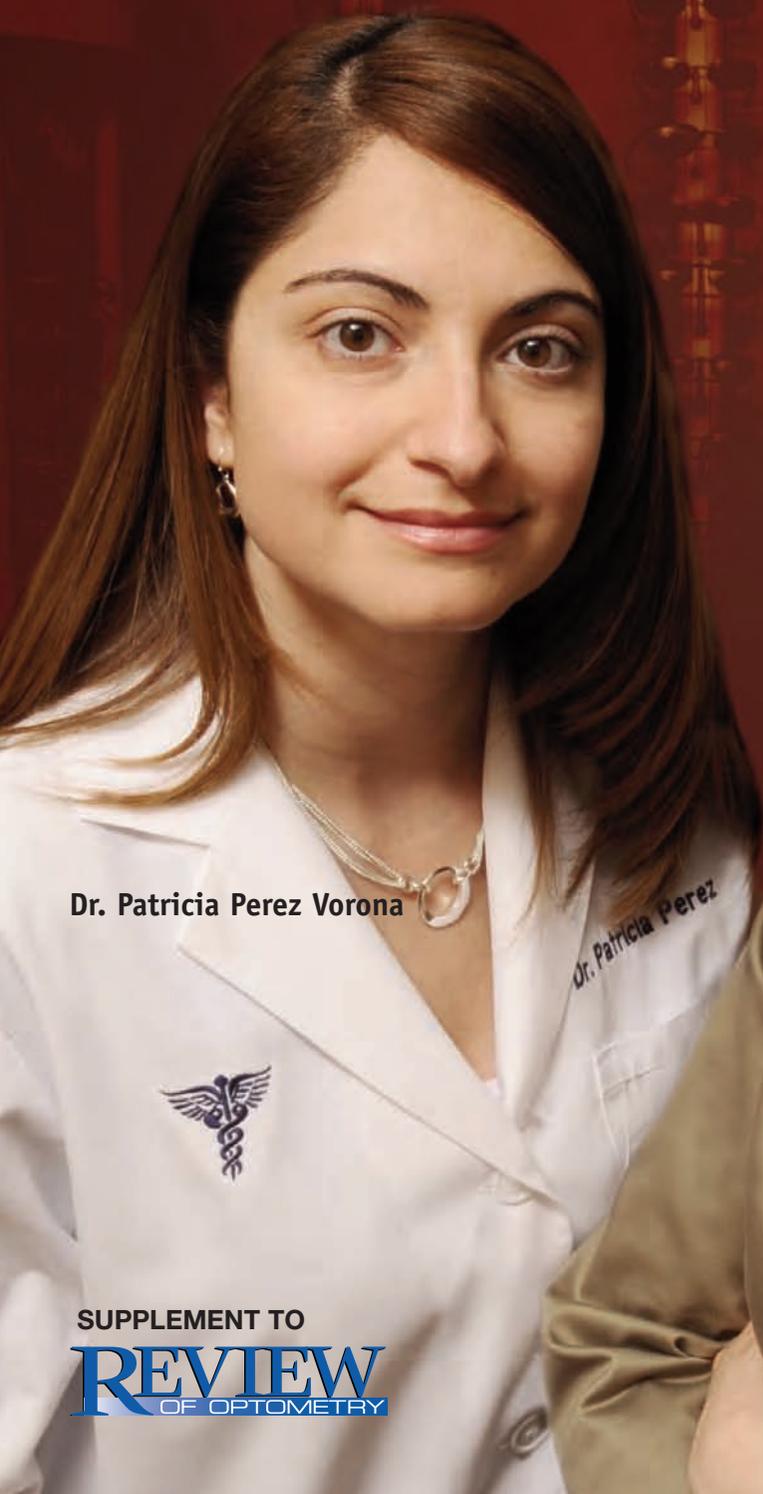




Dedicated to the interests of women O.D.s

The Perfect Complement

Identical twins, Dr. Patricia Perez Vorona and Dr. Angelica Perez, bring different strengths to their practice.



Dr. Patricia Perez Vorona

Dr. Patricia Perez

SUPPLEMENT TO
REVIEW
OF OPTOMETRY



Dr. Angelica Perez

Inside:

Four women O.D.s discuss how their specialties invigorate their practices.



Marjolijn Bijlefeld

Shout Out

Independent Spirits, Common Goals

While there is obvious strength in numbers, there's a certain kind of strength in being apart from the crowd, as well. Our cover story about identical twins who co-own two Chicago practice locations represents both kinds of strength. As partners, **Dr. Patricia Perez Vorona** and **Dr. Angelica Perez** can do more together than they can separately. And yet each brings her own unique skills and interests to the practice, making it more vibrant.

Also in our cover package, **Dr. Karen Preston** and **Dr. Anna DiGesio** review how they have moved their interests beyond a niche and into the realm of practice mainstay. The common denominator between them and the other doctors profiled in this issue is the drive to provide excellent clinical care and patient service. These optometrists want to make the eye care experience a good one, and they all seek to enhance patients' lives in large and small ways. In doing so, they provide themselves with professional satisfaction while raising the level of care.

That's also where the commonality comes into play. Optometrists—gender is inconsequential—who work to improve the perception and scope of the profession are making it better for themselves and those still to come. Yet even in this kind of sisterhood, there's room to celebrate individual accomplishments, like **Dr. Rhonda Robinson's** appearance on *The Martha Stewart Show*, **Dr. Colleen Riley's** R&D efforts on contact lenses or **Dr. Renee Laliberte's** throwing open the doors on her new and improved office.

Each good deed, superior patient experience or contribution to public awareness can build an individual's reputation even as it bolsters the prestige of the optometric community.

Remember to look for an electronic version of *Women In Optometry* on the *Review of Optometry* site, revoptom.com, and *Women of Vision's* wovonline.org.

Marjolijn Bijlefeld

Marjolijn Bijlefeld
Managing Editor

Educate Your Community on Eye Health

Many organizations provide information to help you promote important eye health issues all throughout the year. For the next few months, introduce the following eye health issues in your community.



Light the Night for Sight and Fireworks Safety Month: For more information on safe ways to celebrate the Fourth of July or events near you, visit Prevent Blindness America at preventblindness.org or call 1-800-331-2020.



Children's Eye and Safety Month: For information on amblyopia, tips on preventing eye injuries in children and signs of possible eye problems, visit Prevent Blindness America at preventblindness.org or call 1-800-331-2020.

Cataract Awareness Month: Prevent Blindness America will offer tips about cataract prevention and information about surgery. Visit preventblindness.org or call 1-800-331-2020.

Children's Vision and Learning Month: Help teach parents and educators about the critical link between vision and learning. For more information from the College of Optometrists in Vision Development, visit covd.org and click the "August is Nat'l Children's Vision & Learning Month" item from the left sidebar on the home page.



Home and Sports Eye Safety Month: Get tips on protecting yourself and children from such eye injuries. Contact Prevent Blindness America at preventblindness.org or 1-800-331-2020. 

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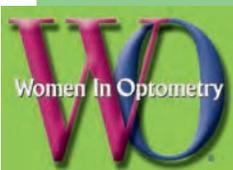
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Success in a **Small** Place

O.D. revamps her crowded office space to accommodate her growing practice

For the past six years, **Renee Laliberte, O.D.**, shuffled patients in and out of the lone exam lane in the long, narrow 585 square feet of her Main Street Optometry office in Dexter, Mich. A thin accordion door offered only modest privacy for her two patients per hour.



Dr. Laliberte

"Towards the end of our time in that office, staff and patients were like sardines," she says. "We tried to crack jokes. Some patients laughed, but people like their personal space—and there was never any for anyone." Despite the small office, her patient base grew tremendously.

Dr. Laliberte came into the space in 2003, when she partnered with an optician who ran a small optical business. She acquired the practice four years ago and began brainstorming ways to renovate the Lilliputian space where living room end tables served as dispensing tables and a small computer desk doubled as reception area. What wasn't tiny was worn.

The first attempt at an improvement proved impractical. Dr. Laliberte and her husband and business manager, **Mike Burns**, rented the suite directly behind her office, intending to use it for a pretesting room. But it was too far of a walk for patients, and it wasn't directly connected to her office. Still, it was put to good use as a storage space.

Dr. Laliberte knew she would rather stay than move, so she and her husband investigated purchasing the building and negotiated with the owners, a process that took longer than expected. But late last year, the deal was inked, and the office finally closed for renovation. For several months, patients were redirected to Dr. Laliberte's Pinckney, Mich., location—10 miles away.

Back in Dexter, an architect—a tenant in the building—drafted a design to eliminate walls between the former office and the suite. The new space, which opened in early April, created 2,000 airy square feet of office space with two exam lanes and pretesting room. Even with her new GDx and visual field machines already in the pretesting room, space remains for her next purchase: a retinal camera.

Passersby and patients see the revamped optical dispensary through the plate-glass windows and traditional downtown glass doorway. They can wander through the sun-filled dispensary where new counters and frame boards allow for eye-catching seasonal or brand-name displays. That's important as Dr. Laliberte and Burns are seeking to upgrade the quality of offerings in the optical dispensary. As they acquire higher-end frames, they finally have the space to showcase them. **WO**



After



Before

Narrow aisles limited movement for staff and patients alike. Now there's room to move freely and to enjoy the various frame displays.



After

Have Staff Help

Remodeling can be a headache—so **Dr. Renee Laliberte** gives kudos to her Main Street Optometry staff who helped out rather than hid. "They worked overtime, stayed late and came in on weekends," she says. "They were so cramped before, so they saw how much we needed to do this."

Rather than lay off staff or cut hours during the remodeling process, she assigned them to her second location, where she works with an associate. And they were enthusiastic as the renovations began to take shape.

Staff helped with merchandising the practice's new frame boards, disassembling and assembling equipment and furniture and organizing office materials. Dr. Laliberte says they were able to hit the ground running when they opened because staff knew where all key materials were located. **WO**



Use the Power of Brands!

By Beverly Korfin, M.B.A.



Coca Cola, BlackBerry, Google and Twitter! Is there any denying that brands are part of the fabric of American life?

"I don't get them as a couple," says one teenager to another. "She's so, like, Prada... and he's so, um, Abercrombie!" It's not limited to teens. Glance at the patients in your reception area and you'll see purses, shoes, sunglasses, baseball caps and clothing that were purchased, to some degree, because of the

brand logo. The power of brands is integral to our way of life.

Using brands can help you to build your practice. In fact, in many ways your practice is, itself, a brand.

When it comes to brands, marketers have their own language.

Brand equity: When a brand is well marketed, consumers immediately recognize the brand name. The brand stands for something, a clear concept or value. Say iPhone, and consumers automatically think: high-tech, cutting-edge design.

Brand loyalty: Consumers become accustomed to buying a brand—and they stick with that brand. It's a value they identify with. Fashionable consumers wear clothes with the Ralph Lauren Polo logo. Others order their shirts from L.L.Bean, and when a favorite shirt wears out, they order the same shirt again. It tells the world who they are.

Brand extension: When a brand is well established, marketers look to branch out into related products that leverage the recognition of that brand name. Coke extends to Diet Coke, Jell-O into Jell-O Pops. In fashion, that extends to eyewear and sunwear, and in recent years, the optical field has seen many brand extensions that build upon a trusted brand name.

Global branding: As a brand grows, it is recognized far and wide and identified with fashion, performance and quality. Consumers like to be part of a widely recognized brand. A global brand.

What do brands have to do with eye care practices? Everything. By identifying your practice with top brands—and by presenting top brands first—you are making a positive statement about your practice. You associate your practice with an elite group of top-performing and widely recognized products. You show that you have the latest frame

Put Branding to Work

Reinforce You Own Brand: Your Practice

Your own practice is a brand—and you can put the power of branding to work by training your staff in these five simple strategies.

- 1) Reinforce your brand name.** In every interaction with patients, repeat and reinforce your message. Answer the phone, "Hello and thank you for calling Apple Valley Eye Care, where your eye health comes first."
- 2) Use this focused greeting all the time.** Include your name and tag line in your phone calls, automated phone message, on your practice web site and in communications with patients.
- 3) Design your brand.** Design a practice logo and include it in all communications from your practice. Consider hiring a graphic designer to create a logo and color scheme.
- 4) Co-brand your practice with top optical brands.** Mention and show leading brands of ophthalmic lenses, contact lenses and frames in all of your communications.
- 5) Work with your sales reps.** They know the benefits of their brand products better than anyone. Promote any programs and product specials that help to reinforce your practice brand.

styles from top producers, the most high-performance spectacle lenses and the most successful designs in contact lenses to meet a wide range of vision needs and patient lifestyles. And when your office is equipped with high-tech instrumentation and equipment, that sends a message that you deliver the highest level of eye care.

In other words, you can use established brands to build your brand.

Train your staff to present brands well. Use brand signage around your office and in your eyewear dispensary and contact lens instruction area. Display and distribute brand literature that informs and reinforces the power of brands.

All this adds up to one thing: Why would patients, who think and act as consumers, look anywhere else for the best care of their eye health or to satisfy their eyewear needs? With the power of brands behind you, your practice is the first—and best—eye care destination.

About the MBA

The Management & Business Academy™ (MBA), which is sponsored by CIBA VISION and Essilor, has become synonymous with practice building throughout optometry. MBA principles are used in many schools and colleges of optometry, and the MBA program is endorsed by the American Optometric Association. The MBA conducts symposia around the country that feature the distinguished MBA faculty. For more information, and to access a host of practice-building tools, visit mba-ce.com.

Beverly Korfin, M.B.A., is senior manager of marketing operations for CIBA VISION.



On www.wovonline.org

"It's Your Business" also appears on the web site of Women of Vision. Check it out at wovonline.org.



The BIG Pay-Off

1' *come to an end; time to look ahead*

Next month, for the first time in 12 years, **Denise Rice-Kelly, O.D.**, will no longer have to make a loan payment on her Northwest Optometric Associates practice in Harwood Heights, Ill. The long road has taken her through three financial arrangements but has brought her miles away from where she was in February 1997: "living in an apartment by myself in downtown Chicago, single, with no collateral and \$168,000 in student loans," she says.

How did she manage, then, to become an owner of a successful established practice? The answer is a combination of who she knew, her own drive and luck. In her fourth year at Illinois College of Optometry (ICO), she worked part-time at this practice, providing vision therapy. That led to an offer as an associate after she graduated in 1995. A year later, the owner asked her to become a partner. As the year went on, the owner began thinking of leaving optometry to pursue other business interests. Dr. Rice-Kelly wasn't about to pass on the opportunity, so the arrangement "turned into ownership at the last minute," she says. And so the financial journey began.

In February 1997, Dr. Rice-Kelly purchased the practice for just more than \$400,000 with a down payment of \$40,000—a contracted loan from her parents with a 10-year payback schedule. The rest of the money was financed for five years with the previous owner, with a balloon payment due at the end of the term.

Dr. Rice-Kelly wasn't on her own for long, personally and in her practice. She married **Jim Kelly**, a Chicago police detective, in 1999. "It really has been 100 percent my debt, my payoff, my everything," she says. "But it's nice to have a partner at home to help with all of the other financial challenges of raising a family."

As the date for paying off her five-year loan approached, Dr. Rice-Kelly took out a seven-year Small Business Administration (SBA) loan for just more than \$300,000. The couple had three children in quick succession: today, they're 8, 6 and 3. "It wasn't easy because I would have to decrease my hours to part time at the practice temporarily, and still make SBA loan payments at the same time." A couple of times she received forbearance on her student loans to delay the payment process when money was tight, immediately following the birth of a baby.

Back in the office, Dr. Rice-Kelly tried to solve that problem by hiring an associate, in addition to **Dominick Maino, O.D.**, who had already been with the practice one day a week for many years. "We went through a few part-time associates who would last a few years and then go on to a teaching position or get married and move out of the area," Dr. Rice-Kelly says. "My latest associate, **Cheryl Adams, O.D.**, started about two years ago. She's the one I had been looking for, for 12 years!"

Now that Dr. Rice-Kelly's youngest child is in preschool a few days a week, she has been able to spend more time in the practice, staying on track with the loan payments. That's an important discipline. While the practice loan is paid off, she still has student loans. And it's time to update the office, so she is applying for a small loan to manage that.



Dr. Rice-Kelly is planning her next phase of practice investments.

Investing in the Practice

Dr. Rice-Kelly's practice is far from falling apart, but that doesn't mean she can ignore the way it looks. "We're lucky because patients still come in and say we have a nice office," she says. "But I think it's important to upgrade and remodel before things look bad."

And as an academic site for fourth-year students from ICO, her practice needs to look modern. One student told her a piece of equipment was old-fashioned. Ouch. But in comparison to the state-of-the-art facility at ICO for first- and second-year students, Dr. Rice-Kelly admits that some of her instrumentation is a bit out-of-date. She is upgrading the visual field analyzer, topographer and retinal camera, and she is consider-

ing a retinal imaging system to go along with the new digital flat-screen acuity charts and new exam chairs she has already purchased.

Dr. Rice-Kelly is also transforming her 2,400-square-foot space with a new layout and dispensary. She's adding a third exam lane dedicated for vision therapy and low vision, two of the specialty areas for which her practice is known. This will allow for better efficiency and the opportunity for more than one doctor to see patients at the same time.

Her plan includes redesigning and refurbishing the optical dispensary from top to bottom. The entire project will be done in three sections, so the office does not need to be closed for more than one week, she says. Having met the milestone of paying off her practice loans, she's not afraid to invest in her future. **WO**

Fewer Women Anticipate Owning Practices

Fewer women anticipate owning a private practice five years after graduation (58 percent) than do their classmates who are men (78 percent), according to a March 2009 survey conducted by Jobson Medical Information of 231 fourth-year optometry school students. Other survey responses reflected some gender-based differences in employment plans and perceptions of practice settings.

- Women graduating O.D.s were somewhat less likely to plan starting a private practice immediately after graduation than were men (7 percent versus 18 percent).
- First-year compensation expectations were comparable between women and men.
- Women had somewhat lower compensation expectations after five years in practice than did men.
- Women tended to be less negative in their perceptions of corporate practice, but most new O.D.s said they prefer private practice. **WO**

Influencing the *INDUSTRY*

A career in product research is rewarding and often overlooked

She is a key member of the team responsible for ACUVUE® OASYS™ for ASTIGMATISM from conception to completion. But in optometry school, **Colleen Riley, O.D., M.S., F.A.A.O., Dipl.**, had no idea that her career would guide her to Jacksonville, Fla., where she has spent the past four-and-a-half years working for Vistakon's Global Research & Development division.

Her schedule does not always include face-to-face interaction with patients, but Dr. Riley still experiences a connection with consumers around the world, every day, when they use one of the lenses she's helped produce. "To know that I can influence millions of patients on a daily basis is really great," she says. "I feel validated because people experience success with the lens."

As director in product development, Dr. Riley oversees and works with chemists, engineers and clinicians to create contact lenses from

start to finish. Her responsibilities include design, product ideation, prototype development, clinical testing and delivery of the final product for sale. With Vistakon's newest toric lens, Dr. Riley worked to transfer the high level of satisfaction with the spherical ACUVUE OASYS with HYDRACLEAR® Plus lenses to a comfortable fit for astigmats.

Dr. Riley encourages women O.D.s looking for something new to take their experience into research leadership at a corporate level—a career that is not often publicized for optometrists, Dr. Riley says. "In positions of leadership, you have the opportunity to influence. The skills learned are so great, and I want more women to think of this as an opportunity."

One way that O.D.s can experience how research can complement the work they do in their practice is through clinical testing.



Dr. Riley

After internal testing is done, Dr. Riley says it is common for several prototypes to be chosen for testing on larger population. She works closely with other O.D.s as their patients try the product. "This field knowledge benefits the development process," Dr. Riley says. Once an O.D. has gained outside experience interacting and observing patients, the lessons learned can be transferred to clinical testing.

A research career is an option for new graduates, too. Dr. Riley got her start in research during her third year of optometry school at Indiana University School of Optometry. She has since held many research and teaching roles at the school since her graduation, such as assistant clinical professor, research optometrist and contact lens residency program supervisor. She was in that role when Vistakon offered her the product research position. She jumped at the chance—moving her husband and three children halfway across the country. Her family had to regain a balance after the move, but these kinds of opportunities don't come around too often. Product research presents a unique chance to conduct investigations on a huge scale, larger even than some scientific research, which is limited by grant funding. **WD**

Let's OWN This

Staff contribution to medical model optometry initiative a critical step

Rosario Flores, O.D., of San Leandro, Calif., opened a private practice cold two years ago. She had worked for a doctor in a private practice for several years before, so Dr. Flores' observations and experiences helped her mold the way things would work in her own office.

One necessity for her practice was incorporation of the medical model. "I saw a lot of optometrists leave money on the table," she says. "They didn't even look into medical insurance options—they just gave away the services for free." Dr. Flores wanted to be savvy about maximizing opportunities where she could help her patients and also earn extra income.

While attending a recent meeting on becoming a medically based practice, Dr. Flores determined that she was going to accept PPO insurances and wanted to be on at least five different insurance plans. Before she even left the meeting, she had created a checklist to make sure the ideas didn't fall through the cracks.

The first step was to identify top plans used by patients. When she returned to the office, Dr. Flores held a staff meeting. Since staff usually start the discussion on managed care with patients, she knew that they would have ideas about the most popular plans. From their input, she created a list.

By requesting medical insurance as well as

vision insurance on the patient history form, Dr. Flores is able to make sure her list reflects patients' needs. She says patients are familiar with handing over their medical plan's card during doctor visits, so they do not find it invasive.

With a list of top five plans in hand, she began the process of joining the panels. Dr. Flores recommends using the accreditation clearinghouse Council for Affordable Health Care, found at caqh.org, to simplify the process of applying to multiple plans.

As applications were submitted, Dr. Flores distributed plans among her employees so that each staff member could become an expert on one. Each employee produces a mini-instruction manual on billing for everyone else to follow, and that employee also tracks if there are changes in that plan. Having an expert on each plan is also important during the approval process. "After turning in the application, call every 30 days to confirm the application is being processed," Dr. Flores says. Instruct staff to use the 1-800 number available, and keep your reference number handy.

"By letting staff take part in the application process and make these follow-up phone calls, it empowers them," Dr. Flores says. Plus, this means she does not need to hire someone specifically for medical billing. "Separate the work between the people you already have," she says. **WD**



Dr. Flores

The TARGET Audience

Optometrist talks eye health with queen of house and home, Martha Stewart

For nearly six minutes on April 27, **Rhonda Robinson, O.D.**, was the center of attention to millions of television viewers—mostly women ages 25-49—on the set of *The Martha Stewart Show*. Dr. Robinson made the most of her time—espousing comprehensive eye exams for infants and children and using a 3D model of an eye to explain how aging and presbyopia affect vision. She even offered to enhance Martha Stewart's vision from the monovision contact lenses she's wearing now to multifocal lenses for crisper vision at all distances.

Dr. Robinson, of Indianapolis, Ind., is a long-time consultant for Bausch & Lomb, which supported the show. In fact, all studio audience members were given a selection of Bausch & Lomb products. Dr. Robinson says she was asked to be on a special health show about a week before it aired. The pressure was on, she says. Not only would she be sharing the stage with Martha Stewart, "I felt a big responsibility to represent optometry well. The other guests [an internist, gastroenterologist, cardiologist and gynecologist] were all M.D.s."

So she prepared carefully. The show's producer sent her several questions that were likely to be asked. "I wrote out my answers, and I practiced 100 million times so I would feel comfortable. I was very well prepared," she says. Indeed, the preparation paid off in more than one way. Not only was the taped segment flawless, the producers posted her written responses on the marthastewart.com web site, which gets 51 million page views per month.

A week after the show aired, Dr. Robinson was still bathed in the lime-light. "My five minutes of fame is still going on. I'm hearing from people and colleagues I haven't heard from in years," she says. Aside from some nerve-racking anticipation, the entire experience was terrific, she says. She encourages O.D.s to take advantage of any public speaking opportunities that come their way. "Know what you want your message to be," she says. She wanted to talk about children's vision and multifocal contact lenses, and she did. Because she was well prepared, she could work those key points into nearly any question she was asked.

To watch the video, and to read the accompanying story, visit marthastewart.com/article/optometry-101. 



Photo by Anders Crisberg

In April, Dr. Robinson had a chance to promote children's vision and multifocal contact lenses on *The Martha Stewart Show*.



Dr. Matsuda and her daughter, Halli, find a bond to each other and the community through hula dancing.



Aloha and Welcome *Connect with patients through your hobbies*

E*komo mai* is Hawaiian for welcome, even in the Los Angeles Eye Care Optometry Group. **Lynn K. Matsuda, O.D., F.A.A.O.**, says, "My love for Hawaii is my connection to many patients who are from Hawaii, love to visit Hawaii or have an interest in Hawaiian culture." And many of her patients know that her affection for the place where her parents grew up extends to her hobby of hula dancing. To get closer to her roots, she took hula classes when she was a young girl. In 1991, Dr. Matsuda and her mother picked it up again after her graduation from optometry school.

Many of Dr. Matsuda's patients perform, compete or are fans of hula dancing, so it's not uncommon for her hobby to be part of discussion in the exam room. "You always try to find a common ground to talk about," she says. "This helps you remember them, and they remember you."

Dr. Matsuda participates in weekly hula classes, as does her daughter, **Halli**. She hopes that Halli will join her this year at a local competition. To prepare, Dr. Matsuda spends three or four nights just before the event sewing costumes and making floral adornments that are worn around the neck (lei), on the head (haku) and on wrists and ankles (kupe'es).

The dancers also perform at many festivals during the year to have fun and expose people to the Hawaiian culture, she says. Some of the other hula dancers at the shows are her patients. Other patients come out to the event just to see the show.

This out-of-office connection reflects the way the practice treats its patients as family. Or in Hawaiian, "We always treat our patients like *ohana*," Dr. Matsuda says. "These connections foster development of relationships because you have credibility when you come from similar cultures, backgrounds and value systems." While hula dancing might not bring direct referrals to the practice, her patients appreciate her investment and dedication to the community and her culture. 

Double Vision

Identical twins can focus on their own interests while building a robust practice together

Identical twins **Patricia Perez Vorona, O.D.**, and **Angelica Perez, O.D.**, have two practices in Chicago—15 minutes away from each other in distance, but worlds apart in most other aspects. They have developed a business plan that includes growing vastly different practices, their own careers and their families... always with each other in mind.

They came into their first practice by design and the second one by happy circumstance. The twins' older sister **Sandy Gonzalez** was co-owner with an optometrist in a practice where she began working in 1985. After graduation, Dr. Perez and Dr. Perez Vorona took over the O.D.'s portion of the practice, establishing the first office for Perez Eye Care in 2004. A year later, a contact lens rep approached the twins to tell them about a business opportunity. A nearby optometrist was having trouble finding a bilingual replacement to work with his 80 percent Hispanic patient base. After visiting his office, Dr. Perez and Dr. Perez Vorona, both fluent in Spanish, decided to purchase the recently remodeled practice and its building.

That acquisition left the sisters with a more complicated business model. They wanted to co-own both practices, and each wanted to work in both locations. But with such different



The three sisters—two optometrists and their older sister as co-owner and office manager—make decisions a family affair.



Dr. Angelica Perez

1977

Patricia Perez and Angelica Perez are born.



1985

Sandy Gonzalez begins working in an optometrist's office, introducing her younger twin sisters to the profession.



2003

Dr. Patricia Perez Vorona graduates from ICO, takes over their sister's co-owner's part of the practice.



2004

Dr. Angelica Perez graduates from ICO and joins her sisters at Perez Eye Care.



2005

The sisters buy a second location.

COMPARISONS:

Original office—The Loop, historical downtown

Size and setup: 1,300-square-foot office in 1920s-era art deco building, two exam rooms, a contact lens room, visual field room and dispensary connected to the reception area

Patient demographics: primarily downtown workers

Payment method: 80 percent managed care

Frame selection: 400 high-end frames with brands such as Giorgio Armani, Emporio Armani, Versace, Versus and D/G

Average per patient revenue: \$300

Average frame price: \$210

Second office—Cermak

Size and setup: Newly renovated, 2,300-square-foot stand-alone building with two exam rooms, a contact lens room, reception area, dispensary and an in-office lab

Patient demographics: 80 percent Hispanic

Payment method: 70 percent self-pay

Frame selection: 500 frames with brands such as Armani Exchange, Tommy Hilfiger, Gant, Guess

Average per patient revenue: \$250

Average frame price: \$190

patient demographics, would one business plan cover both locations? They decided not to approach them as two separate entities, but keep them tied together in their minds and planning as one business. The sisters have found that this requires careful consideration in all buying decisions, especially for equipment. "At the present time, we cannot purchase the same equipment for both offices," says Dr. Perez. "Our decision for choosing particular equipment for a specific office is determined by our patients' needs."

Incorporating the medical model allowed them to generate an immediate positive revenue boost and had a major impact on growth in both offices. "Both previous doctors referred out for most ocular complications," says Dr. Perez Vorona. "Now we have a strong relationship with an ophthalmologist to whom we refer and vice versa." The word is spreading. Dr. Perez Vorona now sees patients seeking a second opinion from their ophthalmologist. They also see a large number of metal workers and day laborers who come to their Cermak office for foreign body removal visits.

But often, they can refer to each other, as each has her own complementary clinical expertise. Dr. Perez Vorona works closely with patients who have glaucoma, macular degeneration and diabetic retinopathy, while Dr. Perez handles specialty contact lens fitting, corneal scars, post-operative patients and teaching parents how to incorporate vision therapy for their children at home. Both provide comprehensive exams and specialize in keratoconus but often swap patients for follow-up visits. This poses an often perplexing situation for the patient who needs to be convinced he or she is not seeing the same doctor as last time. Staff have learned to ask, "Did you see Dr. Perez with glasses or Dr. Perez without glasses?"

All in the Family

When she was 15, Sandy Gonzalez started working for an optometrist. Her 7-year-old twin sisters often rode along to and from the office. Their involvement in the field from such an early age, plus spending time as technicians in a practice Gonzalez co-owned, contributed to their career decisions.

Once both twins decided to pursue optometry, they never considered working apart. In fact, Dr. Angelica Perez says that becoming an optometrist would help her stay close to her family and allow her to interact with people on a daily basis, a characteristic she wanted in a job. Like all sisters, they have their share of quarrels, but their problem-solving technique makes them excellent business partners. "We argue, but we are always able to talk it out," says Dr. Perez. "We have more discussions than arguments."

And as it started with family, the practice continues to run in the same way. While neither of the O.D.s has children yet, they have decided to stagger pregnancies when the time is right. "We have a lot of support from our family and parents," says Dr. Patricia Perez Vorona, and their family watches their eldest sister's children and would gladly do the same for the twins.

"We always take into account each other's plans. I will work for Angel if she has a special event and vice versa," Dr. Perez Vorona says. On weeks when one sister is on vacation, they plan to schedule a lighter patient load. **WO**

Share Roles to Track Business

Neither Dr. Perez Vorona nor Dr. Perez has a strong business background, so they make up for it by absorbing new information every chance they get. They supplement what they know by taking courses offered by companies they work with frequently. One process they implemented uses spreadsheets to track the business for productivity, revenue per patient, new patients and budgets, which include salaries, cost of goods and more.

The doctors also highly value keeping staff informed. Staff members attend classes on customer service, as well as billing and coding, which is essential for their practice. Monthly meetings reinforce lessons learned, and the practice will benefit with extra individuals invested in its success.

Until early this year, Dr. Perez Vorona tracked all the numbers for the offices, Dr. Perez ordered supplies and older sister Gonzalez handled payroll, contact lens and frame orders. Now, the doctors have swapped responsibilities. "We both will have an understanding of the entire business," says Dr. Perez Vorona.

As identical twins, Dr. Perez and Dr. Perez Vorona know better than most people that even when family members look alike, their personalities are not identical. So it makes sense to them that their practices, which bear little family resemblance, need to be nurtured individually as well as together. With three sisters combining their individual strengths, they are determined to create one cohesive family practice. **WO**

Cover and inside photos by Bob Levy

1993

Still in high school, Patricia Perez, a very high myope, decides to pursue optometry. She contacts the Illinois College of Optometry (ICO) to learn how to prepare for her career.

The Perez twins start working as technicians in their sister's practice while in school.

1995

Gonzalez becomes co-owner of an optical practice in downtown Chicago.

2007

Perez Eye Care sees 4 percent growth in its original location and 18 percent in the second office.

2008

The sisters remodel their downtown office.

Growth continues: 20 percent downtown and 11 percent in the second location.

2011-2012

Perez Eye Care is on target to hit \$1 million in revenue.



Dr. Patricia Perez Vorona

Specialty Gets Doctor Noticed

Stellar candidate becomes even more attractive with specialty focus

Anna DiGeso, O.D., of Somerville, N.J., has a CV that demands attention. She was valedictorian of her high school class, her undergraduate class and the Pennsylvania College of Optometry class in 2001. Even so, she was looking for a way

to make herself stand out, and she thought a specialty in a less traditional area might do it. After several rotations in low vision centers, she found her niche, working with patients with suboptimal vision that can't be corrected with contact lenses or eyeglasses.

evaluating low vision patients in Dr. Miller's general optometric practice, about 15 miles away. That component grew, and in 2007, Dr. DiGeso decided to join Dr. Miller full time at Somerville Family Eyecare. The two began working on a purchase agreement, which they completed in 2008. Dr. DiGeso's practice is full scope, with approximately 20 percent of her patients having low vision.

Today, her referrals come from a variety sources—local retinal specialists, ophthalmologists and the N.J. Commission for the Blind and Visually Impaired, to name a few. Dr. DiGeso says that some optometrists may be hesitant about referring to another colleague. "Put the best interest of your patient in your mind first," Dr. DiGeso says. "It's important to educate your patients about anything that can help them, even if you aren't offering that service of vision therapy or low vision. They should be referred appropriately."

Too often, that doesn't happen. Patients who arrive at her office for consultations are frequently depressed. "They have been told nothing can be done by most doctors," she says. "But this is only true when they've been referred to me too late." In most cases, Dr. DiGeso is able to provide a life-changing improvement to the patient's vision. These patients often are accompanied by a family member or social worker, so it's important to allow time to answer questions from both the patient and the helper. A low vision exam typically takes an hour or two to complete.

Optimally, patients should be referred to a low vision specialist when vision ranges between 20/50 and 20/400. Once these patients arrive in her office, a thorough history is taken, including questions about orientation, mobility and activities of daily living. Her first goal is to give them the clearest vision they can achieve with contact lenses or eyeglasses. "We then work with a magnifier



Dr. Miller and Dr. DiGeso (l-r in front) have the support of the staff.



Dr. DiGeso works with one of her low vision patients.

Somerville Family Eyecare, LLC

10 Codrington Place
Somerville, NJ 08876
(908) 725-0144



Welcome to Somerville Family Eyecare! Our goal is to provide you and your family with the best vision care available.

Regular eye exams are the best way to ensure healthy vision now and throughout your lifetime. Come to Somerville Family Eye Care for:

- Eye Exams
- Glasses
- Contact Lenses
- Laser Vision Correction Consultations and Co-Management
- Low Vision Correction With Magnifiers and Telescopes
- Treatment of Eye Disease

The Somerville Family Eyecare web site explains the low vision services the practice offers.

A Low Vision Toolbox

Have these low vision tools on hand to help low vision patients as much as you can. Refer them to a low vision specialist for additional assistance, and always be encouraging that there may be aids and strategies that can help the low vision patient function more independently.

- A variety of hand-held and other magnifiers
- Hand-held and spectacle-mounted telescopic systems
- Microscopes (high-powered reading glasses)
- CCTVs or other electronic devices **WO**

She posted her credentials on a job seeking program available on the New Jersey Society of Optometric Physicians' web site after graduation, and that's where two different New Jersey practitioners found her. **Beverly Miller, O.D.**, was looking for a part-time associate, and **Stephen Sinoway, O.D.**, was looking to fill a nearly full-time position. Never one to shy away from work, Dr. DiGeso chose both. She spent the next five years working for Dr. Sinoway, adding the low vision component to his general optometric and vision therapy practice, and spent some hours each week

or telescopic lens to help them maximize their vision," she says.

Next, she shows patients ways to use their vision during activities in their daily life. These strategies can be as simple as organizing clothes by color in the closet so patients can dress themselves, dollar bill folding techniques, stove marking, eccentric viewing techniques and many others. **WO**

An Exit Strategy with an Inside Angle

The advantage of a well-thought transition from one owner to another is that there are two optometrists keenly interested in the practice's well-being. As part of their purchase agreement, **Dr. Beverly Miller** agreed to continue to work part time at Somerville Family Eyecare. That provides some comfort to **Dr. Anna DiGeso**. "When it's time for me to go on vacation or when I am planning to have a family and I need maternity leave, I'm sure she would come back and work those hours." **WO**

The Challenge with Children

Dr. Preston and patient

The littlest patients can be demanding, but delightful

When Karen Preston, O.D., was a teenager working in her father's Seattle, Wash., optometric practice, she was struck by how few children came through the doors. "It didn't seem right," she says. She wondered who was taking care of the more specialized eye care needs of very young children. As it turns out, when she graduated from Pacific University, College of Optometry in 1984, the answer was relatively few people. There were not many places to turn for specialty training in pediatric eye care.

Then she heard that two of the world's most respected researchers in early vision development were right in her backyard at the University of Washington. Psychologists Davida Teller, Ph.D., and Velma Dobson, Ph.D., eventual developers of the Teller Acuity Cards, were eager to add a clinically trained member to their team of researchers, and Dr. Preston landed a three-year, National Institutes of Health, post-doctoral fellowship to study the development of vision in infants. Working with the local pediatric ophthalmology community, she eventually met her mentor, Howard Freedman, M.D. "I started straddling three professions: vision science in psychology, pediatric ophthalmology and optometric vision development," she says.

If O.D.s are uncomfortable with children, Dr. Preston wishes they would refer them rather than delay exams until they feel the child is more manageable. "If a doctor is saying that he or she can't test young children before they can read an eye chart, that's wrong. Neonatologists assess the glance and red reflexes, for example. As babies age, we get more sophisticated in the ways we assess these visual behaviors, but the point is that vision can and should be assessed starting at birth." And it's important that optometry plays a role in this.

Through the American Optometric Association's InfantSEE® public health outreach program, participating O.D.s provide a comprehensive no-cost vision assessment for infants in their first year of life. And by seeing more young children, other O.D.s may learn what she has: pediatric optometry "is the best-kept secret in the profession."

For the past 22 years, Dr. Preston has had a thriving practice, now in Bellevue, Wash. She's booked solid for three months out. Revenue tops three-quarters of a million dollars per year, and that's without an optical dispensary and nearly no external marketing. More than 75 percent of her referrals come from pediatricians in town. "The best part is that I get to see how I have changed the lives of children. Sometimes my interventions have a profound impact on vision development," she says.

In a full-circle event, Dr. Preston recently hired **Joanna Stedman Haws, O.D.**, as her associate. Dr. Preston resolved her strabismus when Dr. Stedman Haws was still a pre-optometry student. "Dr. Preston has opened the doors of opportunity for me in immeasurable ways," Dr. Stedman Haws says. "It is exciting to have the opportunity to do this for kids myself."

To help more O.D.s in the area treat rather than refer to her practice, Dr. Preston encourages them to co-manage cases by phone or emails. Here is some advice.

- **Buy a good pediatric ophthalmology textbook.** "You educated yourself through textbooks all through school. You can still do that."
- **Attend courses.** With the interest in InfantSEE, there are many courses on pediatric vision at state and national conferences.
- **Talk with pediatricians, and invite them into your office.** Or provide



Dr. Preston



Dr. Stedman Haws

The ABCs of Children's Vision

A- Age of onset of an amblyogenic factor

The earlier an obstacle to normal visual development occurs, the greater its potential impact and the greater the urgency for treatment. Not all amblyogenic factors are present at birth; some, like accommodative esotropia, develop later. Because of this, all children should be examined at key ages: red reflex assessment at birth; InfantSEE® assessment at 6-12 months; eye examination at 3 years and again at 5 years.

B- Behavioral issues as important as vision problems

Treatment often involves recommendations that are difficult for parents to manage at home. Be prepared to include consideration of behavioral issues as well, particularly when working with children with autism and attention deficiencies.

C- Causes of amblyopia

The more severe the obstacle to vision, the greater the urgency for treatment becomes. Amblyogenic factors fall into three categories: those caused by media opacities, strabismus or refractive anomalies. Congenital cataracts are a true ocular urgency requiring heavy intervention from the first month of life; there's more time to resolve refractive amblyopia. **WO**

in-service training to pediatricians and their staff on children's vision issues.

- **Focus on the bread and butter: amblyopia and strabismus.** "These conditions are the earliest developmental issues you'll encounter," she says.

- **Be prepared to counsel parents.** Her years in the psychology department provided good experience to draw on as she counsels parents of special needs children or those who feel terrible guilt about letting a visual condition linger unattended.

Her father, **Roy Preston, O.D.**, who retired about eight years ago, has often told her he was surprised she could make a living solely on pediatrics, but she's not. From the time she identified the missing sound of children's voices in his reception area, she knew that would be her focus. "People are surprised by my energy and stamina, but it's all because I love what I do." **WO**

MAKING CONNECTIONS

Research Refreshes Profession

By Cristina Schnider, O.D., M.B.A., F.A.A.O.

Summer has arrived, and new graduates have left their schools and colleges of optometry to achieve their goals in the workplace. Before we know it, a new class of first-year students will start classes, eager to become engaged in the profession. How future optometrists accomplish that remains to be seen, but one thing is certain: optometry is evolving into a higher-tech profession.

Innovations in the industry don't appear simply—they require a braintrust and hours of work to move an idea from conception to a finished product. Some research steps are ongoing and are never quite complete, following the way the people live, as the environment changes and as new conditions appear. Here are several women O.D.s who are a part of bringing change and new ideas to the optometric profession. They work to ensure a successful future for optometrists by bringing new benefits, services or products to patients.



Meng C. Lin, O.D., F.A.A.O., Ph.D., first conducted patient-based research during a residency at the University of Alabama at Birmingham School of

Optometry. When she became a research fellow at University of California, Berkeley, School of Optometry, she was able to develop further expertise and expand her investigations in patient-based research. In the vision science graduate program, Dr. Lin studied the impact of contact lens wear on human tear film and corneal epithelial barrier function, and since completing her Ph.D., she has served on the clinical faculty there. In 2004, she became the first director of the school's Clinical Research Center (CRC).

"As both a clinician and research scientist, I was intrigued by the challenge of establishing a clinical research center that could accommodate a broad spectrum of research with direct applications to improved patient care," she says. "My diverse research studies conducted at the CRC implement interdisciplinary methodologies that make use of epidemiology, advanced statistical analyses, cutting-edge laboratory techniques and clinical knowledge and skills." Dr. Lin has conducted a wide array of research ranging from ophthalmic optics and pharmaceutical trials to contact lens research and development studies.



Dr. Schnider



Karla Zadnik, O.D., Ph.D., F.A.A.O., reaches out with patient-oriented optometric research. "If the new buzzword in biomedical research is translational, i.e., developing things in the lab and translating them to the bed/chairside, I am at the chairside," says Dr. Zadnik, who is the associate dean and the Glenn A. Fry Professor in optometry and physiological optics at The Ohio State University College of Optometry. More specifically, Dr. Zadnik investigates the risk factors for the development and progression of myopia in children. "As a -7.50D myope myself and the granddaughter of an Ohio optometrist who held a patent on a light bulb for a retinoscope, I literally grew up at that chairside."

Dr. Zadnik says, "Optometric research is meaningful for the individual doctor, the individual patient, the researcher, and ultimately for the optometric profession in general. I strongly believe that research that changes how optometrists take care of people is the underpinning of a true profession. That goal—of changing what parents know about their child's future refractive error and how myopic children are cared for—has defined my own research."

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Also at Ohio State, **Marjorie Rah, O.D., Ph.D.**, was first introduced to research during her contact lens residency and master's degree program, and thanks to her mentors she gained an abundance of interesting experience. "These studies were the foundation of my career path," she says. Much of Dr. Rah's research relates to fitting contact lenses, and more recently, it has had a special emphasis on fitting children and teenagers. She has studied self-perception in children, comparing those who wear eyeglasses to those fitted with contact lenses and orthokeratology lenses. She says she has "found specializing in contact lenses and being involved in research to be a very rewarding experience."



Harue J. Marsden, O.D., M.S., an associate professor and chief of cornea and contact lens department at Southern California College of Optometry, says the opportunities in optometry today are limited only by the awareness that they exist. Leaders in the field are coming from less traditional modes of practice, increasing visibility for these options, she says, noting the American Optometric Association immediate past president is from academia and the American Academy of Optometry immediate past president is from industry. Her students see firsthand the imagination she's brought to play in her own career in teaching and research. "I have been teaching for nearly 20 years, and I recently went into partnership and am now also in private practice," she says. In her conversations with students, she encourages them to think beyond conventional optometric practice settings of private, group, corporate or HMO practices and include hospital- and government-based opportunities such as civil service and public health, referral and comanagement centers, community clinics, education and research. "There are many options available, and the decision should be based on which one you are best suited to pursue."

Cristina Schnider, O.D., M.B.A., F.A.A.O., is Senior Director, Professional and Public Relations, J&J Vision Care Japan.

After a COLD START, Practice Starts Humming Along

Optometrist looks back at her first year of private practice

When **Gina Wesley, O.D., M.S., F.A.A.O.**, graduated from The Ohio State University College of Optometry in 2006, she expected to go into private practice. She just wasn't sure where to turn. "I didn't have any other family member or benefactor that helped me; I don't come from a family of optometrists. I didn't have any sort of great deal when it came to my lease or my building," she says. "I just plain did it on my own."

Dr. Wesley has been on the lookout for opportunities, and she's made the most of the ones that came her way. That's true even of starting the practice. While employed at another practice, she realized she had a chance to open her own practice in Medina, Minn., where there were very few optometric practices. The process of finding a building, negotiating the lease and getting started took about nine months. In April 2008, Complete Eye Care of Medina was open for business. She's continuing to work at the other practice while she builds her own, but she's pleased with the progress to date. Her practice is now open about 35 hours a week, plus two Saturday mornings a month. Dr. Wesley sees patients about two-and-a-half days a week. "Every month is usually a little better than the one that came before," she says.



Dr. Wesley seeks every opportunity to advance her practice with one-on-one visits or in front of a TV camera.

Because she opened her practice just as the recession started to show its color nationwide, she's not sure whether she would have grown faster had the economy been stronger. "I have nothing to compare it to," she says. "Maybe several years from now, I can look back and see the impact."

But even with just one year of experience under her belt, she can see the impact of some of the actions she took. Dr. Wesley shared some of the progress she's seen in her first year of practice and to what she attributes her steady increase.

For example, last October, she began doing more networking in the community and had her first big frame show. The result: nearly 50 more exams than the month before. December's increase was due to effective spreading of the word that end-of-year benefits should be used before they expired. This past March, she joined a local business networking group and saw immediate referrals from that. And in April, she began seeing patients return for one-year visits, held a one-year anniversary trunk show and was featured on local television. (See TV Time.)

Dr. Wesley says she wants to encourage other



TV Time

In June 2006, Dr. Gina Wesley, then a brand new graduate, read a story in *Women In Optometry* about Kimberly Friedman, O.D., who was featured as a regular expert on eye care for a Fox affiliate TV station in Philadelphia. A few months later, Dr. Wesley wrote the magazine, noting that the story inspired her to reach out to her local television station. "I feel this is an easy (and FREE) way for O.D.s to promote the InfantSEE program or health news in general." She was featured on two news shows almost immediately, and that has snowballed into regular monthly appearances as the station's eye care expert. She has discussed seasonal allergies, macular degeneration, glaucoma, preventing eye injuries, diabetes and nutrition.

Recently, she swapped jobs with one of the news anchors (ok, the anchor tagged along in the exam room). But it's an entertaining few minutes of video, which will undoubtedly make Dr. Wesley seem very approachable to new patients.

Dr. Wesley has posted about a dozen of these appearances on her web site, cecofmedina.com. **WO**

young O.D.s, especially women, to consider private practice. "It seems that they get scared because they think that they can't handle the challenge professionally or financially," she says. She suggests creative ideas—such as opening with another woman to share the load. Dr. Wesley has written a four-part series summarizing the planning, negotiations and preparation to build a practice from the ground up for *New O.D.* magazine. **WO**

Total Exams per Month Since Opening (Comprehensive and medical)



30 Years Old, Yet Brand New

Purchasing an established practice gives young O.D. a chance to recast it, yet inherit a robust patient base

Patients who haven't been to VisionCare Optometry in Elk Grove, Calif., for a year have a predictable reaction. They stand still and look around. They look back at the door—the same one that many of them have been walking through for years—just to double check they're in the right place. And they look around again, truly perplexed that the

cramped reception area they were expecting has been transformed into an open and modern space. They knew there would be changes when Lee Greenwood, O.D., sold his

30-year-old practice in October 2008 to Thuy Ha, O.D. All 3,000 patients with their annual recall notice receive a letter signed by the two doctors explaining the new ownership. Patients just didn't realize the change would be so obvious—and welcoming—from the moment they walked in. Where the dispensary had been concealed by a closed door, it's now part of the larger reception area. "Patients should have the chance to look at frames while they are waiting," says Dr. Ha. A general contractor removed walls, but Dr. Ha, her optical office manager, Tim Wickham, and her siblings cleaned, painted the entire office in a palette of soothing tans and put up dispensary displays. Her father and uncle installed the hardwood floor, and the entire remodel was complete after four 12-hour days.

While every transition comes with a few bumps, Dr. Ha's methodical approach, combined with the cooperation from the former

owner, made for a relatively smooth shift. The main rule to follow, she says, is to put patients first. The introductory letter they co-wrote and sent with recall notices the first year was one way they accomplished that. The letter includes some of the planned changes and Dr. Greenwood's enthusiastic endorsement of Dr. Ha.

The two crafted a plan in which Dr. Greenwood continued to see patients part-time during the transition. Dr. Ha found that helpful in learning some of the nuances of the way the practice operated, but that strategy can slow down patient adjustment to the new owner. "The first two months were very difficult," Dr. Ha says. "Patients didn't initially accept that I would be their new doctor. They said, 'He was my doctor for 30 years!'"

They compromised for those patients who insisted on seeing their former doctor one last time. Dr. Ha accompanied him and the patient in the exam room. By being there and chatting with patients, they got to know her. At the end of the visit, he encouraged patients to come back and see Dr. Ha, reiterating her credentials and friendly personality. The results were positive, she says, noting that



Dr. Thuy Ha

many patients had their chance to say goodbye to him and hello to her in the same visit.

Dr. Ha adds that it's important to realize where you can and cannot step into a former owner's shoes. For example, her predecessor wore many hats, doing his own billing, placing orders, dispensing eyeglasses and contacts and acting as his own optician. "I want to concentrate more on patient care and education instead of worrying about selling products on

the floor," Dr. Ha says. "I leave that responsibility to an optician who can offer the customers materials to help meet their visual needs." After extensive interviewing for the skills and an outgoing personality, Dr. Ha hired Wickham as optical office manager. As the practice got busier, she hired a receptionist, and in early April, they began interviews for a second optician.

Dr. Ha is right on schedule with her business plan, which includes acquiring an edger so she can start using her in-office lab later this year. To promote her dispensary, she held a trunk show in mid-May. Talking with and listening to her patients at this event, along with every interaction in her practice, will help her mold the office into the ideal location for her patients to receive their eye care. **WFO**

Patients do a double-take when they enter the office after the remodeling. It's the same building, but it looks entirely different.



A View Looking In

Passersby glancing into a storefront window only to see chairs lined up in a row aren't going to give the space a second look. Dr. Thuy Ha wanted to make sure they did, so she spent time making sure that the view from the sidewalk was intriguing. And she also used that window space to announce her recently added Friday and Saturday hours. As a result, her walk-in patient pool has increased, as has the number of people who bring in their prescriptions from other O.D.s. after they've seen her eye-catching displays. **WFO**



Survival Strategies for Challenging Times

The Big Picture

Even with the current economic conditions, “There are many ideas you can implement to make your practice survive and even thrive,” says **Karen Wolf, O.D.**, of Ponte Vedra Beach, Fla.

Set your practice apart. Invest in the latest technology, and focus on customer service excellence, she says. Give staff the tools to correct situations—like giving a patient a Starbucks gift card when eyeglasses are delayed. In weekly staff meetings, they review the schedule and strategies such as avoiding the word “no,” and assign tasks, such as who buys flowers for a 90-year-old woman coming in that week.

Examine your extra options. Sunglasses are a great sale for patients who do not need vision correction and a second pair option for those who do. So she and her staff make that recommendation. Also, check every patient’s chart to see if family members are due for eye exams and schedule those. “This most certainly helps to keep the schedule full,” she says.

Invest in your optical. Last year, Dr. Wolf added higher-end products, an investment that has paid off because patients love the trendy, beautiful collections. Consider a trunk show with a special promotion and a festive theme, and market it well.



You Are Only Human

After 15 years of practice, **Thuy Tran, O.D.**, of Beaverton and Portland, Ore., knows to expect some bumps in the road.

Ask for help. Dr. Tran says she’s learned that she’s not a superwoman. “I want to reserve energy for my husband and children when I get home,” she says. And if that means asking for help from a colleague, or seeking advice from a mentor or staff, it’s no sign of weakness. She reminds her staff that they work as a TEAM because **T**ogether **E**veryone **A**chieves **M**ore.

Be genuine. *The Go-Giver* by Bob Burg and John David is about a businessman who learns to value giving over getting. Dr. Tran says the book left an impression on her and that she now cares for everyone more directly from her heart—patients, staff, vendors and colleagues. “It’s about getting to know the person in front of me and how I can help or connect with this person beyond the usual transactions,” she says.

Keep focus. With so many distractions, Dr. Tran says, “I sometimes catch myself wondering ‘Did I say that to this patient already?’” By clearing her mind and focusing on that patient, she says she feels less scripted. “I enjoy the interaction, and I leave the office at the end of the day a happier person.”



Boost Your Medical Image

Kimberly Haw, O.D., of Fremont, Calif., says the best advice she’s received during this economic downturn was to incorporate more of the medical model.

Educate your patients. “Many patients only think of us for eyeglasses, and we need to change that perception,” she says. Take time to educate patients on medical problems, such as diabetes, dry eyes and allergies. Identify these issues during a comprehensive eye exam and refraction, then schedule a follow-up.

Prepare your staff. Dr. Haw trains staff once a week. These brief meetings allow for a review of patient orders, new insurances and new contact lenses or ophthalmic lenses. Staff need time to understand medical billing, so review your managed care plans on whether services can be billed on the same day or require separate visits. When annual supply sales became an initiative, staff practiced presenting the benefits of purchasing directly from this practice.

Keep a smart inventory. With a few contact lens banks in the office, Dr. Haw can dispense annual supplies to patients immediately. She provides rebates for fittings and contact lenses and offers a spare lens program. These efforts have increased the practice’s sale of annual supplies and profitability, as well as patient compliance.



Staff: Most Valuable Resource

Jeri Schneebeck, O.D., F.C.O.V.D., of Centennial, Colo., says fostering teamwork and a goal to improve at all times makes a practice stronger.

Share financial information. *The Great Game of Business* by Jack Stark suggests open-book management: educating and training staff on all financial information and giving staff members the opportunity to become more invested in the practice and their careers. Dr. Schneebeck asks staff to report key numbers to help them measure their success. “What you focus on, you can change,” Dr. Schneebeck says.

Be vigilant. Work with staff to oversee all office activity. For example, they diligently watch accounts receivable—“the money we have already worked hard to earn,” she says. Dr. Schneebeck also keeps an eye on overtime, and she will change individual hours to avoid this extra expense.

Stay positive. Staff members don’t initiate conversations about the economy with patients, which could sour the mood in the office. But they are asked to contribute ideas about saving in the office. To thank them for their efforts, she hands out random thank-you notes and gift cards. Once a month, Dr. Schneebeck and her business partner meet with two staff members. “This is just to visit,” she says. “It keeps us connected on a personal level.” **WO**



Next Roundtable: Hurray! It’s Back to School
If you would like to participate, please email mbijlefeld@jobson.com.

Women in the NEWS

Dr. McMunn

Elizabeth McMunn, O.D., of East Lyme, Conn., was recognized at the Vision Source North American Meeting for achieving the largest volume percent increase in practice growth for the previous year.



Dr. Schwebach

Melissa Schwebach, O.D., of Fort Mill, S.C., was recognized as Young Optometrist of the Year by the South Carolina Optometric Association.



Dr. Dumalo & Dr. Spino

Antoinette Dumalo, O.D., of North Vancouver, and Marnie Spino, O.D., of Vancouver, were elected to serve as president and vice president, respectively, of the British Columbia Association of Optometrists.



Dr. Dumalo



Dr. Spino



Six women O.D.s were honored with the Vistakon and American Optometric Foundation residency awards. Each award winner receives \$4,000 toward her graduate education, including a \$750 travel fellowship to attend the American Academy of Optometry meeting in November. Shown (l-r, starting at the top):

Catherine McDaniel, O.D., M.S., of University of Houston College of Optometry, and Aparna Raghuram, O.D., Ph.D., of New England College of Optometry, were awarded the Dr. Terrance Ingraham Pediatric Optometry Residency Awards. Gloria Chiu, O.D., of Southern California College of Optometry, and Karen DeLoss, O.D., of University of Houston College of Optometry, were presented with the Dr. George W. Mertz Contact Lens Residency Awards. Kristine Dalton, O.D., of University of Waterloo, School of Optometry, and Emily Kachinsky, O.D., M.S., of New England College of Optometry, received the Dr. Sheldon Wechsler Contact Lens Residency Awards.

Continued on page 19

The Marketing Cavalry

O.D.'s practice selected to receive marketing assistance in community contest

Meeting day-to-day practice demands can delay some of the big-picture changes that can enhance a practice. That's where **Kelley Jackson Condon, O.D.**, of Golden, Colo., found herself. She spent her energy on moving her 11-year-old practice to a new location, seeing patients and running the business. Projects such as making over her web site were put on hold. But as the first place winner of Denver's Making the Brand" contest, Dr. Jackson Condon's wait is over.



Dr. Jackson Condon

The contest was established to assist smaller business without an internal marketing team or the budget for professional branding consultation. Dr. Jackson Condon was awarded \$25,000 worth of services to promote her practice, including a new web site, logo development and a comprehensive marketing plan. Her Table Mountain Vision Clinic was described as a "very promising company with a great business model," in the winner's announcement on the contest's official web site blog at denversmakingthe-brand.com.

She began meeting in early April to discuss her practice with the contest's main sponsors, three local companies that specialize in brand development, sales, marketing and advertising. "I feel like marketing is always challenging, particularly for medical practices," Dr. Jackson Condon says. "We are taught how to be great doctors but not as much about the business side." She wants

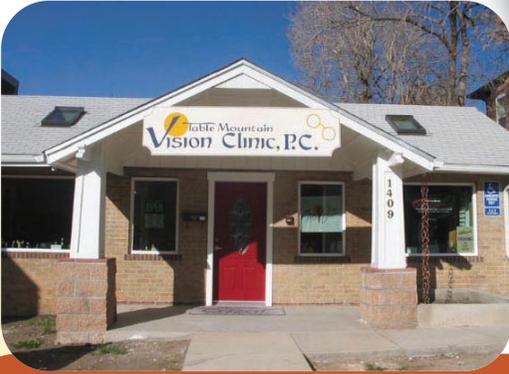


Brainstorm Ideas

Whether you are consulting an outside organization or going at it alone with an internal marketing team, **Dr. Kelley Jackson Condon** says to remember, "There is no such thing as a bad idea. Write it all down because one idea can spark another idea, and it all goes from there." 

Women in the NEWS

Continued from page 18



The Winnings

Table Mountain Vision Clinic became the second business to win the Making the Brand™ competition, a two-year-old program in which three marketing pros select one small local business for a branding and marketing makeover. Background information on the contest web site says the three contest sponsors “have come across businesses that had a lot going for them—a great idea, a dynamic owner or staff, beautiful products—but [they] still weren’t seeing the success they wanted. There was a common element in all of these cases: weak or nonexistent branding...A great brand can mean the difference between ultimate success and constant struggle for small and independent businesses.”

Dr. Kelley Jackson Condon’s winning package includes the following:

- Brand strategy development: marketing plan with market and competitor reviews
- Design package including a logo, business cards, web and print collateral design
- Custom content development for the web site and printed material
- Printing services and management
- Search engine optimization for the web site
- Professional photographic services
- A 30-second web video
- Outdoor advertising
- PR for new brand announcement
- Screen-printed garments **WO**

to find a balance for retail and medical that falls well inside the bounds of what’s legal and appropriate for an optometry practice. In addition, the meetings also focus on creating a brand that incorporates the characteristics of her preferred patients and the primary and secondary markets of the practice.

“It’s great to have people listen to what we want and to have them just do it, instead of struggling for three days figuring out how,” she says. Dr. Jackson Condon plans to add online appointments and email communication to her web site and looks forward to seeing design ideas for her new logo.

The timing is perfect—Dr. Jackson Condon won the award in the midst of her move from her leased office space to the early-1900s house she purchased and renovated. This new location is convenient for patients because it is just two blocks away from her previous office, and it has its own parking lot and two exam lanes, one more than before. As she makes her own changes and receives new patients as a result of her new office’s visibility, Dr. Jackson Condon awaits her marketing plan with an outside perspective. “When things are the same for so long it’s hard to see something different,” she says. **WO**



Dr. Marossy

Sarah Marossy, O.D., of Post Falls, Idaho, was named Optometrist of the Year by the Idaho Optometric Physicians Association.

Dr. Wensveen

Janice Wensveen, O.D., Ph.D., of the University of Houston College of Optometry, was featured in a story on vision therapy on the web site *Science Daily*.



Dr. Rice

Dr. Ross

Dr. Rice & Dr. Ross

Stephanie Rice, O.D., of Keys, and Tami Ross, O.D., of Oklahoma City, were honored as Young Optometrist and Optometrist of the Year, respectively, by the Oklahoma Association of Optometric Physicians.

Dr. Matheson

Jill Geering Matheson, O.D., of Juneau, Alaska, was honored as Philanthropist of the Year by Optometry Giving Sight.



Dr. Knotts

Marjorie Knotts, O.D., of Indianapolis, Ind., was honored as the state’s Optometrist of the Year by the Indiana Optometric Association.

Dr. Calder & Dr. Santillan

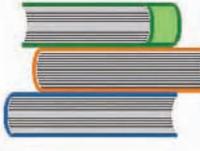
Two women were among those recognized as Young Optometrists of the Year by the California Optometric Association: Amy Jo Calder, O.D., of Gardena; and Karen Santillan, O.D., who practices in Torrance, Orange and Bellflower.



Dr. Calder



Dr. Santillan



BOOK ENDS

Between her debut novel and upcoming project, O.D. still fits family and practicing in the middle

Jennifer Jabaley, O.D., learned to be “ultra organized” during her eight years of an undergrad pre-med curriculum and optometry school. Those skills were essential during the past 10 years as an O.D. and more recently as a mother and author.

Her debut novel, *Lipstick Apology*, will be released in early August, and she’s just finished a second one—writing in the evenings and during the day when her 4-year-old son is in preschool and her 1-year-old daughter is napping. And she’s still seeing patients.

She seemed to recognize early that she was not interested in a career that had her on call 24/7. During her undergrad career, she interviewed doctors in different fields—pediatrics, obstetrics and gynecology and more. But none of the careers clicked with her until she met with **Barbara Tarbell, O.D.**, in Hillsborough, N.J., a few miles from her home-



Dr. Jabaley

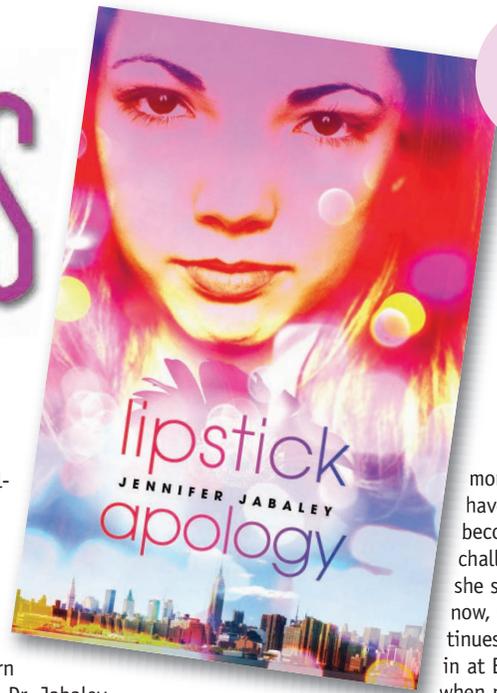
town of Bridgewater. Dr. Jabaley realized that optometry offered her the opportunity to have a better quality of life while still pursuing a passion in a medical field and helping others.

After graduation from the Southern College of Optometry, Dr. Jabaley followed her then-boyfriend, **Chris Jabaley, O.D.**, to his home state of Georgia. She began practicing at Eyeworks, a four-O.D. practice in Cartersville, an Atlanta suburb. After they married, Dr. Jabaley moved to her husband’s hometown of Blue Ridge, about 50 miles away, but chose to continue to practice part time at Eyeworks.

“It was a perfect fit for me,” she says. “It’s a unique practice where everyone is like family. They have a core group of staff that has been there for 15 years or more, and they took me under their wing.”

From the beginning, owners **Gregory McBrayer, O.D.**, and **Walter Jon Krickich, O.D.**, were supportive of Dr. Jabaley’s career and political involvement with the Greater Atlanta Optometric Association. That encouragement continues. “Walter is like a brother to me,” Dr. Jabaley says. “He says, ‘If writing is your passion, and if you need to take time off, you will always have a place here.’”

When Dr. Jabaley started *Lipstick Apology* in 2006, she and her husband kept the project a secret. She wrote at her own pace and was working only three days a week after the birth of her son. When she signed with an agent, most of the work was done. Today, Dr. Jabaley says she is at a crossroads. “Between blog tours, interviews, writing my second book and having a second baby, the last six



months have become challenging,” she says. For now, she continues to fill in at Eyeworks when needed.

Even though she isn’t in the office as much, the staff has been spreading the news about Dr. Jabaley’s book. “The news has been circulating like gossip,” she says. “It’s a close-knit community, and I know a lot of people. There is a little bit of a buzz, and that’s exciting to me.” She says she plans to stay with the practice and keep her skills fresh. And she stays connected with what’s new through her husband’s career. “Having a husband in optometry is great because it keeps me involved without physically being there,” she says. **WO**

Lipstick Apology

In November 2007, Dr. Jennifer Jabaley submitted letters to 25 agencies about a story she wrote for fun. “There were a lot of requests to read the manuscript,” she says. “There were also a lot of rejections—but many said if you go back and revise, we want to see this again. It was such wonderful encouragement to keep going.” The process went quickly, compared to what she had heard about trying to get debut novels published, and Dr. Jabaley signed with an agent in March 2008.

Lipstick Apology is a teen novel for readers ages 12 and up. The story follows Emily, a 16-year-old girl from a typical suburban town. Her parents die in a plane crash at the start of the book, and the media is covering a discovery from the rubble—a note on her mother’s tray written in lipstick: Emily, please forgive me. As the story unravels, Emily tries to decipher what the apology means, even as she’s moving to New York City and dealing with major life changes.

As part of her promotional work, Dr. Jabaley interviews debut authors on her blog who will, in return, write about her when her novel is released. For more information on Dr. Jabaley and *Lipstick Apology*, visit jenniferjabaley.com. **WO**

Summer, Sports and Safety



Transitions Healthy Sight for Life Fund has underwritten development of a new brochure, *Children’s Sports Eye Safety*, from Prevent Blindness America. The guide includes a description of the various types of risk factors, general recommendations for eye protection for many popular sports, a section on UV protect during sports and a checklist to recognize eye injuries and assess the level of emergency assistance needed.

The brochure is available through preventblindness.org and transitions.com/pos. **WO**



You? The Owner?

By Margaret Placentra Johnston, O.D.
Springfield, Va.



Dr. Johnston

“What would you do, buy our practice now and then just wait until your husband gets out of the military?” These words were spoken to me in 1983 by an O.D. who had just listed his practice for sale. He knew me and knew that my O.D. husband would be ending his military obligation about a year later. Yet when I approached this doctor alone about buying his practice, he assumed, I suppose, that I could serve only as some sort of placeholder until a man could step in to run it. When I read in *Women In Optometry* about the various younger women O.D.s who undoubtedly entered into their private practice arrangements without a second thought to their gender, I can only smile at how things have changed!

I was delighted to read the statistics in the November 2008 issue of *Women In Optometry*, showing optometry school classes of 2012 averaging 65 percent women. Thanks to numbers like these, surely by the time these female students graduate, any hints of gender discrimination suffered by their predecessors will be a thing of the past. As an O.D. of middle age, my experiences with gender discrimination were very mild, and I thank the women who went before me for easing my path. Nonetheless, some of my experiences may serve today to provide perspective on how much things have changed.

In my 1982 Pennsylvania College of Optometry class, women numbered only 30 out of 150—a mere 20 percent. Now, 27 years after graduation, if you were to tell me some news about any one

of those 30 women, I could recall, not just her face, but other salient facts, such as where she was from, where she wound up practicing or whom she married. That is to say, I remember 100 percent of the women in my class. In contrast, I can call to mind only about 50 of the 120 males in my class.

There were some unanticipated advantages. A fellow male student bemoaned that professors and clinic workers didn't get to know students individually. I piped in with the exact opposite opinion, as my impression was that everyone already knew who I was when I walked in. His reply? “Yeah—try being a guy for a change!”

Months after approaching the O.D. mentioned earlier about the purchase of his practice, the day arrived to finalize the transaction. Six of us (my husband and I, the two older O.D.s from whom we were purchasing the practice and an attorney for each side) were seated in huge leather chairs around a gigantic mahogany conference table in a stuffy (could it really have been smoke-filled?), dark-paneled attorney's office. But our painstaking preparations for this day had failed to consider this question: “Who is to be the president of this new corporation?” Although I was the one who had found the practice for sale, approached the owners, done all the negotiating, spent hours convincing my husband to agree to the purchase, put up most of the money for the down payment and planned to be the main O.D. working in the practice (after all, my husband was still in the military), I was also the only woman in this rather intimidating room. And I was afraid to upset the delicate balance in negotiations that had gone so smoothly up to this point. A silent nod from me in my husband's direction affixed him as our corporate president for many years, until long after he left the practice to pursue a different career.

While nothing I report here could be called a hardship, I am happy to share with younger O.D.s these events that today can be viewed with amusement. I am thankful that the type of attitude behind these occurrences can now be considered, for the most part, a relic of the past. **WO**

Be a part of Pink Ink. Send your original essay (no more than 750 words) on some aspect of current or common interest to mbijlefeld@jobson.com.

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