

# VIEWPOINTS

DRS. DISTIN & DOYLE

## Additional Pairs of Glasses: Not Just Sunglasses Any More

Once a patient has worn prescription sunwear, he or she is loathe to do without them. Sunglasses are by far the most common second pair of glasses. But there are less “outdoorsy” patients or



perhaps those with less driving in their lives who can take ‘em or leave ‘em when it comes to sunglasses but couldn’t possibly do without their computer glasses or their music glasses. There are dozens of favorite second (and third) pairs of glasses patients swear by and after sunglasses, there’s no most-common choice among our patients.

Whatever the favorite, we offer a discount for additional complete pairs and more and more patients are taking advantage of the savings.

A survey of the possibilities will show why there’s no solid second choice in additional

pairs. First, we use additional glasses for work or for play. If your workstation is not customizable to your needs, your glasses might need to be (customized) so you can see the cash register, computer screen, or gauge as sharply as did the person on the shift ahead of you. If your work is overhead but within reach and you wear a bifocal or trifocal, you might really enjoy an “upper segment” in your glasses so that you can look up and just see the mail slot or the wiring you’re working on without trying to tip your head back enough to use your regular bifocal.

What better place than at work to be sure your vision is comfortable. Our discounts for additional pairs make you wallet a bit more comfortable too.

As you can probably see, those who have an additional pair of glasses that aren’t sunglasses are likely to be bifocal wearers accommodating the differing distances at which they work or play. But leisure activities vary tremendously from patient to patient. So, then, do their choices for addi-

tional pairs of glasses. The woodworker chooses safety glasses, bifocal or not, with side shields while the counted cross stitcher has glasses with a little extra power for all that tiny, tiny work. He or she puts on a different pair to ride the motor scooter. Now, while an avid skier is probably an outdoors lover and has sunglasses, he or she may also have special skiing glasses tinted especially to help pick out the moguls. For a little après ski TV watch-



ing, the bifocal wearer chooses a pair of glasses without the reading (bifocal) portion so that he can lean back in the recliner and still see TV.

Additional pairs of glasses? They’re a good thing. Why, this writer even has convertible-driving glasses. On the next page readers can learn about a new Transitions lens now available.

### Pertinent Points for Patients:

- **Sunglasses are first choice for second pairs.**
- **Additional pairs can be for work or play.**
- **We offer nice discounts for additional pairs of glasses.**

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## Medications and Personal Information, Part of a Complete, Useful Patient and Family Health History

For many years we have been asking patients about medications. So many medications make a difference in intraocular pressure, vision, tears, ability to change focus, and other aspects of the doctors' work. In recent years we've found that more and more people at younger and younger ages are taking multiple medications. Many people carry a frequently-updated list of their medications. Often, because it may be easier, we just ask the patients to bring their bottles of pills and we'll sort it all out.

In addition to asking about medications, we and other health care providers may ask you questions you consider too personal. These questions have possibly

been asked of you before; they are important parts of your **complete** history. If such questions are new to you, I would say they are probably now being asked in order to collect that complete history. As part of the American Recovery and Reinvestment Act, there is legislation called the HITECH Act (Health Information Technology for Economic & Clinical Health Act). Under this act, health care entities were rewarded for efforts to make records more complete and accurate (as in legible for pharmacies), more easily shared (as with hospitals or doctors when patients are referred), more protected from those who should not get at them, more helpful to those who do need the records, and available to the

most concerned party, the patient. Most of these goals were addressed through technology; hence the talk you've heard about EHR and EMR (electronic health records and electronic medical records). In the initial years, doctors were paid incentives for adopting technology for the improvements. Beginning next year, entities that have not adopted improvements will be penalized for not having done so. These questions, incentives, and penalties are **not** part of the Affordable Care Act that some call Obamacare; they come from the earlier HITECH Act, a part of the legislation done to ameliorate the effects of the recession.

## Vision Insurance? It's Complicated

Vision insurance is an increasingly common, well-received benefit for employees and there are some good plans out there. Insurers insist it is the patient's responsibility to know his coverage. We know from experience that doing that is complicated. Every plan has exclusions, exceptions, qualifications, etc. and most are quite obscure. We urge patients to become as familiar as possible with their insurance but to accept that they may need to start over again every time the insurance changes, even a bit.

Some vision plans, for example, take control of the frame replacement policy;

that is; Insurance Company decides what the replacement policy is for a frame. One plan requires patients to pay extra for a warranted anti-scratch coat. There is insurance that lists Drs. Distin & Doyle as panel doctors but we actually accept the insurance only in Aledo. Some companies recruit us as members but cover only a few procedures. Call centers sometimes tell patients one thing but tell us another.

We know this is complicated and confusing and we're sorry. We'll work hard to iron it all out, but we hope our patients will become as well-informed as

possible.

Of particular importance is the difference between health insurance and vision insurance. A way to remember the distinction is that any calamity that befalls your eye is covered under health insurance if it would have been covered if it happened to another body part. An infection? Allergy? Diabetes effects? Covered under health insurance. Vision insurance does lenses, frames, routine examinations. Only one vision plan, VSP, has recently updated procedures to make it possible for VSP to act secondarily to health insurance for some patients.

## Has It Been Two Years Already?

This newsletter goes to people due to see the doctor next month. You'll receive a reminder next month of the type of appointment to make. Two years is a possible interval between routine eye examinations. A one-year interval is a bit more common, especially for contact lens wearers. Your doctor here based his recall decision on things he learned at your last visit and on things he knew about you. Your next visit date can depend on multiple factors and may not be a "routine" visit at all. Your doctor may be concerned about your intraocular pressure and so ask you to return in six months for tonometry again. Patients who have cataracts are often followed at one-year intervals so the doctor can advise the patient

about surgery as soon as the vision is sufficiently reduced to make considering surgery "worthwhile." Most insurers do not cover cataract surgery until best-corrected acuity drops to a specified level. Your doctor doesn't want your vision compromised any longer than necessary. Contact lens wearers may be seen every six months to permit the doctor to catch bad habits or bad signs before any problems are caused, especially for wearers of rigid lenses. These evaluations, keep lens prescriptions and care up to date. At the close of your visit, the doctor may mention when he expects to see you again. If you have any questions about the reason for the date, do ask him about when and why.

### Additional Note for Wearers of Soft Contact Lenses:

Contact lens wearers who fall behind in their visits to the doctor often need a single set of "trial" or "diagnostic" lenses in order to be able to make that visit **wearing** contact lenses. We are pleased to be able to provide these lenses when patients have unusual circumstances. We ask our patients' understanding, however, of the fact that we have to "earn" diagnostic trial lenses (by ordering boxes of lenses) and so cannot supply them for patients who purchase their boxes of lenses elsewhere. We suggest patients approach their contact lens vendor for trials.

**. . . And for Parents of**  
*Continued on back page*

"Your doctor doesn't want your vision compromised any longer than necessary."



## Children's Eyes Need Sun Protection

Up to the age of a year, 90% of the UVA and more than half the UVB that comes to the eye reaches the retina. Obviously skin and eyes need to stay out of the sun that first year. The numbers get a little better with time but five-year olds and ten-year olds still need protection.

A child's lens is totally transparent and the pupil is wide; so a child receives a much higher dose of harmful solar radiation than does an adult. Too much sun can cause irreversible injury. So, first, keep the baby out of the sun — but of course you can't do that all

the time; so protection is important for all ages.

I'll add a caution from the manufacturer of a line of toddler sunwear we've used: "Gadget sunglasses should be banned." By "gadget" the company means toy sunglasses bought just to imitate adults. Why "banned?" The lenses do not stop ultraviolet rays. They are dark, however, and so cause the child's pupil to dilate even more, letting in maximum UV. The child seems to be protected but is not. Some toy sunglasses claim UV protection — and likely do have it initially,

when new, but cheap (there's no other word for it) UV treatment can actually wash off in a few cleanings.

We encourage parents to consider genuine protection. This will include frames suited to children's faces and to sun protection, covering the eyes and letting in as little solar radiation as possible. Further, it means lenses that protect against UV as well as glare and brightness. Of course the youngest may not leave sunglasses on. Be sure he or she wears a cap and is in the shade as much as possible outdoors.



Babies should be protected from the sun, but please, no gadgets.

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## We Will, We Will Hound You

Findings of two independent surveys (results in *Contact Lens & Anterior Eye*) indicate contact lens wearers are not compliant with handling and hygiene instructions we give when the lenses are dispensed. This is fair warning; we want you to take care of your eyes and lenses and we're not afraid to hound you to be sure you do so.

According to the investigation, nearly half of you do not wash your hands, with soap, before inserting or removing lenses. All I have to say about that is "Eewwww."

Very few lens wearers actually rub their lenses with disinfecting solution when cleaning them. Dr. Distin and Dr. Doyle recommend that even if your solution claims to require "no rub,"

you do actually rub the lens with the solution to remove deposits. Gonna hound you 'bout that one.

In addition to cleaning hands and lenses, we remind you, cases must be cleaned too. Strangely, the survey reported that the average frequency reported for cleaning the lens case was two or three times per week. Our observation here has been that nearly all contact lens cases get considerably less attention than that. When you pull that case from your purse and we see it's all covered with gritty something and lint, we're not likely to believe you cleaned it just yesterday. When the case you hand us from your pocket is covered with biofilm, please try to forgive us when we just want

to throw it away, give you a new one, and hound you with a repeat of handling and hygiene instructions.



### Contact Lens Compliance Hound

It's probably time you replaced that case anyway; cases should be replaced about every six months. Some solutions mandate use of a particular type of case for cleaning and disinfection; be sure you're meeting those requirements for the safety of your eyes as you wear lenses.

### ... And for Parents of Children Entering School :

**New insurance plans** must now include pediatric vision care as an essential health benefit. If your plan is a new one, it will include one examination per year and basic materials for those under 18 . When you are making your child's appointment for the examination required for starting school, check first with your insurer (if your plan is one of the new ones) to find out what information you should provide us about your plan so that we can help you get all the benefits to which your child is entitled.