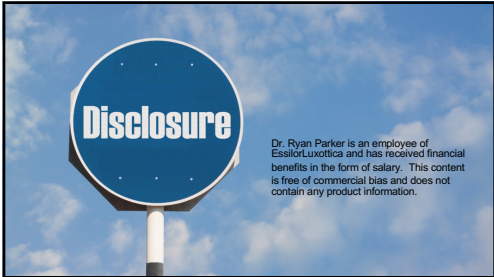


1




2



3

Problem-Oriented Medical Approach

Dr. Lawrence Weed, MD – founder of S.O.A.P.







*"The religion of medicine is helping to solve the problems of patients, and the compassion involved in the very act of care."
– Larry Weed, M.D.*

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The S.O.A.P. Formatted Examination

There are 4 components of a problem-oriented exam:

			
Subjective	Objective	Assessment	Plan

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Subjective




Subjective = the patient's perception

What symptom(s) is the patient experiencing?
Why is the patient seeking care?
What problems need to be resolved?

6

Objective




Objective = the measurable facts

What is the current and best corrected acuity?
What is the patient's contrast, depth, color perception?
Are the structures of the eye healthy?
Are all measured "chair skills" normal?

7

Assessment




Assessment = what is causing the problem(s)?

What objective findings explain the subjective symptoms?
Are there any symptoms requiring further examination?

8

Plan




Plan = how will we resolve the problem?

What prescription(s) will resolve the symptom(s)/problem(s)?
What further care and/or treatments are required?

9

An Integrated Process

Each component relies on the other...




Every member of the team plays a key role in gathering and resolving patient problems.

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Everything Starts with Subjective Findings

“Annual Exam” is NOT a “Chief Complaint”

Even if a specific problem is not the reason for a patient visit, **All** patients have visual problems.



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Everything Starts with Subjective Findings

Problem-oriented care begins with **problems...**


Most patients have vision issues they do not report.

- Light Sensitivity
- Night Driving Issues
- Dry Eye
- Blurred Vision
- Headaches

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Everything Starts with Subjective Findings

Problem-oriented care begins with problems...



Additionally, the eyes are literally the window to MANY systemic health problems.

- Diabetes
- Hypertension
- Cancer
- Multiple Sclerosis
- Thyroid Disease
- Lupus
- Rheumatoid Arthritis
- Lyme Disease


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Everything Starts with Subjective Findings

Gathering a good subjective

It all begins at the front desk...

- Capturing all current eyewear
- Survey of patient symptoms



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Everything Starts with Subjective Findings

Gathering a good subjective

It all begins at the front desk... or sooner

- Capturing all current eyewear
- Intake Surveys
- Digital Intake Surveys

	Almost Never	Almost Always
1. Burning /stinging	1	2 3 4 5 6
2. Itching	1	2 3 4 5 6
3. Dryness	1	2 3 4 5 6
4. Itching	1	2 3 4 5 6
5. Soreness/tiredness	1	2 3 4 5 6
6. Blurry/Dim vision	1	2 3 4 5 6
7. Feeling of something in your eyes	1	2 3 4 5 6
8. Hard to see in daylight; I need to wear sunglasses	1	2 3 4 5 6
9. Hard to see in dark places	1	2 3 4 5 6
10. Halo around light	1	2 3 4 5 6

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Everything Starts with Subjective Findings

Gathering a good subjective



Skilled questioning during pre-exam reveals important details...

- How often?
- During what activities?
- What time of day?


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Everything Starts with Subjective Findings

The importance of symptoms...

Up to 9 out of 10 patients may have some level of light sensitivity

- How often do you actually hear this complaint?
- How do you draw this symptom out?
- What are the important details?
(Light sensitivity has numerous causes)




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Everything Starts with Subjective Findings

The importance of symptoms...

More than 1 out of 10 Americans are diabetic – another 3 out of 10 have prediabetes!

- **Blurred vision** is often the first symptom of diabetes
- Diabetes is often initially diagnosed during an optometric examination



Content created by Vision Care and Promotion


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Everything Starts with Subjective Findings

The importance of symptoms...

For most, blurred vision will be an ophthalmic complaint

- Distance blur is a common complaint for pre-presbyopes
- Near blur is an obvious complaint for presbyopes
- What about arm's-length blur?




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Everything starts with Subjective Findings

The importance of symptoms...

Dry eyes can also be associated with systemic diseases such as lupus...¹

- An autoimmune disease that causes – among other things – a persistent dry eye sensation
- An optometrist will look for swelling of the sclera/conjunctiva to rule out lupus as a cause of dry eye



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Everything starts with Subjective Findings

The importance of symptoms...

Eye pain can be a symptom of rheumatoid arthritis...¹

- RA is an inflammatory disease that can cause dry eye, eye pain, and – in rare cases – swelling of the sclera




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Everything starts with Subjective Findings

Trouble driving at night...

An incredibly common symptom related to many problems...!

- May just be spectacle reflections
- Common complaint with cataracts
- May be the 1st symptom of the leading cause of blindness in Americans over 50



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Everything starts with Subjective Findings

Trouble driving at night...

An incredibly common symptom related to many problems...

- For healthy eyes, issues at night usually stem from lens reflections
- If patient claims no other issues beyond reflection-related, note this as a subjective complaint
 - ▶ the Plan should address/resolve



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Everything starts with Subjective Findings

Trouble driving at night...

An incredibly common symptom related to many problems...

- Cataracts scatter light, which can exacerbate glare from oncoming headlights
- If a cataract is the only issue, blinding glare is usually a temporary problem
- Did you know – early cataracts are one of the more benign causes of double vision



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Objective Provides the Hard Data

The importance of data...

Many conditions have symptoms which go unnoticed until late stages

AMD Statistics

- 69% of initial diagnoses are already late-stage¹
- 40% of patients are 20/200 at initial diagnosis²
- 25% of early AMD cases are missed³



Source:
 1. David G. Birch, M.D., Nicholas C. Greenberg, M.D., Scott K. Park, M.D., "The Burden of Vision Impairment in the United States: A Review of the Literature," *Journal of the American Optometric Association*, 2010
 2. David G. Birch, M.D., Nicholas C. Greenberg, M.D., Scott K. Park, M.D., "The Burden of Vision Impairment in the United States: A Review of the Literature," *Journal of the American Optometric Association*, 2010
 3. David G. Birch, M.D., Nicholas C. Greenberg, M.D., Scott K. Park, M.D., "The Burden of Vision Impairment in the United States: A Review of the Literature," *Journal of the American Optometric Association*, 2010


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Objective Findings

Objective pre-exam measurements...

Elevated IOPs are significantly related to elevated blood pressure...¹

- Patient complaints of blurred vision need to be followed up/explored.
- Many patients have their eyes examined but skip regular physicals; HBP is often diagnosed during an eye health examination.



Source:
 1. David G. Birch, M.D., Nicholas C. Greenberg, M.D., Scott K. Park, M.D., "The Burden of Vision Impairment in the United States: A Review of the Literature," *Journal of the American Optometric Association*, 2010


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Objective Findings

Objective pre-exam measurements...

Changes in Visual Acuity may go unnoticed by the patient...

- A patient may report "no change" subjectively – even though VA has significantly decreased
- Many conditions cause a gradual decrease in visual acuity
 - ▶ myopia
 - ▶ cataracts
 - ▶ macular degeneration



E	1	20/200
F P	2	20/100
T O Z	3	20/70
L P E D	4	20/50
F E C F D	5	20/40
L L C Z F	6	20/30
.....	7	20/20


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Objective Findings

Objective pre-exam measurements...

Autorefractometry provides an objective measure of refractive error and a starting point for refraction...

- If the patient is new, what is the Rx in their current eyewear?
- If the patient is established, what was their previous Rx?




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Objective Findings

Objective pre-exam measurements...

Other objective tests may also occur pre-exam...

- Confrontational Fields
- Cover Test
- EOM (extraocular muscle function)
- Color Perception
- Stereopsis




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Objective Findings

Objective exam room measurements...

"Chair skills" describe the clinical procedures optometrists commonly perform in the exam...

- Slit Lamp
- Gonioscopy
- Scleral Depression
- Refraction




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Objective Summary

- 1. Most offices are great at collecting data**
Who is collecting the data?
- 2. Communication is still important**
Tell the patient what you are measuring.
Explain WHY you are measuring.

Good communication during objective measurements sets the doctor up for success when discussing the plan.

Collecting the data!




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Assessment – what's going on here?

Assessment is the combination of:


- Subjective findings – symptoms
- Objective findings – data
- **Professional knowledge**



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Assessment—what's going on here?

If you don't provide an assessment of ALL of your patient's problems, there is a doctor who will...



Ensure you've captured and assessed ALL of the patient's problems – otherwise, they'll make an appointment with "Dr. Google."

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Assessment—what's going on here?

A recent study found 43% of patients prefer a Google search to a doctor's visit when they have a symptom¹...

- Only 39% of Americans visit a doctor when they have symptoms!
- Many patients do not report all of their symptoms
 - ▶ the assumption being they can find their own treatment online, or
 - ▶ they are too embarrassed to mention an "insignificant problem," or
 - ▶ they assume there is nothing the doctor can do


https://www.healthline.com/health/diagnosing-symptoms-prefer-google-to-doctor-visit

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Assessment Summary

TAKE AWAY Failure to diagnose and discuss patient problems is a referral to an alternative provider.

Be thorough with your diagnoses!



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Plan

Why patients fail to follow the Plan...

2014 study published in the *Annals of Internal Medicine*



- 1/3 of all prescriptions go unfilled!
- Most likely to go unfilled?
 - Preventative Rx for chronic conditions
- Most likely to be filled?
 - Antibiotics & pain medications

TAKE AWAY Put a bit more description into your prescription!


Copyright © 2014 American Medical Association. All rights reserved. Distribution of primary care medicines with good medication adherence in primary care: a cohort study. Ann Intern Med. 2014;161(12):803-810.

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Communicating the Plan

There are three components to Plan communication...

- 1. What is the problem?**
What was the symptom/complaint that is being addressed?
- 2. What is the finding/assessment?**
What is your diagnosis regarding the cause of the problem?
- 3. What is the recommendation?**
What are you prescribing to resolve the problem, and how will it do so?



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Communicating the Plan

Example – Light Sensitivity


- 1. What is the problem?**
You've indicated that bright light sometimes causes pain.
- 2. What is the finding/assessment?**
Your photophobia is being triggered by – and may actually trigger- migraine.
- 3. What is the recommendation?**
Prescribe a solution.

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Communicating the Plan

Example – Light Sensitivity (outdoors only)

- 1. What is the problem?**
You've indicated your vision is sometimes uncomfortable when you are outdoors.
- 2. What is the finding/assessment?**
The sun emits far more illumination than good vision requires, and emits light that can damage the eyes.
- 3. What is the recommendation?**
Prescribe a solution that will reduce illumination to comfortable levels and protecting your eyes from harmful light.




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Communicating the Plan

Example—Night Vision (Halos)

- 1. What is the problem?**
You've indicated you have difficulty seeing at night.
- 2. What is the finding/assessment?**
Your eyes are healthy, the glare is caused by lens reflections.
- 3. What is the recommendation?**
Prescribe a solution




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Communicating the Plan

Example - Night Vision/Dark Adaptation

- 1. What is the problem?**
You've indicated you have trouble dealing with light at night and poor night vision.
- 2. What is the finding/assessment?**
Macular drusen, slow dark adaptation, early/at risk for Macular Degeneration.
- 3. What is the recommendation?**
Prescribe a solution that also includes AREDS2 eye vitamins to help protect the pigment in the back of the eye.




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Communicating the Plan

Example - Blurry Vision (Intermediate)

- 1. What is the problem?**
You've indicated you have difficulty focusing on objects at arm's length.
- 2. What is the finding/assessment?**
Your current correction (lined bifocals) is not designed to provide focus at arm's length.
- 3. What is the recommendation?**
Prescribe the best solution.




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Communicating the Plan

Example – Blurry Vision

- 1. What is the problem?**
You've indicated that you had a sudden blur of your distance vision as an adult.
- 2. What is the finding/assessment?**
You have become nearsighted as an adult along with increased thirst, hunger and needing to urinate.
- 3. What is the recommendation?**
You have a temporary myopic lens shift causing distance blur due to high blood sugar; your glasses should not be updated and you need to see your PCP ASAP for a diabetes evaluation.

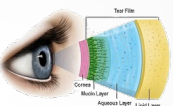


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Communicating the Plan

Example – Blurry Vision

- 1. What is the problem?**
You've indicated you have intermittent blurry vision at all distances.
- 2. What is the finding/assessment?**
You have no prescription change, but your tear film is compromised, causing dry eye syndrome.
- 3. What is the recommendation?**
Glasses will not fix your blurry vision, we need to start you on proper dry eye treatment after your dry eye evaluation.

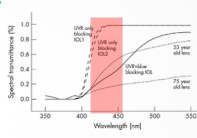


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Communicating the Plan

Example – Post-cataract surgery

- 1. What is the problem?**
You have recently had successful cataract surgery.
- 2. What is the finding/assessment?**
The lens implanted in your eye does not filter HBL like your natural lens.
- 3. What is the recommendation?**
Prescribe a solution.




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Communicating the Plan

Example – Eye Strain/Headaches (pre-presbyopic)

- 1. What is the problem?**
You've indicated your eyes feel tired and you have headaches in the evening.
- 2. What is the finding/assessment?**
The discomfort is coming from prolonged focus on near objects – which is fatiguing your reading muscles.
- 3. What is the recommendation?**
Prescribe a solution.



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The Importance of DELEGATION



To have time to make detailed recommendations

You must...

- Delegate
- Think about your last MD visit
- We are doctors as well, we should analyze data, not collect it.



A skilled paraoptometric creates time for the doctor!


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Executing the Plan

An optician is like an ophthalmic pharmacist...

Ophthalmic products are...

- Described
How they work
Side effects
- Fit
- Dispensed



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Executing the Plan

Ideally there is a handoff from OD to Optician...

Review Plan Communication in front of the patient.

- "Mrs. Jones is having trouble driving at night."
- "The cause is spectacle reflections."
- "We are prescribing....."



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Executing the Plan



First, reinforce how the prescription will resolve the problem...

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Executing the Plan



First, reinforce how the prescription will resolve the problem...

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Executing the Plan



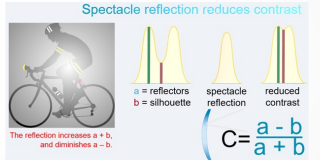
First, reinforce how the prescription will resolve the problem...

55

Executing the Plan

The optician should be the expert when it comes to ophthalmic products.

“WHY will no-glare help me see better at night?”



Spectacle reflection reduces contrast

a = reflectors
b = silhouette

spectacle reflection

reduced contrast

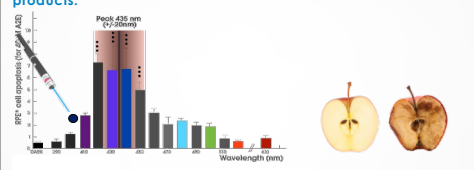
$$C = \frac{a - b}{a + b}$$

The reflection increases a + b, and diminishes a - b.

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Executing the Plan

The optician should be the expert when it comes to ophthalmic products.



Peak 435 nm (V-max)

Light transmission (%)

Wavelength (nm)

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Plan Summary

Optometrist communication:


- Problem that was expressed/found.
- The cause of the problem (diagnosis).
- The solution (prescription).

Optician communication:

- The benefit (how Rx will solve problem).
- The superiority of the solution.

TAKE AWAY Patients need to know **exactly** how the prescription will benefit them (solve their problem).

Communicate!



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Final Summary

Receptionist/Para-Optometric

- Capture ALL symptoms/problems
- Foundation of problem-oriented care


Para-Optometric/Optomtrist

- Collect measurements/data

Optometrist/Optician/Para-CL Tech

- Assess (diagnose) ALL problems
- Provide/prescribe a solution
 - OD – eye health & vision
 - Optician – ophthalmic issues


TAKE AWAY **Everyone** has a role in providing problem-oriented vision care!



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Key Takeaways

- **Reception** and **pre-exam** are crucial to providing quality eye care!
- Failure to diagnose and discuss patient problems is a referral to an **alternative provider**.
- Put a bit more **description** into your **prescription!**
- A skilled para-optometric creates time for the **doctor!**
- The patient needs to know **exactly** how the prescription will benefit them (solve her problem).
- **Everyone** has a role in providing problem-oriented vision care!



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