Case Management: Overcoming Objections

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Financial Disclosure: Rebecca Kammer

- Honorarium for participation in the revision of the California Central Visual Field Test (Mattingly Low Vision)
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Financial Disclosures: Lou Lipschultz

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- 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
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?)
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
Tips to Avoiding the REDO

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