



# What You Should Know (And Do) About COVID-19

*Hint: Panic Is Not On The List!*

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Every now and then, I get to put on my public health hat, and there really is no better time to do so than now, with COVID-19 recently receiving pandemic status by the World Health Organization. Franklin Delano Roosevelt once said, “The only thing we have to fear is fear itself,” and there is no shortage of fear and hysteria around the disease right now. While I realize this is certainly not the first article you are reading on COVID-19, nor will it be the last, I hope you will find this information to be beneficial for your practice.

## The Real Risk Of COVID-19

As mentioned, there is significant fear around the disease and misinformation as to exactly what we should be worried about. Initial studies have indicated that the mortality rate is between 2% and 3.4%. Putting that into context, I live in Colorado Springs, a city of ~700,000 people. If only 3% of the total population were to contract the disease, that still amounts to 21,000 cases. Based upon the estimated mortality rate, between 400 and 750 people would die. While mortality is always a concern, it is a very small number of people given the population. The real concern lies in its effects on the healthcare system. A study from within Wuhan, China, found that 14% of cases required hospital intervention and another 5% required the use of ventilators or other intensive care interventions. In my Colorado Springs example, that translates to just under 3,000 who would require hospitalization and an additional 1,050 who would require intensive care. That would put a massive strain on a city with five hospitals.

This is what we are witnessing in Italy. The hospitals in the North are over capacity and patients are receiving treatment in the hallways. They’ve had to gut entire hospital wards to be able to isolate and care for those sick. There is such demand for emergent or urgent care, ambulance response times have increased significantly, from eight minutes to almost an hour. This puts those with non-COVID19 health emergencies like stroke and heart attack at risk for not receiving the care they need. This is why prevention is so important.

## What To Do About It In Your Practice

A few suggestions regarding common sense precautions you can take in your office without causing a material disruption to your business:

### Improve Hygiene

Be extra diligent about cleaning the office. Provide hand sanitizer throughout, and wash your hands before and after all patient interactions. Be sure to clean all equipment in front of each patient and after the patient’s use. In the optical, clean frames after each patient tries them on. Clean bathrooms frequently.

### Screen For Sick Patients

Don’t hesitate to ask patients when they schedule or check in if they’ve had any international travel in the last 30 days or any signs or symptoms of respiratory illness: fever, shortness of breath and/or dry cough. As long as their ocular concerns are not vision or life threatening, it is perfectly acceptable to ask these patients to reschedule. Those patients who present to the office with positive answers to these questions should receive a mask and be moved to a more isolated area of the practice to reduce exposure to other patients until further follow up care can be coordinated. If any patient is of sufficiently high risk for an emergency referral, call ahead so the ED can prepare properly.

### Allow Sick Or Elderly Patients To Reschedule

Take a page out of the airlines’ book and allow sick patients to reschedule without consequence. While the risk of any them being sick with COVID-19 is extremely low, exposing other patients and your team is not a risk worth taking.

## Know The Ocular Complications

Studies have found that some COVID-19 patients experience conjunctivitis. While a very low prevalence (1%-3% of cases), it does slightly increase the risk that new diagnoses will first present to the eye doctor. It would be wise to use gloves with any patient with conjunctivitis that may also present additional concerns for respiratory illness.

## Anticipate Disruptions In Frame Availability

A number of our major frame lines are made and/or processed in China or Italy, two of the hardest hit countries by COVID-19. It is therefore reasonable to anticipate a decrease in production of frames and increase in backorder situations. Consider diversifying your frame selection to prevent an insufficient supply of frames. Healthy Eyes Advantage (HEA) partners with 84 different frame vendors, allowing you to easily diversify your offerings. Also, if cash flow allows it, consider ordering your frames earlier than usual to anticipate delay in delivery.

## Leverage Telehealth

The elderly and the chronically ill are at the highest risk of severe morbidity and/or mortality. Yet most of our dry eye, glaucoma and macular degeneration patients fall into this category. As many may be too concerned to show for appointments, offering a telehealth solution for your patients can allow you to continue caring for them and maintain revenue without risk for exposure. While telehealth will not allow you to check pressures or evaluate the retina, it does allow you to have a face-to-face, video interaction in which you can check visual acuity, discuss any changes in vision, confirm medication compliance and evaluate any improvement or worsening of symptoms. This information may offer you the ability to modify treatment plans without the patient having to leave their home.

HEA has recently partnered with EyecareLive to offer members easy access to this leading telehealth platform for independent eye care providers at a substantial discount. EyecareLive is the only eye care telehealth company, founded by optometrists and ophthalmologists, that aligns with the AOA's position paper on the use of telehealth in optometry. If you are interested in learning more, reach out directly to EyecareLive at 415.890.3937 and tell them you are a member of Healthy Eyes Advantage.

## Resources:

1. Parry N. AAO Releases COVID-19 Updates for Ophthalmologists. Medscape Ophthalmology. <https://www.medscape.com/viewarticle/926365>. Published 2019. Accessed October 3, 2020.
2. Ravizza S. Coronavirus: «Stiamo creando terapie intensive anche nei corridoi». Corriere della Serra. [https://www.corriere.it/cronache/20\\_marzo\\_07/coronavirus-stiamo-creando-terapie-intensive-anche-corridoi-cb01190a-60be-11ea-8d61-438e0a276fc4.shtml?fbclid=IwAR1z9KsfXl1GSAabw4gg7LuGr3v5-2nbb2z9ecd5hdl-fYNzYARCV6uvhCs&refresh\\_ce=cp](https://www.corriere.it/cronache/20_marzo_07/coronavirus-stiamo-creando-terapie-intensive-anche-corridoi-cb01190a-60be-11ea-8d61-438e0a276fc4.shtml?fbclid=IwAR1z9KsfXl1GSAabw4gg7LuGr3v5-2nbb2z9ecd5hdl-fYNzYARCV6uvhCs&refresh_ce=cp). Published 2019. Accessed October 3, 2020.
3. Souchery S. Study of 72,000 COVID-19 patients finds 2.3% death rate. CIDRAP - University of Minnesota. <http://www.cidrap.umn.edu/news-perspective/2020/02/study-72000-covid-19-patients-finds-23-death-rate>. Published 2019. Accessed October 3, 2020.
4. [www.eyecarelive.com](http://www.eyecarelive.com)

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