



COPS WINTER 2015 NEWSLETTER

Letter from the President:

Happy New Year Everyone! I hope everyone is having good luck with all those resolutions we made and resolved not to break until the end of January.

Our annual brunch is scheduled for March 1, 2015 at the Holiday Inn in Independence and we hope to see everyone there!

It's also that time of the year again for nominations for "The Technician of the Year Award." Please take the time to nominate someone in your office or within the ophthalmic community who you believe is deserving of this award - someone with compassion for patients, their job and co-workers who has made a contribution to the ophthalmic community. Applications are available on the website and in this newsletter. Please take note of the due date.

In upcoming news, ATPO has once again invited us to co-sponsor a regional meeting with them. This has been scheduled for September 19, 2015. It was decided by the board to not have a fall dinner meeting since the meetings will be so close to each other. All COPS members will receive a discounted registration rate for the meeting Regional ATPO / COPS meeting which will be worth up to 6 CE credits.

We would also like to welcome our newest board member, Lee Ann Harchuck. She has already done an excellent job at recruiting speakers for us this past year and is looking forward to helping us out in the future.

Another board member, Beth Colon has recently moved to Niles, Ohio but will continue to help out with the Brunch. Beth will be one of our speakers for the brunch this year. COPS continues to help sponsor her mission work by collecting glasses for her to take to El Salvador. If your office has collected any donated glasses at your office, they can be brought to the brunch for Beth.

When you are completing your membership form this year, please complete the line with an e-mail address that you can be reached during the day in case we need to cancel a meeting. Any changes to meeting will be posted on the website as soon as we know about them. Please continue to check our website before coming to a meeting.

I am looking forward to seeing everyone at our upcoming meetings. Please let me know if you are interested in helping out on the board, we are always looking for new people to join us!

Have a great year!

Audrey Gargas, COT, CSA

COPS President

2015 COPS Membership Form
Cleveland Ophthalmic Personnel Society
20771 Lakeshore Drive
Euclid, OH 44123

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number _____

E-mail address _____

In case of a meeting cancellation, I can be reached at the following e-mail during the day:

Certification Level (please circle one) COA COT COMT ORN SA

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number _____

I will _____ ; will not _____ be attending the annual brunch on March 1, 2015.

Please RSVP by February 15, 2015.

Please print a copy of this membership form along with the \$50 annual membership dues and mail to:

Sue Crowe, COT, Secretary
10220 Brian Drive
Concord, OH 44077

Please check one of the following:

- () I give permission for my name and e-mail address to be added to the membership directory.
- () I do not wish to have my name and e-mail address added to the membership directory.



2015 COPS Technician of the Year Nomination Form



The Cleveland Ophthalmic Personnel Society would like to recognize an outstanding ophthalmic employee within the Cleveland area. Once again, we are asking for your help for nominations. If you are aware of someone you would like to recognize for this award, please complete the following nomination form. All nominations must be received by February 5, 2015 to be considered for this award.

Following are the guidelines for submitting an application:

1. The nominee must be a currently registered member of COPS.
2. Nominee must have certification with active JCAHPO status.
3. Nominee must be actively employed by an ophthalmic practice either full time or part time.
4. Physicians or peers can make a nomination.
5. When completing the form, please consider years of service, community involvement, dedication to the ophthalmic field, enthusiasm, attitude, demonstrations of ophthalmic leadership, professional advancement of ophthalmic knowledge and skills, professional organizations they are involved in and willingness to help others.

Name of Nominee:

Nominee Title / Position :

Practice Name:

Practice Phone Number:

How long have you known this technician?

Technical Personnel nominated by:

Please tell us why you feel this person should be technician of the year - (please continue on the back of form if needed).

Deadline for nominations is February 5, 2015 – no exceptions.

Please mail completed forms to: Audrey Gargas, COT,

2410 Brook Haven Lane, Hinckley, OH 44233



A B C's of Bloodwork

By Audrey Gargas, COT, CSA

Did you ever wonder what all those different labs the doctors ordered were for? Hopefully this will help you understand the different lab tests that we see ordered throughout the office and what the doctors are considering for a diagnosis!

A1C – This blood test provides information about a person's average levels of blood glucose over the past 3 months. This test is used for diabetic management and diabetes research.

The A1C test is based on the attachment of glucose to hemoglobin, the protein in red blood cells that carries oxygen. In the body, RBCs are constantly forming and dying, but typically they live for about 3 months. This test result is reported as a percentage, the higher the percentage, the higher a person's blood glucose levels have been. A normal A1C level is below 5.7. Here is just an idea of an average A1C in correlation to their 90 day average blood glucose levels:

<u>A1C</u>	<u>blood glucose</u>	<u>A1C</u>	<u>blood glucose</u>
5.7 = normal		10.0 = 240	over 14 = YIKES!
6.0 = 126		11.0 = 269	
7.0 = 154		12.0 = 298	
8.0 = 183		13.0 = 326	
9.0 = 215		14.0 = 355	

ACh - ACh is a chemical in the central nervous system that allows muscles and nerves to communicate with one another. The chemical serves as a neurotransmitter within the brain that helps it function properly. Attacking or destroying ACH would cause disconnection between muscles and nerve cells. The absence of Ach would prevent nerves in the brain from simultaneously functions. Acetylcholine receptor antibodies are not detected in healthy people and are not found in patients who have neurological disorders other than MG.

Acetylcho R Bind Ab - Acetylcholine Receptor Antibodies are proteins found in the blood of most people diagnosed with myasthenia gravis (MG). These antibodies attack receptors within the nervous system in search of acetylcholine. The absence of antibody attacks does not rule out MG but the presence of such attacks tends to confirm the disease.

ANA - Anti-nuclear antibodies, also known as anti-nuclear factor (ANF) are autoantibodies that bind to contents of the cell nucleus. This testing is used in the diagnosis of autoimmune disorders and monitoring levels to predict the progression of the autoimmune disease. In normal individuals the immune system produces antibodies to foreign proteins (antigens) but not to human proteins (auto antigens), which detects autoantibodies present in the individual blood stream. The common tests used are indirect immunofluorescence and enzyme-linked immunosorbent assay (ELISA).

ANCA - Anti-neutrophil cytoplasmic antibodies are a group of autoantibodies against antigens in the cytoplasm of neutrophil granulocytes and monocytes, mainly in the IgG types. This test is useful for diagnosing systemic vasculitis.

BMP - Basic Metabolic Panel is a set of seven or eight blood chemical tests and one of the most common lab tests ordered. It provides key information regarding fluid and electrolyte status, kidney function, blood sugar levels and response to various medication and other medical therapies. It is frequently used as a screen tool during a physical exam testing for sodium, potassium, chloride and bicarbonate electrolytes, blood urea nitrogen (BUN), creatinine and glucose.

CAR – Cancer associated retinopathy is a subgroup of autoimmune retinopathy in which the patient's visual loss from CAR precedes the diagnosis of cancer. Anti-retinal antibody testing is now commercially available.

CBC - Complete Blood Count can also be known as a full blood count, and it gives information about a person's cells in their blood. The cells that circulate in the bloodstream are generally divided into three types: red blood cells (erythrocytes), white blood cells (leukocytes) and platelets (thrombocytes). Abnormally high or low counts may indicate the presence of disease. This is one of the most common blood tests performed.

CMP - The comprehensive metabolic panel consists of 14 blood tests which test for protein, electrolytes, kidney function and liver function assessment. The glucose tests screens for diabetes, calcium tests can indicate bone or monitor bone diseases of the parathyroid gland or kidneys. Calcium salts, lithium, thiazide diuretics, thyroxine and vitamin D can all increase blood levels and interfere with test results. The protein tests are for human serum albumin and serum total proteins. Electrolytes are testing for sodium, potassium, carbon dioxide and chloride. Kidney function tests for blood urea nitrogen and creatinine. Liver function assessment is for bilirubin, aspartate amino transferase, alanine amino transferase and alkaline phosphatase.

CRP / C-reactive Protein / Westergren Sedimentation Rate - C-reactive protein is a protein found in the blood which rises in response to inflammation. Its physiological role is to bind to phosphocholine on the surface of dead or dying cells in order to enhance phagocytosis by the macrophages. CRP is released by the liver in response to factors released by macrophages and fat cells. The acute phase of CRP develops in a wide range of acute and chronic inflammation such as bacterial, viral or fungal infections; rheumatic and other inflammatory diseases; malignancy; and tissue injury or necrosis. This test is used mainly as a marker of inflammation for liver failure. It is not understood yet the role it plays in cancer.

FTA-ABS - FTA-ABS is a treponemal test for syphilis. Using antibodies specific for the *Treponema pallidum* species, this test will test positive earlier and remain positive longer than using the VDRL tests. The antigen for the TRA-Abs test is the whole bacteria and a positive test is indicated by the spirochete location is identified using a FITC stain.

LHON – Leber’s Test – Genetic test used to diagnose Leber’s which is a positive condition characterized by nystagmus, sluggish or no pupillary responses and severe vision loss or blindness. This condition is a rare inherited eye disease that appears at birth or in the first few months of life, and affects around 1 in 80,000.

PLTCT – This test count the number of platelets in the blood. If the number of platelets is too low, excessive bleeding can occur. If the number of platelets is too high it can lead to blood clots which may obstruct vessels and result in stroke, myocardial infarction or pulmonary embolism.

Prolactin – Prolactin levels may be ordered when a person has symptoms of unexplained headaches, visual impairment and/or galactorrhea or low testosterone levels. These levels are used to monitor the progress of a tumor and its response to treatment.

High levels of prolactin are normal during pregnancy and while nursing. High levels can also be seen in anorexia nervosa; drugs such as estrogen, antidepressants, opiates, amphetamines, HTN drugs and some gastroesophageal reflux; hypothalamic diseases; hypothyroidism; kidney disease; and pituitary tumors and diseases.

RF - Rheumatoid Factor is the auto-antibody most relevant in rheumatoid arthritis disease.

RPR- Rapid plasma regain test detects syphilis antibodies.

Thyroid testing is used to diagnose hypothyroidism (underactive) and hyperthyroidism (overactive), which if undetected, can cause problems with the pituitary gland or the hypothalamus.

TSH - Thyroid-stimulating hormone blood tests are used to check for thyroid gland problems. TSH is produced when the hypothalamus releases a substance called thyrotropin-releasing hormone (TRH). TRH then triggers the pituitary gland to release TSH which causes the thyroid gland to make two hormones: triiodothyronine (T3) and thyroxine (T4). T3 and T4 help to control your body’s metabolism. These hormones are needed for normal growth of the brain, especially during the first 3 years of life.

T4 – Thyroxine testing, done in conjunction with the TSH test.

TIBC – Total iron binding capacity measures the bloods capacity to bind iron with transferrin. It is performed to measure the maximum amount of iron a red blood cell can carry.

VDRL test - Venereal disease research laboratory test checks the antibodies that can be produced with syphilis. This test is not very accurate for testing early and late stages of the disease, and more often the FTA-Abs test is used.

Upcoming Events

February 10, 2015 **COS Meeting "Cornea"**

Jeffrey Goshe, MD

2:30 - 4:30 pm

Doubletree, Independence

2 JCAHPO CE's

April 14, 2015

COS meeting

Retina

Amy Babiuch, MD

2:30 - 4:30 pm

Doubletree, Independence

2 JCAHPO CE's

February 21, 2015 **Ohio Ophthalmological Society Meeting**

Sheraton Hotel at Easton Village

Columbus, Ohio

September 19, 2015

ATPO / COPS Regional Meeting

Doubletree Hotel

6 JCAHPO CE's

March 1, 2015

COPS Brunch

"Basics of Evaluating and Treating Glaucoma"

Jonathan Eisengart, MD

Beth Colon, COA

James Rienzo

8:30 am - 12:30

Holiday Inn, Independence

4 JCAHPO CE's

November 13-16, 2015 AAO Meeting

Las Vegas

October 14-17, 2016 AAO Meeting

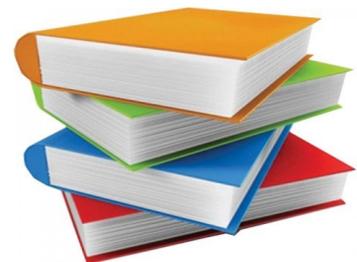
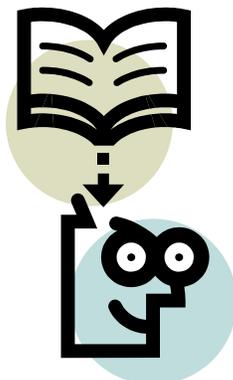
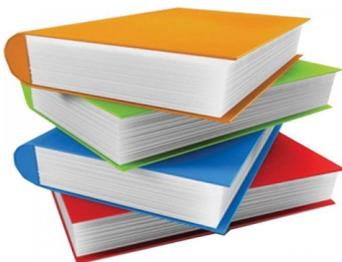
Chicago

November 10-13, 2017 AAO Meeting

New Orleans

October 26-29, 2018 AAO Meeting

Chicago



**CMS Agrees that JCAHPO Certificants (COA, COT, COMT) Can enter CPOE (Computerized
Provider Order Entry) Orders for Meaningful Use**

Submitted by Joyce Conway, COT

The following statements were taken from the JCAHPO EyeLights eNews December 2014:

“JCAHPO is aware that there have been some questions recently in some parts of the ophthalmic community regarding which staff members are allowed to enter medication or laboratory orders under the CMS EHR Incentive Program for Computerized Provider Order Entry (CPOE) meaningful use. After considering all of the relevant regulations and CMS guidance, we believe that orders entered by credentialed ophthalmic assistants are included in the meaningful use criterion calculation as long as the applicable requirements are met.

JCAHPO is an Accredited Credentialing body. For more than 30 years, JCAHPO's three core certifications have been accredited by the National Commission for Certifying Agencies. Certified Ophthalmic Assistants (COA), Certified Ophthalmic Technicians (COT), and Certified Ophthalmic Medical Technologists (COMT) have received credentials appropriate under the EHR Incentive Program requirements as confirmed by this response from CMS to JCAHPO and other organizations' questions. It is the duty of each individual provider, however, to determine whether his or her staff members are appropriately credentialed under the regulations. Before orders entered by a particular staff member are included in the Incentive Program calculation, a provider should first document that the staff member meets the required criteria. “

With the advancement to EMR many Ophthalmology office practices were changed and not all in a good way. Gone was the ability to “work up” a patient which included instilling drops to check IOP and then dilating the patient prior to the Dr. seeing the patient. All of a sudden a very efficient office practice had road blocks all because every move is now documented and time stamped. With the CMS decision to allow credentialed personnel to be able place orders and carry out the necessary tests and instill drops without interruption, clinics can now once again run efficiently.

The one problem that many offices will encounter is that there are many Ophthalmic technicians that are not certified! Maybe now is the time that the physicians realize how valuable a Certified Technician really is.

So many technicians have worked so hard to obtain and maintain their certification, now they can really put their credentials to good use. Becoming Certified has always been a very good marketing tool for those looking for employment and with the latest developments more and more offices and physicians will be looking for any level of certification in the person that they will hire.

Below is the Statement from Donald A. Balasa, JD, MBA, regarding the ruling by CMS:

CMS Order Entry Rule Impacts Ophthalmic Personnel

Donald A. Balasa, JD, MBA

Executive Director, Legal Counsel

American Association of Medical Assistants

March 2013

The Centers for Medicare and Medicaid Services (CMS) has issued a final rule about which allied health personnel can enter orders into the electronic health record (EHR) to show meaningful use under the Medicare and Medicaid EHR Incentive Programs. This CMS rule reflects a significant departure from previous federal requirements, and should have a positive impact on certified ophthalmic personnel.

The purpose of the Electronic Health Records Incentive Program is to encourage health care providers to utilize EHR technology in ways that will improve public health. “Eligible professionals” (such as physicians and osteopaths) who demonstrate “meaningful use” of electronic health records by meeting mandatory CMS “core objectives” can receive incentive payments of up to \$44,000 over five years under the Medicare EHR Incentive Program, or up to \$63,750 over six years under the Medicaid EHR Incentive Program.

But, there is a “stick” as well as a “carrot!” According to CMS, “Medicare eligible professionals who do not meet the requirements for meaningful use by 2015 and in each subsequent year are subject to payment adjustment to their Medicare reimbursements that start at 1% per year, up to a maximum 5% annual adjustment.”

There are three “stages” of implementation of the Incentive Program. The Stage 1 CMS regulations restricted entry of medication orders into the “computerized provider order entry” (CPOE) system to eligible professionals and licensed health care professionals working under their supervision, such as registered nurses and licensed practical nurses. However, as CMS was finalizing Stage 2 regulations, it became apparent that prohibiting eligible professionals from delegating order entry to appropriately credentialed, but non-licensed, allied health professionals was putting an unnecessary burden on physicians.

In an effort both to protect the public and help physicians meet the meaningful use objectives, CMS decided that “credentialed medical assistants,” as well as licensed health care professionals, would be permitted to enter orders into the CPOE. Note the following from CMS’ explanation of how it arrived at the final Stage 2 language, which went into effect January 1, 2013:

Many EPs [eligible professionals] practice without the assistance of other licensed health care professionals. These EPs in their comments [to CMS] urged the expansion [of who could enter orders] to credentialed health care professionals/medical assistants. We believe that this expansion is warranted... The concept of credentialed health care professionals is over broad and could include an untold number of people with varying qualifications. Therefore, we finalize the more limited description of including credentialed medical assistants. The credentialing would have to be obtained from an organization other than the employing organization.

How does this CMS decision affect ophthalmologists and ophthalmic assistants, technicians, and technologists? There is a reasonable basis for asserting that certified ophthalmic allied health professionals fall within the general definition of “credentialed medical assistants” in the Stage 2 regulations. Therefore, it is also legally defensible to assert that certified ophthalmic personnel are allowed to enter orders into the electronic health record for calculating compliance with the meaningful use requirements of the Incentive Program.

This is a very fluid area of the law, especially because in 2014 CMS will be issuing proposed rules for Stage 3 of the Medicare and Medicaid EHR Incentive Program.

Questions can be directed to the author at: dbalasa@aama-ntl.org



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EMPLOYMENT OPPORTUNITIES

Healthspan (previously known as Kaiser Permanente) has a part time COA / COT position to provide support and assistance to the Ophthalmologist in providing direct care and ophthalmological testing at the Parma Medical Center, with some travel to the Cleveland Heights Medical Center as needed. Hours are 8:15 am to 5 pm with rotating Saturday mornings.

Please send resume to:

Laurie Karakul, PT, DPT

office 216-265-6874

Healthspan Regional Lead

fax 216-265-8868

12301 Snow Road

Parma, OH 44130

The Cole Eye Institute is looking to fill multiple full-time Ophthalmic Technician /Assistant (certified or non-certified) positions at our main campus location in Cleveland. Qualified candidates should be able to perform basic ophthalmic testing procedures as directed by a physician or supervisor to include: visual acuity testing, history taking, applanation tonometry, manual lensometry, motility, pupil assessment, visual fields and refraction. Experience using EMR is preferred. Competitive hourly compensation and benefits structure offered.

To learn more about a career with Cleveland Clinic and to apply, please visit: <http://jobs.clevelandclinic.org/home/job-info?id=223532100&t=Ophthalmic-Tech-Cole-Eye-Job>

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