

Dedicated to the interests of women O.D.s



Dr. Melissa Billings

Dr. Wendy Muller

Dr. Beth Triebel

A Practice Transformed

Three partners imprint their unique style on 80-year-old practice



Marjolijn Bijlefeld

Shout Out

Storytelling

Women In Optometry (WO) launched an electronic survey late last year to gauge the career decisions women optometrists make. More than 500 WO readers responded, and about 10 percent of them were men. Many of these readers took the time to write their own stories, some of which detailed the struggles women have gone through, personally and professionally, and the goals they still hope to achieve.

The highlights from the survey are included in this issue, as are some of the stories that help illustrate how women are bringing creative solutions and energy to the profession. Thank you for taking the time to complete the survey, and let us know how your career is moving forward.

The issue also features a number of stories about women who found their own way—some by forging out on their own, leaving behind a comfortable setting to reach for something bigger, and others by walking in the tracks others laid before them. Dr. ETTY BITTON from the University of Montreal pointed out to us that the school, which celebrates its 100th anniversary this year, has special reasons to celebrate during March, International Women's Month. The school has been graduating more women than men for three decades—and 63 percent of the ODs practicing in Quebec today are women.

We will be conducting another survey on involvement in professional associations, and a link to it will be placed on the Women In Optometry Facebook page. We want to hear from you because we have learned, from reading through so many responses, that many of you have compelling stories to tell. We want to help you tell them.

Marjolijn Bijlefeld

Marjolijn Bijlefeld
Managing Editor

Two New Studies Look at Women, Marriage and Money So Happy Together

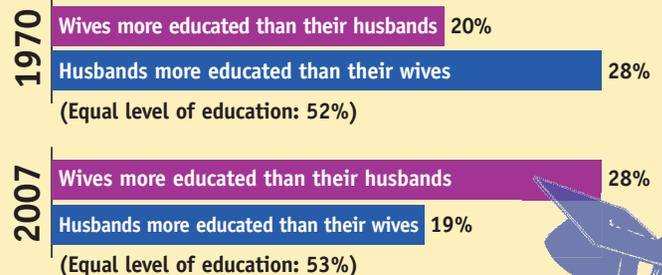
Are you a married optometrist? If so, you and your significant other may be in luck. When comparing careers to the chance of a successful marriage, optometrists are in for the long haul, according to new psychological research released by Michael Aamodt, PhD, from Radford University and published in *Journal of Police and Criminal Psychology*. Dr. Aamodt says that the risk of an unsuccessful marriage is far higher in couples who have stress-filled and exhausting jobs such as dancers, bartenders and nurses. He says that all of those careers carry a 40 percent chance of divorce.

Optometrists were listed on the other end of the spectrum, along with agricultural engineers, dentists, clergymen and podiatrists. According to Dr. Aamodt's research, individuals working in these professions only have a 2-7 percent chance of divorce.

Who's Bringing Home the Bacon?

In just more than three decades, the percentage of women who earned more than their husbands jumped from 4 percent to 22 percent. That's one of the findings in the *New Economics of Marriage: The Rise of Wives* study from Pew Research Center by Richard Fry and D'Vera Cohn.

A big factor is education: in 1970, just 36 percent of college graduates were women. The class of 2007 had 53.5 percent women graduates. One statistic that has stayed level is that husbands and wives often achieve a similar education level (53 percent in 2007, and 52 percent in 1970). 



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THE BEST-LAID PLANS

Implied contract never materialized, so doctor strikes out on her own

Lisa Stafford, OD, of Frankfort, Ind., felt like one of the lucky ones. Two years before she was to graduate from Indiana University School of Optometry, she already had a job lined up with her long-time optometrist. Their arrangement was that he'd sell her the practice after six years and then remain part time for two years until he retired fully.

The plan was ideal—except it was never made official. In the years she worked for him, Dr. Stafford recalls repeatedly asking for a contract. When the appointed time came up, she asked once again. The practice owner had changed his mind. She felt she had no choice but to start her own practice. Ironically, the lack of contract means she wasn't bound by a noncompete clause. She and her husband found a location for a new office about a mile away. For two months, she'd work at the practice during the day, and at night, the couple would renovate the new practice home. She met with bankers and arranged for a \$300,000 loan, all without her boss knowing, and Dr. Stafford also invested \$40,000 of her own money.

Her story has a happy ending. Eight years ago, she left the practice for good on a Friday and opened her new office the following Monday. During her grand opening, announced in a newspaper ad, existing patients who stopped by had the chance to sign a record release form. About 95 percent of her patients followed her to the new practice. Two staff members asked to join her. It's a larger building, so she has two exam lanes and a large pretesting area—and patients appreciate the breathing room. The parking lot is more

convenient and doesn't require that patients back out onto the main road when leaving.

Dr. Stafford realizes her error was in not insisting on a contract, but she also wishes a mentor could have guided her through the turbulence. She has one part-time OD working with her now, and if the partnership discussion ever develops, she'll handle it with an eye toward protecting both of them. Here's her advice to others.

Get it in writing. A deal is not a deal unless you have the paperwork to prove it. She knew this, but she allowed emotions to cloud the issue. She had known the doctor for 15 years. "I think any time money is involved you shouldn't go on trust," she says. "You really do need it in writing, no matter how well you know the person."

Do your homework. Before entering a potential partnership or buy-in situation, meet with the owner, determine if you're both serious and begin to map out the path in writing. "Work out the terms before day one

of working, because seeing patients and working on an agreement is difficult," Dr. Stafford says.

Run the numbers periodically. Dr. Stafford knew she was bringing growth—and greater value—to the practice. She encourages doctors to learn the starting value and analyze their contribution to practice growth over the years.

Be fair. The practice owner is the decision-maker, but a potential buyer has great value to someone who wants to sell or retire. In negotiations, Dr. Stafford says, "Everyone should feel comfortable, and no one should feel that the other person has a huge advantage." **WD**



Dr. Stafford

Once Burned, Twice Shy

Doctor decides to take more control over her future

"You can't ask me that," thought **Viola Kanevsky, OD**, of New York, N.Y., as one potential employer asked her inappropriate questions during an interview. This was just following her 1993 graduation from State University of New York State College of Optometry. "Much to my dismay and shock, every interviewer requested that I reveal my age, which was younger than the average graduate, as well as my marital status and my plans for childcare for the children I would presumably have at some future date," Dr. Kanevsky says. "No one seemed interested

in my sterling references, high GPA, clinical experience or skills."

Disgusted by this experience with private practice doctors, Dr. Kanevsky became an independent contractor for a small optical chain. While she had looked down on the option during optometry school, the choice worked well for her for 13 years. But after a change of ownership, the new owners and Dr. Kanevsky didn't see eye to eye on patient care issues. "I gathered my things, gave notice and embarked on my own adventure in a brand new start-up of my own concoction," she says.

Having never signed a noncompete clause, she was stunned to find herself sued for breach of

an implied, verbal noncompete clause.

Six months and \$20,000 later, the court ruled in Dr. Kanevsky's favor. The corporate owners were ordered to provide her with all of her original patient records and pay for copies if they chose to keep them for their own use.

The lawsuit was a distraction—financially and emotionally—to opening her own practice, Acuity NYC. But four years later, she can look back at it with a little more optimism. "I am told by colleagues that as the economy improves, my decision will pay off," she says. She's hoping that's true, although there are times she sees a bias toward women that distresses her. Her desire to have some greater control over issues like maternity leave, benefits and pay equity were drivers in her choice to open her own practice. **WD**



Dr. Kanevsky

Career Survey

500 readers responded to *WO's* survey on career paths. Here are the results and some of the stories.

A Taste of Optometry's Many Opportunities

Optometry is an appealing profession because there are so many different ways and places in which to practice. I decided to test the water after my graduation in 1985, and for the past 25 years, I've done just that. I have worked in the field of vision research, lectured at an American Academy of Optometry meeting, worked in private practice, worked with various MDs and was employed at an HMO and nursing homes. As I continue my career, my latest venture is an affiliation with a corporate practice. All of these jobs had advantages and disadvantages, but I'm glad I experienced them all.

Ann Kurzer, OD, of Dayton, Ohio



Workplace Setting: Stay or Switch? (among women respondents)

Never switched: 31%
Switched 1x: 28%
Switched 2x: 15%
Switched 3x or more: 26%

Who Is Switching?

	# of times switching		
	1	2	3+
Corporate	14.2%	15.7%	12.4%
Independent	63.8%	55.7%	67.8%
Academic	4.7%	4.3%	4.1%
Hospital	12.6%	14.3%	14.0%
Military	4.7%	10.0%	1.7%

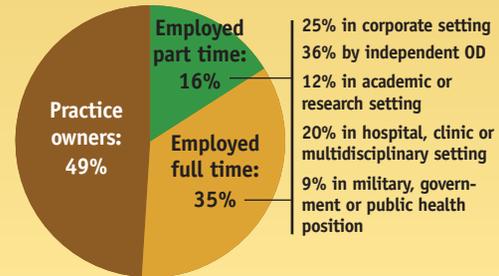
Education for Other Endeavors

For the past five years, I have been a full-time employee with a corporation and opened and managed two optometric and retail locations. Now, I am venturing out to help start a new business that is not related to optometry. I learned so much about business management from my corporate experience that the leadership and management skills I acquired can be applied to any type of retail/business setting. I will help my spouse open his dream business with the confidence that I will be able to manage it successfully.

Linda Beck, OD, of New York, N.Y.

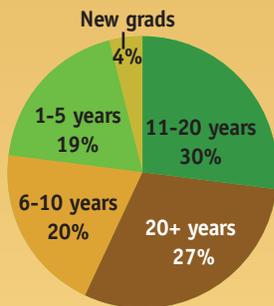


Where Women Work



(Total does not add up to 100% due to rounding)

How Long Since You Graduated?



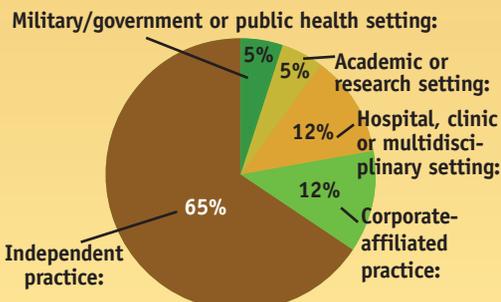
No Room in the Inn

After graduation in 2006, I completed a residency, met my husband and moved to his home town. My plans of becoming an associate OD were washed away when I discovered that none of the optometrists or ophthalmologists in the area was interested in hiring an extra optometrist. Determined to succeed, I opened a practice nearly two years ago. I also recently bought a building with twice the office space available, into which I'll be moving my practice soon.

Julie Hart, OD, of West Plains, Mo.

What Was Your Aspiration?

Where women respondents planned to go upon graduation



(Total does not add up to 100% due to rounding)

Internship Experience Paves the Way

While studying at Indiana University School of Optometry from 1975 to 1979, I was hired for a summer internship position with the Veterans Administration. One of my responsibilities was to conduct a survey of optometrists in HMOs. Compiling the results greatly increased my knowledge of pay and benefits for HMO optometrists. After graduation, I was hired as an employee in private practice, but due to an insufficient salary, I soon found a position in an HMO practice—first working part time and eventually full time. I have now been at this job for more than 30 years. Currently, I work four days a week at Group Health Cooperative of Puget Sound in Olympia, Wash. I manage patients who have a wide variety of ocular pathologies, and I specialize in fitting abnormal corneas in piggyback contact lens combinations.

Nancy J. Kennedy, OD, of Olympia, Wash.



Career Survey continued

Solo Mom Does It All

I was divorced seven years ago, but it hasn't stopped me from having a rewarding career and family life. As a single mom, I continue to run my practice, participate on boards for optometry and be a caring mother for my two children, ages 11 and 13. Last year, I fulfilled a goal of mine and finished a 14-month MBA program. I believe you can achieve all you want, but it takes a large effort, commitment and patience.

Dorothy Barrie, OD, of Saskatoon, Saskatchewan (Ontario)



Who Is Content?

When asked if they anticipated staying in their current position for the remainder of their career, here's who said yes:

- 88% of practice owners
- 76% of those in hospital, clinic or multidisciplinary settings
- 76% of those employed by other ODs
- 71% of those in academic or research careers
- 37% of corporate-affiliated ODs

Busy OD Still Has Family Time

I am a second-generation optometrist, and I practice with my father and another partner. I'm also a mom of two young children and have worked full time through it all. I am thankful that my work as a low vision specialist combined with my primary care practice allow me to have a happy balance in my life.

Laura Windsor, OD, of Indianapolis, Ind.



Finding a Comfort Zone?

Younger ODs seem to be more anxious about leaving a corporate-affiliated practice. Among corporate-affiliated ODs who do not anticipate staying in their current practice setting,

- 14% graduated in the past year
- 43% have been in practice between 1-5 years
- 20% have been in practice between 6-10 years
- 17% have been in practice 11-20 years
- 6% have been in practice for more than 20 years

Like Mother, Like Daughter

I was working in another career when I decided to go to optometry school. My daughter began kindergarten the same day I started optometry school. We sat down for dinner every night and discussed our family activities, and through my example, she saw what it was like to be disciplined in studying.

Unsigned

Add a Child, Subtract Hours

As an optometrist in a large MD/OD practice, I've found this setting provides the flexibility I need to be satisfied with my family/work balance. With each of my three children, I dropped a few more hours and now work just more than half-time. This arrangement is perfect for me, my family, my patients and the practice. I've found my schedule at home is even more difficult to manage with high school students than it was when my children were younger, so having some extra time off is essential. I think family/work balance is very important, and I don't intend to do less of either.

Laura Dake Roche, OD, of Naugatuck, Conn.



Second Job No Longer Needed

I opened a cold-start practice in my hometown, and in the beginning, I also worked at a corporate-affiliated office part time. As my own practice has grown, I no longer need to fill in somewhere else. My partner and I, both mothers, split the office hours so we can spend more time at home with our children. We each work two days a week, which seems just right for both of us. The practice is doing incredibly well—so well, in fact, that we are in the process of building a new stand-alone building. Life is good!

Becca Lauffenburger, OD, of Wooster, Ohio



Who Is the Primary Child Care Provider? (of women with children)

Years since graduation	Primary Care Provider			
	Myself	Spouse	Equal	Other
5 or fewer	46.6%	16.6%	33.4%	3.4%
6-10	49.1%	1.8%	45.6%	3.5%
11-20	38.1%	8.8%	50.4%	2.7%
20+	54.8%	3.6%	39.2%	2.4%

Managing the Microdetails

With touch-of-a-button business analysis, doctor finds she can make corrections easily

Data

Staffing

THE
EDGE

Analyze

Medical
RevenueFrame
Prices

Assess

Trends

If she wanted to, **Lorie Lippiatt, OD**, could read an assessment of how well her Salem, Ohio, practice is performing every 15 minutes. That is how often her business analytics software updates the real-time information on productivity. While she doesn't use it that often, she says she does use it regularly and much more intensively than she has in the past. Dr. Lippiatt is a familiar face as she is a consultant for OfficeMate and has been instrumental in the development of ExamWRITER, the company's electronic medical record software. She installed the system in 1990, and added ExamWRITER seven years ago. Last year, she added a new tool, The EDGE analytics software from Gateway Professional Network. "It's a business tool that lets me filter our reports and dig through the data on a much deeper level," she says. "It provides insight into the microdetails of the practice. For example, I can see what frames are selling within which insurance plan, by the day of the week or by the optician."



Dr. Lippiatt

By filtering the data in a variety of ways, Dr. Lippiatt can develop some assumptions about workflow, too. In her two-doctor office, she can see that she produces a substantially larger percentage of medical revenue than her associate does. "You can see the strengths and weaknesses of each doctor. If I know we have a certain percentage of glaucoma patients and Dr. A is generating a larger amount than Dr. B, we can assume some testing isn't being done." Since it is one of her goals this year to increase medical revenue, being able to look at these numbers on a daily, weekly and monthly basis helps her assess the progress. "These are reports that I could have done before, but it would involve more analysis and time," she says.

Instead, the data is presented as pie charts or bar graphs, and she can customize it to compare month-to-month or compare it to the previous year's data. Many of today's practice management software programs contain some of this information—but the result is often a megareport, as Dr. Lippiatt calls it. "Most doctors are so busy managing a practice and seeing patients that even when they get such a report, they don't know what to do with it. The EDGE teaches you how to look at the data in a more meaningful way and ask questions as to why the result is what it is," she says.

She can see, for example, which combination of doctor, technician and optician results in the higher per-patient revenue. That allows her to review what works with that combination—and how it can be transferred to other combinations. She can see which days and hours are most productive, which can help her make informed decisions about staffing.

The system filters data through any defined parameter, so she can locate and plug gaps in revenue much more quickly. "In a regular report, you might learn that your capture rate with an insurance program is six out of 10 patients. But with The EDGE, I can look at each optician's reports. If one optician is selling only three out of 10 patients a frame, I know where the hole is," she says. She can pair that optician with one with a higher capture rate and quickly have that first optician mimic the presentation.

Had she stopped after determining that a 60 percent capture rate wasn't bad, she wouldn't have identified if one person was bringing down the average.

Another impact of the early reports was that the practice determined that a higher-than-average number of patients in one insurance plan were not purchasing their frames from the practice. "Maybe they felt that our prices are too high, or they don't want to pay out of pocket. By adding some lower-priced frames, we can encourage these people to at least browse our dispensary," she says. Before, these patients

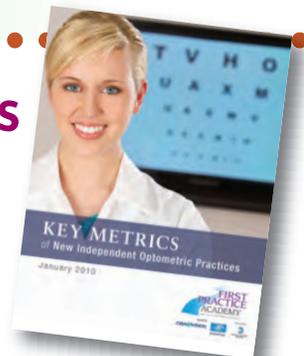
felt there was nothing for them within their managed care allowance, so they didn't look at all. By adding some value frames, the patients will look, allowing opticians to explain that they can also leverage their managed care allowances toward higher-quality frames. The simple addition of a few value frames provided opportunities for a discussion that wasn't taking place before.

There is such a thing as too much data, and Dr. Lippiatt is not looking to micromanage her practice. Her business manager has the application running live on her desktop, so she can review numbers daily. But Dr. Lippiatt looks at the data weekly or monthly. "I look for the trending data," she says. "It's exciting. In 20 years of practice, this is information to which I've never had access before." 

Visit gatewaypn.com for more information.

First Practice Metrics

Among new practice owners, women were slightly more likely than men to start a practice from scratch (52 percent to 48 percent), while men, in the same proportion, were slightly more likely to acquire an existing practice. That's one of the findings from a new report, *Key Metrics of New Independent Optometric Practices*, released by the First Practice Academy, which can be downloaded at firstpractice-ce.com. 





Spring Shakeup

By Beverly Korfin, MBA

Call it spring cleaning or time to shape up for summer or simply time to throw off winter's malaise. Whatever you call it, spring invites action. Personally and professionally, spring is a time to step outside your box, breathe a little fresh air and consider where you are and where you're going. Take advantage of the natural energy that sprouts every spring to do a little spring cleaning in your own practice. Dust off any new year's resolutions that you intended to pursue but shelved. Examine them to determine which ones are worth pursuing, and put a plan in place to implement them.

Fiscal Fitness: One of the first assessments you can do to improve the shape of your practice—or your savings account—is to track where you are today. The adage is true: you cannot improve what you do not measure. Whether your goal is to buy equipment, hire staff, save for a practice down payment or remodel the reception area, determine the budget and then figure out how you get there from here. The Management & Business Academy™ (MBA) can help with a large selection of practice management tools. Results from surveys covering staff salaries, office hours and different revenue metrics are available. There are downloadable presentations for staff training and marketing. Register today at mba-ce.com to access a diamond mine of excellent ideas for practice growth and management.

A Process Change: You can't rush your way into top shape personally and professionally. It requires discipline and a plan. It requires you to identify what processes should be in place and a way to make sure those criteria are met every day. If you want to change the way that patients perceive the practice, analyze what your patients see. Walk in with a fresh eye, and if that's too difficult, ask a friend to come in and ask for his or her impressions. Cluttered reception areas, inattentive or loud staff and an unanswered phone are cues to patients that this is a disorganized setting. You can't turn it all into a model of efficiency overnight, but you can get the staff involved in figuring out how to handle the pace less frenetically. Make sure that your employees are in the roles where they are best suited. Tell them what your goals are and ask them for suggestions. Encourage them to set goals for themselves, too.

The Bottom Line: Many improvement plans carry a hefty price tag. So whether you're saving

with a specific acquisition in mind or simply want to earn more revenue, there are three proven ways to increase the bottom line: cut costs, increase the number of patients you see or increase the revenue per patient. Consider all three, since they are not mutually exclusive. Listen to suggestions from your vendor representatives who can serve as a kind of practice consultant. They may have ideas and suggestions on how to save and may be willing to share some best-practices strategies they've seen.

The Welcome Mat: Is your practice actively seeking new patients? Remember, to maintain a steady level, you'll need to replace that patient base you lose annually to attrition. A growing practice needs to replace these patients and build on the base. Analyze the managed care plans you accept, and make sure those plans fit the overall strategy and direction for your office. Are your office hours accommodating? Are you reaching out to the community or special sections of it? Analyze your marketing and internal communications. Consider developing a referral reward program.

Communicate Benefits: The third way to impact the bottom line is to increase revenues per patient. That's not as difficult to do as it appears on first blush. Again, mba-ce.com offers a variety of ideas on dispensary management, product mix, internal marketing and patient communications. Even if you feel your product range is perfect for your target market, ask yourself if you're doing the most you can for your patients. Do you talk about new products or services? Do patients know that they don't have to spend two hours sitting in an emergency room for treatment of an ocular infection? Make sure

that you're recommending the options that can improve each patient's lifestyle and visual acuity. Do you offer contact lenses as an option to every appropriate spherical, toric and multifocal candidate? Do you promote annual supply sales, which can help patients comply better with the recommended replacement fre-

quency and increase the likelihood they'll return for their next annual exam?

Not only does this approach build your professional esteem in the eyes of the patient, it also enhances your profitability. So, too, does the product mix. MBA benchmarks show that the most financially successful practitioners promote newer contact lens technologies and more convenient options, such as daily disposable lenses and monthly replacement lenses. Your contact lens vendor representative can help with this approach, suggesting patient presentation strategies and offering staff training, if needed.

It's nearly spring, that wonderful time of renewal. Unleash that power in your practice.

Beverly Korfin, MBA, 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.



Rediscovering Vision Therapy

Top graphic from scottynecare.com

When **Chula Lerdvoratavee, OD**, was taking her four-year-old son to psychologists and speech therapists for speech development problems, she began to see a connection she hadn't thought about since optometry school. "You learn about vision therapy in school, but the professors stress primary care and disease so that becomes your main focus," Dr. Lerdvoratavee says.

"You are bombarded with so many things, like the national board and classes, that specialties go on to the back burner, and you don't realize the importance of vision therapy."

Dr. Lerdvoratavee and her husband and practice partner, **Ronald Weingart, OD**, took their son to Washington, D.C., to see **Harry Wachs, OD**, a pioneer in vision therapy. After watching Dr. Wachs interact with autistic children, Dr. Lerdvoratavee and Dr. Weingart were in awe, she says. They decided to learn these vision therapy skills to not only help their son, but also to extend these services to patients at their Scott Eye Care practice in Oswego, Ill. Her sister, **Vasana Lerdvoratavee, OD**, works there, too.

Adding a vision therapy specialty, or any specialty, is an ongoing process, says Dr. Lerdvoratavee. "It's a huge commitment to do it, but it's easier if you think it's fun," she says. "It helps tremendously because our vision therapy knowledge enhances our primary care skills."

The doctors, all three of whom provide vision therapy, have learned from a variety of sources. Dr. Wachs has allowed them to come to his office repeatedly to observe. They took courses through the Optometric Extension Program Foundation, the College of Optometrists in Vision Development (COVD) and the Neuro-Optometric Rehabilitation Association. "When you start, you realize how much you don't know. We've done many classes over the years because you feel like you really need to keep going," Dr. Lerdvoratavee says. "It becomes a passion."

A specialty area also breaks up the routine of primary care and sets your practice apart because not many doctors focus heavily on a certain topic, she says. To continue their education and commitment with vision therapy, Dr. Lerdvoratavee and Dr. Weingart have recently become candidates for a fellowship with COVD. **WO**

Spread the Word of Your Specialty

Vision therapy brings a continual stream of new patients to Scott Eye Care. **Dr. Chula Lerdvoratavee** shares their most successful ways of spreading the word.



Dr. Lerdvoratavee

Local occupational therapists (OT): OTs know how important vision is for daily living, so they are happy to have a vision therapy element in their patient program. Share your vision therapy skills and expertise with OTs, and they'll refer patients.

Your practice web site: Scott Eye Care hired a professional photographer and a web designer to create its site, found at scott-eyecare.com. It's a one-stop information source for patients looking for an office tour, eyewear gallery or educational information on eye care services and treatments.

Parents: Parents of vision therapy program graduates become terrific advocates. Since eye exams are required for all children entering kindergarten in Illinois, Dr. Lerdvoratavee provides an extra lesson in vision therapy by conducting visual skills tests. It's a hands-on, memorable way that parents can see the services the practice provides.

Schools: School counselors, nurses and teachers can become referral sources, too.

Web-based networks: Online networks, such as the College of Optometrists in Vision Development web site, covd.org, provide information for practitioners and patients alike. **WO**



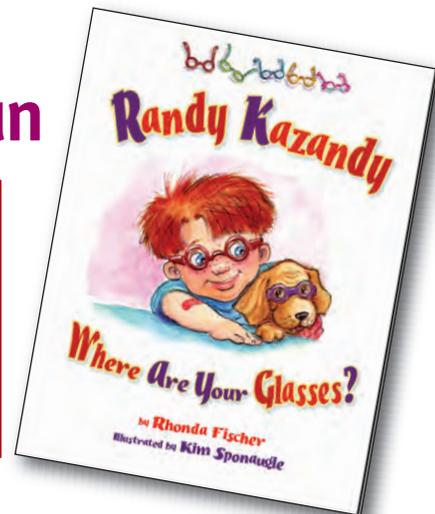
The practice web site includes an office tour and other inviting features.

New Book Provides Reception Room Fun

Young Randy Kazandy needs glasses. "He walked in small circles. He bumped into walls. He couldn't read books and he always missed balls." In a new book, *Randy Kazandy, Where Are Your Glasses?*, author and music teacher **Rhonda Fischer** details Randy's antics as he gets used to the idea of wearing glasses. The rhymes and sweet illustrations are sure to capture young patients' attention.



Rhonda Fischer



Fischer told *Women In Optometry* that she has been pleased and surprised at the reaction to this book. The optical industry has been advertising it, and Jobson Optical has sponsored her to attend the Kids Vision Fest in Dallas, Texas, with former First Lady Laura Bush, where the book will be read to the children.

Fischer says at nearly every reading she conducts, people approach her afterward to tell them about the stigma and difficulties they had as children with vision problems. The book works to overcome that with the message, "I love being me." Learn more at randykazandy.com. **WO**

Partnership by Design and Circumstances

Three women find a path in common remaking an historic practice

Beth Triebel, OD, FCOVD; Wendy Muller, OD; and Melissa Billings, OD, are partners at Vision Park Family Eye Care, an 80-year-old practice with locations in Urbandale and West Des Moines, Iowa. The women were not optometry school classmates, nor did they set out to be part of an all-woman practice. Yet the way this practice has evolved may be indicative of the shift that is occurring in optometry, as older practice owners are seeking to sell their businesses.

Often, it will be women optometrists who are the ones buying those practices and transforming them to meet needs that are changing both for consumers and practitioners.

The practice's reputation

for comprehensive primary care is what drew Dr. Triebel to the practice after her 1991 graduation from Pennsylvania College of Optometry. "The practice offered low vision, vision therapy, primary care, nursing home care and therapeutics," she says. "I could come here and do what I was trained to do."

Several years later, the practice hired Dr. Muller, a 1993 graduate of Illinois College of Optometry, and she became a partner in 1996. Dr. Billings joined the practice as an associate after graduating from the Ohio State University College of Optometry in 2001. When the last of the male partners retired in December 2008, the conversion to an all-female practice was complete.

Certainly, the shift in ownership was not the only change taking place. "When I joined, we were in one large building," recalls Dr. Triebel. "In 1997, we opened a second location. With the partnership changes, we felt a switch in energy. We wanted to move forward, buy newer equipment and stay on the forefront."

Learning from History

A practice with this much history has a track record of endurance. This practice survived the Great Depression, one World War and 10 economic recessions. The previous partners created a mindset of always looking to the future of the profession and incorporating new services.

Yet thinking about it and fostering a place for growth are different challenges. These women recognize that the vitality they have injected into the practice in the past 20 years could ebb, too, if they don't maintain that level of enthusiasm. "Doctors often age with their patients," says Dr. Triebel. "As each of us came on, we brought in new and younger patients, and that helps grow the practice." The practice benefits from being a vision therapy practice. That's a specialty area that, by its nature, draws young families. "As long as we can stay out there promoting children's vision and sports vision, we can keep our practice from growing stale," she says.

In that way, they say they learned from the previous partners, too. By looking for associates and partners who supported the overall vision, they also found optometrists who had their own specialty area and strengths. These three women embody that kind of complementary management. They have become friends who speak in a kind of shorthand because they already know what the others are thinking.

Personalities and Initiatives

While they get along well and share a vision for the future of the practice, they are not alike. The partners have divided some



(l-r): Dr. Muller, Dr. Billings and Dr. Triebel

Partner Profile Dr. Triebel



Dr. Beth Triebel is the traveler. She also has the time to pursue vision therapy in settings beyond the office. She visits a brain injury rehabilitation center where she works with post-traumatic injury patients. "When I first started, I used to visit the nursing homes. Now I'm using that handheld equipment when I go to rehabilitative centers," she says.

She's on the board of trustees for the Iowa Optometric Association and serves as state coordinator for the College of Optometrists in Vision Development. [WO](#)

Practice Timeline

Vision Park Family Eye Care was founded in October 1929, just as the Wall Street stock market crashed, by Dwight Hook, OD, an innovator in vision therapy. Four other men held partnership stake between then and 1996: Paul Theilking, OD; Dan Hinson, OD; Dave Hanson, OD; and Bill Boelter, OD, who retired in December 2008.

of the administrative duties based on their individual strengths. Dr. Triebel, for example, is in charge of the front office and business operations. Dr. Muller oversees the business functions of the optical. And Dr. Billings, who grew up in this practice and worked there as a technician during college, is in charge of the assistants. "I can empathize, and that creates a good relationship," she says. The last of her co-workers from her days as a technician recently retired. The doctors agree that hiring an office manager with excellent HR skills has given them more time to dedicate to patient care, while freeing them to spend time with their young families. The office manager ensures that the right people and processes are in place, as well as overseeing all office operations.

Dr. Muller says the staff and doctors have all taken DISC personality profiles. The profiling system rates strengths in dominance, influence, steadiness and compliance. "I'm fairly high on the D," she says laughing, "but my steadiness is down. I'm the change person." Dr. Billings tops the chart on influence, and Dr. Triebel and Dr. Billings both rank high on compliance. "If we were three Wendys," says Dr. Muller, "we'd be leaping before we thought things through. Beth is the one who says, 'Whoa,' and Melissa is the compassionate one who thinks through how it will affect others." Personality profiling helps them know that they've put their 17 employees in positions best suited for them.

The doctors and office manager meet twice a month, and the entire staff meets once a month to assess progress, gain training or education or implement new initiatives. Among those are the conversion to electronic medical records, generating more appointments and creating more efficiency by using ideas learned from their practice management consultants.

Dr. Billings brought an idea to her partners: hire a marketing manager. She had met **Robert Betts** through his work at the local Chamber of Commerce, and the two began to explore what he could do for the practice. "With marketing, it can be difficult to determine your return on the dollar," she says, "which makes it challenging to fund such a staff position if you want to calculate ROI." But her partners agreed that talking about disease management and optometric issues—even if those conversations don't promote Vision Park directly—are worthwhile. As it turns out, Betts' efforts have brought many new patients to the practice.

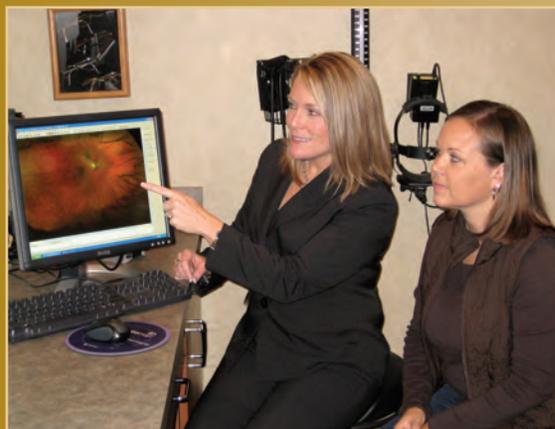
For one thing, he arranges multiple television interviews for Dr. Triebel, Dr. Muller and Dr. Billings. The doctors have discussed new technologies, such as Optos, low vision and vision therapy and the InfantSEE® public health initiative, in which optometrists provide a no-cost comprehensive exam to babies in their first year. They conduct radio interviews, and the *Des Moines Register* ran a long story with photos about the practice. "Those kinds of media impressions are difficult to generate if we had to do that on our own," Dr. Billings says.

The practice marketing manager also visits primary care physicians and pediatricians, explaining the technology, services and InfantSEE program to these providers.

Sharing the partnership duties leaves each of the women more time to pursue her own professional and personal interests, while working to ensure that the practice maintains its reputation and vigor. **WO**

Dr. Beth Triebel joined the practice in 1991 and became a partner two years later. Dr. Wendy Muller joined the practice in 1994 and became a partner in 1996. Dr. Melissa Billings joined the practice in 2001, and she became a partner in 2005.

In 1997, the practice opened a second location and expanded its main location in 2003. The partners are eyeing another expansion as new diagnostic equipment and expanded services warrant it. **WO**



Dr. Wendy Muller's specialty area in the practice is disease management. She is a past president of the Iowa Optometric Association, and she was the organization's first woman president. Dr. Muller now holds the position of Chair of the Eye Care Benefits Committee. She also serves as Accreditation/Education Director of the Heart of America Contact Lens Society. Being involved in the profession is essential, she says. "If you're not involved, you're doing it a disservice," she says. She acknowledges that leadership positions require a substantial commitment of time, but she encourages some participation and support at every level. "We're a limited-license profession. You never know what can happen," she says. "As active optometrists, you have to be on your toes." Local, state and national professional organizations are one way to accomplish that. **WO**

Partner Profile Dr. Billings

Dr. Melissa Billings practices family eye care and also works in vision therapy. The practice draws patients from as far as two hours away—in part because there are so few vision therapy providers in Iowa. The idea of this practice appealed to her—particularly because she had gotten to know Dr.



Triebel and Dr. Muller when she worked in this practice as a technician. "This practice sees generations of families, from great grandparents to the newest babies. I wanted to be part of that." The fact that it was becoming an all-woman practice had some appeal, too. "We used to have our photo in the *Yellow Pages* ad, and some people said they came to us because we had more women than men," she says. "Some people feel that women doctors are more willing to listen. They're more compassionate." Dr. Billings also serves as the Membership and Communications Chair for the Iowa Optometric Association and is the president of the Urbandale Chamber of Commerce. **WO**

Daydream Believer

Doctor envisions her own success

From the time she was 15 and got her first job in an optometry office, **Emily Schottman, OD, FCOVD**, dreamed of having her own practice someday. For three years after her 1996 graduation from Southern California College of Optometry, she worked in corporate, HMO and independent practice settings and collected ideas. She wanted a hometown feel—much like her optometrist's office as a young patient. She wanted a technologically advanced office. She wanted a family. Rather than fret about how it could work, she developed a motto: Own the business; don't let the business own you.

She has been able to follow her own advice for the most part. In 1999, she opened a practice in Austin, Texas, and whimsically named it Stars in Your Eyes Optometry and Optical. The name serves as a testament to her determination to make big dreams come true. There were bumps in the road—from wild fluctuations in income to negotiating with a gym next door where the grunts and groans interfered with her exams. But through a combination of hard work, great employees and an emphasis on patients, her practice has continued to grow.

Three years ago, just weeks after the birth of her second child, Dr. Schottman

found a building for sale near her Austin home. Another long-term goal of hers had been to open a vision training clinic, and this building was perfect. "Vision training gives me an opportunity not just to prescribe for or monitor visual conditions but also to change a person's vision and quality of life," she says. In 2009, she became a Fellow in the College of Vision Development, becoming the first board-certified vision training doctor in Austin. "Adding the specialty during an economic downturn has been challenging, but we get many doctor referrals, and families are very educated about how important vision development and function are to success in school and careers."

All experiences are teaching moments, she says, that will help her and her staff become more adept and skillful. Even experiences outside of the profession are valuable, such as the lessons she learned from her years as a waitress. Multitasking and dealing with diners of many personalities and expectations prepared her to respond quickly to patients and staff. "You try so hard to avoid a negative experience, but if someone is upset, you need to make him or her feel better while still having integrity and pride in your job," she says. "An apology goes a long way if a patient feels inconvenienced."

In that regard, her staff follows her lead. She feels fortunate that office manager, **John Cavanaugh**, and optician, **Michael LaFon**, have been with her since the beginning. Her husband (and former patient), **Steve Schottman**, manages the finances and has a talent for designing and building each office. "You

can't do it all but you can surround yourself with enough talented individuals to allow you to do what you do best," Dr. Schottman says.

Recently, Dr. Schottman celebrated with a 10th anniversary fashion show, Eyes on Fashion, with local TV and newspaper personalities. Frame vendors, a local dress shop and a men's clothing store worked together to create a show that emphasized that how you look is as important as how well you see. Attendees lined a runway that stretched through the reception area and optical of the office. In her Rosedale office, they celebrated with a family-friendly barbeque, trunk show and tours of her vision therapy clinic. She also launched her Share Your Sight philanthropy, which allows patients to nominate individuals who are in need of eye care. It's her way of thanking the residents for their loyalty and support. The events were promoted on the news and with a Facebook fan page.

Last year, she spearheaded an annual back-to-school campaign among local eye care providers to detect vision problems that interfere with learning through screenings. The event attracted local news stations. "This is such a rewarding field to open people's eyes to new advancements in how we use our eyes and brains to learn and earn in a competitive society," she says. In 2010, she plans to bring a vision and learning nonprofit organization to Texas to spread the word about vision training as a successful referral base for primary care optometrists. "This makes my work seem like less of a job and more of a calling," she says. When you witness people benefiting from the business, your hard work has paid off. "Take care of your patients and staff, and they will take care of you."

When it comes to a successful optometric practice, Dr. Schottman still has stars in her eyes—but she also has a game plan in hand. **WO**



(l-r): Michael LaFon, Dr. Emily Schottman, Dr. Tim Wright, John Cavanaugh



Dr. Schottman creatively markets her practice.



A Lasting Impression

Dr. Emily Schottman mentors young optometrists and makes presentations about vision and the eyes at local schools, clinics and parent groups. She does so because she knows one person can have a big impact on others, just as **James Hawley, OD**, of Palos Verdes, Calif.—her childhood OD—had on her. Dr. Hawley hired her for her first job and advised her in career choices. He told her the best optometrists are "great leaders who understand that offering both a service and a product is a complicated venture that needs to be approached with a business acumen that creates patient loyalty and happiness." **WO**



Dr. Schottman and a vision training graduate with a "thumbs up for good vision!"

DOCTOR ROLLS OUT THE RED CARPET

Patients don't have to be famous to receive five-star service

A patient doesn't need to be a movie star to receive royal treatment in the practice of **Candace Kuo, OD**, of Mountain View, Calif. But if he or she happens to be a star on the big screen, Dr. Kuo can handle that, too. From beginning to end, it's clear that her patients' experience is her top priority.

Previews. Before going to see Dr. Kuo, prospective patients may read about her on *Yelp!* The patients rating her on this consumer-driven system have praised her practice and services, and she's earned an exceptional rating. If she ever receives a piece of constructive criticism, she goes back to her patients to solve their problem. She says, "You can learn and try to improve."

Next scene, change set. Each patient in your practice is a unique individual, and Dr. Kuo never forgets that. It was a concept she had in mind when visualizing her private practice. "I wanted to have a more personal connection with my patients because it's much more rewarding," she says. So she doesn't shuffle patients around the office like clockwork; instead, she takes the time to learn about each individual.

Action! If you want to provide an individualized experience for each patient, don't just say it, but do it. Dr. Kuo learns about hobbies, careers and leisure activities so she can recommend a pair of biking glasses for an avid cyclist or computer glasses for someone with a desk job. An actress has an even different set of needs, she says, recalling a recent visitor to her office. This actress normally only needs to wear one contact lens, but Dr. Kuo recommended AR coating to eliminate the glare for a movie scene where she would be wearing glasses. "By getting to know your patients' visual needs, you have more information to help you take better care of their eyes," she says.

Fashionable props. Dr. Kuo enjoys shopping and fashion, and she knows many of her patients do, too. Why should frames be any different? When she started her practice cold, she didn't have an optician, so she made the initial selections. But even now, she still shares her thoughts on the best match for patients. "You spend a good amount of time with your patients during an exam, and you get a feel for their personality, what they need and all the qualities their eyewear should have," she says. "You already have an insight on what they might like. Whether they want something conservative or funky, my patients have to wear these glasses every day, so the choice must suit their needs."

Supporting cast. Dr. Kuo wants her patients to feel at home in her office. That's easy to do with her family's support behind her—and around her. Her mother, **Grace Kuo**, is her receptionist, and her father takes care of the technical work behind the

scenes.

Even her fiancé lends a helping hand when he can. "A huge part of the success of the practice is due to my mother," Dr. Kuo says, adding that her mom takes the time and effort to get to know patients

on a personal basis and provides exceptional service in many shapes and forms—such as holding crying children while their parents are being examined or by going to the bakery to buy a patient a birthday cupcake. "That is what gives the practice a personal touch," Dr. Kuo says.

Special features. The flexible schedule of an optometrist is appealing to students perusing a medically focused career. Dr. Kuo makes that flexibility work for her and her patients. Dr. Kuo benefits because she can split her time working at Kaiser Permanente where she practiced before opening her private practice.

But she's still available when her private practice patients need her—whether it's a late night or on a Sunday. It's important to be flexible to her patients' needs because many of them have young children or can't take off from work for an appointment. Dr. Kuo doesn't want her patients to feel rushed but to enjoy coming in when it's convenient for them.

Behind the scenes. After Dr. Kuo's graduation from State University of New York State College of Optometry, she stayed east for a few years to work before returning to her home state of California. She worked simultaneously in three different jobs as a new grad—in a family-oriented private practice, with a retinal specialist and at an optical shop. In each place she picked up information and qualities she wanted to one day have in her own practice. While the independent practice full of families was her ideal practice, the other settings provided insights into patient communication and pricing. She says, "I was lucky to be hired and to have that experience"—an experience she's been building on ever since then. **WO**



Patients receive a personal welcome, either from Dr. Kuo or her mother.



Dr. Kuo helps patients in frame selection whenever her schedule allows.

Women in the NEWS



Dr. Lingel

Dr. Lingel & Dr. Caggiano

The Oregon Optometric Physicians Association named Pacific University's College of Optometry Distinguished University Professor of Optometry and Faculty Chair **Nada J. Lingel, OD, MS, FFAO**, as the 2009 Clarence G. Carker OD of the Year. The state's Young OD of the Year award recipient was **Samantha Caggiano, OD**, of Portland, Ore.

Dr. Sumrall

At the Mississippi Optometric Association Education Conference, **Megan Sumrall, OD**, of Lexington, was announced as the 2009 Helen St. Clair Young Optometrist of the Year.



Dr. Donovan & Dr. Smith

Lori Donovan, OD, of Mount Pleasant, and **Jennifer Smith, OD**, of Charleston, were awarded Young OD of the Year and Distinguished Service Award, respectively, at the annual South Carolina Optometric Physician's meeting.



Dr. Bodack



Dr. Hopkins

Dr. Bodack, Dr. Hopkins & Dr. Marrelli

The following ODs received their diplomates with the American Academy of Optometry late last year.

Marie Bodack, OD, FFAO,

FCOVD, of Cincinnati, Ohio, and **Kristine Hopkins, OD, MSPH, FFAO**, of Birmingham, Ala.—both for a focus in Binocular Vision, Perception and Pediatric Optometry—and **Danica J. Marrelli, OD**, of Houston, Texas, with a focus on glaucoma in the Disease section.



Dr. Marrelli

Doctor Decides to Join, Rather than Fight, City Hall

Maria Downey, OD, didn't consider herself particularly involved in politics. But when "a little revolution" broke out in Honey Brook, Pa., over the development of a police department and a community revitalization plan, this community of 1,500 needed a leader. Dr. Downey filled that role, and in November, she won a four-year term as mayor.

Dr. Downey, her husband and many other neighbors began filling borough council chambers, waiting to hear the council's reason for delaying action on the plans. The mayor resigned, several council people stepped down and there was a void in the borough's leadership. So Dr. Downey decided to take on the challenge herself. "It's important to step up and do something," she says. "You should get involved in the change, instead of just hoping the change will happen."

Dr. Downey, a full-time associate at Eye Consultants



Dr. Downey was a guest judge at the Draggin' Wagons car show.

School Celebrates 100 Years

The School of Optometry at the University of Montreal marks its centennial celebration this year. Women have played an important role in the history of the school, which graduates 40 students per year. The school began offering a bachelor's program in optometry in 1929—it had been a technical training program prior to that—and **Dr. Pauline Caron** became the first woman to graduate from the Bachelors in Optometry program in 1938.

"Women in the program were very sporadic in

(l-r): Faculty members, Elvire Vaucher, PhD, and Hélène Kergoat, OD, MSc, PhD, FFAO



Continued on page 15



Dr. Downey, part-time mayor and full-time OD

of Pennsylvania in Wyomissing, Pa., was appointed to an interim mayor position last April. She quickly realized that she wanted to be involved on a more long-term basis, so Dr. Downey spent the time between April and November establishing some mayoral credentials. Working with Borough Council, she secured a contract and pension for Honey Brook's police chief, negotiated an agreement to add two other part-time police officers to the force, has performed wedding ceremonies, participated in the local Memorial Day parade and was invited to judge a local car show.

She ran unopposed and won nearly every vote cast in November. She works her mayoral duties around her optometry work, handling issues by email or cell phone whenever possible and arranging for meetings to be held outside of office hours. As she continues to work full-time at Eye Consultants, she has the full support of her colleagues and staff. "They helped me arrange my schedule when I was running for the interim appointment, and they've been really supportive ever since," Dr. Downey says.

While her position as mayor hasn't directly brought in any new patients—she works about 40 minutes away from home—her two jobs do cross paths when patients recognize her from the newspaper. This still surprises her, but she's now adjusted to her two roles. "You really can maintain a career as OD and explore your outside interests if you have the desire to make a difference," she says. **WO**



More women faculty members (l-r): Etty Bitton, OD, MSc, FAAO; Julie-Andrée Marinier, OD, MSc; Julie-Anne Couturier, BSc.Ed, MA; Danielle DeGuise, OD, MSc.; and Julie Brulé, OD, MSc, FAAO

joined the faculty in 1976. By 1978, women in the class outnumbered male students—and it's been that way ever since. The 2013 graduating class is 80 percent women.

Since many of the graduates of the program stay in Quebec, the demographics of the professional community reflect the enrollment. Dr. Bitton says that among the 1,284 registered optometrists, 63 percent are women.

Many events are planned for the centennial celebration, including a continuing education event in May, which alumni are encouraged to attend. **WO**

these early years, and it was not until 1960 that there was a steady female presence," says **Etty Bitton, OD, MSc, FAAO**, the school's externship director. The first female faculty member, **Nicole Lapierre, OD**,



Dr. Stoeger

Practice management video podcasts by **Ally Stoeger, OD**, of Burke, Va., are available on iTunes. Or visit realpracticetoday.com for more information.



Dr. Landry

Elaine Landry, OD, of Beresford, New Brunswick, was the recipient of the Community Business Development Corporation's Chaleur 2009 Young Entrepreneur of the Year Award.



Dr. Burke

Grace Y. Burke, OD, of Watertown, N.Y., was appointed to a position on the College Council for the State University of New York Canton campus. Dr. Burke will work with the council to supervise campus projects to ensure state rules and policies are followed, and she will remain in this position through 2016.



Dr. Mary Boname

Mary Boname, OD, of Montgomery Township, N.J., appeared on the cover of *Contact Lens Profit Advisor*, a quarterly publication from ABB CONCISE.

Dr. Nichols, Dr. Zadnik, Dr. Exford & Dr. Haegerström-Portnoy



Dr. Nichols



Dr. Zadnik



Dr. Exford



Dr. Haegerström-Portnoy

The follow doctors were recognized for their achievements at the annual American Academy of Optometry meeting. From Ohio State University College of Optometry, **Kelly K. Nichols, OD, MPH, PhD, FAAO, Dipl.—Public Health**, received the Irvin M. and Beatrice Borish Award, and the Max Schapero Memorial Lecture Award was given to **Karla Zadnik, OD, PhD, FAAO**. **Joan Exford, OD, FAAO**, of Boston, Mass., was the recipient of the Eminent Service Award, and **Gunilla Haegerström-Portnoy, OD, PhD, FAAO**, of the University of California, Berkeley, School of Optometry, received the Michael G. Harris Family Award for Excellence in Optometric Education.

His & Hers

O.D. leaves her husband's practice to open her own

One of the first questions **Nazanin Galehdari, OD**, fields when people hear that she has opened her own practice is if she's still married. The answer is yes, but it's not an entirely surprising question. For the past 11 years, she has worked as a managing doctor in the LensCrafters-affiliated practices leased by her husband, **Joseph Martin, OD**. Last summer, she opened her independent practice near Salt Lake City, Utah—a half mile from where she used to work. Where husband and wife used to be collaborators, they are now friendly competitors.

To keep their relationship from becoming uncomfortably competitive, however, Dr. Galehdari says her practice was created to be an entity entirely different from her husband's. For one thing, about 70 percent of her patient visits are medically reimbursed. The 3,000-square-foot building features a huge optical with 1,500 frames, most of them high-end designer offerings. "We feature Gucci, Dior, Fendi, Giorgio Armani and Valentino frames, as well as other well-known designers. The average revenue per eye exam, including medical and cash pay, is about \$800," she says. "With Joe's practice and several other competitors within a three-mile radius, I didn't want to compete on price, but rather on quality and overall patient experience."

Dr. Galehdari says the road to her own practice has been one of evolution. About two years ago, she bought an office condo in a professional office complex as an investment. "Let's remodel it and see what happens," she recalls thinking. Then the real estate market sunk, and Dr. Galehdari realized rather than build a beautiful office for someone

else to lease or buy, she could open the practice of her dreams there.

The idea had appeal. As much as she enjoyed working with her husband, it was nonetheless disconcerting to have the family's entire income dependent on one source. Plus, as the couple's son entered school, Dr. Galehdari realized she was missing more of his special events. Her mother lives with the couple and takes care of their son, nearly 7. She realized that with her own practice, she would have more control to block off hours to be part of his activities. "If there's a

special activity, I can easily schedule myself out of the office so that I may attend. He's happier if I'm there, and so am I," she says.

With the decision to open her own practice, Dr. Galehdari could renovate with an optometrist's office in mind. "When I purchased the office, the room sizes and layout of the overall space were not ideal for my purposes. It had previously been a general surgeon's office, and



Dr. Galehdari loves the open, airy feel of her new practice.

there were very few windows in the condo," she says. So she bought the adjacent condo and hired the contractor who built the couple's house to do the remodeling, which consisted of fully gutting the space and starting from scratch. The entire process, from start to finish, took nine months to complete.

The result is a spacious, inviting office with the latest high-tech equipment. Patients enter and arrive at a centrally located reception area. They can turn left to browse the frames in the optical dispensary or turn right to the professional area. The sage and taupe color scheme is accented by rugs on the floor and chenille-covered carved chairs. Solid cherry cabinetry and marble tops, tile floors and original artwork add to the luxurious feel.

The purchase, renovation and installation of office furnishing and equipment required a substantial investment. Dr. Galehdari used her personal savings and arranged for the loan herself.

She felt it was important to the integrity of her husband's existing practice that he would not have a financial stake in the success of this one.

She paid off the loan in four months, and the practice is doing very well. "The majority of my patients from the former office followed me to the new office," she says, noting that this was an advantage over opening cold in a new town. But with her emphasis on medical eye care and the added income generated by the high-end optical, the practice was profitable immediately. "The equipment paid for itself rapidly. I've gotten back all the money I put in, and I've drawn a healthy salary throughout," she says.

Her location in a medical professional park has helped her gain more referrals for medical patients, too. The physicians within the same complex routinely refer patients to her practice. These referrals were facilitated by Dr. Galehdari introducing herself to her physician neighbors and holding a formal open house. "I was able to introduce everyone to my staff and showcase the office. This generated a lot of excitement within the complex and certainly garnered immediate referrals," she says.

She and her husband both work more hours now that they run separate practices than they did when they worked together. But their family income is much higher, and they are content "not having all our eggs in one basket," she says.

While it's true that they're competitors, one area business suffered more than either of their practices. An optician who was already running an optical at one end of the medical plaza decided to move his business elsewhere when he saw the plans for Dr. Galehdari's space. **WO**



Two adjacent condos were remodeled into one 3,000-square-foot, modern office.



Go GREEN

Environmentally friendly practice makes sense to lifelong conservationist

Preserving and protecting the environment has always been an important cause for **Cheryl McCormick, OD**. What started in high school with writing papers about recycling and the greenhouse effect—now known as global warming—has turned into an office-wide project in



Dr. McCormick

Dr. McCormick's new practice in Vincennes, Ind. "It's good to set an example for our patients," Dr. McCormick says. "I am committed to protecting the environment and preserving our natural resources. If patients see someone they respect, like their eye doctor, doing this, it may have more of an impact on them than if they read about it in an article in *National Geographic*."

With years of experience with conservation, Dr. McCormick analyzed every detail of her new office. So when it came time to remodel an office on Main Street, in the historic heart of downtown, she gave American Colonial design a green twist.

Support local manufacturers. Dr. McCormick's examination chairs and stands are from a manufacturing company based in Cincinnati, Ohio. "Instead of ordering from overseas, my equipment was trucked over," she says. There's a practice-building benefit to helping the environment and the local economy: "I left the tags on that say *Made in the USA*. Patients say they think that is really great."

Use local products. When it came to hardwood floors and

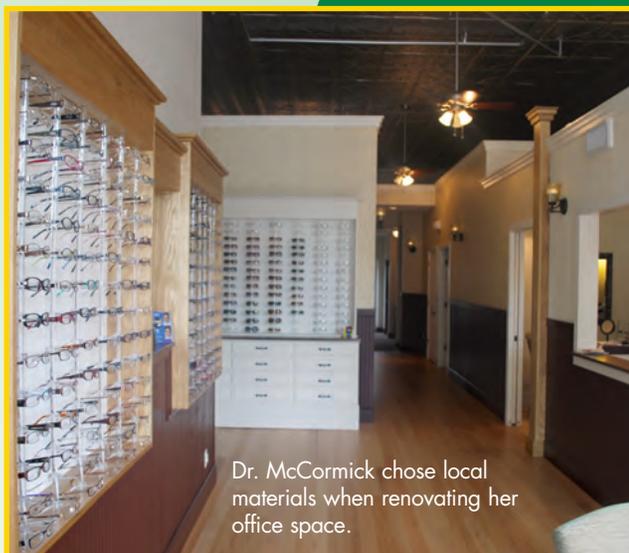
frame cabinets, Dr. McCormick once again chose to stay local. Most of the wood—primarily sassafras, ash and walnut—was grown on a farm in nearby Knox County.

Invest for the future. Some products may cost more now but will help you down the road, Dr. McCormick says. For example, the LED light bulbs she bought have a higher price tag than regular bulbs. But it's energy-efficient lighting that should cost only about \$2 a year in electricity per bulb, which can last from 10-20 years. Opting for cheaper incandescent light bulbs that use more electricity is penny-wise but pound-foolish, she says.

Use environmentally friendly products. Every step counts. She chose a paint with low-volatile organic compounds to reduce toxins that pollute indoor air. She also looks for paper products—including printer paper, toilet paper or paper towels—made from recycled products. "Patients who want coffee are given a mug," she says. No paper cups there!

Go paperless. Electronic medical records will be required by law within the next few years, but a paperless office also

helps the environment. Dr. McCormick's computer system will help her be paper-free and also provide a way to e-prescribe and file medical billing claims online. **WO**



Dr. McCormick chose local materials when renovating her office space.



Dr. McCormick's store front

Business Guide to Going Green

The U.S. government official business page offers some ideas for a green office.

Lighting. In addition to using energy-efficient lightbulbs, turn off lights when not in use. Consider installing occupancy sensors to automatically turn lights on and off.

Water. If there's a leak, fix it immediately. Even small leaks can waste gallons of water and your dollars. Use water-saving faucets, and set water temperature accordingly to prevent scalds and to save energy.

Electricity and equipment. Turn off instrumentation and computers when not in use, and, if possible, unplug devices to reduce energy use.

For even more ideas, visit business.gov, click [Expand Your Business](#) and then the [Green Business Guide link](#). **WO**

An Historic Home

Dr. Cheryl McCormick is no stranger to the Vincennes area. She started her career downtown in 1985, but left the area in 1996 to practice in an ophthalmology group for 12 years. Her move back to Main Street this past spring was the right decision at the right time. The Main Street storefront makes the practice highly visible to the many visitors who come for the community's chili cook outs, watermelon festivals and even the "watermelon drop"—the local tradition of ringing in the New Year.

Dr. McCormick says coming back to this town means "I've come full circle. I want to finish my career working in my own office and being my own boss." **WO**

Pink Ink

Close-Range Efforts Can Have Long-Range Impact

By Martha Rosemore Greenberg, OD
Russellville, Ala.

There are many charitable organizations that support optometry and its efforts to spread an important message about eye health and eye care around the globe. While volunteering your time and expertise through mission trips to other countries is essential and appreciated, optometrists often forget or are unaware of the impact they can make right in their own neighborhoods. A great first step toward extending a helping hand to your community starts with becoming involved with Optometry's Charity™—The AOA Foundation.

I've recently become president of this organization, and spreading the word about what we do and how you can help is my top priority. Our goal is to increase access to eye health and vision care across the U.S. And there are many, many ways you can help—whether you are a practice owner or an affiliate, work part time or in a variety of settings. Undoubtedly, there are other community organizations vying for your time—and those causes are worthy as well. Through some of these programs, there may be a way that you can dovetail the efforts of other community organizations with your special skills as an OD. So whether you can volunteer a little or a lot, we have a variety of programs that can match your level of commitment.

InfantSEE: Infant eye health paves the way for healthy development as infants become toddlers, preschoolers and school-age students. Examining these youngest patients provides ODs with an opportunity to not only make sure vision and eye health are developing properly,

but that the whole family learns about the importance of a lifetime of regular eye care for optimum health. Through InfantSEE, AOA-member optometrists provide no-cost, comprehensive eye and vision assessments for infants within the first year of life. Explain InfantSEE and the importance of early detection of eye conditions to parents and social service workers who work with new parents. Learn more about the program at infantsee.org.

VISION USA. Over the past 20 years, VISION USA has made free eye exams available to more than 385,000 low-income Americans. This program, made possible by the donations of thousands of AOA-member optometrists, is for adults and children who do not qualify for government aid or private health care assistance that covers the cost of routine eye or vision care. Some optometrists even work with patients to provide low- or no-cost eyeglasses, as well. By seeing families through VISION USA, you have the opportunity to emphasize the importance of having vision care during all stages of life.

Optometry's Fund for Disaster Relief. When disaster strikes in your community, it's important that optometrists can get back to the business of providing eye care services and dispensing products as soon as possible. Countless people in the community—many of whom may have lost their eyeglasses, contact lenses or glaucoma medications, for example—are counting on their OD. This disaster relief program, funded by OD contributions, is designed to provide assistance for ODs. We've distributed more than \$400,000 in grants to help ODs reopen their practices after Hurricane Katrina, the California wildfires and other local or regional disasters.

Through these public health programs with Optometry's Charity—The AOA Foundation, you make a difference right in your community. Many of us chose careers in optometry because of the meaningful way we can help patients, providing them the means to see better and have a more fulfilling life, free of vision obstacles and eye disease. The career choice, in turn, has provided most of us with a comfortable living. Employers and individuals value our services, and many of us could report stable revenue in 2009, despite a recession. But not everyone is so fortunate. Those who can't afford an eye exam should not be forgotten. As 2010 progresses, don't just build up your practice—build upon your integrity. Philanthropy is contagious, and it snowballs. Once you start, you won't be able to stop.

International, humanitarian efforts are important, but the old adage is true. Charity begins at home. Your enthusiasm, contributions and time are so important as we work to energize Optometry's Charity—The AOA Foundation. To be strong now and remain so in the future, we cannot wait until all issues and questions about the economy or health care reform are resolved. There are children and families in every community right now who need access to eye care. We hope you will step forward and help us achieve our goals and mission. For more information, please visit optometrycharity.org. 



Dr. Greenberg

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