

Ocular History Taking

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Role of the technician

- The role of the ophthalmic assistant in obtaining a Hx will vary with the attitudes and opinions of the supervising eye doctor.
- Different specialties will screen differently
- The purpose for the visit
- Ask open ended non-leading questions
- Do not interpret the results, but passes them to the doctor

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Must be aware

- Legal guardian for minor**
 - Permission to examine the patient
 - Dilator
 - Anything that touches patients
 - Don't allow patient to leave
- American with Disabilities Act (ADA)**
- The medical chart is a legal document**
- Verification of mental status**
 - Dementia
 - Alzheimer's
 - Mental challenges

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Schedule Management

- Pay attention to the details of every patient you encounter
- Pay attention to the schedule
- Pay attention to the flow of patients
- If ever there is a lull in activity, there is always something that needs to be done (scanning, cleaning rooms, answering calls, etc. ...)
- Teamwork is what truly makes the dream of a great workout for everyone

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Uses For A Great History

- Government
 - MIPS
 - MACRA
 - PQRS
- Meaningful Use
- Scribing
- Medical decisions
- Insurance



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

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Signs – vs - symptoms

- The importance of the symptom is a difficult task because a symptom is merely an expression from the patient of the disorder or function.
- A Sign is something you see
- Pt is walking sideways, can't say pt is drunk!



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Case History defined

- The gathering of patient information **on the current medical state** and history of present illness...caution forwarding info from prior exams. A detailed account of the pts eye, medical, social Hx
- A series of specific and orderly questions directed to solicit information about the patient
- By means of the history the doctor attempts to reconstruct the patient's current health state and provide a proper diagnosis
- Determines who is paying for the exam Medical vs Vision

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Ensuring A Good Case Hx

Review pt chart before the pt arrives

Purpose for the visit

Write down any questions from reviewing previous visit

If this is a follow-up visit for a pre-existing medical condition, ask about the state of the condition (improved, same, decline)

The classification or sorting of a pt visit is called?

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Insurance Considerations

- What is documented as the **reason for the visit, why patient came to the clinic** is what the insurance company is looking to pay you for
- Who is paying? **Chief complaint is critical**
- Be sure you understand the insurance you are filing (VSP, CMS, BCBS, etc.) (medical vs vision)
- Be thorough, you can't write too much, but you can write too little
- 4 qualifiers for every complaint for CMS

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Case History

Chief Complaint

- **Reason for the patient visit** ... why are they here ... recorded in Patient's own words
- This is the basic complaint. One area of focus... does not include HPI (careful, do not judge!)
- If there is **no complaint, insurance is not going to pay**, so educate the patient they will be financially responsible for the visit
- If there are more than one concern, focus on the primary concern, be polite

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Levels of History

- There are 4 levels of history:
 - Problem focused (PFH)
 - Expanded Problem Focused History
 - Detailed History (DH), CC, Ocular ROS, PFH, Social Hx
 - Comprehensive History (CH)

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History of Present Illness

- Ask all the questions necessary to aid your doctor in discovering the root cause of the patient's **current condition** (ie. Who, what, where, how, how long, How old is patient, pain assessment, is there anything that brings relief, **last eye exam, last physical exam, illicit and legal drug use, dosage/frequency, alcohol use/amount, and patient/family medical history**)
- Questions must be precise and pertinent to the chief complaint, helps a great deal if they have order and flow
- Chronic disease management is **legitimate**

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HPI Cont... min 4 elements

- Location
- Condition
- How long
- Pain Assessment
- Does anything bring relief (glasses, meds,
- Does anything make it worse
- Context... while doing?
- Severity

Meaningful Use and EMR Audits...



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HPI Cont...

- Rule out specific ocular problems or conditions
- surgery
- injury
- vision training
- medications
- refractive history
- Medical history
- Family history



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14 Elements of an Exam

1. Test of Visual Acuity
2. Confrontation Fields
3. Ocular Motility
4. Inspection of the conjunctiva
5. Examination of the Ocular Adnexa
6. Pupil Examination
7. Slit lamp exam of the cornea
8. Anterior chamber
9. Crystalline lens
10. IOP measurement
11. Posterior segment
12. Retina
13. Neurological orientation
14. **Psychologic** – Mood... if they are not normal, please do not document it ... dementia, etc.

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Questions in logical order

- Have a plan
- Be sure to have a routine/rhythm in which to ask questions
- Be sensitive a listen attentively
- Document any sensitive subjects to for future use

Has anyone ever lost a patient?

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Family Hx

- Adoption Hx ...
- Please review everything that you are bringing forward
- This identifies a possible predisposition to a chronic disease
 - Eye lid story

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Important Medication questions

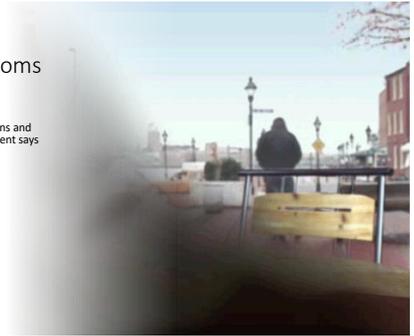
- What are you taking
- For what condition
- How long have you had this condition
- Amount (2 gtts/hr)
- Dosage (TID, BID, PRN)
- Ask patient to bring a list of meds, copy for their records
- Story about glaucoma and blood pressure meds
- E-Pharmacy is awesome!!!



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Ocular Symptoms

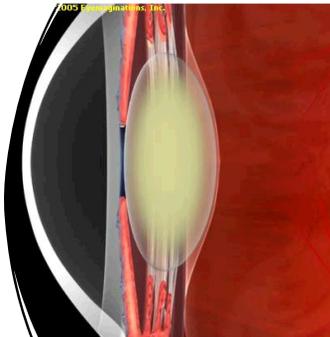
- Ask open ended questions and document what the patient says
- itching
- burning
- tearing
- redness
- irritation
- double vision
- dizziness
- other symptoms



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Ocular History Cont...

- Rule out specific ocular problems and conditions, such as:
 - glaucoma
 - cataracts
 - keratoconus
 - surgery
 - previous injuries
 - ocular surface disease
 - glare/ night driving



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Timelines are important



- When did this begin?
- What were you doing?
- What goes to Vegas does not always stay in Vegas
- International trips
- Recent vacations
- Cruise trips

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Pain Assessment



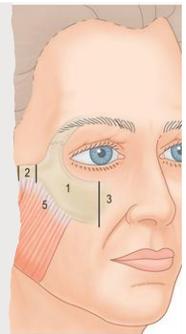
- If the patient is in pain, you must evaluate the level of pain
- Ask if anything relieves the pain...cold, laying down, etc
- Ice...numbs, slows blood flow
- Pain associated with trauma
- Penetrating injuries

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Ex: Ocular Pain + Other Associated Pain



- Cervicogenic headache (CGH) occurs when pain is referred from a specific source in the neck up to the head. This pain is commonly a steady ache or dull feeling, but sometimes the pain intensity can worsen. CGH symptoms are usually side-locked, which means they occur on one side of the neck, head, eye, and/or face.
- What other pain are the patient experiencing during their episodes of eye pain?
- What makes the pain go away or bring relief?
- Graves Disease
- TBI related pain



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Double Vision (Diplopia)

Lens. This sits behind your pupil, the opening in your eye, and helps focus light onto your retina in the back of your eye.

Cataracts are the most common lens problem. Surgery almost always fixes them. Cataracts can be worse in one eye than the other and can grow at different rates between your 2 eyes.

Muscles. They control eye movement and keep your eyes aligned with each other. If a muscle in one eye is weak, it won't move in sync with the other eye. When you look in a direction controlled by the weak muscle, you see double. Eye muscle problems can be from:

- A problem with the nerves that control them
- **Myasthenia gravis**, an autoimmune illness that stops nerves from telling your muscles what to do. Early signs include double vision and drooping eyelids.
- **Graves' disease**, a **thyroid** condition that affects eye muscles. It can cause vertical diplopia, where one image is on top of the other.

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Double Vision Caused By Nerves

- **Nerves.** They carry information from your brain to your eyes. Problems with them can lead to double vision:
 - **Multiple sclerosis** can affect nerves anywhere in your **brain** or spinal cord. If it damages the nerves that control your eyes, you may see double.
 - **Guillain-Barre syndrome** is a nerve condition that causes growing **weakness**. Sometimes, the first symptoms are in your eyes, including double vision.
 - **Diabetes** can cause nerve **damage** in the muscles that move your eyes. That can lead to double vision.

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Double Vision Caused By The Brain

- **Brain.** The nerves that control your eyes connect directly to your brain, where images are handled. Many causes of double vision start in the brain. They include:
 - Strokes
 - Aneurysms
 - Increased pressure from injury, bleeding, or infection
 - **Tumors**
 - **Migraine headaches**

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Dizziness (Vertigo)

Common causes of dizziness and blurred vision
Some triggers of dizziness and blurred vision are more serious than others. The following conditions may be to blame for experiencing both sensations:

1. Anxiety and stress
2. Medication
3. Alcohol
4. Low blood sugar
5. Concussion or brain injury
6. Migraine headache
8. Stroke
9. Vision conditions

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Questions: Set up for testing

- A good Case Hx will set you up to know the test procedures that you need to perform before the patient sees the doctor
- Established protocols increase office efficiency
- Reason for testing



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Routine visit or Asymptomatic?

There is no such thing as a routine visit...until the patient is ready to leave your office, you can't say that it was a routine visit



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Cautions

- Insurance requirements must be met
- Don't document Dx
- Watch your time!
- Control the interview
- Be sensitive and professional
- Document **everything necessary**
- Be clear! Don't make the doctor guess
- Documentation must line up w/CC

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Audience questions

What is the first question to ask the patient

What is an example of an open-ended question?

Give an example of a good follow up question

What is a logical order for questions

Is it okay to revisit a category of questions

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- When did this start?
- Any pain associated with the change
- Any trauma
- Is it all day or does it fluctuate?
- What are you doing when you notice it the most?
- Do you work on a computer?
- How much time do you spend on the computer or watching TV
- Do you work outside? Do you wear CLs?

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Important spectacle questions

- Are you wearing your most current Rx
- If no, why not
- If the old ones are broke, did you bring them with you
- Lens warpage!
- Protect doctors chair time



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Daily Activities

- Occupation
- Computer use
- Hobbies
- Sports
- Television
- Working environment
- Recreational drug use
- Living conditions (homelessness)

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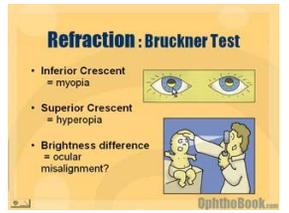
Vitals

- Blood pressure
- Height
- Weight
- Blood sugar
- A1C
- Mental status

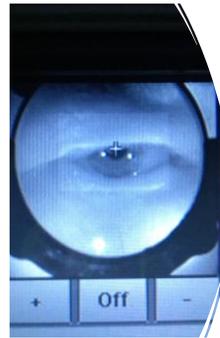
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Documentation Oversight

- Principles of good documentation
- Data collection and recording
- Standard operating procedures
- Protocol and reports
- Training documentation



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Referrals

- Who referred the patient
- What was the patient referred for?
- Make sure the referring provider gets the exam notes after the provider completes the chart

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What is meaningful use (MU)

- Improve quality, safety, efficiency, and reduce health disparities
- Improve care coordination
- Improve population and public health

- Program is mandated by law to receive incentives
- ERx and E-prescribing
- Use of HER technology to submit clinical quality measures
- Population health mgt

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What is "Meaningful Use"?

- Core set and a menu of objectives that are specific to eligible professionals.
- There are a total of 24 meaningful use objectives, 19 of these 24 objectives must be met (height, weight, blood pressure, etc)
- 14 required core objectives, 5 objectives chosen from a list of 10 menu set objectives

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Meaning Use cont...

- Meeting the measure for each objective
- How to calculate the numerator and denominator for each objective
- How to qualify for an exclusion to an objective
- In-depth definition of terms that clarify objective requirements
- Requirements for attesting each measure

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Benefits of Meaningful Use

- Complete and accurate information
- Better access to information
- Financial support



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Quiz

- Which is a part of the Case Hx
 - Chief complaint
 - Family Hx
 - Visual Acuity
 - Medication usage
 - All of the above
- If a patient reports having a Hx of color deficiency, what test will you set up for?
 - Suppression test
 - Color vision test
 - Stereo test
 - Cover test

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Quiz

- Diabetic patient says that their vision fluctuates, what is a good follow-up question?
 - Are you a democrat or republican
 - can you field dress a moose
 - Are you taking meds
 - What was your last A1C
- Which of the following test would you use on this pt?
 - Cover test
 - Worth 4-dot test
 - Amsler grid
 - Stereo fly test

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Thank you

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