Use a Comprehensive History To Increase Multiple Pair Acceptance

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Under managed care the idea that an expanded patient history could improve the practice seems counterintuitive.

One objection to asking patients to fill in an expanded history form is that it might take extra time and impede patient flow. Another is that some patients will resist a longer form. A third is that assistants who deal with the first two objections may resist the change.

Offsetting those objections is the fact that if you don't detect a condition or patient need, you won't prescribe for it.

AOA Journal columnist Byron Newman, O.D., has proposed that a no patient should feel fatigue, pulling or tugging sensations during their exam. Such symptoms indicate a probable functional vision problem. Extending that idea only slightly, avoiding or difficulty filling in a longer history form may also suggest significant visual performance problems.

Many optometrists want a more detailed history, but wonder if it's practical. Optometrists who have made the change have reported that an extended history not only increased patient compliance and quality of care, but also raised gross and in net income.

Several years ago, Gary Sneag, O.D., FCOVD of San Diego added a detailed 2-page history each patient *must* fill in before an exam. He reported that responses to questions about how well vision performs at work, school or during recreation enable him to recommend multiple prescriptions several times per day. Dr. Sneag's patients often comment on how much the additional pairs have improved their lives and how much they appreciate his thoroughness.

The extra pairs generated this way keep his four licensed opticians and in-office lab hopping. Cost of sales are absorbed in the first pair while margins for additional pairs run 50 to 80 percent.

Because the questionnaire also reveals signs of binocular and learning-related problems, they also point to the need for vision therapy, another busy aspect of Dr. Sneag's practice.

If a patient resists or refuses to fill in the form, a paraoptometic helps the patient complete it. A medium sized practice's chair time of $180 per hour means doctor time spent on history costs $3 per minute. A staff person paid $25 per hour costs about 40 cents per minute.

What kind of questions should be on the form?

A detailed health history, including family information and space for medications is a must. Every new patient should complete this section. Returning patients note changes or new conditions.

Use open-ended questions. What brought the patient to the office. How is their vision working for them at work, school or during recreation? Here are some sample questions:

What is your main reason for coming here today?
Are there times when your vision (or present lens) isn't quite right?
Are there any activities you would enjoy, but restrict because of your vision?

There should be questions about contact lenses, whether they are worn, what type, whether the patient has tried them and failed, if they've had any difficulties with their lenses or lens care.

A productive history asks for specifics about the patient's visual performance. For example, instead of asking the patient's occupation, ask for a description of what they do at work.

Questions that describe *symptoms* are best for adults. Even better are those that describe the patient's experience when having trouble. Here are some sample questions regarding computers:
Do letters ever seem to double or swim on the screen?
Is it hard to proof read or find errors?
Does office lighting bother you?
What lenses do you wear at work? None Glasses Bifocals Contacts
Do you get head, neck, arm or back pain when working at your computer?

Many occupations have changed radically so that patients cannot avoid visually demanding computer tasks. Farmers spend hours daily online to plan planting, irrigation, fertilization and to make marketing decisions. Truckers log on to find loads to avoid driving an empty rig. Selling was a fall-back occupation for many people with near or binocular vision problems. But software has automated selling, customer service and a slew of other jobs so employees now must spend hours squinting at screens.

Here are some revealing questions to ask about visual performance at work:
Do you experience any of the following discomforts at work or at home?
Headaches?
Letters blur as you read?
Occasionally see double?
Eyestrain?
Eyes red or watery?
Pulling sensation near eyes?
Get sleepy?
Lose your place often?
Do you avoid certain visual activities?
Does it take more and more effort to see clearly as the day wears on?
Do you avoid reading when possible?
How long can you read_____________
Is it ever difficult to bring print or objects into clear focus?
Do you "hunch" closer to your work as the day wears on?

These questions reveal the need for detailed near and binocular vision testing. They reveal patient needs for different or multiple Rxs. If lighting or glare are bothersome for example, the patient may need a tint or special lenses.

A child's history should focus on *signs* of near vision and binocular problems that are likely to be observed at school or during homework. The COVD and OEP each publish checklists that are highly predictive of vision problems.

Questions should describe the way a child with these problems behaves since the parent will be filling out the form based on their observations. Here are a few highly predictive questions:

Does it take hours to do a few minutes of homework?
Does your child have a short attention span?
Does he/she misread or skip words, sentences or lines?
Does the child hold books very close or squint when looking up from a book?

Because an extended history inevitably focuses on near, binocular vision and visual performance problems, increasing your knowledge of these areas pays off. One of the most helpful volumes is "Optometric Management of Nearpoint Vision Disorders" by the late Martin Birnbaum, O.D., who was clinical professor at State University of New York. Many courses, books and monographs are available from OEP Foundation (www . oep . org) and from the College of Optometrists in Vision Development (www . covd . org). The AOA and many college libraries also offer books and occasional courses on these topics.

Dr. Sneag points to the patient's experience and how the recommendation will improve or change that experience. This produces better patient comprehension and compliance and takes only 2 to 4 extra moments. Frequent multiple sales more than compensate for the cost in time.

Overcoming staff reluctance is a function of education. Once assistants understand why questions are important and what responses mean, their altruistic impulses usually produce an internal drive to make sure the forms are complete.

One helpful step is for an assistant to sit with the patient while underlining or highlighting significant history responses. This is usually done in the pretest room. Highlighting directs the doctor to ask probing questions as needed. More important, the patient is alerted and will pay closer attention during the exam and case presentation. A more attentive patient will want to get right to the point (saving time) and is more likely to understand and comply with *all* the doctor's recommendations.

The combination of patient satisfaction, compliance and increased revenue makes it well worth the time and effort to institute an extended history and to have staff help patients complete it.

Thomas Lecoq is a consultant focused on expanding developmental, pediatric and vision therapy practices. His philosophy of high-end, truly comprehensive practice structure applies equally to primary care practices, particularly for doctors who want to escape the grip of managed care. Mr. Lecoq lectures and writes about practice development. For a free preliminary consultation with Mr. Lecoq, email idealvt@verizon.net.