

November 2011

# WO<sup>®</sup>

## Women In Optometry

Dedicated to the interests of women ODs



## Building for Growth

*Partners add third doctor  
and open new office as  
mid-career step*

SUPPLEMENT TO

**REVIEW**  
OF OPTOMETRY

A Tradition of Excellence  
Celebrating Our  
120<sup>th</sup> Year Serving the Profession



Marjolijn Bijlefeld

## Shout Out

### Take It to Heart

**W**hat do you do with good advice? Some people may smile, nod and walk away, never to think of it again. Others may hear the little voice in their heads that says, "You should do this." And still others recognize it for the gem it is and take it immediately to heart. Of course, not all advice is good advice. Anyone who has been out in public with a screaming baby knows that. So our filters immediately sift through the well-meaning but not particularly relevant advice. But are our filters so porous that we're letting diamonds slip through?

This issue is packed with good advice. The *It's Your Business*, for example, provides practical tips for building your business, starting right now. The quarterly *Women In Optometry* survey found that only 29 percent of women ODs had a written business plan for 2011. Yet nearly every single OD who responded to the survey had plans for increasing budget allocations in some aspect of business or professional growth. Why the disconnect? Are that many ODs planning for next year without a plan in place? Make it one of your take-it-to-heart suggestions to find time today to think about where you are and where you want to be a year from now. What needs to happen to get there?

Some advice can be intuited by example. In our cover story, Dr. Kerry Giedd and Dr. Brigid Williams describe driving by an abandoned industrial building hundreds of times before being helped to see that it could become their dream practice. Dr. Denise Roddy shares how she dusted herself off after a divorce and found the energy to nurture her practice. Dr. Shannon Franklin finds it practical to divide her year into 90-day increments. Dr. Elaine Happ describes her motivation to connect with patients interactively through social media. And Dr. Willnella Peters, inspired through volunteer work as an optometry student, started a nonprofit organization to help people in her native Liberia. These and other stories are tremendously inspiring.

I found my nugget of advice in the counsel of Vistakon's Dr. Janelle Routhier, who says that she's making it a goal to focus on the moment, giving each person or task her undivided attention. That advice resonated with me. Just because I think I can do three things at once, I may not be doing any of them as well as I could. I hope you find some inspiration in this issue that forces a change in habit or thinking.

Write to us or join us on Facebook, [facebook.com/womagazine](http://facebook.com/womagazine), to share some of the best advice you've ever received.

Marjolijn Bijlefeld, Director of Custom Publications  
Practice Advancement Associates

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Publisher: Al Greco

Executive Editor: Roger Mummert

Director of Custom Publications, Practice Advancement Associates: Marjolijn Bijlefeld

Associate Editor: Maggie Biunno

Creative Director: Stephanie Kloos Donoghue

Graphic Designer: Barbara W. Gallois

Comments on *Women In Optometry* can be sent to [mbijlefeld@jobson.com](mailto:mbijlefeld@jobson.com)

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### Email to the Editor

## Accomplished Women

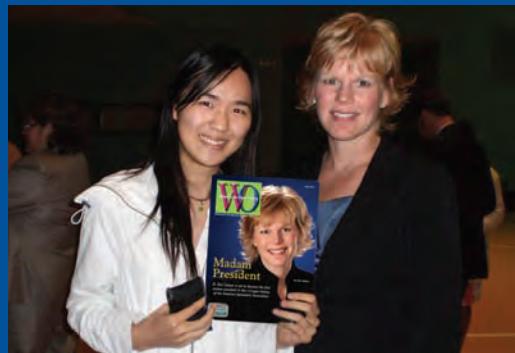
**I**would just like to give you a compliment on your very inspiring periodical. I absolutely love reading about the successful women in the optometric field.

Every issue, I look forward to reading about the bright, dedicated women who are working so hard toward success. The articles are uplifting and positive. Taking risks with starting new clinics, going above and beyond, graduating at the top of the class.....YOU GO, GIRLS.

Thank you for showing how powerful we can be.

Gail Terenzio  
Regional Sales Manager  
M&S Technologies

### Tagged



*Women In Optometry* was tagged on the American Optometric Association (AOA) Facebook page when AOA President Dr. Dori Carlson stopped during her 20/20 Tour to chat with Qian Yang, a first-year student at Pennsylvania College of Optometry at Salus University.

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## A Forward-Looking Focus

*These three optometrists, each of whom has attended THE VISION CARE INSTITUTE®, share their ideas for professional and personal growth for the year ahead.*



"What is it  
that people  
say about us?"

—Dr. Hoscheit

### Be More Intentional

By Ann M. Hoscheit, OD, Gastonia, N.C.

Early in the fourth quarter of each year, we conduct a retreat in which the doctors and my marketing coordinator examine where the practice has been and where it's going. The marketing coordinator researches the health care marketplace, general consumer trends and economic data. Those findings help us strategize our messaging for the year ahead.

All of our marketing is planned and intentional. We establish criteria for what we're trying to do and how the marketing ideas fit in with that. Each of our doctors has a small, discretionary slush fund to use for an unexpected request for a sponsorship, for example, but most of our marketing has been planned carefully and intentionally.

We look at our practice strengths—what is it that people say about us? We hear routinely from patients that our doctors—all women—listen to them. That led to our motto: *You see, we listen... and when we listen, you see.* Patients attribute our problem-solving skills to our listening skills. Another saying we use in our marketing is this: *At Summit Eye, it's personal.*

We also conduct focus groups each year with two groups of patients. We invite them to dinner, and our marketing coordinator listens as they talk about what they like and don't like about our practice. All of this information ties into our strategic marketing plan for the year ahead. It's important to be intentional in your marketing. Your message will be stronger and more comprehensive, and your overall return on investment will be greater.

### Be More Engaged

By Janelle Routhier, OD, FAAO, Jacksonville, Fla.

My goal is to be fully engaged in everything I do. Whether I'm at work, at an event for THE VISION CARE INSTITUTE® or in my personal life, I am determined to be fully committed to that moment. In today's technology-laden world, it's easy to be distracted. We have

our long to-do lists, and we have the technology in hand to remind us of it or distract us from it.

So I plan to shut out the distractions and focus on the task or project at hand. I believe the results will be better—and I'll probably spend less time on the actual task than I would if I were trying to accomplish it and two or three other things at the same time.

This goal is not only good for my own well-being, but I believe that all communication with others will benefit, too. People recognize when they receive someone's full and undivided attention. I like the message that sends: I'm interested in what you're saying. So whether I'm with patients, colleague doctors or in my daily activities, I'm going to be there—in the moment, not distracted by text messages or thoughts of what I'm going to do next.

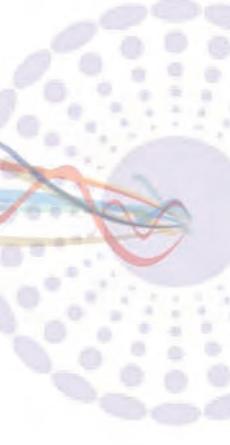
### Be More Visible

Rebecca Norris, OD, Oak Grove, Ky.

I joined Walmart more than three years ago, not long after my 2008 graduation. I became the doctor at this location several months later. So for the start of my career, I focused on patient care and learning the ropes. Now I'm ready for the next level of involvement.

One goal for the year ahead is to become more involved in the community. It will require some effort from me, as I don't have the intrinsic benefits of living in this community or having children who would participate in school and sports activities. Without those networks, I have to seek and create my own. Now that I've gained confidence in the clinical and practice management aspects of the practice, I'm ready to do that.

Of course, I have the advantage of access to the Walmart customers, which I continue to seek through participating in store vision screenings or health fairs. But I've also become involved with the local Chamber of Commerce, and through that, I'll begin reaching out to other groups. To continue building my own brand in conjunction with the affiliated practice, I have developed a Norris Vision Center logo and created a web page and Facebook page, too. These strategies will help me generate greater awareness of my practice and my capabilities.



"Now I'm  
ready for  
the next  
level of  
involvement."

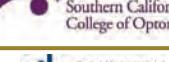
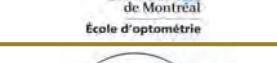
—Dr. Norris



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# Women Comprise Two-Thirds of Class of 2015

**W**omen In Optometry has been producing this snapshot of incoming class demographics for six years. This year, the first-year class enrolling in North American schools and colleges of optometry is 66 percent women; last year it was 65 percent women, and in 2009, it was 63 percent women. Only one school has a slim majority of men in its first-year class. Overall enrollment increased 12 percent over the class that entered in the fall of 2010.

School		2011 total	# of women	% of women
	ILLINOIS COLLEGE OF OPTOMETRY	159	114	72%
	INDIANA UNIVERSITY	77	48	62%
	Inter American University of Puerto Rico School of Optometry	53	29	55%
	MICHIGAN COLLEGE OF OPTOMETRY	38	25	66%
	Midwestern University Arizona College of Optometry	55	27	49%
	New England College of Optometry	118	89	75%
	Northeastern State University College of Optometry	28	15	54%
	Nova Southeastern University College of Optometry	102	64	63%
	The Ohio State University College of Optometry	64	47	73%
	Pacific University College of Optometry	92	47	51%
	Pennsylvania College of Optometry at Salus University	162	114	70%
	Southern California College of Optometry	100	65	65%
	Southern College of Optometry	130	70	54%
	State University of New York State College of Optometry	81	64	79%
	University of Alabama at Birmingham School of Optometry	47	35	74%
	University of California, Berkeley, School of Optometry	66	53	80%
	University of the Incarnate Word School of Optometry	65	39	60%
	University of Houston College of Optometry	101	64	63%
	University of Missouri, St. Louis, College of Optometry	46	30	65%
	University of Montreal School of Optometry	45	35	78%
	University of Waterloo School of Optometry	90	68	76%
	Western University of Health Sciences' College of Optometry	88	56	64%
<i>Source: North American schools and colleges of optometry as of September 2011</i>		<b>TOTAL:</b>	<b>1807</b>	<b>1198</b>
				<b>66%</b>

# Optimism for 2012

*Survey shows women ODs planning for growth, but most don't have a business plan*

Overall, women ODs feel more optimistic about business growth for the year ahead, according to a recent *Women In Optometry* survey. Forty-nine percent of women who responded said they expect business growth to be somewhat better in 2012 compared to 2011, and 19 percent expect it to be much better. Another 27 percent said they expected business growth to be stable, and only 4 percent said they expected a slight decline. Part-time employed ODs were least optimistic about business growth.

Women ODs had a range of plans for increasing 2012 budgets, with fully half of the respondents saying they planned on adding diagnostic or clinical equipment. However, two-thirds of the women ODs who responded to the survey did not have a written business plan in 2011. In fact, only 29 percent said they did, and another 9 percent said that while they did not, they are working on one for next year.

## Who Responded

- 52 percent full-time practice owner
- 31 percent full-time employed OD
- 9 percent part-time practice owner
- 8 percent part-time employed OD

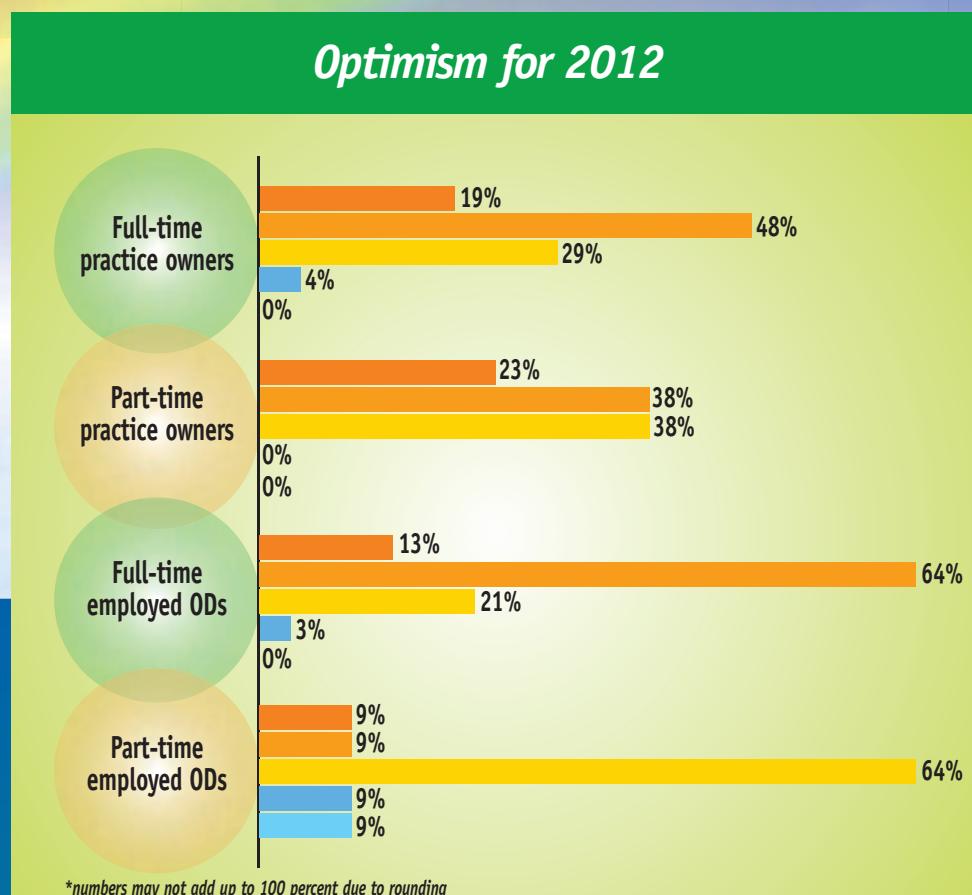
## Where They Work

- 65 percent work in an independent practice
- 19 percent work in a corporate-affiliated practice
- 13 percent work in an ophthalmology practice
- 4 percent work in a multidisciplinary clinic, hospital or HMO setting
- 5 percent work in a research or university setting
- 2 percent work in military/government or public health setting
- 1 percent do consulting

\*total adds up to more than 100 percent because some respondents work in more than one location.

## When They Graduated

- 4 percent graduated in 2011
- 34 percent graduated between 2001 and 2010
- 29 percent graduated between 1991 and 2000
- 30 percent graduated between 1981 and 1990
- 3 percent graduated before 1980



### Bar Color Key

Much better	Somewhat better	Stable	Somewhat lower	Much lower
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Perhaps surprisingly, among full-time practice owners, the percentage with a written business plan or the intention of creating one was even lower than the overall—27 percent and 5 percent, respectively. In contrast, 32 percent of full-time employed ODs had a business plan in 2011 and another 11 percent were working on one for next year. It may be that the employed ODs work for larger organizations or institutions where annual business plans are part of the culture.

Women ODs who own or work in an independent practice setting rated these as priorities (receiving the five highest rankings): diagnostic/clinical equipment acquisition (54 percent); social media/nontraditional advertising (48 percent); staff training/development (34 percent); EMR (31 percent); and upgrading the inventory of frames/ophthalmic lenses and contact lenses (28 percent).

Women who work in or lease a corporate-affiliated practice in general

### Cuts Where They're Needed

A 2003 graduate who is an independent practice owner anticipates spending more on new staff, new equipment and social media in 2012. She anticipates a much better year, in part because of changes she made in 2011. "I cut staff members who were not following my plan for the practice. This immediately improved our weekly production numbers."

## Anticipated Budget Increases

### Tracking the Business



**T**he strategies that will help me grow are clear communication with the staff through regular office and business meetings; growth bonus implementation; increased social media exposure; and studying the frame board turnover rates to analyze what sells and what doesn't. We also are actively asking patients for referrals, increasing involvement in the community that we serve and empowering each staff member to take care of each patient's happiness. In other words: service, service, service."

—Bridgitte Shen Lee, OD, Houston

planned fewer budget increases. Here are the top categories for this group: diagnostic/clinical equipment acquisition (37 percent); social media/nontraditional advertising and EMR (both at 33 percent); new or expanded services, such as CRT, vision therapy or added medical services (30 percent); and recall activities and adding staff (both at 26 percent).

Among women ODs who work in ophthalmology practices, the acquisition of diagnostic/clinical equipment and staff training and development were a priority for 44 percent, followed by new staff (33 percent). Adding a new associate OD and staff training and development were cited by 22 percent as priorities. **WO**

### Reaping Rewards

**I**n 2011, we used social media; billboards, which were surprisingly helpful; a reactivation campaign for patients who had not been seen in at least four years; and added a new associate who became extremely active in the community. We also added a third trunk show—we generally produce at least \$20,000 per trunk show—and we restructured contact lens pricing and increased annual dispenses because of that. We also grew the ocular nutrition/integrative medicine side of the practice.

—A 1990 graduate, independent practice owner who anticipates a stable year ahead



### Smart Move

**I**moved into my new building in Oct. 2010. Since then, we have met our goal every month and are looking at 17 percent growth for the first three quarters of 2011. Location and better flow made it happen, and now practice management is my focus because of the increased flow."

—Angela Jackson, OD, Rossford, Ohio

**W**omen ODs reported that they were planning to increase their budget allotments in the following areas:

Diagnostic/clinical equipment acquisition	50%
Social media/nontraditional marketing	41%
Staff training/development	35%
Electronic medical/health record (EMR or EHR)	30%
New staff	30%
Remodeling/physical improvements to the office	21%
New or expanded services (for example, vision therapy, CRT, AMD, medical, etc.)	20%
Upgrade inventory of frames/ophthalmic lenses/contact lenses	19%
Recall activities	17%
New associate OD	16%
CE/business travel	16%
Practice management equipment acquisition	12%
Traditional advertising	7%

### Improved Communications



**I** believe improving patient communication (verbal, written, recall postcards and a new web site), whether from the doctor or staff member, increased referrals to our office. Adopting more of a medical model helped establish better follow-up appointments and helps patients understand that their vision health is more than just a new pair of eyeglasses or contact lenses."

—Karen Caputo, OD, Hollister, Calif.

### Shift to EMR

**A**n increase in 2011 was due to hiring a staff member dedicated to transitioning our office to electronic health records. She helped install and set up all new software, move to a remote server and guide other staff along the changes. Costs for computer support alone would have been much higher than what she ended up getting paid in salary."

—A 2006 graduate, independent practice owner, who foresees a stable 2012

### Online Competition for Eyewear

**W**e renovated the office and made it look more appealing and up to date. Our dispensary is revitalized. Yet we are definitely feeling the effects of the ability to order eyeglasses online. Patients who have been purchasing their eyewear with us increasingly want to look online."

—A 1990 graduate, independent practice owner who anticipates a slight downturn for 2012

# After Years of Organic Growth, Doctors Chart More Defined Course



(l-r): Dr. Gregory and Dr. Happ



Melonie Carlson

**S**ince the time that **Elaine Happ, OD**, opened a practice cold with three staff members in 1997, it has blossomed. Good demographics, clever marketing and bringing on an energetic practice partner, **Mary Gregory, OD**, all contributed to the expansion of Uptown Eye Care in Monticello, Minn.

But as the practice grew, so did the management complexities. "Our practice has gotten so big that we felt we needed some direction," Dr. Happ says. "We want the right hand to know what the left hand is doing. We

needed a plan."

To achieve that, Dr. Happ, Dr. Gregory and their office manager, **Melonie Carlson**, needed a new perspective. Carlson had been a valued staff member since 2000 and was promoted to office manager in 2006, a move that allowed Dr. Happ to stop trying to manage daily office duties and be the doctor at the



same time. The three spent a weekend in late 2010 at Carlson's lake house, enjoying food and wine as they focused on their goals for 2011 and generated a timeline for achieving them. "When you get back from a meeting, you say, 'Oh my gosh, where do I get started?'" Dr. Happ says. By setting times and deadlines to work on each item, they crafted a comprehensive plan. Dr. Happ reports that they reached many of the bars they set for 2011 by early fall. Here are a few of the items that were on their 2011 to-do list.

**Create pediatric patient gift bags.** After their first visit, kids take home a reusable practice-branded bag that includes their first pair of eyeglasses, a baseball cap, a lens cleaning kit and other small prizes. A staff member also takes a photo of each child in his or her new eyeglasses to add to the practice's bulletin board.

**Set a donation limit.** "Everyone comes knocking on our door for donations," Dr. Happ says. She's happy to help out in the community, but there had to be some criteria. Now there's a budget of \$500 per quarter, so staff and doctors can allocate that budget better.

#### **Expand the staff section of web site.**

Photos and biographies were added to [uptowneyecare.com](http://uptowneyecare.com) for each of the practice's 18 staff members.

**Rewrite the procedure manual.** From upgrading software to ordering office supplies, the latest systems are being recorded in this updated manual.

**Set plans for staff education.** Dr. Happ and Dr. Gregory like to include the staff when they attend local and national optometric meetings, and they empower these individuals to continue their education. They mapped out who will represent the practice at each meeting they planned on attending. This advance notice helps in scheduling enough coverage when key staff members are out of the office and lets everyone know his or her turn is coming.

**Break down the office financials.** A thorough review of QuickBooks files was essential to understanding the practice's growth. "We looked at every category and compared revenue to the year before," Dr. Happ says. "Are the numbers more or less? And why?" Simply identifying and tracking these numbers has helped improve results. "If you have goals and write them down, you are more likely to reach them," Dr. Happ says.

Dr. Happ advises her optometric colleagues not to get stuck in routine. "Everyone gets busy, and there's often a tendency for doctors to put aside the management side of practice," she says. That's a short-sighted view when it's key to look far into the horizon. **WO**



The practice's branding features caricatures of the doctors.

## All Eyes on 2012

"**I**n today's media environment, a web site is not enough," says **Dr. Elaine Happ**, explaining that her 2012 plans include greater concentration on social media. In addition to [uptowneyecare.com](http://uptowneyecare.com), the practice is on Facebook and Twitter, and she plans to expand her posting in 2012. The practice hired social media company OxRun, [oxrun.com](http://oxrun.com), to help guide and follow through on the new initiatives. One important goal is making sure all of her social media outlets are search engine optimized and that all of the sites connect back to one another.

Dr. Happ, practice partner **Dr. Mary Gregory** and the practice staff will be featured in YouTube videos that they are filming, showcasing some of the new office technology and designed to make patients feel more comfortable with new procedures. Videos will debut online throughout the year, and some videos will be connected to public health campaigns such as Diabetes Awareness Month.

Rather than select existing videos from sources such as YouTube, Dr. Happ wanted her videos to be personal. "It's nice for potential patients to see our faces and hear our voices, so when they come in as a new patient, there will be an increased level of comfort." **WO**

The practice invites patients to browse in a park-like setting.



Each of the 18 staff members is friendly and accessible.

# Analyzing the Business, 90 Days a Time

*Four times a year, doctor recalibrates her practice goals*

**W**hen Shannon Franklin, OD, opened her independent practice, Crozet Eye Care, near Charlottesville, Va., five years ago, she came to it with six years of experience working for others. "I took the best ideas I found in each office I worked in and put them into my own practice," she says. While she understood the value of providing a superior patient experience and retaining loyal staff members who could help provide continuity and comfort to patients, there were some aspects of the business where she needed help.

So Dr. Franklin, the current president-elect of the Virginia Optometric Association, hired a consultant nearly three years ago. Every 90 days, Dr. Franklin and a staff member sit down with a consultant from ActionCOACH for a full day. "We look at the last 90 days and plan for the next 90 days," Dr. Franklin says. "We write down goals and then put them up on the calendar."

Each goal is broken down into tasks to help make the goal achievable. "I credit the staff with helping us grow because I couldn't do it without them," she says. The 90-day timeframe is just about right, she adds. "We don't have to take on too much at once, but it's helped us grow tremendously—at a rate of 20 percent each year since opening."

Dr. Franklin says the reviews and reflection allow her to appreciate all that she has accomplished. "I'm pretty driven, but I don't always sit back and think about what we've done," she says. "It helps to recharge every



Dr. Franklin

90 days and decide what's important."

Dr. Franklin sets personal goals as well as office goals at her meetings. For example, she plans to take off every Wednesday to spend time with her two children. Having that as a goal makes her focus on getting all of her work done on other days of the week. The flexible schedule allows her to chaperone field trips or speak to the children's classes—visits that help maintain the balance between work and her family, and also give her the opportunity to meet more people from her community.

When Dr. Franklin spoke with *WO*, she was in the middle of a 90-day focus on marketing her optical dispensary to a wider audience. "People come in for eye exams and then are introduced to the optical, but we would like it to be a draw where people can walk in to shop or a source if they break their eyeglasses," she says.

Earlier this year, the practice spent 90 days focused on improving patient communications. Now it's routine for her staff to post appointment openings on the practice Facebook page when a patient cancels. Facebook followers can call for priority placement. The practice also collects email addresses and started lists based on age or other demographic characteristics to gear special messages to certain audiences. Since that time, Crozet Eye Care communicates regularly with patients by email and text message. Dr. Franklin recently was named to serve on the national InfantSEE® committee, a program of Optometry Cares—The

American Optometric Association Foundation. She is appreciative that InfantSEE also has its own texting service, Text4Baby.org, to send out two reminders to parents, and she suggests that



Dr. Franklin is marketing the optical dispensary to patients with outside prescriptions.

parents sign up for the alerts. "The message reminds the parents to have their baby's eyes checked and provides the InfantSEE number. Reminders are sent at 4 months and again at 10 months."

She started using Constant Contact for emails but moved on to Solutionreach, formerly known as Smile Reminder. The service sends her patients notifications by text and email as the times for their appointments near. It's a handy service because Dr. Franklin preappoints all of her patients—a goal for one of her 90-day plans about a year and a half ago. "Most people are thankful that we will save them a spot because we are a busy practice now," Dr. Franklin says. "It shows that we don't want them to have to wait to see us."

Dr. Franklin says that the 90-day focus helps entrench a procedure into the practice. For example, that focus on preappointing patients made the process second nature to her and staff. They have been able to continue that focus while adding new goals, improving the overall efficiency of the practice and its procedures without overwhelming their day-to-day process. *WO*

## Friend, not Foe

**W**hen Dr. Shannon Franklin started her practice cold, she didn't have the finances to purchase all of the instrumentation on her wish list. She decided on a retinal camera to screen patients for the most common ocular and systemic diseases. If there is a test that her patient needs, she gladly refers back to the ODs at the practices where she used to work as an associate. "We often feel we need to refer to ophthalmologists, but there are larger OD practices with the technology available." She doesn't see these other doctors as competitors, but as colleagues sharing one goal—providing the best care for the patient. *WO*



Dr. Franklin sees patients of all ages, including babies referred through the InfantSEE program.

# Third Home's the Charm

*OD partners jump at the chance to buy "diamond in the rough"*



In a Thursday afternoon almost a year ago, **Kerry Giedd, OD, MS, FAAO**, and her practice partner of eight years, **Brighid Williams, OD**, closed the front door of the Orlando, Fla., practice location where they had been for six years. The next day, practice staff and friends grabbed

boxes and furniture and delivered them to a new location just one mile away. The following Monday morning, they threw open the doors of the new Eola Eyes to patients.

Dr. Giedd and Dr. Williams opened their practice in 2003, in a historic house in a chic, residential area. In 2004, Hurricane Charley blew through, severely damaging the space. They moved to another converted house nearby. In these following six years, the practice grew, and the partners brought on an associate, **Nicole Beedle, OD**. "We told ourselves that if we had the opportunity to buy a place, we would," Dr. Giedd says.

That opportunity presented itself when they discovered a "diamond in the

# Charm

rough, 1960s building." It was only a mile away from their current location—and they had acquired a most valuable asset in their landlord. He became a kind of project manager for the remodeling work that gutted the entire building and turned it into stunning, glass-fronted attention-grabber. "He was our gopher and did a tremendous amount of work, advising us where he could."

## A Dramatic Departure

When the women first saw the location that was to become their practice home, there was almost nothing attractive about it. "It was an abandoned commercial office building, very dated and dirty. We had been in such a quaint neighborhood, and this was on the edge of that. We wouldn't have looked at it twice," says Dr. Williams. But their landlord suggested they look inside. Initially, he had thought about rehabbing the building and leasing it to them, but "in doing our research and homework, we found it would be to our advantage to own the building," she says. Their landlord had negotiated a purchase contract for himself, but assigned it to the doctors, who were able to find commercial financing through the Small Business Administration. The process took one year: they first saw the building in January 2010, had the contract in March, closed on the building purchase by August and construction started in September. "In hindsight, it seems fast, but it felt like it took forever," says Dr. Williams, laughing.

The larger space led to other advances in the practice evolution. The lab has expanded from essentially a closet-sized space to a large area where the optician can keep up with demand more easily. And when the partners decided

EOLA  
eyes

GAGE

The sleek and energy-efficient design of their newest practice is a shift from the retrofitted houses that served before the doctors moved.



Cover and inside photos courtesy of Illusion Optical Displays

## A Partnership Is Formed

**D**r. Kerry Giedd and Dr. Brighid Williams met in Orlando, a city both came to for different reasons. Dr. Giedd and her OD husband had decided to pursue separate optometric practice opportunities. Her husband has an ownership stake in the practice where he works. "We both came out of school with a lot of debt. We couldn't have afforded to start a practice together," she says. That was a smart move, as neither Dr. Giedd nor Dr. Williams drew a salary for the first year or so after the practice opened, as any profits were plowed back into the practice.

**D**r. Nicole Beedle joined the practice as an associate in 2009.

"We were not at all thinking about bringing on an associate," Dr. Giedd recalls. But that was another opportunity that came their way. Dr. Beedle actually approached them, saying she had been so impressed watching their growth. When she introduced herself, she also laid out what she could do to continue that growth, a strategy that included bringing a loyal patient base with her. "We didn't see that coming at all, but it's been a win-win," Dr. Giedd says. **WO**



Dr. Giedd



Dr. Beedle



Dr. Williams

After



Before



Eola Eyes today bears little resemblance to the abandoned, aging eyesore it was.

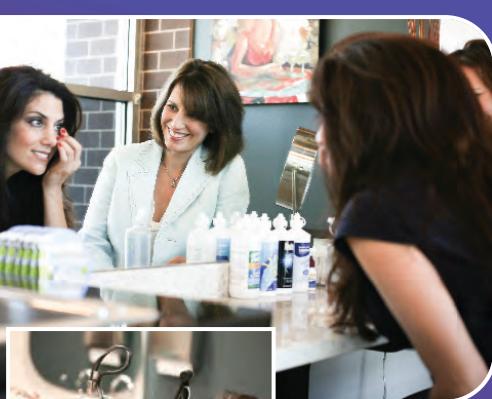
to move, they also opted to acquire new equipment. "We have digital refracting lanes," and the practice is continuing its evolution toward a paperless system. "We're not fully up with electronic medical records yet," says Dr. Giedd. Practice staff scans in complete patient charts as those patients return to the office. As a result, an office near the reception area which currently houses paper charts will eventually become a manager's area.

#### Different Look, Same Values

Making the change from being in a retrofitted house to an industrial-looking commercial space forced the practice to embrace a new look. The low, long building was constructed in 1962, and it had none of the warmth of a quaint, historic building. "We wanted to bring that warmth, but warm and modern don't necessarily go together," Dr. Williams says. So they set out to distinguish the new space in other ways. They kept the exposed brick walls and columns in the interior, but softened it with warm-toned paints, stunning bamboo floors, fabric chairs, lots of lighting and original artwork from local artists. "It took all of us a few weeks to get comfortable," says Dr. Williams. "But patients saw the same smiling faces," she says.

#### The Smart Phase

The change in location came at a point when the doctors themselves, each one in her late 30s, were ready for the next phase of practice. "We're at a point in our careers where we're trying to be smart. We love what we do. We have a great staff, a terrific patient base and a beautiful office," says Dr. Giedd. "But we can't ride that. It's not cruise control."



Top: Dr. Giedd helps out with a contact lens insertion session.



Left: Dr. Williams examines a patient.

Now that they have some elbow room, they can accomplish more. Their former office had 1,800 square feet spread over two floors. The new one is an expansive 4,300 square feet. "We had one exam lane in the old house, and now we have three equipped, digital refracting lanes and the potential to have five," says Dr. Williams. That means the doctors can work at the same time, rather than pass by each other in shifts.

That new schedule has created its own energy. "There are more people in the office, and it's busier when two or three doctors are seeing patients," Dr. Williams says. It also allows the two partners to have quick practice management conversations during the day. The doctors have a nice office, which they can use to catch up on paperwork or business management issues when they're not seeing patients. When one of the doctors wanted to come in on a day off in their previous office, it felt a little crowded. It has also provided the opportunity to have regular staff meetings—because the doctors and staff are together more regularly. Previously, those were held about once a quarter; now they're scheduled at least once a month.

Each of the partners provides patient care for about 20 hours a week and spends nearly as much time in business management. Dr. Beedle sees patients for about 18 hours a week. Overall, the practice increased its practice care hours by 25 percent, and the added efficiency has boosted revenue even more. By March, they began seeing a jump in revenue and have maintained a 40 percent increase over the prior year.

The two partners have honed their complementary management strategies. "We both have strong personalities, so it's not like one runs the show. But I couldn't have done it without her," says Dr. Giedd. In the beginning, they held a lot of late-night phone conversations, as the two worked alternating schedules in the small office. That schedule also allowed them to work in other places, supplementing their income so practice revenue could be reinvested into the practice, says Dr. Williams. "Starting cold is scary. It's easier when there are two people who share the risk-taking decisions." **WO**

## New Practice Home Gains Recognition

The Eola Eyes practice makeover received the "Seeing Green" award in *Vision Monday's* first Design and Retail Excellence (DARE) feature. In fact, the practice was the only one

that scored two honors, as it was also nominated for the "We the People" reader's vote award. The

practice was selected for its "most daring eco-achievement," noting the elements used in construction and daily procedures, such as the use of sustainable bamboo flooring, 100 percent recycled glass-and-concrete countertops, motion sensors that turn off lights in unused rooms, double pane low-e windows, an installed bike rack by the parking lot and recycled shopping bags. **WO**





## 10 Strategies to Grow Your Business in 2012

By Kellan Barfield, MBA

A practice grows and increases its revenues by seeing more patients, increasing the revenue per patient and adding new services. Here is a series of strategies that can help you improve in each of these three ways. Whether you decide to tackle them one at a time or incorporate several per quarter, each one individually can help with business growth. Taken altogether, they can move your practice to a new level.

**1. Maximize your social media outreach.** Social media is practically free, and it's also one way to reach most patients where

they are—on their smartphones or computers. If you don't have a Facebook page, start one. Look at and respond to the reviews your practice is receiving on social referral sites, like Yelp.

**2. Add to your medical services.** If you're not providing medical services for those conditions you routinely see in your office—such as dry eye, allergy and infection—you increasingly will find yourself behind the curve. Treating these conditions is within your skill set, and pharmaceutical representatives, among others, can help you learn how to code and bill appropriately.

**3. Improve the patient experience.** More and more, visits to the eye doctor are becoming experiential. Patients already expect professional and courteous service. What are you doing to make it special? Walk through your practice processes from beginning to end to determine where you can improve the patient experience. Small items like a coffee maker in the waiting area, free wireless Internet or a water feature may be just the thing to set your practice apart from the one down the street.

**4. Determine the top five revenue generators that you or your staff can affect.** Reallocate staff time to those business processes that build the business. How does your staff spend its time, and how well does that connect with the business-drivers in the practice? For example, seeing patients back for annual visits is a solid practice growth strategy. But how much time does your staff spend scheduling follow-up exams with patients?

**5. Shift your product mix.** Contact lens technology is changing and improving the way patients can see and wear contact lenses comfortably. Be proactive in

recommending newer and better products. Ask all current contact lens patients how their lenses feel at the end of the day. If they're not thrilled, there's room for improvement. This increases referral potential and patient loyalty.

**6. Make sure people can find you.** Search engine optimization is a great way to make sure you are showing up first on Internet searches for your patients. Imagine a patient on the Internet types in "eye doctor, Fort Worth, TX." Who will show up first? If you pay a small fee for a company to optimize your name for key search words, it could be you. Many doctors who do this see at least three to four patients a week from this driver. A tip—you can pay a fee for companies to create and manage your Facebook page as well as provide search optimization, a two-for-one deal.

**7. Stress contact lens compliance.** Recommending upgraded contact lens products is only the first step. Patients need to be compliant with your recommended cleaning and replacement instructions to maximize the performance and comfort of their new lenses. Don't assume that experienced contact lens wearers know what those instructions are. Take the time to review with every patient how and why they need to be compliant with their contact lens care regimen. Most importantly, talk to them in their language. With a teenager, you might recommend an app from iTunes\*, like the free *LensFacts*, to help with contact lens compliance.

**8. Get your team on board.** At staff meetings or gatherings, ask for input on what works well and what doesn't. Implement a policy that allows your team to share practice suggestions but require that they provide two possible solutions when doing so. This will prevent complaining and allow your team to have accountability and ownership. Make sure they know your practice goals to encourage alignment of efforts. Finally, create an incentive plan that makes your staff want to work as a team.

**9. Track practice metrics.** What you measure, improves. So start measuring, but make sure you are measuring the items that generate revenue

and contribute to the goals of your practice. Let your staff know what you're tracking: walk-in patients scheduled, monthly revenue increases versus a year ago, number of patients seen, annual supplies of contact lenses sold, percentage of antireflective treatment lenses sold or percentage of patients rescheduled for annual exams. Measure your chosen metric routinely so you can see what strategies or processes are having the biggest impact.

**10. Push yourself.** The Management & Business Academy™ can help you see how your practice compares to others. That, in turn, can help you determine the areas where you want to be more competitive. Visit [mba-ce.com](http://mba-ce.com) online to see a wide variety of practice metrics and performance deciles.

**Kellan Barfield, MBA, is Senior Brand Manager, Lens Care for Alcon.**

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# A Fresh Start

*Renewed attention and vigor helps put practice on a rapid growth curve*

**D**ivorce is messy in the best of circumstances, but untangling a couple-owned optometric practice as part of the process can complicate it even more. **Denise Roddy, OD**, of Tulsa, Okla., recalls going through that experience six years ago. Like the proverbial phoenix rising from the ashes, the practice,—now all hers—has taken flight. “It started growing exponentially about three years ago,” she says.

“I was a single mom with two children in late adolescence, so for the first three years after my divorce, I was home three afternoons a week by 4 p.m.,” she recalls. Now her youngest is a senior in high school, so “I can focus more attention on managing the practice,” she says. For the past six years, she has also had tremendous support from her part-time associate, **Dawn Teel, OD, JD**, who earned her law degree after her optometry degree. “She has conducted HIPAA training for my employees, and it’s nice to have her expertise to make sure we’re in compliance with all legal aspects of the practice,” Dr. Roddy says.

Over the past few years, Dr. Roddy says she realized she needed to change her approach to the 22-year-old practice. “We have better business procedures in place,” she says. For example, Fridays are now her administrative days. Each week, she and the new office manager review practice metrics or special analyses of practice procedures. This fall, the practice ran a two-week efficiency study. She and the staff devised forms that travelled with the patient through the entire experience. Timers were attached to clipboards, and the start and finish time of every patient stop and transition was noted. The simple act of writing down these intervals focused staff and doctor attention on patient wait times. “I’ve certainly paid more attention to how long a patient has been sitting in the exam room waiting for me,” says Dr. Roddy. “Even in the first few days, staff members were realizing they need to be talking to each other more. I saw them becoming more proactive, alerting someone when a



**Dr. Roddy, right, has found friendship and professional support from her associate, Dr. Teel.**

## Setting Goals

**E**very month, Dr. Denise Roddy sets a goal for the staff. These are not necessarily monetary benchmarks, but they are designed to foster teamwork and a better understanding of what the practice can do. For example, in October, Dr. Roddy’s goal was to promote Optometry Giving Sight, a charitable organization promoting programs to reduce preventable blindness worldwide. The staff will tell every patient about the Optometry Giving Sight program, explain that the practice supports the program and that it will match patient donations received in October up to \$2,000. The goal is to reach at least \$500 in patient donations.

As part of its back-to-school season and August goal, the practice offered Optomap screenings at a savings of nearly 50 percent off its usual cost for teachers, students and adult students. During that time, the staff became very confident in explaining the Optomap procedure and benefits to patients. **WO**

patient has been waiting too long.” At the conclusion of the study, the staff planned to examine the numbers and brainstorm ways to improve customer service.

A similar analysis the practice undertook earlier was on tracking postage and shipping costs. “We realized a lot of efficiencies and savings from that study,” says Dr. Roddy. “We had fallen into the habit of returning frames as a matter of course, but that doesn’t always make sense. If it’s a frame that cost us \$30 and we’re spending \$8 to ship it back, it would have been more cost-effective to offer it on sale or as part of a two-pair offer.”

Dr. Roddy has taken a renewed interest in staff development, too. In January, she announced that by August she wanted all staff members to have obtained at least the first level of certification as optometric technicians. One optician already certified by the American Board of Opticianry was exempt. She offered to pay for the testing, and to prove she was serious, she told them the certification was necessary to be considered for future raises. “The training gives them accountability and assures me and the patients that they know their skills,” she says. The team met the goal, and now that fact can be incorporated into the practice marketing.

Increasing efficiency and capabilities will be helpful, too, as Dr. Roddy starts on the next big step: a move to a newly constructed freestanding clinic. The land has been purchased, and the blueprints for the new 4,300-square-foot building—with space for expansion—are complete. She anticipates adding a third doctor sometime after the new building opens. The move will bolster her practice’s reputation as a specialty contact lens fitter. Dr. Roddy has spent much of the past 15 years cultivating a reputation for working with difficult-to-fit patients with medically necessary contact lenses. “I spend about 35-40 percent of my time with those patients,” she says. The fits can be time-consuming, but the emotional rewards are tremendous. “Every day, we see patients who cry. That’s how grateful they are to be able to see. The staff knows that what we do matters deeply.” **WO**

# OD Returns for a Residency to Provide Added Services

**W**hen Angela Howell, OD, decided to add pediatric services to the lineup at her practices in Paragould and Trumann, Ark., she was not quite prepared for the reaction. "I was expecting to do wellness vision exams for children heading off to school," she says. What happened, however, was that she started gaining referrals for children with autism, Down's syndrome and strabismus. "I realized I needed more training to help the young patients I was seeing."



Dr. Howell

About two years ago, Dr. Howell and her practice partner, **Casey Wells, OD**, each had selected an area where they thought they could spur practice growth. Dr. Wells selected contact lenses, and Dr. Howell chose pediatrics. "If you build it, they will come," she says. Her challenge was that she needed to build on a firmer foundation.

She researched her options for more education in pediatrics and vision therapy. She could have taken courses through the Optometric Extension Program. She considered hiring a residency-trained OD but found it was hard to attract one to rural Arkansas. "It seems they want to be in bigger, sexier towns," she says. Or she could complete a residency herself. She chose the latter, and in June, she

completed her one-year residency in pediatrics at Southern College of Optometry. It was no easy decision, as it meant hiring a full-time OD to cover her patient slots for a year and taking a substantial pay cut herself. She even sold one of her then-three practice locations. Yet she realized the need was tremendous; no other doctor in a four-county region offers vision therapy and pediatric services.

In retrospect, "I wouldn't trade the residency experience for anything. I really wanted the hands-on experience beyond taking classes. I wanted time in the trenches with special needs patients when I had someone behind me to pick up the reins if the horse ran away," she says. Through the residency program, she was encouraged to attend annual meetings for the College of Optometrists in Vision Development and the American Academy of Optometry—meetings she might not have taken the time to attend when she was focused on the day-to-day requirements of running the practice. Indeed, she is applying for fellowship in both organizations.

Returning for a residency nearly 20 years after she first graduated from optometry school made her more experienced and older than almost everyone else around her—including her direct supervisor. "In some ways, my knowledge of the business of an optometric practice was helpful, but I also had to work harder to understand the academic setting." She explains, "In my practice, I have to consider how we might pay for electrodiagnostic testing, for example, as that's not something that's presently available to me, and my Medicaid patients may not have the gas money to go to Memphis for the testing. But there, I could focus on patient care without having to worry about the financing." She also had clinical experience that her younger colleagues appreciated—especially when they were faced with removing one of their first foreign bodies or writing prescriptions.

Now that she's back in her office, she has been able to begin to incorporate her new skills into the practice. There are some growing pains, she says, pointing out that afternoons after school can be a little hectic as special needs pediatric patients arrive at the same time as those running in to pick up their eyeglasses or contact lenses. "Right now, it feels a little like sharing a room with your brother," she says,

laughing. "You can get your needs met, but it can be a little messy. I'm not complaining."

She has been working with a few of her staff, training them to work with special needs children and adapting the optical and available space. Word of mouth is growing. To date, many of her pediatric patients come from within her patient base, but school nurses, teachers, physicians, occupational and physical therapists and other ODs increasingly are sending referrals to her. "My next strategy is to strengthen the inroads to my practice from these other places," she says. That will help her grow the specialty portions of the pediatric practice as well as bring in entire families. "If a parent is happy with the services we

The website features a large eye icon, a photo of Dr. Howell, and a photo of Dr. Wells. The navigation bar includes links for Home, About Us, Staff, Eye Care Conditions, Ask the Doctor, Registration Form, Maps, Order Contacts, and Photo Gallery. Below the navigation, there are two smaller photos of Dr. Howell and Dr. Wells. The main content area shows a close-up of a person's eye with the text "drangela howell" overlaid.

From wellness checkups to treatment of eye and vision problems, Dr. Angela C. Howell and Dr. Casey Wells provide a wide range of family vision care. Inside eye exams, eyeglasses, contact lenses, and eye surgery. We offer treatment of eye diseases and cataract surgery and prescription eyewear to provide quality health care for more than 10 years, the doctors' practice has been expanded to include offices in Paragould and Rogers, Arkansas. Keep your eyes healthy. Visit the Heartland's eye care professionals, Dr. Angela C. Howell and Dr. Casey Wells at one of our following locations:

Dr. Howell and Dr. Wells offer their patients the convenience of ordering contact lenses online. Once you've filled out the New Patient Form, you'll be able to order and re-order lenses at your leisure.

Coming Soon... our new office located at 807 W. Main St. Trumann, AR 71661

Dr. Howell's web site helps spread the word about her practice and its services.

provide a child with autism, that parent will bring the other siblings in, too."

Another area that has seen an increase is her contact lens fits for young patients. "Formerly, we'd fit contact lenses on patients as young as 10. Now I have a few four-year-old and five-year-old patients fit successfully with contact lenses," she says.

That dovetails with Dr. Wells' emphasis on an expanded contact lens service. "Most of our contact lens fits are the bread-and-butter type," says Dr. Howell. "But if we have someone come in who has had RK and needs a specialty fit, we have options for that patient."

The partners' goal two years ago was to build the business and enhance the professional reputation of the practice. It has succeeded on both fronts—even though Dr. Howell found herself going back to school to make it happen. "It's been kind of a fresh start. I'm proud of what I had accomplished, but now I have some new tools in the tool box." **WO**

## Learn More about Vision Therapy Kids

**T**he College of Optometrists in Vision Development (COVD) holds an annual meeting in late October. The 2012 dates are Oct. 16-20, 2012, in Fort Worth, Texas. Information about other relevant conferences and symposia, as well as information about vision and learning and vision therapy, can be found on the COVD web site, [covid.org](http://covid.org). The COVD offers an informative kit on building a successful vision therapy practice to its members and provides additional support, such as information on third-party reimbursements, regular updates on new research and marketing and management recommendations. **WO**

# Prevent Avoidable BLINDNESS

*OD is inspired to start charity after school mission trip*

**W**ithin the classrooms at Nova Southeastern University College of Optometry, **Willnella Peters, OD**, of Atlanta, learned how to be an optometrist. One lesson that left a big impression on her occurred off campus. "Nova Southeastern is big on giving back to the community," Dr. Peters says, and while completing her required volunteer hours, she realized the full potential of her optometry career.



**Dr. Peters**

The idea for Helping Eyes Against Loss of Sight (HEALS) was born while participating in a 2008 mission trip to Jamaica. "I realized I could do this in my country," she says, realizing the similarities that exist between Jamaica and Liberia, West Africa, where Dr. Peters was born and lived until she was 10 years old.

Dr. Peters left Liberia before its 14-year civil war began, which claimed the

lives of her grandparents and many childhood friends. "It hits very close to home," Dr. Peters says. The country is much more stable now, but areas remain where people are struggling to recover. "Some people can afford to come here for care, but many are suffering without access to good health care. Health care suffered greatly, and there are many Liberian doctors practicing in the U.S.," she says.

Dr. Peters finally brought her vision to life earlier this year, after two years of consideration, planning and establishing herself as an independent OD with America's Best. "We have access to good eye health care," Dr. Peters says. "But 80 percent of the world's blindness is avoidable blindness. In optometry, we can do so much more."

Her first mission trip is planned for April 2012, and she's awaiting her approval as a 501(c)(3) tax-exempt organization but is already registered as a nonprofit in the state of Georgia. During the trip, she and another doctor, **Smith Blanc, OD**, will provide eye care, and Dr. Peters wants to learn more about the country.

Dr. Peters will model HEALS after many successful optometric organizations that partake in mission trips. "Many people in

third-world countries are farsighted, so I will be buying reading glasses. I'll also buy and bring sunglasses to help promote preventive care from UV rays." She has already started collecting donated eyewear in her office.

She credits her school for instilling the drive to make her charity a reality and thanks a family friend with a nonprofit in North Carolina for showing her the ropes of getting started. "I'm really blessed," she says. "The hardest part was the paperwork, but identifying the mission was easy



During a mission trip to Jamaica, Dr. Peters and the team provided care to patients of all ages.

because I knew exactly what I wanted to do." Dr. Peters works with a business planning group called The Dreamers Group, which designed her web site and has helped with search engine optimization and social media. "They know how to market my organization." She hopes the professional design will grab attention and create an interest in her organization.

Dr. Peters sees the sky as her limit, and she is already mapping out the next 10 years with HEALS. "I envision starting in Liberia and expanding to other regions in Africa and other continents," she says. "Everything starts out small, and I would love to see it grow. I believe the more you put in, the more you get out." She already has five doctors interested in participating, one of whom is a cataract surgeon. With annual visits, she can see new people but also check in on patients whom she may have identified with glaucoma or diabetes.

For more information on HEALS or to donate to Dr. Peters' charity, visit [healsight.org](http://healsight.org).



Dr. Peters developed the idea for her own charity during a 2008 mission trip to Jamaica.



*"Eighty percent of the world's blindness is avoidable blindness.*

*In optometry, we can do so much more."*

# Women in the NEWS

## Dr. Wood, Dr. Cooper, Dr. Psaltis & Dr. Donovan

Dr. Schwebach  
Wood

Dr. Psaltis

Dr. Roberts  
Donovan

**Melissa Schwebach Wood, OD**, of Fort Mill, and **Michelle Cooper, OD**, of Greenville, were elected as president-elect and secretary/treasurer of the South Carolina Optometric Physicians Association (SCOPA), respectively. The association also honored **Nicole Psaltis, OD**, of Columbia, with its Optometric Horizon Award for initiative and involvement in SCOPA and the community within five years of graduation. **Lori Roberts Donovan, OD**, of Mt. Pleasant, SCOPA immediate past president, received the Tim Burrell Legislative Award for exemplary volunteer service in the area of grassroots politics in the state.

## Dr. Strouse Watt

**Wendy Strouse Watt, OD**, of DuBois, Pa., is a featured guest on "Ask the Expert: For the Sake of Your Eyes" radio show. Dr. Watt specializes in children's vision, low vision and treatment for macular degeneration, and she answers callers' questions on the air.

## Dr. Youngman

**Lori Youngman, OD**, who recently moved to New York, received two special recognitions this year. Dr. Youngman was honored as the OD of the Year by the Optometric Physicians of Washington, and she was also named the Optometrist of the Year by the Great Western Council of Optometry in October.



## Dr. Bury, Dr. Oberreiter & Dr. Knight

**Sandra Bury, OD**, of Oak Lawn, is the newly elected president of the Illinois Optometric Association (IOA). **Angela Oberreiter, OD**, of the Springfield area, was awarded the IOA Young Optometrist of the Year and **Millicent Knight, OD**, of Evanston, was honored as Optometrist of the Year.



Dr. Bury



Dr. Oberreiter



Dr. Knight



**M**embers of the Asian American Optometric Society (AAOS) will gather next year to celebrate 40 years of networking, support for the profession, charitable giving and building friendships. Current President **Stacey Gin, OD**, has begun planning for the ruby anniversary festivities, which will include professional and cultural events and will honor several doctors for their work with the AAOS. As Dr. Gin looks towards the society's future, she also reflects back on how it has evolved since she became a member in 2004, during her third year at the Southern California College of Optometry.

Dr. Gin, who practices with her husband and another associate doctor in Glendale, Calif., has always had a go-getter attitude and a passion for optometry. For example, she signed the paperwork to purchase her practice just two days after finishing her first residency. The opportunity to represent her school as a student liaison was an appealing new way for Dr. Gin to get involved. "Joining the AAOS was a wonderful fit," she says. "When the society originated back in 1972, it was a group of friends who wanted to get together, talk about optometry and provide help and coverage to other doctors." Today, the society has expanded but still holds the same principles. "We are a now fairly large, but it feels more like a close-knit group of friends."

The AAOS has taken a strong interest in connecting with schools of optometry. "Students are the future of our profession, and it's important in any organization to invest in the students so they can become life-long members," she says. There are more than 90 student members now, and Dr. Gin expects this number to rise as the society makes ties with the new Western University of Health Sciences' College of Optometry. "Our board members include renowned speakers, faculty members and educators who have paved the way." Dr. Gin says connecting with students on a regular basis will help bring them in as new members. New graduates are offered a free first year of membership with the organization.

The society also provides a number of scholarships to students. Last year, students were awarded more than \$3,500. Students receive their scholarships at a banquet and panel session, where doctors who practice in different settings discuss their mode of optometry. "The panel speaks to students about options and opportunities that exist in optometry to give them an idea of how they can practice," she says. It's a great networking opportunity, and while most of the society's



Dr. Gin

Continued on page 17

# Networks within Network

*Asian American Optometric Society has been providing networking opportunities for 40 years*

members practice in Southern California, it's a chance for everyone to meet individuals from elsewhere.

Education is important to the members of the AAOS, so the society includes hours of free CE at its biennial symposiums. Dr. Gin would like to see this continue and increase in the future, and she's also very invested in the society's charitable work. "This year, we donated \$8,000 to the Japan Earthquake Tsunami Relief Save the Children fund," she says. The society has also donated to the individuals suffering in Haiti through Kiwanis International, and locally through the Glendale Healthy Kids organization for underinsured children's health care. "The number of dollars we've raised has increased exponentially," she says.

In January, Dr. Gin passes on the presidency role to **Kristal Kawamoto, OD**, of Gardena, Calif. "I think it's neat that women are

## AAOS Board



Standing (l-r): Dr. Jeff Nishi, Dr. Aaron Sako, Dr. Greg Kame, Dr. Shawn Yamamoto, Dr. Mark Sawamura, Dr. Kenny Fukuda, Dr. Jason Lam and Dr. Don Matsumoto.  
Seated (l-r): Dr. Connie Liu, Dr. Kristal Kawamoto, Dr. Stacey Gin, Dr Brenda Lien and Dr. Judy Tong

taking a strong leadership role in the society," Dr. Gin says.

The bonds and connections made over the years of the AAOS are powerful and still structured on the same foundations. Social events sprinkled in with professional gatherings strengthen the relationships. "Our members are so willing to step up and help their colleagues if the word spreads that someone is sick," she says. "It's been an honor working with the board members, who are now my close friends. Their hard work and efforts have made our organization even better." For more information on the AAOS, visit [aaosociety.org](http://aaosociety.org).

## Women in the NEWS

*Continued from page 16*



### Dr. Nichols

**Kelly Nichols, OD, MPH, PhD**, was appointed to the InSite Vision Inc. new Scientific Advisory Board, where she will help guide and shape its research programs in the development of novel ophthalmic medicines. Dr. Nichols is a professor at the University of Houston College of Optometry where she currently has an NIH grant to study dry eye in postmenopausal women.



### Dr. Amanda Lee

**Amanda Lee, OD**, of Myrtle Beach, S.C., was featured on the cover of the 3Q issue of *MBA Insights* newsletter for graduates of the Management & Business Academy.



### Dr. Pressley

**Hilaire Pressley, OD**, of Las Vegas, was recently elected to a two-year term as president-elect of the Nevada Optometric Association (NOA). She was also appointed NOA-PAC co-chair for the state.



### Dr. Jeanette Lee

**20/20 Optometry**, the San Jose, Calif.-practice of **Jeanette Lee, OD**, was recognized for celebrating its 10th anniversary.

### WOA Awards



Dr. Enyart (right) receiving award



Dr. Harper (left) receiving award

Two women ODs were honored for their professional accomplishments and volunteer work at the recent 2011 Wisconsin Optometric Association (WOA) Convention and Annual Meeting held in Appleton, Wis. **Callie Enyart, OD**, of Oregon, received the WOA Young OD of the Year Award. **Michelle Harper, OD**, of Sturgeon Bay, was the recipient of the WOA OD of the Year Award.

# Dual Careers Cater to Both Interests

*A musician turns optometrist, still enjoys both passions*

**A**t least once a month, Staff Sergeant **Joy Stone, OD**, trades a phoropter for a French horn. Her colleagues at Drs. Foster, Steele, and Stone Family Optometry in Newport, Tenn., happily accommodate her switch in instrumentation.

Dr. Stone and her husband, a middle and high school band director, both report for duty one weekend per month and for two weeks during the summer as traditional Guardsmen and members of the Air National Guard Band of the Smoky Mountains. Dr. Stone, a music education major, met her husband while they were members of the University of Tennessee,

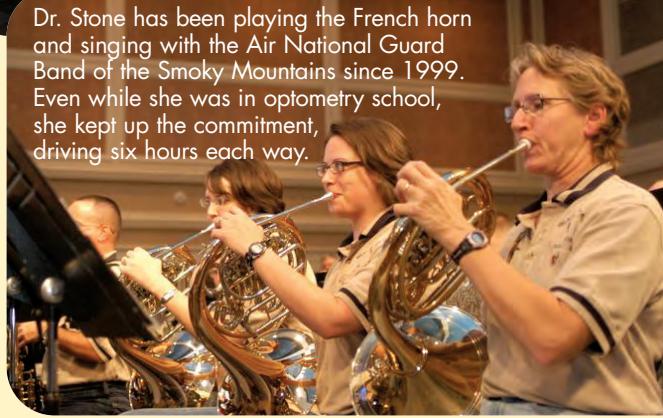
Knoxville, Pride of the Southland Marching Band. She also played for the school's wind ensemble, horn ensemble as well as symphony and studio orchestras.

The military band, which they joined in 1999, plays at military and public functions around the seven Southeast states that it covers. "We perform at patriotic functions and venues to support the military," Dr. Stone says. Dr. Stone also sings in the band, while her husband is a trombonist. When she's not playing, she completes administrative and public relations duties to fulfill her Guard duties.

So how did a woman who grew up singing and playing music with her siblings take a



Dr. Stone has been playing the French horn and singing with the Air National Guard Band of the Smoky Mountains since 1999. Even while she was in optometry school, she kept up the commitment, driving six hours each way.



**Dr. Stone**

turn to a science career? Dr. Stone pinpoints a day in 2002 that intrigued her. At a band competition on a windy field, a friend who was wearing contact lenses got debris in her eye. Emergency room staff discovered a massive corneal scar, which eventually required a corneal transplant. "The process fascinated me with how much you could do with the eye," Dr. Stone says. "I got to thinking about optometry as a career even though I was already out of school and working."

She completed all her science prerequisites in seven semesters (since music majors are only required to complete basic science courses) and enrolled in the Southern College of Optometry. She graduated in 2010 and joined her current practice just a few months later. The practice was a perfect fit for her. "I came to visit on a day where they were running a little bit behind, but you couldn't tell by the atmosphere in the reception area," she says. "Everyone was happy, smiling and friendly, and I could tell it was a great place to work."

The practice's doctors were excited to welcome Dr. Stone and her military experience, and she's glad to have found a balance to her two careers. Teaching music prepared her in many ways for providing patient education. **WO**

## Teamwork Achieves Goals

**N**ichole Rioux, OD, is thinking ahead to 2012. Her practice inside the Salem, Ore., Walmart store is now two years old, and she's looking to make some changes next year.

Dr. Rioux graduated from the Pacific University College of Optometry in 2007, but she took off two years to start her family and stay at home with her new baby son. Through her husband's experience working as a Walmart Vision Center manager and associate, she became familiar with the advantages of a Walmart-affiliated practice. "I like that I can set my own hours, set my own fees and build my own practice," she says. That's important, as Dr. Rioux wants to balance her life between work and home with her family and children; the second of her two sons was born in 2010. Plus she didn't have the high overhead costs that she would have had if she started completely cold and on her own.

Although Dr. Rioux does not have her own staff, she feels like she's part of a team with the Vision Center manager and staff. "The Walmart crew handles my files, makes my appointments, calls insurance companies and handles walk-in patients, so I knew that I needed to work closely with them since that cooperation would reflect on the patient experience," she says.

Dr. Rioux has three main goals for next year. First, she plans to acquire new clinical equipment for her office. "I wanted something that would really help with the services I provide, stay within my budget and not overload us in my limited space," she says. She decided a pachymeter could help her better monitor her glaucoma patients and provide even better LASIK consultations.

Second, Dr. Rioux will bring in an electronic medical record (EMR) system. This will give her even more space as she is able to eliminate paper records, and she hopes an EMR system will provide greater efficiency.

During her optometry school externship, Dr. Rioux was exposed to vision therapy. "I was fascinated by it and how it changed lives for children and adults," she says. To provide the services in her office, she is planning to convert her own office and bring in the equipment she had acquired earlier.

Down the road, Dr. Rioux would love to focus most of her practice time on vision therapy, possibly in an independent practice setting. But she's still thankful for the opportunity that Walmart has given her, and she asks her colleagues who are looking for an opportunity to own a practice with some flexibility to give it a try. **WO**



**Dr. Rioux**



## A Plan to Succeed

By Gina M. Wesley, OD, MS, FAAO

I often receive questions from practitioners looking to open their own practices. Having started my own practice cold nearly four years ago, I certainly admire and encourage any optometrist who wants to create a source of independent income. The autonomy and flexibility of owning one's business offers are attractive. However, achieving this goal didn't just happen by itself. Careful planning was necessary.

When asked what one thing has helped me succeed, I never hesitate to mention that I laid out my plans and goals for my office early. In contrast to the static documents submitted to lenders in an initial business plan with financial projections and the direction you see your practice moving, my plans and goals have been dynamic, ever-changing. Let's be candid: what you submit to lenders is not real. We know most often the numbers are inflated, and the lenders do, too. So why do we rely upon them to guide us as our practice moves forward?

If your practice does meet or exceed your projections, that's fantastic. I do think, however, that most practice owners starting out cold—including me—don't meet our initial projections. I'm here to tell you that's alright! By constantly re-evaluating what your practice performance really is, you can reset your plans. What, you don't have a plan? Or is your plan so old that it has become irrelevant? Let me share with you my dynamic practice planning:



Dr. Wesley

First, decide what your ultimate goal is in owning your own practice. What do you really want to achieve? This applies to established practice owners as well, as you may not have asked yourself this question in a long time. Do you want flexibility in your lifestyle? Do you want something that is totally your own, representing exactly what you want to accomplish in the world of optometry? What is your primary endpoint? Without knowing this, setting goals and planning is directionless.

Second, create a roadmap of what's needed to accomplish this primary endpoint. What do you need to do in the next five, 10 or 20 years, for example, to approach that final goal?

These roadmap "checkpoints" don't have to be complex by any means. Maybe you want to have enough patient demand to hire an associate OD at the five-year mark. Or, maybe you want to build your own building at year 10. Or you might want to work only two days per week by year 10 and gradually phase yourself out by year 15 or 20.

Then, focus on that first five-year goal. Now you can begin to be detailed in your plans. What needs to happen, financially, in the areas of practice demographics, patient numbers, staff support and more for this goal to be achieved? Now, break down these incremental tasks and prioritize them. For instance, if you know your patient numbers have to reach 100 more per month to support an associate OD, what are you going to do to attract those extra patients to your practice? From there, develop marketing tasks with assigned due dates. Now you have a plan that holds you accountable to a time frame. That five-year goal supports your final endpoint.

Devising and following the plan is only the first step. This plan is dynamic and constantly moving, flowing through your practice. It needs to be revisited regularly. Maybe your practice is seeing 100 more patients at year three instead of year five. Then shift your five-year goal to an earlier spot, and adjust the plan accordingly. Be sure to write these goals down and place them where you will see them regularly. They will do no good if they are hidden in a Word document on your laptop.

Planning and goal-setting are crucial, in my mind, for paving the path to practice success. How do you know how to move forward if you don't know where you're going? Don't blindly grow your business with the hope you will arrive at where you want to be eventually. Take control, set your plan and you will set yourself on the course to personal and professional success. 

*Dr. Wesley is in practice in Medina, Minn.*

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