

MARCH 2013



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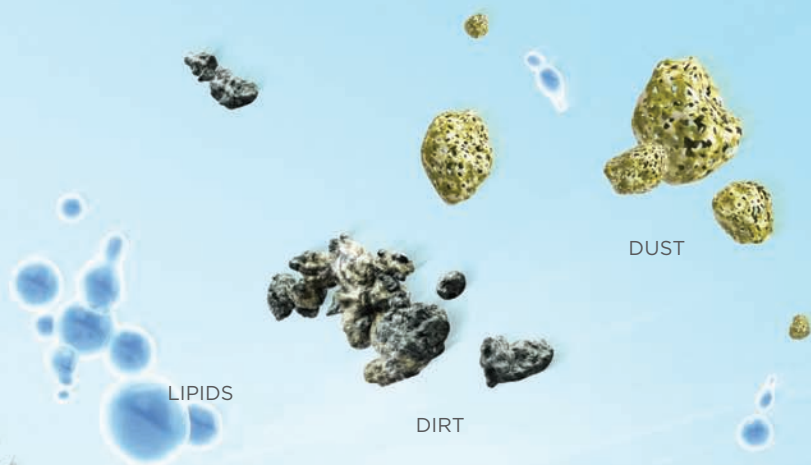
A Family Reunion

After 12 years of working their separate careers, sisters embark on a practice together

Dr. Victoria Melcher

Dr. Valerie Potter

SUPPLEMENT TO
REVIEW
OF OPTOMETRY



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References: 1. In vitro measurement of contact angles on unworn lenses; significance demonstrated at the 0.05 level; Alcon data on file, 2009. 2. Nash W, Gabriel M, Mowrey-McKee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci.* 2010;87: E-abstract 105110. 3. Ex vivo measurement of lipid deposits on lenses worn daily wear through manufacturer recommended replacement period; CLEAR CARE® Cleaning and Disinfecting Solution used for cleaning an disinfection; significance demonstrated at the 0.05 level; Alcon data on file, 2008.

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Marjolijn Bijlefeld

Shout Out

Nearing the Tipping Point?

One of the questions that *Women In Optometry (WO)* is asked occasionally—sometimes tongue in cheek, but just as often seriously—is when the magazine will have outlived its purpose. After all, women have been the majority of graduates

from optometry schools for a number of years. Doesn't that mean there's some sort of parity already?

The classroom includes a very small number compared to the universe of practicing ODs in North America. And looking at those larger numbers, the profession is just beginning to see the tipping point in Maryland. The statistics are changing, and they might even be changing faster than once predicted. But there are a number of factors involved. It could be that older ODs (mostly men) are deciding to hang up their white coats a little earlier. They may not want to make the investments in technology or work in an environment moving more toward managed vision insurance.

It seems quite certain that the trend will continue. But it's also possible that women may never achieve the two-thirds majority in the workplace that they've reached in optometry schools. It's possible that there will be sectors within the profession that draw more women and others that draw fewer.

We're not making predictions. But we do appreciate the story as it unfolds. *WO* is now starting its eighth year of publication. So it seems an apt time to thank our readers for their feedback, for the stories they have shared with us and for taking the time to point out women who have influenced or impressed them. As long as *WO* has compelling stories to tell, the publication still has a purpose.

Marjolijn Bijlefeld

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Email to the Editor

Women of Vision Focuses on Women's Health

Women of Vision (WOV) will present a special session, *Embracing the Shades of Grey*, at the American Optometric Association Optometry's Meeting on Thursday, June 27. Discussions will cover ocular health issues including indications,

methods and co-management of blepharoplasty and anti-aging injections, lid hygiene and treatment of ocular surface disorders due to MGD and cosmetics, as well as vitamins and diet control to maintain female health. Beauty enhancement discussion will include treatment with lash growth and extensions, permanent liners, eye whitening, eye hygiene and contact lenses. Patients are affected by these issues, and WOV would like to help the optometrist become the expert for these contemporary topics.



The new board of Women of Vision (l-r): Lori Grover, OD; outgoing President Gretchyn Bailey; new President Louise Sclafani, OD, FAAO; Melissa Barnett, OD; and Secretary Pam Theriot, OD.

Continuing education is scheduled from 1-3 p.m., featuring **Louise Sclafani, OD, FAAO**, associate professor at the University of Chicago Department of Surgery; **Christine Sindt, OD**, associate professor at the University of Iowa Department of Ophthalmology; **Kimberly Reed, OD**, associate professor at NOVA Southeastern University School of Optometry; **Melanie Denton, OD**, an independent practitioner; and **Joan Kaestner, MD**, of the Botox Institute in San Diego.

Allergan will be sponsoring a high tea and presentation at the Marriott from 3 to 4:15 p.m., featuring **Marty Babbington**, a certified trainer with the Human Performance Institute. The presentation, *Energy Management: Bringing Your Full and Best Self to Your Patients, Family, Friends and Colleagues*, will include an interactive discussion to learn why managing energy, not time, plays a critical role in greater engagement and higher performance across all facets of your life.

Advance registration for the high tea and speaker program is required. Register at allerganodview.com.

The WOV networking and workshop social hour follows from 4:30-6 p.m. This event will also include demonstrations on the above topics and might include areas for skin analysis, body fat analysis and mini-massage therapy. This event will complement the CE program.

Learn more at wovonline.org.

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Focus on Outcomes

By JeanMarie Davis, OD, FAAO

Make the Connection Between Comfort and Compliance

In my early years in practice, I almost had to remind myself to mention contact lens care solutions. That particular conversation didn't always make it into my discussions. By the time I finished explaining the prescription, the benefits to the particular contact lenses and my cleaning, care and replacement instructions, I usually wrapped it up. Since contact lens care solutions are available over the counter, there is the tendency to move the conversation to the end of the list.

At the time, I didn't realize the dramatic impact on patient outcomes that contact lens care solutions could have. It dawned on me as I was trying to solve an annoying problem. A number of patients returned to my office with complaints of discomfort with their contact lenses. It was puzzling, since most of these patients had left the office weeks or months earlier with new contact lenses that seemed like an ideal fit. My reaction was to change the contact lenses, trying a different material or another design. Sometimes that worked, but often it didn't. I'd see the same pattern over and again.

Finally, I started asking patients about their contact lens care regimen, including what multipurpose disinfecting solution (MPDS) they were using. I was surprised to see how many patients had switched to a different brand of MPDS. If I didn't want them to do that, it meant I had to be more proactive in my instructions.

I began to make sure that patients understood that not all MPDS formulas are the same. I took a moment to tell patients not only what I was recommending, but why. I even wrote the product name on the patient's prescription.

The benefits followed quickly. As patients called or came to the office to say that their contact lenses just weren't as comfortable as they had been earlier, the first question I would ask is what contact lens solution they were using. Instructing these patients to return to the solution I had recommended often resolved the issues of

discomfort. It's also a faster troubleshooting strategy than starting all over with a new contact lens fit. Of course, I made it a point to pre-empt these complaints, too, by educating patients about the need to stay with the MPDS I had recommended. Why wait until they have a problem?

I've learned, too, that the instructions to patients should not be subtle. In fact, they need to be firm and directive. "I want you to use OPTI-FREE® PureMoist® MPDS only. Don't use anything else without calling me."

My conversations with patients now include many questions about how they clean their contact lenses. I ask them to describe their routine, enabling me to see if they're topping off solutions or skipping other steps. I can reinforce the positive routines and correct the ones that need a change. It's important to have this conversation with new and longtime contact lens wearers alike. They are often the ones who have fallen into bad habits.

The information gleaned has helped me develop a better prescription for patients. For example, if a patient is noncompliant routinely, the better option could be a switch to a daily disposable contact lens. The more you know about how a patient wears his or her contact lenses and what the patient hopes to achieve, the better the final outcome can be.

JeanMarie Davis, OD, FAAO, is Global Performance Development, Vision Care Technical Head at Alcon.



Why Patients Drop out of Contact Lens Wear

An estimated 15.9 percent of patients drop out of contact lenses annually.¹ The top reasons patients cited for dropping out of contact lens wear included discomfort (50 percent), poor vision compared to spectacles (15.9 percent) and expense (12.3 percent).¹

Doctors can stem the dropout flow by ensuring that patients know their compliance with replacement and cleaning regimens will ensure greater comfort, crisper vision and an overall more satisfying experience. Those patients will see the value in their contact lenses.

¹ Rumpakis JR. New data on contact lens dropouts: An international perspective. *Rev Optom.* 2010 Jan;147(1):1-4.

Nome, Sweet Nome

Look past the permafrost to see the warmth of a remote eye care clinic

When the Norton Sound Health Corporation Eye Clinic in Nome, Alaska, relocated to a brand new facility in late 2012, Director of Eye Care Services **Kamey Kapp**, OD, saw a dream realized. She had been planning for the state-of-the-art clinic almost from the time she arrived five years ago, as a new graduate. Her initial plan was to stay a year or two. But the people and the opportunity have drawn her in.

Her clinical advisor in Bethel, Alaska, recommended she take the job. The clinic, which had no eye care provider when she arrived, serves Nome, population 3,500, as well as those who live in the 15 native regions nearby. The clinic has a patient base of nearly 10,000, drawing from as far away as Anchorage. "The remote area doesn't appeal to everyone, but once I visited here, I wanted to try it out," she says. "I'm pleasantly surprised by the opportunities we have here to use our education to the fullest extent. I am fortunate to practice without worrying about how much money my patients spend in the clinic and to share this experience with fourth-year optometry students and contribute to their education." Dr. Kapp recently hired a former student to work in Nome full time.

A federal grant through the U.S. Department of Health and Human Services Indian Health Services agency, as part of the American Recovery and Reinvestment Act of 2009, was allotted to assist building construction for the new Norton Sound Regional Hospital, which hosts Dr. Kapp's clinic.

The new facility will improve efficiency and enhance the experience for Dr. Kapp's patients. The old space was just a hallway in a hospital with only two exam rooms. Dr. Kapp was

promoted from staff optometrist to her current role after one year and has played a critical role in designing the new space.

"We're graduating to a technologically advanced clinic with an optical lab and four lanes," she says. All the instrumentation, including the latest visual field, imaging and diagnostic equipment, is new.

Yet the addition of the optical lab may make the biggest impact.

Formerly, Dr. Kapp kept a collection of optical frames, but all lab work had to be sent to Montana. It was a challenge to tell a parent whose child broke his or her only pair of eyeglasses that the staff would rush to get a

new pair, but it would take 10 days. The new optical lab will allow 90 percent of the jobs to be completed in-house, speeding up the process and saving her and her patients money.

Dr. Kapp looks forward to expanding her frame selection, as well. "I pride myself on affordable fashion frames," Dr. Kapp says. She likes to add trendy options from popular brands such as Burberry or Oakley. "Just because we live in the middle of nowhere doesn't mean we have to look or act like it," she says, laughing. "When patients—especially children—feel good wearing their eyeglasses, it promotes more frequent wear."

Dr. Kapp flies about twice a month to the remote villages, staying for three to five days in each location to visit each of the 15 villages twice a year. Some are as far as

250 miles away from her clinic base, near to the Russian border. While each of the remote clinic locations now has running water, the clinics are small so medical practitioners must stagger their visits. Dr. Kapp travels only with either a fourth-year optometry student or an optometric tech. Portable diagnostic equipment is stored in sturdy

Pelican cases weighing 400-500 pounds. "We set up everything when we get there and tear it all down when we leave," Dr. Kapp says.

She has come to know the villagers and their unique demographics. "Each village has its own family group, so it's interesting to see the role that genetics play," Dr. Kapp says, adding that amblyopia is common in some villages but not in others. This part of her job is similar to a volunteer service trip, since many places she travels to are as remote as third-world locations.

"The people are very inviting and open, and many are willing to share their culture and tell you stories," she says. Dr. Kapp enjoys learning about their native languages, dancing and festivals. She's tried home-made dishes made from walrus, seal and whale. She remembers one day

when all of her patients suddenly left the clinic when news arrived that a whale had been caught. "Everyone wanted to see it," she says.

The villagers appreciate that Dr. Kapp is here to stay. "When I stepped in, there had been no optometrist for 10 months. Some patients didn't care to learn my name because they figured I wouldn't be here after a year, but the people are excited that I'm still here. It builds trust," she says.

She has benefitted, too. "It's one of those clinical experiences that you won't get anywhere else. Look for those diamond-in-the-rough jobs," she advises. Once she looked past the snow, ice and isolation, she discovered that the practice has offered her rare and rewarding opportunities. **WO**



Refraction on a young Eskimo patient



Optometry student Marcy O'Neil waits with Dr. Kapp on the ice runway.



Clinic gear needs to be transported from the plane to the village clinic.

In the village of Unalakleet, the exam lane transforms into a sleeping room.



Personalized Experience in a Large Space

Doctor takes extra steps to make sure intimate feel of a small practice carries over as practice moves

For **Rania Montecillo, OD**, building a new practice home was an important next step for Redmond Eye Doctors in Redmond, Wash. She sketched her design for the building on a napkin during lunch with her office manager about five years ago—long before she bought the lot along a busy road. Her office manager recently pointed out that the completed



Dr. Montecillo

building looked almost identical to that old sketch. And for Dr. Montecillo's engineer husband, watching the modern, cantilevered architecture take shape was just plain fun. The new location, which opened for business this past November, has tripled

the space and infused light and energy into the 25-year-old practice. "We went from two exam lanes to four, and there is space for two more that can be equipped," Dr. Montecillo says. There's even a room set aside with a desk so her children, now ages 6 and 10, can do their homework after school.

The demand for a larger space had been building since Dr. Montecillo purchased the existing practice from a retiring OD nearly seven years ago. "We had a big growth spurt when I bought the practice, but I couldn't go anywhere. We were constrained by 1,000 square feet of space," she says.

Dr. Montecillo, who had her second child three months before buying the practice, has maintained a three-day-a-week schedule to allow herself time with her family. She has an associate doctor, **Robin Gouin, OD**, who started working two days a week. On Mondays, Wednesdays and Fridays, the office is open traditional business hours; the practice offers evening hours on Tuesdays and Thursdays.

In the smaller office, splitting the schedule that way was a necessity. The two would have practically bumped into each other working all the same hours. But in the larger, 3,000-square-foot space, she and Dr. Gouin are each working three days a week. Now they can both see patients during times when their

schedules overlap. A new autorefracting system in each exam lane adds efficiency, and the practice staff has grown to eight to accommodate the larger patient load and services.



Dr. Montecillo could keep tabs on the construction as it was progressing.

She also has the space to dedicate an area to dry eye therapies and room to make her pre- and post-cataract patients comfortable, enabling her to build on those medical areas. At the same time, walk-in traffic to the dispensary has increased dramatically. "People walk in and say they have been watching the building go up and were curious."

As part of the move, Dr. Montecillo also continued to focus herself and her staff on providing superior customer service. "I came from a practice where the front desk person works at the front desk and opticians work in the dispensary only. Now my staff is 80 percent cross-trained, so in a pinch, anyone can help with pretesting or adjusting eyeglasses," she says. That's important to her. "I hate it when people are waiting for me. I always want to be on time." When staff members know that timeliness is one of her goals, they are more inclined to step outside of their own primary jobs to make sure that patients aren't being kept waiting.



A ribbon-cutting ceremony marks the official opening.

She was concerned that the move to a larger space would dilute the feeling of personalized care, but she and the staff have actually been able to enhance the experience. "Little things matter. If a patient asks where the restroom is, for example, we don't just point down the hallway. A staff member escorts him or her to the door." They also use their paging system to advise when a patient needs coffee or tea in an exam room. Patients have commented that the new building is welcoming and comfortable.

Dr. Montecillo, who speaks Arabic and Spanish, looks for points of connection with all of her patients. She and the staff make notes of special events in the lives of patients or their family members—graduations or new babies, for example. "We send a card. We've delivered eyeglasses to patients in the hospital. We do anything we can to make people who come here feel that they're special and important to us." **WD**

Demographic Changes in Profession Coming Quickly

Although the percentage of women in North American schools and colleges of optometry has been above 50 percent for some time, it will be a number of years until the percentage of women in practice hits that threshold.

In 2012, *Women In Optometry* began tracking the percentage of women ODs in practice in each state, using the web-based physician finder, healthgrades.com. A comparison made in early 2013 shows that the percentage of women ODs in practice grew 1 percent in one year, from 38 percent of practicing ODs to 39 percent in 2013. Overall, there were 2,234 more ODs in the web-based directory on Jan. 1, 2013, than there were on Jan. 1, 2012. A total of 45,571 were listed ODs in practice in the 50 states and the District of Columbia at the start of 2013. In its 2012 publication, *Caring for the Eyes of America*, the American Optometric Association (AOA) estimated that there were 38,758 full-time equivalent ODs in practice in 2010. Assuming 5 percent growth or so each year, the AOA projections are just slightly lower than the healthgrades.com directory data.

During 2012, 1,440 women ODs were added to the online directory, an increase of 8 percent. During the same period, 794 male ODs were added to the directory, an increase of 3 percent.

As older ODs—primarily men—retire and younger graduates—nearly a two-thirds majority of women—take their place, these

demographic shifts seem likely to escalate. Practice Advancement Associate estimates project that by 2020, 50 percent of practicing ODs will be women. *Women In Optometry* will continue to track this trend annually.

In 2012, there were 11 states in which women ODs comprised 40 percent or more of the OD population. In 2013, there are 14 states where the percentage of women ODs is at least 40 percent.

Maryland has the highest concentration of women ODs at 49 percent—putting the state perhaps a year or less away from becoming the first to tip the scales. Just as in 2012, Utah has the lowest percentage of women ODs at 10 percent. **WO**

Where the Shifts Are

Alaska, Arkansas, Hawaii, New Mexico and Wyoming are the only five states in which the percentage of women ODs in the online directory dropped.

In contrast, the percentage of women increased by 2 percent or more in the following states: Alabama, California, Georgia, Idaho, Indiana, Louisiana, Maryland, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, North Carolina, Pennsylvania, Rhode Island, South Dakota, Texas, Virginia, Washington and West Virginia. **WO**

ODs in Practice

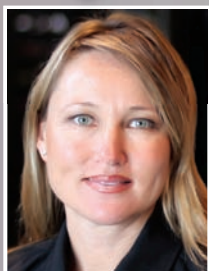
State	Total ODs	Men	Women	Percentage of women	State	Total ODs	Men	Women	Percentage of women
Maryland	744	383	361	49%	Michigan	1,438	928	510	35%
District of Columbia	241	128	113	47%	Washington	1,154	748	406	35%
Massachusetts	1,156	617	539	47%	Ohio	1,915	1,243	672	35%
California	5,944	3,217	2,727	46%	Tennessee	987	652	335	34%
Illinois	2,082	1,149	933	45%	Wisconsin	852	566	286	34%
Texas	3,203	1,770	1,433	45%	Kentucky	566	377	189	33%
New York	2,653	1,478	1,175	44%	Vermont	106	71	35	33%
Delaware	116	65	51	44%	North Dakota	177	119	58	33%
Virginia	1,075	604	471	44%	Mississippi	297	200	97	33%
Hawaii	251	144	107	43%	Oklahoma	697	478	219	31%
Nevada	347	204	143	41%	Nebraska	348	239	109	31%
New Jersey	1,144	673	471	41%	Alaska	120	83	37	31%
Alabama	666	394	272	41%	New Mexico	257	179	78	30%
Colorado	865	522	343	40%	Louisiana	402	280	122	30%
Florida	2,477	1,502	975	39%	Kansas	601	420	181	30%
Pennsylvania	2,104	1,282	822	39%	South Carolina	534	374	160	30%
New Hampshire	217	133	84	39%	Iowa	542	387	155	29%
Connecticut	502	310	192	38%	South Dakota	180	131	49	27%
Oregon	680	421	259	38%	Arkansas	407	299	108	27%
Missouri	973	606	367	38%	Maine	216	160	56	26%
Indiana	1,226	766	460	38%	West Virginia	227	169	58	26%
Arizona	801	504	297	37%	Montana	193	150	43	22%
Georgia	1,065	676	389	37%	Wyoming	120	95	25	21%
Rhode Island	184	117	67	36%	Idaho	256	221	35	14%
Minnesota	828	529	299	36%	Utah	326	294	32	10%
North Carolina	1,109	715	394	36%	TOTALS:	45,571	27,772	17,799	39%

Source: healthgrades.com, accessed January 2013

Sisters Build a Practice

After working in separate practices, two join forces for next career stage

For years, sisters **Victoria Melcher, OD**, and **Valerie Potter, OD**, had an interest in being in private practice together. It didn't seem to be in the cards, even though they had been on parallel paths. Both received business degrees in undergraduate school, both decided to go to optometry school and both graduated from Nova Southeastern University College of Optometry one year apart.



Dr. Melcher



Dr. Potter

After graduation, they began working in corporate settings, each having a lease in her own JCPenney location. That's how it went for 12 years, until in mid-2009, they decided that the time and opportunity were finally right to strike out together. "Six months later, we opened the doors to our new private practice," called Eye Designs Vision in St. Petersburg, Fla., Dr. Melcher says. They leased a 1,450-square-foot shell, planning and building out the entire office. During the construction, and with the help of The

Power Practice consulting group, they let their patients and the community know that they would be opening an independent practice. "Our first day open, we were



busy," Dr. Melcher recalls. Within a year, they had outgrown it.

They started looking at their options. Leasing a larger location would require about a \$50,000 build-out. So they looked around at commercial properties to buy. They found an old Pizza Hut-turned-Japanese restaurant with a great location that provided good visibility, access and parking for their patients. "We gutted it down to its four pillars," says Dr. Potter, and the entire process of planning, permitting and building took nearly two years. They moved into their new practice home in September 2012.

The new building represents a new start for the sisters. They were able to take what worked in the planning of the first location and add and make changes to what was now needed. A state-of-the-art finishing lab was incorporated into the new location, as well as a large sunglasses center and separate dispensing area.

The patient experience was paramount in the building and design of the office. Patients who walk in feel as though they have entered a hotel lobby, complete with multiple, leather seating areas, a coffee bar and classy upbeat music. All optical demos, tools and signage for inventory is minimally visible and very understated. Although they carry many name brands such as Tiffany, Versace, Maui Jim and Jimmy Choo, these name brands are simply displayed by a uniform 3" by 9"

One-hour Service

Patients at Eye Designs Vision know that they are going to receive an hour of personalized care from the pretesting technicians and doctor. "They are with us the entire time," says Dr. Valerie Potter, "and they have our undivided attention."

It starts from the moment patients arrive. Unlike a traditional medical office where patients sign in, grab paperwork and select a seat from a row of chairs, patients here are greeted by the receptionist and encouraged to pour themselves a cup of coffee or tea. The pretest technician then escorts the patient into the workup room where the complete medical and visual history is taken in a quiet, private place. From there, their experience continues with the doctor in the exam room. Once the exam is finished, an optician is called into the exam room where the eyewear recommendations are made based on the discussions between the patient and doctor. The patient continues to receive individualized care from the optician who finishes up the visit with customized care and measurements using the Visioffice.

Patients make an appointment for the dispensing of their eyewear, generally from the same optician who helped with the selection. That provides greater continuity for the patient and a sense of accomplishment for the optician. **WO**

Before



Reconstruction gutted the former restaurant down to its four pillars.

Home Together



Sarah Lovallo

sign above the collection. All of the frames are placed in custom displays designed by the office manager **Sarah Lovallo**. "We wanted to stay away from the clutter that all of the informational items and advertisements can create," Dr. Melcher says.

Despite the comfortable feeling the office exudes, it is important to also have the high-tech feel that gives the patient the experience of complete accuracy and attention to detail. From digital acuity charts to start the examination all the way to the Visioffice measuring system to develop individualized lenses, the process is supported by the most up-to-date tools. While the Visioffice is designed for prescriptions of digital eyewear, the practice likes to use it with all of their patients because it makes an impression. "Once the patients experience this process, it is very rare that they will ask to take their prescription," says Dr. Melcher.

The only instrument visible in the optical is the Visioffice, and it's there for a purpose. Indeed it's the only kind of marketing that has made it into the wide open lobby. "With this instrument, we are

Room to Grow

The new Eye Designs Vision leaves **Dr. Victoria Melcher** and **Dr. Valerie Potter** plenty of room to grow. At 2,700 square feet, it offers nearly twice the space of their former location. The practice has space for an additional two exam lanes, should the doctors decide to outfit those in the future.

The practice is open from 9 a.m. to 6 p.m. five days a week and a full day on Saturday. Coming from a corporate setting where both doctors had to work every Saturday, they enjoy being able to alternate Saturdays in the office now.

Each of the doctors has two children under the age of 10, so they appreciate the flexibility of being able to juggle practice needs along with their children's needs. "We're happy to be building a practice that feels a little more settled now that we have a permanent home," says Dr. Melcher. **WO**



Completed renovation results in a beautiful building.

able to demonstrate all of the lens features available, as well as give the patient the experience of customization and accuracy that goes along with the experience and ultimately the purchase."

The large sunglasses center encompasses every hobby from fishing to fashion. "Living in Florida, it is important that patients know the damage the sun can cause. We are all affected by the sun, and we feel it is important to be able to provide that extra convenience and benefit to patients while they are here," says Dr. Potter. "Whether patients need nonprescription sunglasses or prescription sunglasses, we have many choices for them."

In the practice, many of the day-to-day management tasks are overseen by office manager and optician Lovallo. "She has been a big part of this process from the beginning," says Dr. Melcher. "When we started three years ago, she was our sole employee. Now her main duty is the management of the office, including seven other employees."

Because the sisters have different work-related interests, the division of duties was relatively easy. Dr. Potter overseas the finances and more technical aspects of the practice including equipment purchases. Dr. Melcher deals with the marketing, advertising and office design and flow. The two have different personalities, too. Dr. Melcher says, "My sister is extremely outgoing. I'm more reserved. But the one thing we share is a passion that the patient is going to be taken care of. We strive for a superior patient experience."

Dr. Potter echoes the sentiment. "Whether patients are self-pay and buying digital lenses or are insurance patients using their managed vision benefits, they all receive the same service and experience." **WO**

and After



The Visioffice in the lobby and optical introduces all patients to the high-tech capabilities.



Choreographing A Move

Foresight and delegation made move to new practice home a pleasure

For more than a year, **Maureen Fahey, OD**, of Kennewick, Wash., had been planning her move from a strip mall to a new standalone building. "I would not have been able to make the transition without delegation," she says. Staff members in each department received a list of duties and reported to her office manager with their progress. "It helps to have



Dr. Fahey

a team that thinks outside the box," she says, adding that it's worthwhile to learn how your staff's strengths and weaknesses can complement your own. "The opticians were in charge of all the frames—taking every piece off of the board, marking the boxes for the movers and unloading it all when it was moved," Dr. Fahey says. That team also oversaw the move of all the furniture.

Her technician took care of everything inside two exam rooms, bundling brochures to be displayed in the new space and accounting

Windy City Inspiration

Dr. Maureen Fahey wanted a must-see optical dispensary. "I'm passionate about eyeglasses, and I think shopping for them should be a fun experience, just like when you are shopping for a pair of shoes or a favorite dress." Dr. Fahey spent time practicing in Chicago before moving west, and she was inspired by the beautiful tin ceilings that decorated many high-end restaurants in that community. She added tin ceilings here, with hanging chandeliers to create an elegant yet inviting atmosphere. Her frame boards were redesigned to float around the room, since the walls in her office are actually floor-to-ceiling windows, and mounted frame boards would obstruct the view. **WO**

for all of the lubricant eye drops and other products stored in those spaces. Her office manager contacted insurance panels and vendors to inform them of the change and worked closely with the rest of the staff to make sure there were no loose ends.

Even patients were swept up in the process. A reception area table housed blueprints, construction photos and newspaper articles about the new building. Patients received email notifications of the move and a postcard invitation to the grand opening. A local radio commercial was broadcast 80 times per week for a month to drive the message home.

Because Dr. Fahey wanted to hit the ground running after the move, she hired several additional staff members before they left the old location. "They were trained and on board the minute we opened after Fourth of July weekend," Dr. Fahey says.

The new location is just four miles away from Desert Valley Eyecare's former home. Parking had always been limited there, but the final straw was when a Gold's Gym opened a few spaces down, and suddenly, parking was next to

impossible. Parking isn't a problem at the new location. Neither is visibility. The new office, which

at 4,200 square feet is more than double the size of her old space, is inside an 11,000-square-foot building. There's space now for doctor offices, more exam lanes and a larger lab for the optical department. To keep everyone efficient, Dr. Fahey installed an instant messaging service available from her Internet and phone provider. "The reception desk staff member can let the technician know when the patient is ready, and I can instant message the optical department for someone to come get the patient from the exam room," Dr. Fahey says. Patients are impressed when an optician arrives at the



Inspired by Chicago design and architecture, Dr. Fahey decorated dispensary areas with elegant chandeliers and a unique tin ceiling.

Financing Her Future

As Dr. Maureen Fahey was scouting out new space for her expanded office, her commercial real estate agent directed her to a great opportunity. She met three professionals who were interested in a new facility, although only one intended to occupy the space. To qualify for a Small Business Administration loan, with its lower interest rates, the rule is that partners must occupy 60 percent of the building. Dr. Fahey joined the partnership, bringing the owner-occupancy level to the required level to qualify.

The advantage for her is that she was able to buy into the land purchase, which was used as a deposit for the building construction. "I only had to get a loan for my tenant improvements. Now, with all the suites rented, we as a partnership hope to have the building paid for in full in 10-12 years." **WO**

perfect time for a final discussion on eye-wear recommendations.

The new office's exposure has contributed to a 20 percent increase in the practice's patient base since the move last summer. "We track how patients are referred to our practice, and the sign on the building is bringing in all kinds of new patients," Dr. Fahey says, some of whom had been watching the construction and were waiting for the practice to open. **WO**

Planning for Growth

As Dr. Maureen Fahey was designing her new office, she focused forward. "We wanted to look five, 10 and 15 years down the road to make sure we wouldn't outgrow the space," she says. Where she had two exam lanes in her previous location, the new office has enough room for six. The in-office lab size is larger, and there are two doctor offices and an office for her office manager. "In my other office, I had a desk behind a curtain," Dr. Fahey says, laughing, adding she is thankful for the door. Dr. Fahey is also looking to bring on an associate doctor in the next few months, and she has been working with a local doctor with young children who is interested in starting part time and transitioning to full time as her children grow. **WO**

Bringing Eye Care to Those in Need

Diane Wilson, OD, has developed a loyal patient base at the Arnold, Mo., practice, Arnold Eye Care, which she purchased from her childhood optometrist. Yet there is another important group of patients that Dr. Wilson holds near to her heart, many of whom she hasn't even met yet. After years of volunteering on mission trips, Dr. Wilson recently took on the role as a permanent team leader with Volunteer Optometric Services to Humanity (VOSH) to show her commitment to the international nonprofit organization that has provided optometry care in developing countries since 1971.

Dr. Wilson will lead a trip each January to Haiti, the destination of her last five excursions and a country with a high demand for eye care. Every trip in which Dr. Wilson has participated, even her first mission trip as an undergraduate to the Appalachian Mountains, has inspired her to give back. Since then she has also provided eye care in Guatemala, Mexico, Colombia and South America. Most of these trips were with the VOSH/Pennsylvania and the Delaware Valley chapter (VOSH/PA), and Dr. Wilson also serves as the organization's vice-president of affairs. "VOSH/PA is unique because it is committed to providing cataract surgery and glaucoma treatment, as well as providing eyeglasses," she says. A group of volunteers visits a new location each day of the trip, traveling out to remote areas to set up temporary clinics in schools or churches. "We try to reach people who really haven't had a chance to have an eye exam and be diagnosed."

Medications and most eyeglasses are generously donated to VOSH/PA for these trips. VOSH/PA maintains a library of more than 5,000 pairs of eyeglasses stored in Haiti and organized by power for quick searching and dispensing. The organization also purchases a collection of readers to

supplement the donations. If Dr. Wilson comes across an unusual prescription that she cannot fill on the spot, such as one with a high degree of astigmatism, patients are fit with a frame and then her local lab partner fulfills the order free of charge. Dr. Wilson is also working with Vision for the Poor, International Eye Foundation and Optometry Giving Sight to establish a permanent clinic in Haiti, as the organization previously has done in Guatemala and Nicaragua.

As a permanent team leader, many of Dr. Wilson's responsibilities extend beyond the week of the mission itself. She will

assist in managing other trips for the organization, and she arranges housing for the Haiti trip volunteers, speaks with interested volunteers, books airline tickets and helps collect cash and product donations. Volunteers pay their own airfare, room and board, and they pay a trip fee to cover other expenses, such as inter-

preters for the group and in-country transportation.

Dr. Wilson describes an amazing feeling for herself and her new patients as they put on their eyeglasses for the very first time. It's especially moving for those with high powers who have never had eyeglasses and finally have a clear view of all of the details around them. "It's a privilege to be a part of this experience," she says.

Dr. Wilson plans to continue in this role and running her practice, which offers a variety of medical services, including treating eye infections, removing foreign bodies and co-managing cataract and glaucoma patients. The practice also offers orthokeratology. She's thankful to the two other doctors in her office, who help keep things running when she's away. "It's a huge blessing to have them," she says. Dr. Wilson's son is considering a career in optometry, and he plans to join the practice after optometry school. **WO**

Find Time for What's Important

Sometimes it may feel like there aren't enough hours in the day, so what is Dr. Diane Wilson's secret to getting everything done? "I make time for the really important things and then everything else falls into place," she says. One change she made a few years ago was to completely stop watching TV—an activity she found that easily wasted time and a habit she didn't want her children to develop. "It's one of the best changes I've ever made." **WO**



On a 2012 mission trip to Haiti, Dr. Wilson's patients were of all ages.

Below: Temporary clinics are often set up in schools or churches.

Want to Help?

Dr. Diane Wilson is always looking for extra volunteers to help with finding or sending donations or going on a mission trip to help those in need. Contact Dr. Wilson at dianewilson1661@gmail.com or visit vosh-pa.com or vosh.org for information on chapters and planned trips. VOSH/PA has a mission to Haiti in August, as well. **WO**



Women in the NEWS

Dr. Needham

Tracey Needham, OD, of Rossford, was awarded The Ohio Optometric Association's Young Optometrist of the Year for 2012.



Dr. Bury

Sandra Bury, OD is in the race for mayor of Oak Lawn, Ill. Elections will be held in April.



Dr. Kneuppel

Kellye Kneuppel, OD, of Brookfield and Madison, Wis., was recognized in the *BrookfieldNOW* for her work with the Special Olympics and her dedication to helping athletes and all patients in her practice, The Vision Therapy Center.



Dr. Mayer

The Kay County Diabetes Support Group hosted Tanya Mayer, OD, of Ponca City, Okla., for an educational session about the importance of keeping diabetes under control and from affecting vision.



Dr. Keene

Susan Keene, OD, of Marion, Va., was featured in the cover story of *MBA Insights* magazine in 4Q 2012.



Dr. Chung & Dr. Bailey

The American Academy of Optometry awarded various awards for distinguished individuals to several women ODs at their meeting late in 2012.

Susana T.L. Chung, OD, PhD, FAAO, was the recipient of the Glenn A. Fry Award and Lecture (American Optometric Foundation award); and Melissa D. Bailey, OD, PhD, FAAO, was honored with the Irvin M. and Beatrice Borish Award.



Dr. Chung

Dr. Bailey

Red Light,

Safe street-crossing is no child's play. Low-vision doctor's research strives to analyze perception and reality of risk.

While there are multiple programs in existence designed to assist low vision and blind pedestrians to cross the street, Shirin E. Hassan, BAppSc (Optom), PhD, FAAO, found it surprising that she couldn't find any street-crossing programs that had been formally tested. "Textbooks for mobility trainers include orientation and mobility training for street-crossing; however, no studies have been conducted that assess how effective that training is," she explains. So Dr. Hassan applied her more-than-10 years of research experience to begin a thorough investigation this past August. Her research study, *Street-crossing decision-making in people with low vision*, is funded by a \$1.97 million grant from the National Institutes of Health/National Eye Institute (NIH/NEI) and will test 342 people in four controlled experimental settings. Dr. Hassan will evaluate the effectiveness of a street-crossing decision-making training program designed to assist elderly, visually impaired and blind pedestrians in crossing the street.



Dr. Hassan

The next five years will be busy for Dr. Hassan. In addition to her role as a clinical instructor at the Indiana University School of Optometry's Low Vision Clinic, she will oversee and conduct in-depth research and experiments at the school's Bloomington campus and in California, where weather permits year-round testing. The orientation and mobility street-crossing training evaluation includes a series of tests in real-life, outdoor traffic environments, with which Dr. Hassan had experience prior to receiving her grant. Now she will lead a research team, including some first- and second-year optometry students, whom she will train to analyze the results. "It's very exciting to be advancing the field of low vision," she says. "Working with the students will allow them to gain first-hand experiences in conducting real-world research."

Typically, street-crossing training occurs in places where people can make a reliable judgment about crossing the street. The sites are not too close to a traffic light or near the top of a hill where there is no visual preview. Dr. Hassan breaks down the thought process of crossing the street safely and focuses on two goals: improving the accuracy of a pedestrian's ability to judge the amount of time he or she needs to cross the street and helping the pedestrian better judge how far away a car is in relation to the time needed to cross the street.

Her research will also examine the effect of street complexity on decision-making by comparing one-way streets to multiple-lane or roundabout situations. Dr. Hassan hopes to discover how performance changes as vision gets worse and as subjects become older. "If a young pedestrian decides that it is the right time to cross the street and finds that he or she actually misjudged the time because there is now a fast approaching vehicle, then the young pedestrian can quickly speed up and run across the street. Yet an older individual may either be hesitant to step off the

Continued on page 13



Photos courtesy of Indiana University

Research participants observe the flow of traffic as Dr. Hassan evaluates their street-crossing decision-making.

Why It's Important

Dr. Shirin E. Hassan has always encouraged her colleagues and other doctors to talk with their patients about their mobility issues. "When you first see low vision patients, they may be shy or embarrassed to admit they have a problem with crossing the street because it is a common task," Dr. Hassan explains. She hopes that her testing and research will formulate great advice that can be shared with optometrists and patients in the future. Dr. Hassan looks forward to being able to disseminate her recommendations to health care professionals, including low vision optometrists and occupational therapists, as well as traffic engineers and organizations such as the U.S. Access Board that can incorporate her recommendations into their low-vision rehabilitation programs and road intersection design. **WO**

curb or be unable to respond quickly," Dr. Hassan explains.

Dr. Hassan will also examine and compare self-perception of performance, as she recruits individuals who report no difficulty with street-crossing and those who report that it is a challenge. She will determine if perception of performance marries reality. From her earlier street-crossing research, Dr. Hassan often finds low vision individuals have difficulty crossing the street, even if they do not admit it.

Dr. Hassan grew up in Australia and studied there to earn her degrees in optometry as well as her PhD in low vision and mobility. Her first encounter with street-crossing research occurred during a post-doctoral research fellowship at the Wilmer Eye Institute at Johns Hopkins University in Baltimore. She compared eye movement behavior between normal and visually-impaired pedestrians as they crossed the street. The road network there was becoming more complex with an increasing number of traffic circles. Dr. Hassan came to the Indiana University Bloomington School of Optometry in 2007 and hoped to continue building on her earlier street-crossing research—a dream that became a reality last year. "I'm looking forward to making major contributions and expanding our knowledge in the area of low vision and safe pedestrian practices," Dr. Hassan says. "As you get more involved, you realize how many more questions we have left to be answered." **WO**

WOV Focuses on Autism

Three mothers of autistic children spoke at the Women of Vision (WOV) event during the American Academy of Optometry meeting.

The panelists **Bonnie Kabat**, **Nell Goddin** and **Stacey Coulter, OD**, urged practicing ODs to be aware of the resources available—to help with patient care and to support the family. Dr. Coulter emphasized "how emotionally draining autism can be for everyone in the family. It affects your career, and it certainly affects your finances," she said.



(l-r): Dr. Coulter, WOV's Gretchyn Bailey and Louise Sclafani, OD, and panelists Bonnie Kabat and Nell Goddin

Dr. Hickson-Curran, Dr. Grover & Dr. Wang-Harris



Dr. Hickson-Curran



Dr. Grover



Dr. Wang-Harris

Three women were among the nine new Diplomates in the American Academy of Optometry (AAO). **Sheila Hickson-Curran, BSc, MCOptom, FAAO, FBCLA**, director of medical affairs at Vistakon, is a Diplomate in the Cornea, Contact Lenses & Refractive Technologies section. **Lori L. Grover, OD**, of Baltimore, and **Sandra Wang-Harris, OD**, of Dulles, Va., are Diplomates in the Public Health and Environmental Vision section. Just more than half of the 204 new Fellows inducted in the AAO were women.

Dr. Ocampo & Dr. Whitaker

Kimberly Ocampo, OD, of Decatur, was named Young Optometrist of the Year by the Alabama Optometric Association (ALOA) late last year. **Leanne Whitaker, OD**, of Athens, was elected and sworn in to the ALOA 2012-2013 Board of Directors.



Dr. Ocampo



Dr. Whitaker

Dr. Blehl, Dr. Jung & Dr. Scott

Three of the nine corporate-affiliated doctors recognized in the annual *Corporate Optometry Reports Innovation in Care Awards* were women. **Erica Blehl, OD**, affiliated with Sterling Optical in Nanuet, N.Y.; **Jennifer Jung, OD**, affiliated with FirstSight Vision in Long Beach, Calif.; and **Carolyn Scott, OD**, an HVHC-affiliated practitioner in Rocky Point and Centereach, N.Y., were honored for excellence.



Dr. Blehl



Dr. Jung



Dr. Scott

The Road Less Traveled

Doctor takes a two-year detour on career path to open an eye care clinic in Honduras

In 2002, **Patricia Stamper, OD**, sold the independent practice she had started from scratch in 1986. "I was ready for some adventure in my life," she says. Dr. Stamper had previously volunteered in Honduras and saw an opportunity for something bigger. "Instead of going down there for a week here and there, I thought it would be great to open a permanent clinic." She moved to Honduras and with the help of Sight to the Blind, funding was acquired, and teams of ODs and MDs came to help at the clinic. "It was heartbreaking at times when there were people I couldn't help, like children who had been born blind, but we improved the lives of many people who often traveled far for our services."

After the clinic was on a firm footing, Dr. Stamper moved to Arizona

to be closer to her family. For the next eight years, she worked at independent and corporate-affiliated practices. She had accumulated a wealth of experience since her working life began immediately after optometry school graduation as chief of optometry at Mountain Home Air Force Base in Idaho. But she wasn't ready to retire. So she decided that since she had built one successful practice, she could do it again. "Early



Dr. Stamper with a patient on a 2010 mission trip

retirement isn't an easy thing," she says. "I decided to go into business for myself again because I'm going to be working a long time, and why not open a practice if you have the will and the energy?"

In July, she opened the doors to Vision Edge Eye Center in Chandler, Ariz., and is happy to find that every day is still a learning experience. "Why not do what I really enjoy and run it myself like I've done before?" She often asks patients why they left their previous optometrist, and they might respond that the office became too busy to give them the time they thought they deserved. "I'll do what makes the patient happy, because that makes me happy." Dr. Stamper can focus on building personal relationships instead of having to shuffle patients from one station to the next, and she can control her schedule, allotting a specific amount of time to each case.

Some things have changed since the last time she was a practice owner. For example, there are more third-party payors involved, and Dr. Stamper is educating herself continually to stay updated. Overall, it's been a boon. Although the insurance contracts and managed care plans dictate the fees she'll be reimbursed,



Dr. Stamper decided to open a second practice after years of working in other doctors' offices and selling her first practice to live in Honduras to establish a permanent clinic.



the free advertisement on the insurance company web sites is priceless. "Employees can look on the web site and see that I am located close to them," she says.

To keep her overhead costs low, Dr. Stamper stocked part of her dispensary with consignment frames, and she's negotiated with her frame and lab vendors for deep discounts. She's learned it never hurts to ask. "Vendors are very willing to work with you if you make the

request," she says. She purchased cabinetry from IKEA for her frame displays, saving herself big money.

Now Dr. Stamper is focused on spreading the word that her practice is open and ready for business. Her office is located along a main road in a strip mall with high visibility, which she hopes will draw in more passersby. She monitors her advertising, tracking web site hits, Facebook and phone calls into the office before and after ads are placed in the local newspaper. She authored a profile story that she sent to her local newspaper, generating some buzz. She's experimenting with direct mailing and has seen some positive results so far, and Dr. Stamper also has begun discussing a frame show and grand opening event with some of her frame vendor representatives. **WO**

Shared Strategies

Even though **Dr. Patricia Stamper** is not new to running a practice, she's new to running this practice that opened in July. So she's grateful to her colleagues who have been so supportive with helping her understand the marketplace. "These optometrists have been really open about what works for them," she says.

By knowing when other offices typically experience a lull in the schedule, for example, she won't panic if the same dip occurs in her practice. By hearing about the experience of others, she won't spend as much time second-guessing her own decisions. She knows from experience that great success doesn't happen overnight, so she's enjoying the journey making each patient happy one at a time. **WO**



Rekindling My Passion and Pursuit for Science

By Cheryl G. Murphy, OD

After all of my years of schooling and focus on optometry, I found myself myopic in more ways than one. Each year of education brought a narrowing spectrum of subjects to which I was exposed. Of course, it was purposeful. That is what specializing is supposed to do. However, I lost sight of something along the way. The reason I had gone pre-med and became an optometrist in the first place was that I loved science. Not just vision science, but science as a whole.

There is a pure curiosity that exists in all of us as children. I see it in my own kids. "Why is the sky blue?" "Why does the moon seem to follow our car?" "Why is yawning contagious?" There is a lot of joy that comes when we unlock and understand the wonders of the world around us, and the pursuit of learning about science can be exhilarating. As adults, even those in science careers like ourselves, we can somehow start to forget that sense of excitement we once had for learning and the awe that can come from new discoveries.

In 2008, I began writing a blog called *Science Hidden in Plain Sight*. I felt like I was explaining the same things again and again to my patients. It seemed to me there was a huge gap in the public's understanding of some pretty basic topics of vision and eye health, such as the need for reading glasses at age 40, what cataracts are, what glaucoma is and even the difference between an optician, optometrist and ophthalmologist. So I set out on a one-person crusade with hopes of filling some of the gap and educating people about their vision and eye health. I learned how to write, blog, edit and distribute science information along the way.


Since the start of the blog, my passion for science communication and sharing the wonder of vision science with the public has grown tenfold. I am now a frequent guest writer for *Scientific American* magazine's blog network, and I also blog at Huffington Post Science and Review of Optometric Business. I have become a contributing editor at *Review of Optometry*, and last year, I served as guest editor-in-chief at *20/20* magazine. I have written articles on love and the eyes, the science behind fearful eyes and on how music can literally change the way we see the world. Some of my vision-related articles have even been picked up by Yahoo! News. The topics I write about may not be

directly related to eye health, but it is my hope that I might get the public to stop and look at their eyes and vision in a new light by using fun topics to spark a greater feeling of amazement, admiration and appreciation for their vision. People might recall that they're due for an eye exam or be inspired to keep better tabs on their own eye health and vision.

Science writing and science communication have benefited me greatly, and they have turned me into a self-proclaimed ambassador of science. Through blogging, writing and social media, I have gotten to know many interesting researchers, writers, professors, editors, doctors and scientists in all different realms of science. They share their enthusiasm and the latest discoveries in their areas of expertise. When I hear a piece of science-related news and want a little background or a better understanding of it, I use my network of science communication professionals to reference someone who has expertise in that field. It is nice to hear an astro-

physicist explain the significance of the Higgs Boson particle discovery or a world-renowned neurobiologist, Oliver Sacks, MD, detail the peculiar hallucinations of patients with Charles Bonnet Syndrome. It

has restored my love for science and inspired me to reach out and share my knowledge of vision science with others and to keep myself constantly learning about areas of science outside of my own.

That is what makes science so great. There is always more to know. It is constantly changing and evolving. Our thirst for knowledge shouldn't end when we grow up or when we graduate optometry school; it should continue. We should always passionately strive to look at the world with a renewed sense of curiosity, wonder and appreciation. 

You can follow Dr. Murphy on Twitter, @murphyod, or on Facebook at fb.com/drcherylgmurphy, or email her at murphyod@optonline.net. She's from Holbrook, N.Y.



Dr. Murphy

Science hidden in plain Sight



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