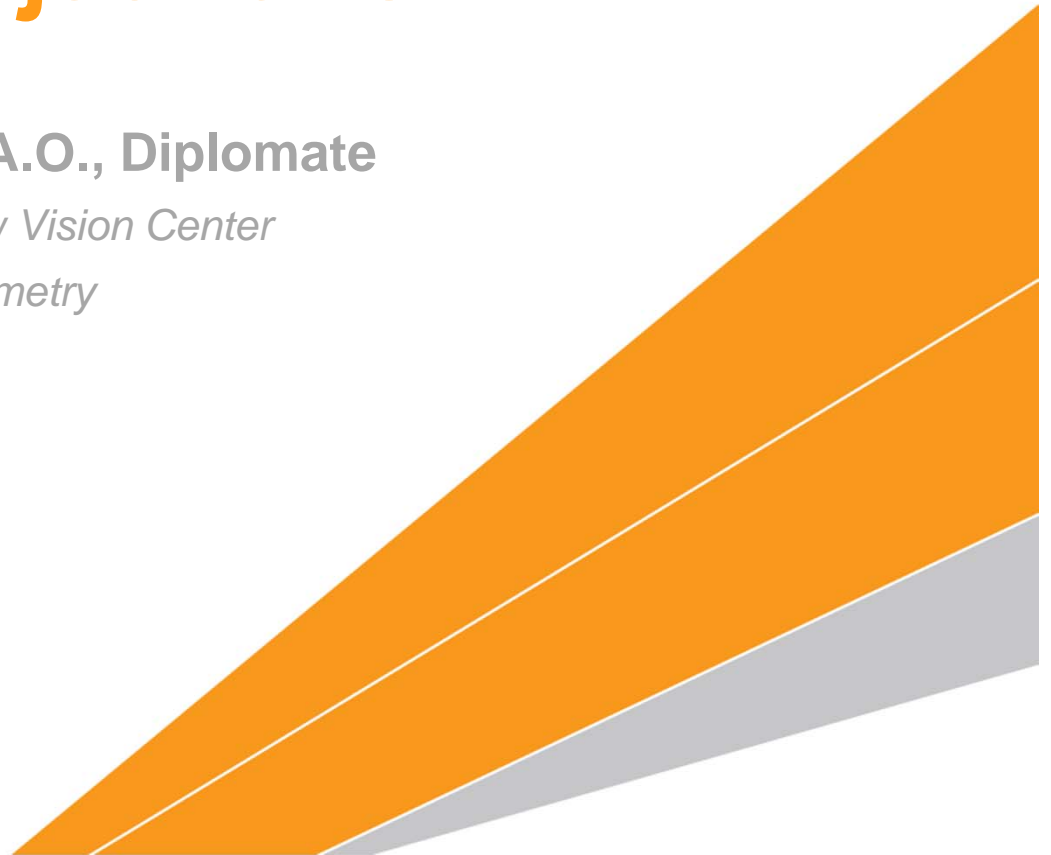
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- www.thelowvisioninstitute.com

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- www.thelowvisioninstitute.com
- Let'sGoEXPO, Inc.
- OcuSource.com, LLC
- United Webcast, Inc.
- Vision Rehab, Inc.

How many people potentially have low vision?

- More than **3 million Americans** have low vision (National Advisory Eye Council, 1998).
- It is also estimated that approximately **12 million people** have some form of vision impairment that cannot be corrected by glasses (National Advisory Eye Council, 1998).
- Lighthouse.org

What are the leading causes of blindness in the U.S.?

- The leading causes of existing cases of blindness are: Glaucoma, Macular Degeneration, Cataracts, optic nerve atrophy, Diabetic Retinopathy and Retinitis Pigmentosa. These causes account for 51% of all cases of blindness (National Society to Prevent Blindness, 1980).
- Over 65: AMD is the number one cause of low vision

- Most common cause of low vision in the US is AMD accounting for approximately half of all low vision
- Approximately 2 million people have AMD (1.75 million) and 3 million will have it by year 2020

- Adults over 80 represent 70% of all vision loss (so it's a disproportionate amount)
- Age group will increase from 33 million in 1984 to 80 million in 2050

AMD Highlights

- Decreased central acuity, good periphery
- Contrast: Can be poor, usually pt needs more light
- Binocularity: Consider retinal rivalry issues if dominant becomes worse eye
- Photophobia/glare issues/ but needs more light
- Visual Hallucinations / Charles Bonnet Syndrome:
 - > “I see things that I know are not there! Am I crazy?”

Diabetic Retinopathy Highlights

- Decreased acuity
- Contrast: Contrast sensitivity loss
 - > usually pt needs High illumination but also has glare issues
- Fields: Significant peripheral and/or central scotomas
- Fluctuating visual acuity (patient usually notes drastic changes = “fading”)
 - > Vision there one minute, gone the next
- Charles Bonnet Syndrome


Cataract Highlights

- Decreased Acuity
- Glare
 - > Light scatter
- Fields: Full
- Charles Bonnet Syndrome

Glaucoma Highlights

- Contrast sensitivity: Typically poor, usually pt needs more light
- Fields: Advanced stages = peripheral loss
- Photophobia/glare issues/ but needs more light
- Charles Bonnet Syndrome

Patient Goals: Divided in Specific Areas

- Near Vision needs/abilities
 - Distance needs/abilities
 - Activities of Daily living issues
 - Social History
 - Illumination and Glare needs
 - Mobility needs
 - Job-related needs
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Most Common Goals

- Reading
- Driving
- Lighting/Glare issues
- Personal Finances
- Television / Faces

Low Vision Treatment Options

Sustained Near Viewing (reading newspaper)

- > Reading/Intermediate glasses
 - » *Increase Add power (close viewing distance)*
- > Illuminated stand magnifier (use with habitual add)
- > Desk top CCTV


Spotting Near

- > Hand held magnifier or pocket magnifier/portable CCTV

Sustained Distance

- > Distance correcting glasses
- > Binoculars (Telescope) of some type

Spotting Distance

- > Hand held telescope
 - > Bioptic?? (within scope?)
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Low Vision Treatment Options

Contrast Enhancement

- > Lighting
- > Non-opticals

Photophobia and Glare

- > Filters
 - » *Outdoor*
 - » *Indoor or reading*
 - » *Both*

Non-Optical Aids

- > 20/20 Pens, talking calculator

Treatment Options: Glasses

Don't ignore the OBVIOUS

Distance > Intermediate > Near Glasses


Treatment options through your optician

- > Coatings, tints and lens materials
- > Segment heights, frame choices and adjustments for elderly
- > Prescribing glasses specific to visual tasks (2-3 pair is the usual trend)
- > Don't forget contact lenses

Simple options can be smart for the patient and profitable for the office

- Display hand magnifier options in optical
 - > Don't leave out the hand held video magnifiers
- Watching television is a common goal – make sure to address it

Overcoming Patient Objections to the Final Treatment Plan

- Your treatment plan incorporates the desires of the patient; it should not be a surprise when it is reviewed
 - Offer financing options
 - Lifetime doctor working through a process of improving patient quality of life
 - Value to cost
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Tips to Avoiding the REDO

- Repeat initial prescribing decisions
- Redo policies clearly stated and signed
- Free office visits – NO



THE **VISION**COUNCIL

