MBOS
MONTEREY BAY OPTOMETRIC SOCIETY

"There is a crack in everything.
That's how the light gets in." - Leonard Cohen

Charles Walton contributed a large part of the construction cost of the Walton Lighthouse in memory of his brother Derek Walton, a merchant seaman lost at sea during WWII.

Auroral Announcements

Starting 1/1/22, all prescriptions, excluding glasses and contact lenses, must be e-prescribed per AB 2789. The Department of Consumer Affairs has a bulletin with more info: https://www.dca.ca.gov/licensees/ab2789_bulletin.pdf

Marshall B. Ketchum University is offering a virtual immunization training program on 1/9/22, 8am-4pm. The cost is $575. The COA is offering members a $300 discount. Use promo code COA50 to save $50 at checkout, and then, once the course is completed, the COA will credit your COA membership account $250, bringing the total cost down to only $275! More information and registration here: https://apps.ketchum.edu/ce_reg/viewprogram.aspx?pid=766

Assembly Bill 407, to increase optometry scope of practice in California, was signed into law on 10/8/21 and goes into effect 1/1/22. It mostly removes the list of conditions optometrists are allowed to treat, especially for inflammation in adults. It does the same for many medications, including antivirals and antifungals. It also allows for some new therapies, including IPL and intranasal stimulation. Additionally, it provides for subjective refraction by assistants who undergo 45 hours of training, but only if a doctor is physically present. Please take the time to read through the full text so you adequately understand what you now can and cannot do.

Read a summary by the COA: https://sites.google.com/coaboard.org/childrens-vision/home

Read the full text: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB407

Ignited Index

Candent Community Calendar

11/20: Homecrafters Marketplace
9am-3pm, Sunset Center in Carmel

Nov to Feb: monarch butterflies
Natural Bridges Monarch Grove and
Pacific Grove Monarch Butterfly Sanctuary

FORWARD FOCUS: Medi-Cal Reimbursement

I have been trying to work with COA and others to increase Medi-Cal reimbursement rates for approximately 10 years. However, it has never been a priority for them, mainly because there has never been a state budget which would allow for it.

As the governor recently announced a budget surplus, Kristine Shultz, Executive Director at COA, said the COA is going to make Medi-Cal reimbursement rate increase a top legislative priority next year. COA is funding research by Children Now to focus on the impact that low reimbursement rates have on access to care. The 2022 COA budget will also provide money for social media on this issue.

The COA wants optometrists who are frustrated with the low rates to create short videos talking about the impact on patients they see firsthand. You can take your own videos using your phone's camera and send them to COA. If you are interested in participating in this, please contact Kristine at kshultz@coavision.org

I created a handout on Medi-Cal reimbursement rates to provide more information on this issue and sent it to the COA. They turned that into an infographic to focus more on children and target its message to legislators. My handout is on the next page; their infographic on the two pages after that.

List of Medi-Cal providers in the MBOS area per https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Vision-Care-Provider-Directory.aspx

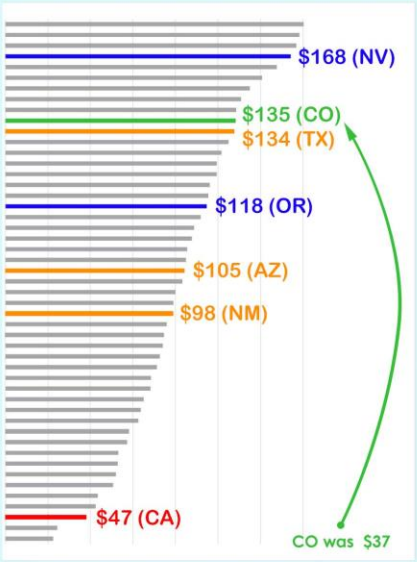
Ben Lomond	Hunt & Shaw
Carmel	Hartford & Hartford ODs
Castroville	Castroville Optometry
Greenfield	Sylvia K. Lee, OD (also Watsonville)
Greenfield	Corwyn A. Mosiman, OD
Hollister	Thien C. Pham, OD
King City	Robert C. Mackin, OD
Monterey	Crisp Vision Optometry
Monterey	Abee See Eye Care
Salinas	Timothy J. Cummings, OD
Salinas	James and Christian Flickner, ODs
Salinas	Salinas Optometric Center
Salinas	Joseph J. Estrada, OD APOC
Salinas	Dean E. Fewtrell, OD APOC
Salinas	Clinica De Salud Del Valle De Salinas
Salinas	Ronald Genauer, OD
Santa Cruz	David Farberow, OD
Santa Cruz	Curtis M. Froid, OD
Santa Cruz	Francis E. Kuo, OD
Santa Cruz	Palo Alto Med Foundation
Santa Cruz	John Van Every, OD
Santa Cruz	Joseph Babad, OD
Seaside	Edmundo Fimbres, OD
Soledad	Hartford & Hartford, ODs
Watsonville	Cari L. Moore, OD
Watsonville	Stuart M. Sakuma, OD
Watsonville	Thomas S. Suzuki, OD

I WILL work to expand access to quality care and improve health equity for all communities.

I WILL place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.

– excerpts from the Optometric Oath

Medi-Cal Reimbursement: Focus on Eyes

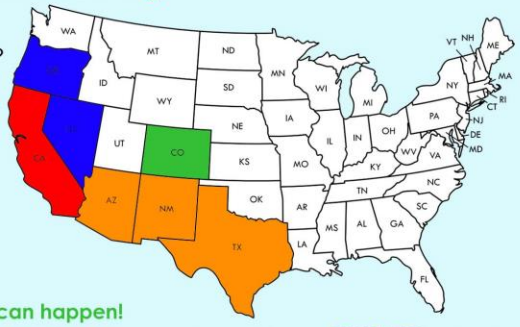


Amount is the total of a new-patient eye exam (92004) and refraction (92015). Data obtained from each state's Medicaid fee schedules (TN not available). Compiled by Jonovan Ottenbacher, OD.

California has the 3rd WORST

Medicaid reimbursement rate for eye exams in the entire country.

Why does it matter?
1 in 3 Californians are covered by Medi-Cal.



Positive change can happen!
Colorado had one of the lowest rates until it was **TRIPLED** in 2014.

California's northern neighbors are nearly **TRIPLE** California's.

The three other southern border states have an average reimbursement over **DOUBLE** California's.

Economics 101: incentives change behavior
When Medi-Cal rates decreased in 2013, fewer doctors accepted it, even though the number of patients on Medi-Cal steadily increased.

Source: Medi-Cal Facts and Figures, California Health Care Foundation, 2/2019.

+ 56% Patient enrollment, 2013-2015

– 31% Doctor participation, 2013-2015

Potential problems of not having routine eye examinations

Children
- ***Poor scholastic performance*** limiting career options
- ***Lifelong lazy eye*** preventable only up to 10 years of age

Adults
- ***Poor work performance*** and difficulty keeping a job
- ***Inability to perform necessary activities*** such as driving

Elderly
- ***Irreversible blindness*** from ocular diseases
- ***Poor vision*** from cataracts

History of Medi-Cal vision services in California

2020: adult glasses coverage *reinstated*

2019
2018
2017
2016
2015
2014

2013: Medi-Cal rates *decreased by 10%*

2012
2011
2010

2009: adult glasses coverage *eliminated*

2008
2007
2006
2005
2004
2003
2002
2001
2000

No Medi-Cal rate increase in >20 years!

1999: Medi-Cal rates *increased by 15.5%*

Patients in need with doctors unable to help them

The poorest Californians
are ***most at risk*** of debilitating eye issues due to their inability to pay for eye exams. Exams can ***prevent permanent vision loss*** or provide glasses to ***perform daily life activities***.

Many doctors
are simply ***unable to see these patients*** for eye exams, even though they are willing to, if Medi-Cal ***reimbursement rates are too low***.

What can you do?

Increase the Medi-Cal reimbursement rate for eye exams and glasses.

Medi-Cal: Eye care reimbursement

Why does it matter?

1 in 3 Californians are covered by Medi-Cal.

over 50%

Children enrolled in Medi-Cal

Eye exams can prevent permanent vision loss and provide glasses to perform daily life activities.

3rd

California has the 3rd WORST Medicaid reimbursement rate for eye exams in the nation.

Reimbursement Rate

California: $47

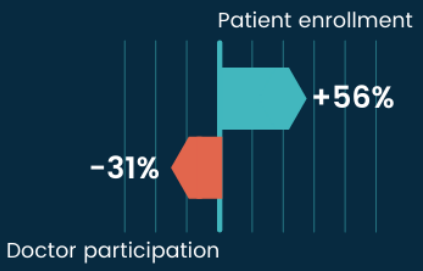
National Average: $105

Amount is the total of a new-patient eye exam (92004) and refraction (92015).
Data obtained from each state's Medicaid fee schedules (TN not available).

No Medi-Cal rate increase in over 20 years.

Economics 101

Incentives change behavior: when Medi-Cal rates decreased in 2013, fewer doctors accepted it, even though the number of patients on Medi-Cal steadily increased.



Potential problems of not having routine eye examinations

CHILDREN

- Poor scholastic performance limiting career options
- Lifelong lazy eye preventable only up to IO years of age

ADULTS

- Poor work performance and difficulty keeping a job
- Inability to perform necessary activities such as driving

SENIORS

- Irreversible blindness from ocular diseases
- Poor vision from cataracts

Patients in need. Doctors unable to help them

The poorest Californians are most at risk of debilitating eye issues due to their inability to pay for eye exams.

Many doctors are simply unable to see these patients for eye exams, even though they are willing to, if Medi-Cal reimbursement rates are too low.

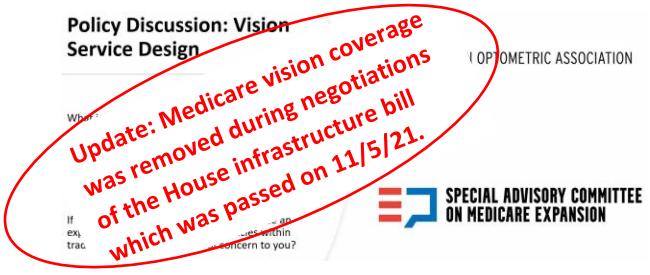
Few kids get the eyecare they are eligible for under the CA Medi-Cal program. According to Department of Health Care Services data, more than 4 out of 5 children are not getting needed services

What can you do?

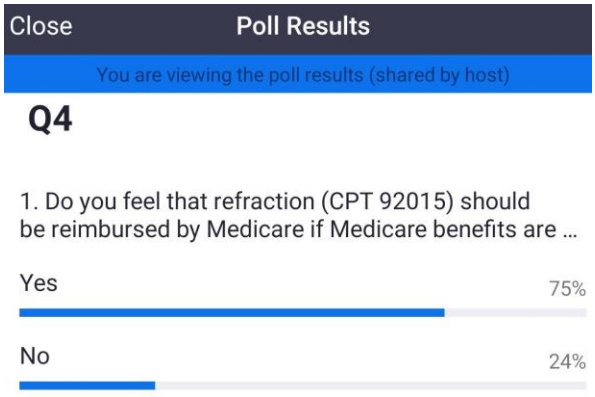
Increase the Medi-Cal reimbursement rate for eye exams and glasses

Source: Medi- Cal Facts and figures: Crucial Coverage for Low Income Californians. *California Health Care Foundation*, 2019.
Medi-Cal Quick Stats: Proportion of California Population Certified Eligible for Medi-Cal By County and Age Group. *Department of Health Care Services*, Jan. 2016
Special thank you to Dr. Jonovan Ottenbacher for compiling this data

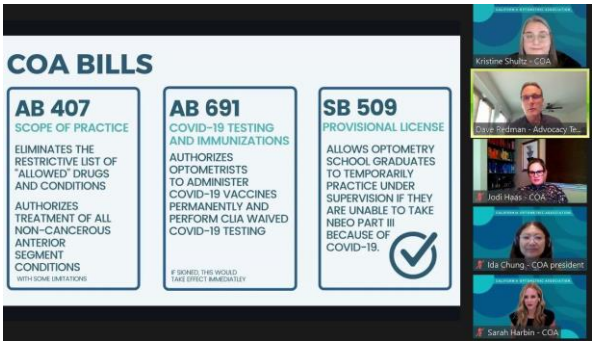
LEGISLATION LAMP: Medicare, COA Town Hall, PC



The AOA hosted webinars on 9/1/21 and 9/9/21 to discuss the possibility of vision being included in Medicare. As of now, it is still uncertain if it will remain in the package, but if it does, the AOA is pushing for direct Medicare instead of vision being subcontracted through third party plans. Medicare is already mostly set up for eye exams; they simply need to add routine exams and possibly cover refraction. The AOA is opposed to using G codes as the AOA cannot influence reimbursement like it can with standard CPT codes. There were multiple polls of attendees to see how AOA members felt on issues.



The COA hosted a Town Hall on 9/27/21 to discuss 2021 successes and plans for 2022. AB 407 covers scope and removes the restrictive list of allowed drugs, allows more anterior segment treatments, and limits non-optometrist subjective refraction. AB 691 covers COVID testing and immunizations, and SB 509 is for provisional license for new grads due to COVID.



President's Council was held on 10/26/21. Sponsors informed us that HEA bought PECAA, and Heather Hoffman is taking over as the VSP Professional Network Relationship Manager in this region from Reg Carter, who moved to the Midwest.

Dr. Dave Ardaya of the healthcare delivery system again asked that we try to find a local liaison to work with the COA on insurance company concerns. If you are interested, please let us know!

There was some discussion on House of Delegates, including on possible bylaw changed necessary for virtual meetings, and Jodi mentioned that COA presidents can communicate on a Slack channel, in addition to COA planning a community app.

"Each day is born with a sunrise and ends in a sunset, the same way we open our eyes to see the light, and close them to hear the dark. You have no control over how your story begins or ends. But by now, you should know that all things have an ending. Every spark returns to darkness. Every sound returns to silence. And every flower returns to sleep with the earth. The journey of the sun and moon is predictable. But yours is your ultimate art." - Suzy Kassem

ILLUMINATING INSTANCES: NAION

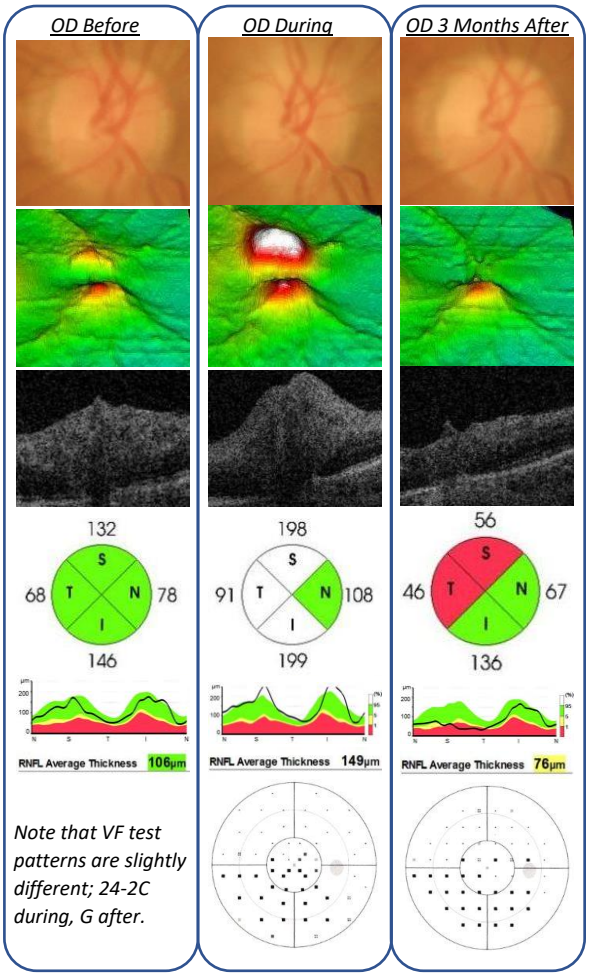
A 60-year-old male was seen for his annual diabetic exam. He was 20/20 corrected in each eye and had FTFC visual fields. The rest of the exam was grossly normal, with the exception of mild NPDR in both eyes and a very small cup-to-disc ratio in the right eye.

One month later, the patient returned with complaints of blur in his right eye and a shadow in his right lower visual field for three days. Examination revealed a BCVA of 20/50 and restricted visual fields inferior-nasal and inferior-temporal in the right eye by finger counting. There was optic disc edema in the right eye, with superior greater than inferior elevation and indistinct margins. OCT and Octopus VF confirmed the disc edema and altitudinal VF loss. The patient was diagnosed with NAION.

Three months later, the patient stated his vision was subjectively better. His BCVA had improved slightly to 20/40, but his visual field was grossly similar. OCT demonstrated the dramatic loss of superior RNFL.

Non-arteritic anterior ischemic optic neuropathy, (NAION or NAAION depending on your stance on abbreviating hyphenated words; Google yields 600,000 results for NAION and 45,000 for NAAION, and it seems the longer abbreviation is older while the shorter abbreviation has taken over more recently), is caused by insufficient circulation to the optic disc, although the exact mechanism is not understood. Nearly all NAION patients have small optic discs with very small or no optic cup, the "disc at risk," with the crowded disc likely contributing to the localized loss of blood flow. Vasculopathic risk factors such as hypertension and diabetes are common.

NAION is often clinically diagnosed, with no additional tests being required, although if there is a concern of GCA causing AAION, lab tests including ESR, CRP, and platelets should be obtained and a temporal artery biopsy should be performed. Unfortunately, there is no treatment for NAION, and while there is variable visual recovery, it is often limited. Reducing risk, by better controlling diabetes and hypertension, are possible preventive measures, although some studies indicate antihypertensive medication taken right before bedtime may actually increase risk.



Note that VF test patterns are slightly different; 24-2C during, G after.

A table from Retina Specialist 2/20/17 by Nazari et al via Google. When I come across issues which I don't see very often, I tend to Google and Google Image Search for them, in this case "NAION vs AAION," to double check I'm not forgetting something. Google Image Search is great for tables like this, in addition to showing numerous pictures of different diseases and disorders, versus only a single image in a book.

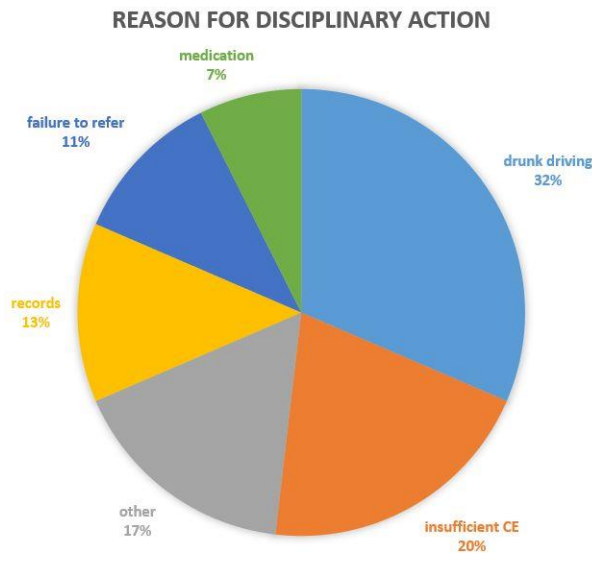
Table 1. Differentiating Features Of Acute Unilateral Vision Loss

Feature	Nonarteritic Anterior Ischemic Optic Neuropathy	Arteritic Anterior Ischemic Optic Neuropathy
Age (years)	Typically > 50, but may occur at any age.	Typically > 70, but should be considered in any patient over age 50.
Gender	M=F	F>M
Medical History	Cardiovascular disease, hypertension, diabetes, hypercholesterolemia, sleep apnea, nocturnal hypotension	Polymyalgia rheumatica (up to 40-60 percent)
Associated Symptoms	Typically none	Amaurosis fugax, scalp tenderness, jaw claudication, headache, anorexia, weight loss, fever of unknown origin
Initial Visual Acuity	Variable: 20/20 (30 percent); 20/40 or better (50 percent); 20/200 or worse (20 percent)	Tends to be more severe: 20/40 or better (21 percent); 20/50 to 20/100 (17 percent); 20/200 to count fingers (24 percent); hand motion to no-light-perception (38 percent)
Visual Field	Inferior nasal defect, altitudinal; central vision loss	Variable nerve fiber layer defects, central loss, generalized or diffuse field loss
Relative Afferent Pupillary Defect	Yes	Yes
Erythrocyte Sedimentation Rate/C-Reactive Protein	Within normal limits	Elevated
Optic Nerve, Involved Eye	Hyperemic disc edema, peripapillary splinter hemorrhage	Variable disc edema, pallid edema (chalky white disc); late phase—cupped disc with pale rim
Optic Nerve, Fellow Eye	Small disc with no central cup (the structural "disc at risk" for NAION)	Normal-appearing disc or cupped disc
Other Retinal Findings	Depending on the underlying systemic condition	Choroidal ischemia, ocular ischemia, central retinal artery occlusion, cilioretinal artery occlusion
Fluorescein Angiography	Optic nerve head perfusion delay	Variable delayed choroidal filling
Natural Course	Vision improvement in up to 43 percent	Rare visual improvement
Fellow Eye Involvement	Up to 15 percent	Common fellow eye involvement without treatment
Treatment	Possible use of oral steroids with taper (not proven), control vasculopathic risk factors	High-dose steroids (may require intravenous administration) followed by long-term oral steroids

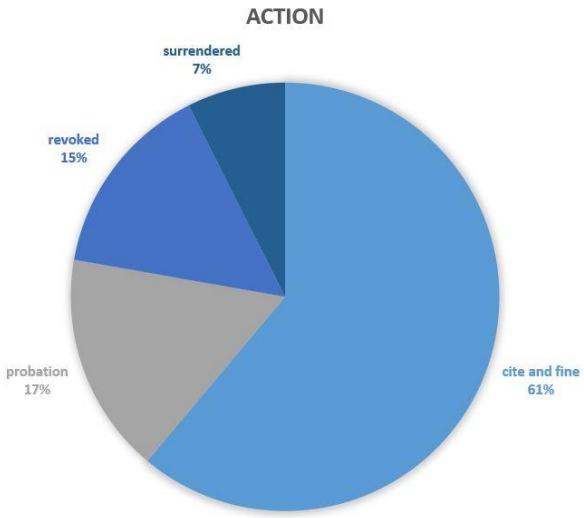
REFLECTIVE RESEARCH: State Board Citations

The California State Board of Optometry issued just over 50 citations and other disciplinary actions to optometrists from 2017 through 2020 (approximately 10 in 2017, 20 in 2018, 20 in 2019, and under 10 in 2020). While there were disciplinary actions before then, they did not include cite and fine, only probation, license revocation, or license surrender, so the following data only consists of 2017 onward.

The major cause of a disciplinary action was drunk driving, accounting for nearly a third of the cases. Insufficient CE caused a fifth. "Other" causes were mostly related to improper advertising, improper employment, and insurance fraud. Record issues typically included failure to maintain proper records, but also had switching right and left eye data and failing to provide records to patients. Failure to refer was composed of glaucoma, pathology, and corneal foreign bodies. Medication consisted of prescribing controlled substances beyond scope of practice.



Most disciplinary actions consisted of a lesser reprimand of a citation and fine, while only a few each year were probation or, most severely, license revocation or license surrender.



Cite and fine mostly consisted of drunk driving, insufficient CE, records issues, advertising issues, and failure to refer. Probation was issued for multiple counts of drunk driving or multiple counts of failures to refer, but even only a single instance of prescribing controlled substances beyond scope of practice resulted in probation, as did license issues (practicing just after graduation before being granted a license or employing an optometrist without a valid license).

The more severe reprimands (revocation, surrender) were almost always for repeated violations, and nearly all related to drunk driving, although a few instances of prescribing controlled substances beyond scope of practice resulted in one revoked and one surrendered license.

In summary, don't drink and drive, and get your CE. With the availability of Uber and Lyft and so many online CE options, both of these should be easy. Don't write prescriptions outside of your scope of practice (the laws are always being modified, so it's important to stay up to date; read the new changes in Assembly Bill 407 going into effect 1/1/22). Keep good records and give them to patients when asked, don't delay in referring if necessary, and be careful that your advertising follows the law. Finally, don't practice insurance fraud and be careful about hiring optometrists, especially new grads, without licenses.

LUMINOUS LOCATIONS: Skydive Monterey Bay

Skydive Monterey Bay offers an adventurous trip falling through the air from an airplane. There are a couple of different times available each day with a few height and photo/video options. I purchased a jump for my wife for her last birthday. The total price ended up being around $400 after upgrading to include a separate videographer with a better camera in addition to her tandem jumper having a video camera attached to his wrist. My wife said it was an amazing experience and definitely worth the price.

INTERNET INCANDESCENCE: Practice Advantage Pod

HEA Practice Advantage

Trusted Business Advisor For IECPs

The HEA Practice Advantage Podcast covers a variety of topics on running an optometry office. Each show has an interview with a guest who is an expert in a given topic, from consulting, evaluating vision plans, improving efficiency, e-commerce, and staff. You can listen on your choice of podcast player or directly online from a variety of hosts (search for Practice Advantage Podcast to find the best source for you).

MATUTINAL MENTION: Dr. Michelle Nguyen

Dr. Michelle Nguyen is a Bay Area native and recently moved to beautiful Monterey. She is currently practicing at the LensCrafters at the Del Monte mall as an associate doctor of Dr. Avani Patel.

She received her bachelor's from UC Davis and completed her doctorate at Western University in 2019. At Western University, she was involved with Student Government Association where she assisted with planning class events and fundraisers. She also participated in many school vision screenings.

She enjoys spending time with family and friends, traveling, and the outdoors. She especially enjoys the mild weather that the marine layer brings while hiking!

VESPERTINE VENERATION: Dr. Anthony Giannotti

Imagine a world without OCT, Optos, auto refractors, auto perimeters….no pachymetry, topography, meibography, digital photography ….no computers, no internet, no EHR…no disposable soft lenses, RGP's, or multipurpose solutions….no therapeutic drugs, foreign body removal, glaucoma treatment, prescription privileges….no medical insurance reimbursement, no EyeMed, VSP was our friend…lots of glass lenses and executive trifocals, no IOL's or co-management. This was the world of Optometry in California when Cammie, Marc and I graduated from UCBSO in 1979.

I started practice as an associate in Ventura, then bought a part-time practice in Scotts Valley in early 1981. There was one stoplight in town, Santa's Village had just closed, Skypark Airport was still open, and the site of my current office was a berry bog. Our class was one of the first to earn DPA certification (wouldn't want someone going blind from having their eyes dilated). PMMA lenses ruled the day, soft lenses came in vials, heat units were used for disinfection, patients couldn't understand why soft lenses didn't last 3 years and it was our fault if they tore one. B&L and American Optical dominated the optical industry: frames, lenses, diagnostic equipment, and contact lenses.

The late 80's saw the first disposable soft lenses which fueled the decline of RGP's. Extended wear was all the rage, many states were passing TPA laws, RK was very popular. We were fortunate in Santa Cruz that most of the OMD's were willing to work with us; most of our colleagues were not so lucky. IOL's dominated cataract surgery, and I certainly don't miss Rxing aphakic spectacle lenses.

The early 90's finally brought the first TPA law to California. A very flawed law, no glaucoma privileges and a promise not to come back and ask for a further expansion of privileges until 2000. I figure it cost me $25K to earn the privilege of treating pink eye (125 classroom hours, pass a state exam, followed by a 65 hour preceptorship in Ophthalmology offices…lots of time out of the office). This was the beginning of co-management relationships between OD's and MD's for cataract and refractive surgery. In the mid 90's laser refractive surgery really took off; first PRK, then LASIK. Many of us were embracing the medical model and bringing in more diagnostic equipment.

2000 brought the next expansion of our scope of practice, another deeply flawed law relating to glaucoma. After another extensive classroom requirement passing the state test, all you had to do was comanage 50 patients with an ophthalmologist and you could Rx Timolol! In reality the only OD's to achieve this were those working in ophthalmology offices. It would take until 2009 for a reasonable bill to finally be passed and implemented, allowing California OD's to practice full scope glaucoma diagnosis and treatment.

The expansion of scope of practice during my career has been remarkable and greatly appreciated. I'm jealous of the training and technology available to today's graduates, but thankful to have had the opportunity to learn it in the trenches. I still like what I do; there's not a lot of heavy lifting and lots of instant gratification. I'm thankful for the technology and knowledge I've acquired over the years. It's scary to think of what conditions I possibly missed in years passed. As Robert Hunter wrote, "what a long, strange trip it has been."

BOARD MEMBERS

President

Jonovan Ottenbacher, OD

Past President / Treasurer

Jennifer Buell, OD

Education

Sylvia Lee, OD

Political Action

Trevor Fogg, OD

Membership

Kasey Nakajima, OD

Senior Advisor

David Farberow, OD

SPONSORS

CooperVision®

OPTOVUE

VISTAKON®

Division of Johnson & Johnson Vision Care, Inc.

vsp®

Vision care for life

WELLS FARGO