

Senior Project

GENERATE OPTOMETRY REFERRALS BY INFORMING FELLOW PROFESSIONALS

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August 10, 1989

GENERATING REFERRALS FOR OPTOMETRY

The American Optometric Association has recently adopted a new definition for the word "optometrist". The new definition reads: "Doctors of Optometry are primary health care providers who diagnose, manage and treat conditions and diseases of the human eye and visual system as regulated by state law." As primary care providers it is the optometrists responsibility to learn as much as possible from other professionals whose interests and objectives overlap with his or her own. With rapidly occurring advancements and the large increase in specialties, today's physician cannot function at peak effectiveness without good communication with colleagues in other areas of the health profession. Professionals must become more dependent on each other for guidance and advice pertaining to the patients. In the past the Optometric profession has not received the recognition it deserves. Therefore, it is the job of the optometrist to educate fellow professionals of the expertise and excellent diagnostic skills he or she has to offer.

The optometrist must begin improving communications with other professionals by educating them on common ocular side effects often detected during the eye exam as a result of systemic diseases as well as the effects of some of the most commonly prescribed systemic drugs. It is important for other

professionals to know that the O.D. can be a great asset in the management of patients who may suffer from severe ocular side effects due to either a systemic drug like Mevicor or to a disease such as diabetes. In addition, simple monitoring of visual fields can be highly beneficial for follow-up care to many specialists such as the neurologist for cerebral concerns, and the plastic surgeon who needs to know to what extent a droopy eyelid retraction has corrected a patient's vision.

The first step in communicating the expertise of the O.D. is to prepare personalized letters for each of the different health care specialties likely to benefit from comanagement with optometrists. All of the letters should convey the fact that optometrists have the knowledge, equipment and experience necessary to assist in superior patient care.

This author has generated the above mentioned letters and directed them toward ten different specialty areas. The letters were mailed to ten professionals in each of the following ten specialty fields: general physician, cardiologist, allergist, plastic surgeon, ear-nose-throat, diabetic specialist, pediatrician, gynecologist, internist, and neurologist. Included with these letters was an introduction about the nature of this research project and a brief questionnaire to be completed and

returned. The questionnaire included three brief questions as follows:

- 1) Is the information included in this letter useful you?
- 2) Is this information correct and complete?
- 3) What is your reaction to this letter?

Thirty four responses out of 100 were received. Twenty six of these responses were highly positive and eight were neutral. Approximately 50% of the physicians who responded took the time to write a letter instead of merely answering the questionnaire. Some of them even made suggestions as to how the introductory letters could be improved. The sample letters contained in this article include some of the suggested changes.

Several physicians stated that it would be helpful to know that such services were available in their community. They encouraged such communications with other health care professionals as a good way to market each other's practice as well as develop interprofessional relations. However, responses varied greatly as one response felt the letter was somewhat solicitous while another thought that it was warm, inviting and professionally done. After analyzing all of the letters received, it was determined that many physicians refer exclusively to another M.D. because it is how they were trained in school and

it is now a habit. If with a letter of this type you can let such physicians know that an O.D. can accurately and efficiently perform many of the skills necessary for comanagement, it would be a good first step toward changing their views on this subject. Another point of primary concern among many of the health care professionals was convenience to the patient. Therefore, convenient hours and location are an important concept for the optometrist to consider when contacting colleagues regarding comanagement. In addition, many of the practitioners were concerned as to whether or not optometrists would accept their patients insurance. This consideration shows the need for the O.D. to become familiar with major medical billing systems. Furthermore, several of the responses indicated that the letter showed the writer to be an up to date professional and that they would therefore use it as a referral source.

In the optometrist's own community it is important to follow-up the letters with a phone call and possibly a lunch date. The ten letters written by this author are only a beginning. Other important referral sources include dentists, pharmacists, chiropractors, school nurses, nursing homes, opticians and of course ophthalmologists. In addition, offering services for school vision screening or holding a seminar to teach the staff of a nursing home about low vision devices are good examples of promoting professional relations. Optometrists

must become accepted by physicians as well as the general public as capable of recognizing a problem and knowing to whom to refer the patient. Consistency in this area will win patient and colleague confidence and undoubtedly result in more new patients. In addition, to remain an excellent diagnostician it is important to stay current on new products and technologies and discuss them with other professionals in the fields.

In conclusion, interprofessional relations are therefore, not optional but an absolute necessity for every health profession to achieve the goal of providing care for the total well being of the patient. Until every health care profession fully understands the capabilities of every other health care profession, skills cannot be combined to maximize the delivery of quality health care to every patient. Hopefully the following letters will be useful to those who wish to generate referrals and become involved with educating the public and professional community about the benefits of primary optometric preventative health services.

1-Caffery B, Josephson J. Ocular side effects of isotretinoin therapy. Journal of the American Optometric Association 1988 March:221-223

2-Carlson D. Ocular manifestations of pregnancy. Journal of the American Optometric Association 1988 Jan:49-56

3-Cavallerano J. Clinical considerations in the management of diabetic retinopathy. Journal of the American Optometric Association 1988 Nov:855-861

4-Holmes G.B. Interprofessional relations. Journal of the American Optometric Association 1980 April:330-331

5- Letter about medication generates referrals. Professional Enhancement Strategies 1989 Jan; Vol 5 No 3 :4-5

6-Levoy R. The Successful Professional Practice. New Jersey:Prentice-Hall Inc., 1970

7-Murphy R. How to generate physician referrals. Review of Optometry 1989 Jan:30-32.

Ferris State University

College of Optometry

August 15, 1989

Edward P. Physician
122 Main Street
Grand Rapids, Michigan 49307

Dear Dr. Physician:

My name is Lori Camp and I am a senior optometry student at Ferris State University, College of Optometry. During this final year we are required to do a research project. The purpose of my senior research project is to determine how a primary care optometrist can co-manage patients with other health care professionals. Enclosed is a sample letter that would be sent to someone in your field.

To assist in my research please briefly respond to the following three questions regarding the enclosed letter and return them to me in the enclosed envelope.

Is the information in this letter useful to you?

Is this information correct and complete?

What is your reaction to this letter?

Thank you for your time and consideration. I look forward to graduation and the time when I can join you and other health care professionals in the promotion of health and the prevention of disease.

Sincerely,

Lori A. Camp
Senior Intern

Ferris State University

College of Optometry

August 15, 1989

Thomas Allergist M.D.
123 America St.
New York, New York 12201

Dear Dr. Allergist:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of the commonly used systemic drugs. I would be glad to examine any of your allergy patients for whom you suspect ocular involvement.

With allergic patients some of the ocular side-effects that I have encountered result from steroid and antihistamine use. For long-term steroid patients my exam places extra emphasis on inspecting for lenticular changes and/or glaucomatous tendencies. In addition, special consideration is given to dry eyes, accommodative dysfunction and recent onset Giant Papillary Conjunctivitis with those patients using antihistamines.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 10, 1989

Susan Cardiologist M.D.
321 March St.
New York, New York 12003

Dear Dr. Cardiologist:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of the commonly used systemic drugs. I would like to examine any of your patients in whom you suspect ocular involvement.

Of special concern are patients taking the cholesterol-lowering medication, Mevacor (Lovastatin). Because mevacor can cause lens opacities, I monitor these patients every six months for such lenticular changes.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

Richard Dermatologist M.D.
45 Royal Pkwy.
Detroit, Michigan 48076

Dear Dr. Dermatologist:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of the commonly used systemic drugs. I would like to examine any of your patients for whom you suspect ocular involvement.

Of special concern are patients using the acne medication Accutane. I have seen symptoms of both dry eyes and conjunctivitis result in corneal opacities. Some patients have also noticed a decrease in night vision. My exam places extra emphasis on inspecting for corneal and conjunctival complications with these patients.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

Diabetes Specialist M.D.
89 Oak Street
Berkeley, California 32025

Dear Dr. Specialist:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of many common systemic diseases. I would like to examine any of your patients for whom you suspect ocular involvement.

Of particular interest to me as an optometrist are the problems associated with diabetes. Early indicators of diabetes which I closely monitor are vascular changes of the fundus. If significant change is noticed in a short period of time I would urge your patient to return to you as soon as possible. Other complications that I watch for with these particular patients are lens opacities, glaucomatous changes and fluctuations in vision.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

Ear N. Throat M.D.
7 Heritage Court
Wilson, Virginia 34100

Dear Dr. Throat:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of many common systemic conditions. I would like to examine any of your patients for whom you suspect ocular involvement.

Of special concern to me are those patients complaining of pain in the orbital and sinusoidal areas. I monitor both visual fields and intra-ocular pressure in an effort to rule out Glaucoma as the cause. In addition, with careful biomicroscopic examination I also inspect for the possibility of ocular inflammation in these patients.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 24, 1989

Michael G. Physician M.D.
4 Berkley Drive
Buffalo, New York 14225

Dear Dr. Physician:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of many common systemic diseases. I would like to examine any of your patients for whom you suspect ocular involvement.

Of particular interest to me as an optometrist are the problems associated with high blood pressure and arthritis. Indicators of high blood pressure which I closely monitor are vascular changes of the fundus. If significant change is noticed in a short period of time I would urge your patient to return to you as soon as possible. In contrast, the dry eye which can be associated with arthritis would not be cause for immediate referral. Instead, if dry eye is found in an arthritic patient, I would recommend that they return to you for a complete investigation of any possible systemic complications such as Sjogrens.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

Matthew Gynecologist M.D.
32 Emmet Ct.
Belknap, Vermont 67090

Dear Dr. Gynecologist:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of many common systemic conditions. I would like to examine any of your patients for whom you suspect ocular involvement.

Of special concern are women who are undergoing hormonal changes secondary to pregnancy. With these patients I monitor for fluctuating changes in refractive error and contact lens complications. Often I have found that discontinuation of contact lens wear is necessary until after the pregnancy. In addition, indications of diabetic retinopathy would be cause for immediate consultation and subsequent referral back to you. At times serial visual field evaluations are necessary for pregnant women with known pituitary adenoma's.

I welcome the opportunity to participate in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

John P. Neurologist M.D.
111 Main Street
Iowa City, Iowa 23045

Dear Dr. Neurologist:

As a primary care optometrist, my regular exam includes monitoring for visual field defects and the determination of a refractive prescription to relieve a patients symptoms. I would like to examine any of your patients for whom you suspect a visual disruption has occurred.

Of special concern to me are those patients with a recent nerve palsy who may be experiencing diplopia and can be corrected with a new spectacle prescription. I have also fit cosmetic contact lenses on patients with an excessively dilated pupil as a result of a head injury or cerebral tumor.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

George M. Pediatrician M.D.
321 East High St.
Beaver Falls, Pennsylvania 48005

Dear Dr. Pediatrician:

As a primary care optometrist, my regular exam includes monitoring for the ocular side-effects of both systemic drugs and diseases. I would be glad to examine any of your patients for whom you suspect ocular involvement.

Several of the possible ocular complications I have observed resulted from chicken pox and ocular foreign bodies. For chicken pox, my exam attempts to identify situations with potentially serious corneal involvement. With foreign bodies, I examine the anterior ocular surface under magnification for persistent foreign bodies which could not be removed with irrigation. In addition, the patient is persuaded to return the next day to rule out the possibility of an iritis.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.

Ferris State University

College of Optometry

August 15, 1989

Andrea A. Plastics M.D.
25 Lewiston Ct.
Buffalo, New York 14225

Dear Dr. Plastics:

As a primary care optometrist, my regular exam includes a complete diagnostic fields examination. I would like to examine any of your patients for whom you suspect a decrease of vision due to a ptosis or other facial abnormality.

I have found that many elderly patients complain that droopy eyelids are affecting their vision. With an automated perimeter I can often determine whether or not a superior field defect is present. If the ptosis is found to be the cause of the field defect, I would refer the patient back to you for corrective surgery.

I would welcome the opportunity to participate with you in the care of your patients. Thank you for your time.

Sincerely,

Lori A. Camp O.D.