



The Role of Optometry in the Management of Diabetes

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Agenda

1. Three phases of optometric care
2. Prevention
3. Management
4. Guidelines
5. Rehabilitation
6. Coordinated care
7. Communication with health care team
8. The future of optometry



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Three phases of optometric care

1 Prevention
The role of every optometrist

2 Management
The role of any medical-oriented optometrist or optometric physician

3 Rehabilitation
The expanding role of "low vision"



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Prevention



Family history
• Diabetes
• Hypertension



Social habits
• Smoking
• Alcohol use



Vital signs
• Height
• Weight
• Blood pressure
• Pulse
• Body mass index



Physical exam
• Team files
• Cornea arcus
• Rubeosis
• Cataracts
• Retinal changes

Risk assessment Part 1

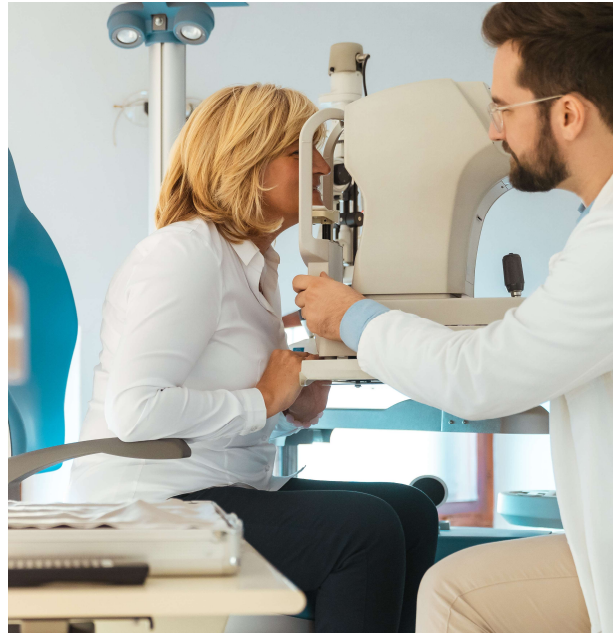
Risk assessment Part 2



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Doctoring

- Risk assessment
- Patient education
- Counseling
- Referral



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Risk assessment



Review of history and exam



Discussion of risk factors relationship of overall health
Modifiable and non-modifiable



Discussion of overall health and relationship to eyes and vision over a lifetime



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Counseling



Certified diabetes educator

- Requires special education and certification
- Well documented as highly effective diabetes management tool
- Payment above the eye exam



Smoking cessation



Diet and nutrition

- Supplements



Exercise



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Referral



Primary care physician



Ophthalmologist



Professional counselor



Physical trainer



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Ongoing care

The annual comprehensive eye examination

- Prevention mode moves to management mode
- The role of chronic systemic disease in eye health
- Vital signs and special testing



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Communication



Electronic health records

Proper coding using CPT®II codes¹:

- ✓ **2022F**
- ✓ **2023F**
- ✓ 2024F
- ✓ 2025F
- ✓ **2026F**
- ✓ **2033F**
- ✓ 3072F



¹American Medical Association. Category II codes. American Medical Association. Published November 14, 2019. Accessed August 3, 2022. <https://www.ama-assn.org/practice-management/cpt/category-ii-codes>

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American Diabetes Association 2020 guidelines



The new guidelines recommend that providers:

- Look beyond patient's glucose control as measured by HbA1c
- Add medicines that improve cardiovascular and renal outcomes for patients at risk for these complications



Medicines with an "A" grade (indicates highest level of evidence behind recommendation):

- SGLT2 inhibitors
- GLP-1 receptor agonist



Diabetic retinopathy

- Is often the first evidence of vascular disease
- Requires consideration of new medical treatment



American Diabetes Association; 2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes—2020. Diabetes Care 1 January 2020; 43 (Supplement_1): S14–S31. <https://doi.org/10.2337/dc20-S002>
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Rehabilitation

Optical management

- Trial frame
- 0.50 or higher steps
- +/- Cross cylinder testing
- Prism

Lighting

- The key for anti-VEGF patients



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Clinical Low Vision by Eleanor Faye, MD, Little, Brown and Company; 1975
Low Vision Care by Mehr and Freid; Professional Press; 1975
The Art and Practice of Low Vision by Freeman and Jose, 2nd edition Butterworth-Heinemann; 1997
Wills Eye Hospital- 5-Minute Ophthalmology Consult Chapter on Low Vision by Edmonds, Edmonds and Edmonds; 2012
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Rehabilitation

Therapy

- Eccentric retinal reading
- Field loss rehabilitation
- Spatial vision neuro rehab
 - Vergence eye movements
 - Saccadic eye movements
 - Smooth movement pursuits
 - Accommodation



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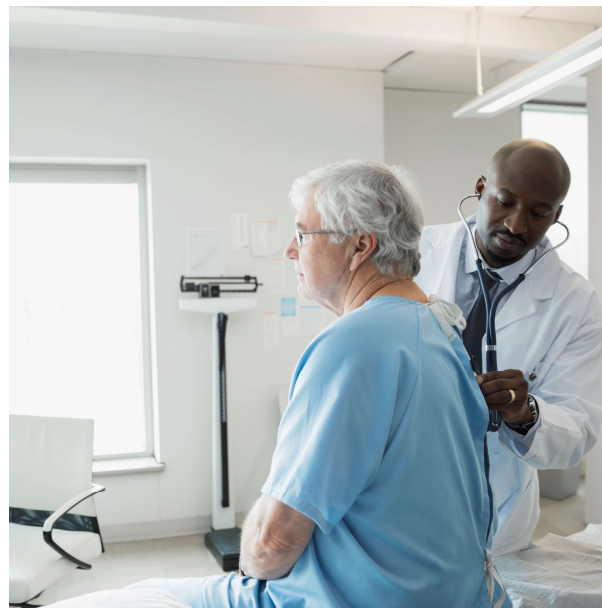
Coordinated care

Physical findings

- Eye findings
- Vital signs

Functional vision

- Reading
- Occupational needs
- Driving
- Independent living



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Communication with health care team



Medical team

- Primary care physician
- Diabetologists
- Ophthalmologists
- Neurologists
- Others



Therapy team

- Psychologist
- Occupational therapists
- Physical therapists
- Mental health
- Case managers



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The future of optometry



Expanded role in preventive care



Expanded role in systemic medical care



Expanded role in rehabilitation

Will require education, redirection, and commitment!



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