



SURVEY SUMMARY OF Contact Lens Practitioners

The Cornea, Contact Lenses & Refractive Technologies (CCLRT) Section of the American Academy of Optometry received survey responses from 71 Section leadership volunteers and other invited contact lens practitioners to determine how doctors are managing contact lens patients during the pandemic.

AS PATIENTS RETURN TO CONTACT LENS PRACTICE, OUR RESPONDENTS ARE:

1. Planning to see almost all contact lens patients during the initial reopening phase – some have concern with “new fits” during this time.
2. Extending contact lens expirations from three to six months with some type of validation that there are no concerns with vision or comfort.
3. Split on the use of telemedicine among contact lens practitioners; there is a need for wider discussion about telemedicine for optometrists.
4. Planning to perform the same necessary testing and examination of contact lens patients with appropriate precautions.
5. Performing complete room sanitization every time a patient leaves an examination room or retaining the patient in the same room.
6. Strictly adhering to frequent and effective hand washing procedures, but most are not presently of the opinion that gloves are required for handling contact lenses in the office.
7. Utilizing disposable lens cases and discarding or returning to the patient any lenses worn into the office.
8. Considering how to properly and safely provide training sessions for patients who are new to contact lens wear.
9. Not in agreement with regard to which patients should return to the office for follow-up examinations during this phase of reopening for follow-up appointments; those embracing telemedicine see this option as providing a helpful way through the crisis.
10. Moving patients into daily disposable lenses when appropriate, but are also mindful that making fewer changes to lens wearing routine during this time is a wise approach.
11. Moving patients into hydrogen peroxide disinfection if they are not already using that as their lens disinfection system.
12. Shipping contact lens supplies directly to the patient or providing curbside delivery when possible.

WHAT CONTACT LENS WEARING PATIENTS DO YOU PLAN ON SEEING IN THE OFFICE UPON INITIAL OFFICE REOPENING?

- 90% Time for annual exam/new lenses, current lenses uncomfortable
- 90% Time for annual exam/new lenses, currently vision not great
- 87% Not time for annual exam, but problem with comfort
- 86% Not time for annual exam, but problem with vision
- 62% New patient to your office, contact lens wearer
- 58% Time for annual exam/new lenses, no problem with comfort, no change in vision
- 56% Established patient in your office, interested in wearing contact lenses for the first time



“With proper disinfection procedures, scheduling that allows for social distancing, and PPE, there is no reason to avoid providing care.”

FOR CONTACT LENS PATIENTS COMING INTO THE OFFICE, WILL YOU CHANGE YOUR INSTRUCTIONS TO PATIENTS PRIOR TO THEIR ARRIVAL AT THE OFFICE?

(assuming you are implementing COVID-19 precautions)

- 49% No special instructions
- 41% Wear contact lenses in to the office, bring glasses with you
- 7% Wear glasses in to office, bring contact lenses with you

WHO WILL APPLY LENSES TO THE PATIENT'S EYES?

- 70% Patients would remove their own lenses
- 20% Indicated office personnel would remove the lenses after washing hands
- 8% Indicated office personnel would remove the lenses while wearing gloves

IF YOU WILL BE PROVIDING CONTACT LENS CARE AND HANDLING TRAINING WHILE CORONAVIRUS CONCERNS ARE STILL PRESENT, HOW WILL YOU MODIFY THE TRAINING PROCESS AND PROCEDURE FROM WHAT YOU HAD DONE PREVIOUSLY?

- 89% Patient will demonstrate ability to apply and remove before leaving
- 49% Technician wearing gloves
- 37% Use of video training with technician present
- 34% Use of video training without technician present
- 7% Patient wearing gloves
- 7% Patient will not have to demonstrate ability to apply and remove before leaving

In the comments, there was interest, but still an evolving appreciation, of how this important service could be done in a telehealth manner.

HOW WILL THE LENSES THE PATIENT IS WEARING BE HANDLED?

- 70% Patient with hand washing and disinfection but without gloves
- 20% Technician or doctor with hand washing and disinfection but without gloves
- 7% Technician or doctor with gloves
- 1% Patient with gloves

Proper hand washing was emphasized in many comments. One office instituted a video on proper hand washing and it was shown to all patients.



“The patient will remove lenses themselves after supervised hand washing. Lenses will be stored in the patient’s own case which they are instructed to bring to the exam. If they do not bring a case, one will be provided and they will keep it. Lenses will be reapplied by the patient, again after supervised hand washing. The patient will bring their solutions or a solution will be provided and given to the patient.”

AS YOU REOPEN, WILL YOU PROVIDE NEW OR REFIT HANDLING AND CARE TRAINING?

- 73% Yes
- 10% No, guessing not until June
- 9% No, guessing not until July
- 6% Not now, unsure when
- 3% Not until everything is totally back to “normal”

Many providing this service indicated it would be on a case-by-case basis, such as giving medically necessary lenses a higher priority. Modifications to the process included plexiglass installation, greater use of video instruction, and performing the training in the examination room, which might have less traffic.



“Some patients were (in the middle of the fitting process when stay-at-home orders were instituted) and will need insertion and removal training sooner. For these patients, we require universal masking. Techs wear fit-tested n95 masks with a surgical mask over, an eye or face shield, and gloves. The training will be performed behind plexiglass. Patients will watch an insertion and removal video prior to presenting to clinic. We are also considering COVID testing prior to insertion and removal training due to time of exposure.”

WHAT WILL BE YOUR PLAN WITH REGARD TO FOLLOW-UP APPOINTMENTS?

- 44%** Patients in new lens type, modality will be asked to return for in-office appointments
- 21%** All patients will be asked to return for in-office appointments
- 17%** Patients in new lens type or prescription will be asked to return for in-office appointments
- 13%** No patients will be asked to return for in-office appointments

IS THERE ANY COMPONENT OF TESTING THAT YOU PLAN ON DOING DIFFERENTLY IN THE CURRENT CIRCUMSTANCES?

- 31%** Evaluation of lenses on eye with slit lamp
- 26%** Other
- 19%** Topography
- 17%** Evaluation of ocular structures
- 7%** Evaluation of lenses on eye with OCT
- 3%** Evaluation of lenses on eye with burton lamp



“Testing will all be the same, but history is taken the day prior or via in office video chat. We also do the same for extended education. Facilitating fast, safe visits is the way back.”

“None of the above (slit lamp, Burton lamp, OCT, topography) will be different. We already took great measures to clean and sanitize any surface or instrument with which the patient may come in contact. The only difference is patients are now spread out so they will be the only ones in the office at a time.”

“We will probably evaluate all scleral lenses with slit lamp only to avoid the patient touching other instruments and limit contact time.”

ARE YOU MORE OR LESS LIKELY TO MOVE PATIENTS INTO A DIFFERENT LENS TYPE, MODALITY, OR MATERIAL AS A RESULT OF THE CURRENT SITUATION?

- 34%** The fewer changes, the better
- 27%** Aggressively move to daily replacement
- 27%** Recommend more frequent replacement as a good idea
- 7%** Aggressively move to more frequent replacement than they are wearing



“For the initial reopening, the timing of having patients in and out of the office is critical, so I am less likely to make changes unless significantly indicated.”

“When able, I will recommend switching to daily disposable. If the patient is resistant, I will switch to hydrogen peroxide solution and reiterate good contact lens hygiene practices.”

“We plan to use extensive patient education documents/brochures, and I plan to keep patients in the same lenses as often as possible.”

ARE YOU MORE OR LESS LIKELY TO MOVE PATIENTS INTO A DIFFERENT CARE/CLEANING SYSTEM?

- 56%** Yes, move to peroxide
- 38%** No, the fewer changes, the better
- 1%** Yes, move to specific multi-purpose solution



“The problem is not self; the problem is other people.”

ARE YOU EXTENDING CONTACT LENS PRESCRIPTIONS PAST A YEAR OR WHAT SUPPLY (i.e. monthly) OF LENSES ARE YOU PROVIDING TO GET THEM BY?

- About two-thirds willing to extend contact lens prescriptions three to six months
- About one-fifth willing to extend contact lens prescriptions six months to one year

The practitioners agreed that these decisions were predicated on the type of lenses worn and assurance that the patient was doing well with their current lenses – possibly via telemedicine.



“Yes, but doing telehealth beyond a year to pose questions relative to comfort and vision, receive pictures of the eye as they look up and down to look for signs of inflammation, and providing samples for those who absolutely need them but are running low.”

IF PATIENTS ARE MOVED INTO AN EXAMINATION ROOM, THEN OUT AND BACK IN, HOW WILL THE SANITIZATION OF THE ROOM BE PERFORMED/CONTROLLED?

- About half required a disinfection of the room every time a person leaves
- About half said they will keep the patient in the same room for all testing or return a patient to a room they previously occupied, confident that no one else had entered that room

A few comments indicated the use of signs to identify a room as needing sanitization or having been sanitized.

ARE YOU UTILIZING TELEMEDICINE VISITS WITH CONTACT LENS WEARING PATIENTS?

- About half responded “yes”
- About half responded “no”

The definitions of telehealth ranged from follow-up telephone conversations to urgent red eyes.



“Telemedicine is such a broad term. On one hand, it includes using a telephone and calling the patient; based on this definition, close to 100% of ECPs have been doing telemedicine. On the other hand, it can also include online refractive testing (e.g. red/green test, using mHealth adapters); very few ECPs are doing this. It totally depends on what criteria you are using.”

“Yes, for my contact lens established patients. The resolution on smartphones is so good it allows an examination of the anterior eye similar to a diffuse white light monocular view at the slit lamp. There are validated methods of accomplishing a distance visual acuity at home. However limitations do exist, image and video quality is not in your control so what the patient can capture is what you have to work with, this makes clear patient instructions paramount to providing care. Fluorescein or lissamine green staining is not readily available, so looking for punctate or other subtle signs is not possible. Additionally there is no way to evaluate clearance, as cameras currently are not dual recording to create 3-D depth. Ultimately telemedicine is a tool for the practitioner to provide care, if the evaluation from telemedicine is not adequate to make a decision, the practitioner must inform the patient and see them in office.”

WILL YOU UTILIZE TELEMEDICINE OR PHONE CALL FOLLOW-UPS WITH CONTACT LENS PATIENTS?

- About two-thirds affirmed that currently or in the future they will use telemedicine and/or phone call follow-ups
- About one fifth indicated they would not be doing so
- A little over one-tenth were “on the fence” about using technology in this manner

Many comments indicated that telehealth would help triage contact lens patients, so not everyone would require a follow-up visit.

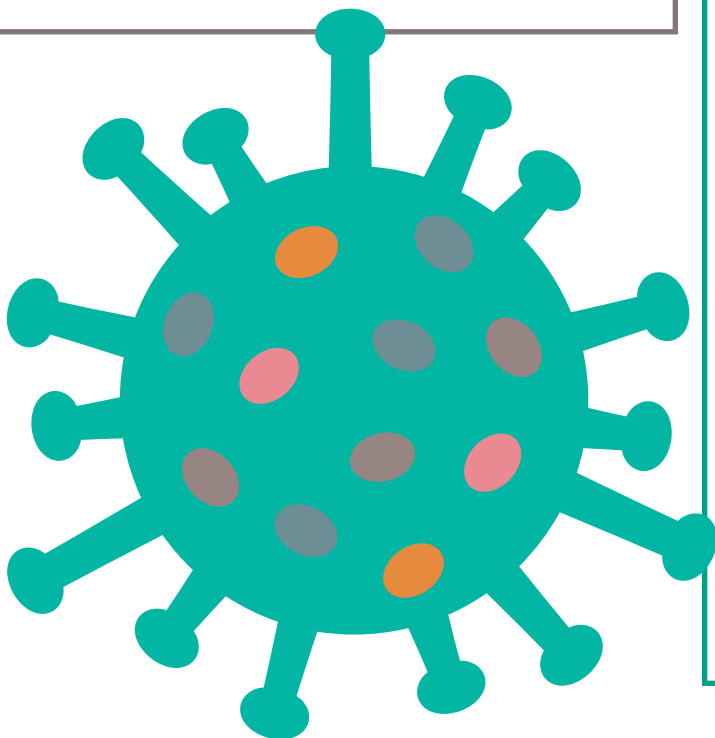


“Yes telemedicine, no on phone calls. A video chat is so much more helpful than a phone call, we will not go back.”

“I already phone patients. Why is it necessary to do telemedicine?”

“Only if extremely necessary.”

“Yes, as much as possible. With most patients wearing specialty lenses this is difficult (because of the) need to assess the cornea immediately after lens wear is important.”



PLEASE COMMENT ABOUT ANY PROCEDURAL OR PROTOCOL CHANGES YOU HAVE MADE WITH REGARD TO PRODUCTS: STOCKING (i.e. in the stockroom), DIRECT-TO-PATIENT DELIVERY, HANDLING OF REUSABLE PRODUCTS

This open-ended response was primarily answered in a manner consistent with wise practice in the health care office, such as masks, disinfection, sanitization, reduced seating in waiting room, social distancing, reduced number of patients, temperature screening, etc. As would be expected, there was a significant utilization already (*from the time the office was closed altogether*) for the use of curbside pick-up and direct-ship of contact lenses to the patients home.



“More direct shipping to home and dispense without appointments (when acceptable).”

“Most lenses are shipped directly to patient. We also have a pick-up box for patients who want to pick-up lenses without coming into the office.”

“I see specialty contact lens patients all day, every day. We use DMVs like they are going out of style. As a result, we had been disinfecting them in hydrogen peroxide and re-using them. I stopped doing that during the pandemic. Probably will start again once the pandemic is completely over. We never did sterilize the contact lens cases in office anyway (disposed all of them), so nothing has changed there. We began utilizing the AAO/AAO method of in office disinfection once it was disseminated last fall and will continue to do so. Since patients confirm no contact with COVID-19 (+) individuals, their temperatures are taken, and they complete a comprehensive COVID history even prior to being allowed into the practice, I am confident that what we are doing is safe and effective.”

“We are encouraging patients to use our online ordering service. We also have direct-to-patient shipping and curbside pick-up. Patients call when they arrive and items are brought to car.”

ANY OTHER COMMENTS YOU'D LIKE TO MAKE ABOUT "CONTACT LENS EVALUATION AND SERVICES IN THE TIME OF CORONAVIRUS?"



“All new fits will be given a video to watch prior to their training appointment, and a telemedicine follow-up with a teach-back approach will be implemented.”

“Many of the implementations that eye care practitioners are making are theatrical, meaning that they make us and patients feel safer, but the evidence is still lagging. If the intent of this survey is to issue guidance to other eye care practitioners, please be aware there needs to be a reasonable balance between actually improving safety while also not overburdening the average ECP with cost, reduced efficiency, and other changes that can tip the weaker ones into bankruptcy.”

“All practices put in place prior to coronavirus were meant to keep the patient’s health a priority, including disinfection and hand washing procedures. Post coronavirus, I don’t see the need to take any other precautions above what is currently recommended (masks, symptom screenings) to prevent further spread.”

“With proper protocols in place there is no reason to limit contact lens service. Use the available resources such as telemedicine, maintain minimal contact and social distancing, streamline exam protocols, stay home when ill, screen patients, etc. Keep everyone safe and continue to provide care.”

“Telemedicine will be key and we will rely more on patient symptoms to determine the need for face-to-face visits.”

“Allotting extra time which will impact our bottom line, but in these times – or any other times – that should never be the deciding factor.”

“It’s all about safety, perception of safety, and efficiency.”



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