

WIO

Women In Optometry

Dedicated to the interests of women O.D.s

Graduate in 2007 Partner in 2010

*How Dr. Jennifer Stewart
ran a fast track*





Marjolijn Bijlefeld

Shout Out

Six Years and Counting

Women In Optometry (WO) has evolved in its five years of publication. The mission hasn't changed, but the community around it has. The magazine has helped advance the conversation and opened the doors to some interesting dialogue.

There are differences between the way men and women practice, just as men and women communicate, negotiate and approach problem-solving differently. In fact, among women, there are differences. There's no right or wrong way. There's no greater or less commitment to the profession and the patients. Differences don't have to be divisive; they are interesting, allowing readers to find points of commonality and inspiration or even a new perspective.

In 2010 alone, WO featured stories about women who carved a path toward partnership or found a new area of focus for practice growth. There were stories of women who deferred dreams and dusted them off years later. There were women ODs whose outside interests in travel, technology, sports, politics or the environment affected the type of practice they created.

There were stories about women who made their career in industry, independent practice, academia, research and corporate practice. There were stories about women who worked full time and part time. There were stories about women who are well known in the profession—and there were many stories about women who are not well known outside of their communities. Those are the stories that might never make it to the pages of other optometric publications. Yet they are worth telling.

We've heard from readers who have said that an idea in one of these stories prompted them to action. That keeps us focused as we seek out the stories that reflect this time and the expert voices that help put these times in perspective.

Marjolijn Bijlefeld

**Marjolijn Bijlefeld, Director of Custom Publications
Practice Advancement Associates**



2006

2007

2008

2009

2010

MARCH 2011

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Influencing the Industry



Women ODs are drawn to industry for multiple opportunities and by various paths

While the optical industry has seen relatively few women rise to the upper levels, there is one significant exception: the Professional Development and Medical Affairs department at Vistakon, a division of Johnson & Johnson Vision Care. Of the seven optometrists there, six are women.

The department's Vice President **Colleen Riley, OD, MS, FAAO**, says that while the Vistakon division is unique, it's an indication of what's to come. "What's great about our team is we all have complementary skills and are able to have stronger deliberation, reaching a more robust decision-making process." Director of Medical Affairs **Sheila Hickson-Curran, BSc(Hon), MCOptom, FAAO, FBCLA**, agrees, noting that she enjoys working with a group with so many female colleagues. "Women support women, and collaboration is high. We realize that if one of us gains recognition, then we all look good, so there is less individual competitiveness than in a group of men."

That kind of camaraderie has an impact on the whole group. Director of Medical Affairs **Art Shedden, MD, MBA**, says, "Business surveys have documented that women business leaders are more likely to take a team approach to problem solving and decision making. They

also scored higher on interpersonal skills such as empathy. Interactions with my colleagues here have strengthened my persuasion skills by improving my ability to listen. The interactions also increased my ability to perceive and value the strengths that each of my teammates possesses."

Circuitous Career Paths

Director of Professional Education **Giovanna Olivares, OD, FAAO**, says that industry has been a tremendous career opportunity, but she advises young ODs to spend some time in clinical practice before stepping into a research or industry role. "It

would be a shame not to experience the gratification that results from the solving your patients' problems and meeting their needs," she says. Plus, the experience of clinical practice will be invaluable should an OD choose an industry or corporate career later. Her own career path took several unexpected twists.

She had planned to go into independent practice but was offered a faculty position at the State University of New York State College of Optometry, and later she moved into a contact lens research position with Unilens. After 12 years

A department that reflects the demographics—Back row (l-r): Dr. Wallingford; Aaron See, director, professional development and education; Dr. Alexander; Dr. Shedden; Dr. Schneider; and Sheila Hickson-Curran. Front row (l-r): Thu Bang, associate product director, The Vision Care Institute; Katie Carpenter, MBA, senior director, The Vision Care Institute; Dr. Riley; and Dr. Olivares. (Not pictured: Janelle Routhier, OD, FAAO, manager, medical affairs, who recently joined the group)

of research and development (R&D), she joined a practice for three years before Vistakon drew her back into R&D.

Hickson-Curran's path to Vistakon took a similarly surprising route. Originally from the United Kingdom, she studied optometry in London. She traveled to Jamaica, Kenya and ultimately to Australia to work at the Cornea and Contact Lens Research Unit. Initially the location, more than the work itself, was the draw, but once she started with research, she found it appealing. That led to her move to Vistakon in 2007.

Cristina Schneider, OD, MSc, MBA, FAAO, marvels at how unexpected her career turned out. Her plan was to spend her life and career in Bend, Ore., skiing when she could. "In fact, I have lived in six cities in three countries on three continents and have done not nearly enough skiing," she jokes. But her work with Vistakon, she says, "blended my interest in education, research and business and was an exciting challenge." As senior director, medical affairs and medical quality officer, she's delighted to be in a role where she can do for future ODs what others have done for her. "I had mentors and supporters, both women and men, who opened doors, put in

Continued on page 6

A Quick Shift

In 1995, when **Sheila Hickson-Curran** arrived at the Professional Development and Medical Affairs department at Vistakon, there were only three women in the department, and she was the only woman OD. She replaced **Dr. Cristina Schneider**, whose work with Vistakon took her to Japan for three years. Now eight of the 11 people who work in the department are women. **wo**

Tracking the Spending

WO survey asks where women ODs are putting their professional budget priorities in 2011

Several budget items ended up at the top of a lot of financial planning for 2011, according to a recent *Women In Optometry* online survey. Investing in staff was the spending category that was most likely to get a higher priority, with 43 percent of responding women ODs noting they had increased the allocation or made it a top priority. Adding diagnostic instrumentation, marketing, investments in their own CE and expanding services offered followed, respectively, as budget items on which they expected to spend more this year than last year. (See charts for what some of these budget items include.)

Among full-time practice owners, 30 percent reported that they were increasing their instrumentation budgets or making it a high budget priority to add instrumentation. Sixty-one percent of women ODs who are part-time practice owners reported that instrumentation was among their top priorities.

The setting in which women ODs work made only a small difference in this category: 34 percent of women working in an independent practice planned to increase their spending on instrumentation, while 29 percent of corporate-affiliated ODs said it was a higher priority, too. Likewise, in expanding the marketing budget, the 29 percent of corporate-affiliated who planned to increase marketing budgets nearly matched the 30 percent of independent practice-based women ODs who planned to do so.

The spending category that saw the biggest difference between independent and corporate practitioners was in staff training. While 50 percent of women ODs working in independent

"I have recently joined Cleinman Performance network and plan to incorporate more business involvement of my staff this year. Education is a high priority in my practice, and I plan to invest even more this year to move our practice forward. I also plan to look at marketing, as one of my emphases this year is not only to retain patients but also find ways to increase new patients."

—survey respondent

settings anticipated spending more on staff training in 2011, only 24 percent of corporate-affiliated ODs did. It is not uncommon for corporate-affiliated ODs to have no or few staff members on their own payroll, however. A higher percentage of corporate-affiliated ODs anticipated increasing spending more in two budget areas than their independent practice colleagues. Thirty-three percent of corporate-affiliated practitioners said they were increasing budgets for their own CE, compared to 27 percent of women in independent practices. Expanding services was also a higher budget priority for 33 percent of corporate-affiliated women ODs and 21 percent of independent practice ODs. Nearly every woman OD who works in a university or research setting also reported that budget allocation for expanded services was increasing in 2011.

Newer ODs were more inclined to hold the line in their budgeting. About one-quarter of the survey respondents graduated in 2001 or later. Slightly more are employed rather than practice owners, which may limit the scope of their purchases. Even so, the same trends emerged as with the entire survey population, with respondents saying they were increasing the budget or making it a priority to invest in staff (37 percent), marketing (32 percent) and adding diagnostic instrumentation (25 percent).

Women who graduated in the previous decade, between 1991 and 2000, reported increasing their investments in investing in staff (44 percent), office renovation

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Who Responded

- 54 percent are full-time practice owners
- 12 percent are part-time practice owners
- 21 percent are full-time employees
- 10 percent are part-time employees
- 4 percent said other, often noting they work in more than one location

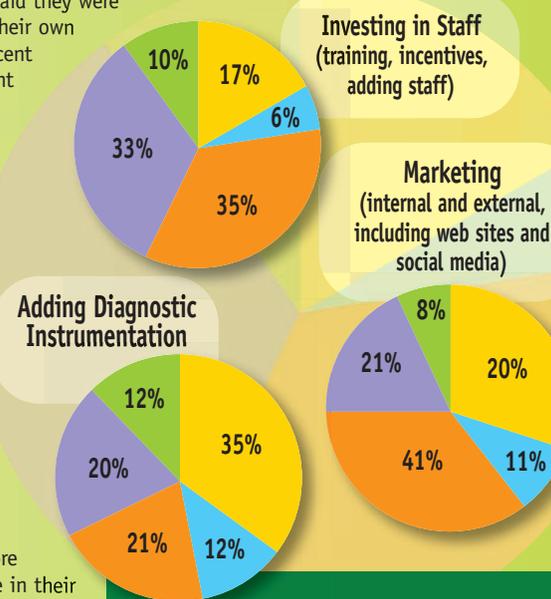
Respondents could select more than one answer.

Where They Work

About 65 percent of the respondents in this survey are full-time or part-time practice owners, and a majority (67 percent) work in an independent practice setting. Another 21 percent work in a corporate-affiliated practice setting. The next largest segments of responders work in multidisciplinary clinics, HMOs or hospitals (6 percent) and the military or public health service (4 percent). These are followed by those in ophthalmology practices, research or universities, industry and consulting. Some respondents selected more than one answer. **WO**

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A higher percentage of corporate-affiliated ODs anticipated increasing spending



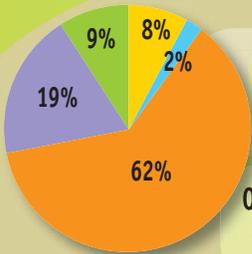
Pie Key:

- 1. No budget allocation
- 2. Lower budget allocation than in 2010
- 3. Same budget allocation as in 2010
- 4. Higher budget allocation than in 2010
- 5. High-priority budget item for 2011

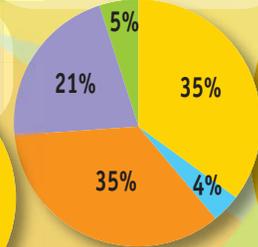
Some pies add up to more than 100 percent due to rounding.

Tracking the Spending

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Your Own CE
(such as CRT, co-management, more medical)

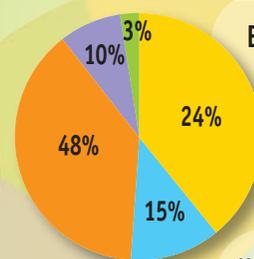


Grand Openings

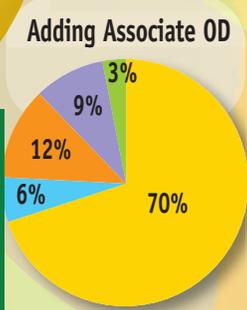
The two budget items that typically require the largest outlay of cash—adding a location or opening an independent practice—were not part of the budget plans for more than 80 percent of the respondents. However, 6 percent of respondents did say that either opening an independent location or adding a location was a budget item that would gain either highest priority or a greater investment than last year. **WO**

Pie Key:

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- 5. High-priority budget item for 2011



Building In-office Inventory



Adding Associate OD



Hiring A Consultant

Some pies add up to more than 100 percent due to rounding.

(32 percent) and adding diagnostic instrumentation (28 percent). This group also had a higher rate of full-time practice owners (72 percent).

Among women ODs who graduated between 1981 and 1990, about half are full-time practice owners. The top three items for increased investment in this group were staff (45 percent), adding diagnostic instrumentation (39 percent) and their own CE (34 percent).

For those who graduated in 1980 and before, 75 percent are full-time practice owners. Forty percent of them reported they would increase investments in these three areas: adding diagnostic instrumentation, investing in staff and their own CE.

Of course, women ODs might have responded that they were keeping their budgets level or even reducing them because they had made significant investments in recent years. For example, one respondent wrote that she built a new practice in 2008, moving in just before Hurricane Ike and the economic slowdown. "At that time, I invested quite a bit of money in the practice. While

there is new instrumentation I would like to have, we are still growing into the new technology we recently implemented. We are now ready for economic recovery!"

Another wrote, "This past year we took the opportunity of available space in our complex (our neighbors moved out) to expand and redesign our office space. It is now more efficiently used and allowed us to get rid of our off-location storage. The exam room has a much improved, more professional look as does our ancillary testing area. All areas are better organized as we cleaned out as well. This year we are concentrating on a facelift for our marketing. We are planning to implement electronic medical records as well, which is a big commitment." **WO**

Influencing the Industry

Continued from page 4

a good word or otherwise helped me," she says. She and others in the department embrace the goal of bringing healthy vision to everyone, everywhere, every day.

Facing the Challenges

Director of Professional Affairs, **Richard Wallingford, Jr., OD, FAAO**, a former American Optometric Association president and deeply involved in organized optometry for more than 35 years, says that the demands on today's ODs are growing. "The world has changed around us, our means of communication have changed, we practice more high-tech and medical optometry and our everyday

activities have never been more complex. But the overall desire to deliver the best patient care has remained consistent," regardless of gender.

Dr. Riley cites two of those pressures—a rise in two-income families, which requires more planning and potentially more household moves, as well as a practice landscape that has become more complex, with demands for increased documentation and insurance know-how.

Director of Professional Affairs **Carol Alexander, OD, FAAO**, adds that the changing profession is influenced by generational differences even more than gender distinctions. Women will continue to be challenged by the work/life balance issue, she says, but she adds, "The biggest challenge for future generations of optometrists is a perceived apathy for the support of the profession through organized optometry." **WO**

Following Her Mother's Example

Mother and daughter both created practices around vision therapy focus

Brenda Montecalvo, OD, of Beavercreek, Ohio, laughs when she recalls her first meeting with a male OD. She was just five years old, but remembers thinking that “there was something wrong with him. It was different for me,” she says. That’s because just downstairs in her Seymour, Wis., home she could find her mom, **Marilyn Heinke, OD**, at work. Dr. Heinke was one of three women in her optometry school graduating class in 1945, and the lower level of their house was her mother’s optometry office—the same practice where Dr. Heinke still works today.

From her childhood on, Dr. Montecalvo spent years dabbling in all areas of her mom’s practice, including secretarial work, bookkeeping, pretesting and vision therapy. She remembers those patients the most. “It was really exciting to see kids who were failing turn into A students or see a student who has been a patient since second grade go off to college,” Dr. Montecalvo says. Dr. Heinke also traveled around the state, lecturing to school districts and spreading the word about vision therapy. “My mom had the mantra, ‘If we knew enough, we would know how to solve the problem.’”

While she enjoyed the work, she didn’t see herself following her mother into practice. That came only after conversations with her mother’s optometric colleagues, especially another doctor

who provided vision therapy. “Sometimes you want to listen to others more than your own parents,” Dr. Montecalvo says. She switched her emphasis from political science to optometry after all, transferring to Pacific University to finish her undergraduate degree and for optometry school. She graduated in 1985, married her husband, **Anthony**, a military F-16 pilot. Until 1991, the couple moved often, living in Spain, Florida and Ohio.

Twenty years ago, she gathered up a lifetime of advice and experience and opened a practice in Beavercreek specializing in vision therapy. It took off. “I was out of the red and making a profit in three months, and I was debt-free in nine months,” she says. “My mom had good results with vision therapy, so I knew I could do it offering a different service than others in the area. It’s so important to have knowledge of how a business is run.”

Five years into practice ownership, Dr. Montecalvo merged her practice with two other offices. The combined, three-OD practice, Nova Vision Care, in a new 7,000-square-foot office, offers many more specialties and services than she could have managed alone. Her vision therapy focus meshes well with one doctor’s glaucoma work and the other’s low vision and orthokeratology interests. “I’m blessed with good partners and good communication,” she



Above and below: For decades, the family has collected press clippings about Dr. Heinke’s work. At left: Dr. Montecalvo joined her mother, Dr. Heinke, who received the 2010 Optometric Service Award from the Wisconsin Optometric Association.

says. “We share the responsibilities, and we have a nice blend.”

Dr. Montecalvo admires and imitates her mother’s combination of work and family life. While she couldn’t replicate the home above the office, she has been able to establish working hours that let her meet her income goals in just 20 hours a week. “If you are good enough, you can pick your hours,” she says. “This allows me to do both—work and raise a family.” Her son **Andrew** is an engineering student, while her college-age daughter **Clarice** and high school junior **Natalie** are both considering optometry among their career choices. **WO**

Tools of the Trade: Focus and Communication



Dr. Montecalvo

Dr. Brenda Montecalvo had a chance to watch dozens of optometrists as she grew up. She’s found that these two important factors can be the difference between a happy, successful practice and one that’s not.

Focus. “I’ve always liked many parts of optometry, but if you do everything, you can’t do anything well,” she says. So she lets her colleagues deal with things like foreign body removal and glaucoma so she can dedicate her time to vision therapy and neuro-ocular rehabilitation. “Those things came to me naturally. With an excellent education and internships, I was able to lean in that direction and develop my skills.”

Communication. This rule applies for good communication with patients and with staff. Dr. Montecalvo’s been in her staff members’ shoes, so she understands the desire to be included in some aspects of business management, treated fairly and equally and rewarded for productivity. **WO**



Focused on KIDS



Dr. Thomas

Lisa Thomas, OD, still recalls the intimidating health care system and doctors who treated her as she battled ovarian cancer when she was a college student. That experience may have contributed to her soft spot for kids. She determined then that she would be a different kind of doctor with a different kind of practice.

Although her office is not purely for pediatrics, the three-year-old practice draws a lot of children. In fact, it's not unusual for her to have a parent ask, "Do you see adults, too?" when they see how relaxed their child is during an exam. Dr. Thomas quickly realized that catering to children was a smart niche. Parents are generally willing to buy the best for their children. Here are the steps Dr. Thomas has used to grow her practice, with children as the launching pad.

Map it out. She drew a 25-mile radius around her practice and color-coded every elementary, middle and high school in three nearby school districts. "I asked myself, 'How can I attract these kids to the practice? I knew I couldn't walk into the school and say, 'Hey, come to my eye clinic.'" A brunch and guided tour of her practice for school nurses provided an entry.

Make a connection. A local school nurse came to her, asking if she accepted VSP vouchers that no one in the area would take. With that, Dr. Thomas, who had been interested in working with

children, discovered her opportunity. Dr. Thomas learned that the nurse sees a constant stream of students for eyeglasses repairs—which she often made with dental floss. Dr. Thomas realized she could do a lot to help these school nurses. So she went to each of the school web sites and found names and contact information for all the community's school nurses. She offered to provide school-based eye screenings. The nurses noticed an immediate difference. Screenings that previously took them at least a week were now completed in just a few days.

Nurture the relationship. "I needed to show my appreciation to the nurses," Dr. Thomas says. So she catered a brunch at her office, allowing the nurses—many of whom are friends with each other—to relax and enjoy time together as she shared information on eye health and gave a tour of the practice.

Stay on their minds. The nurses received a custom emergency kit with a small screwdriver, contact lens solutions and cases, as well as eye health educational and emergency information and details about Dr. Thomas and her practice. Nurses who couldn't attend the breakfast received the kit with a batch of cookies from a local bakery. Additionally, Dr. Thomas made practice gift certificates to distribute to all the teachers in the district.

Dr. Thomas asks every patient or parent how he or she heard about her practice. It's no surprise that "school nurse recommendation" is now one of her top three responses. "We strive to be compassionate about what we do by showing it to all who come to our practice daily," she says. **WD**

Catering to children can be a profitable way to build a practice.

ICO Helps Chicago's Children in Need

A team of ICO students examines students in a closed school-turned-clinic.

The Chicago Public School system needed help, and the Illinois College of Optometry (ICO) came to the rescue. "The school system has been attempting to address the problem it has with children who have failed vision screening but not followed through to receive eye care," says **Sandra Block, OD, MEd**, medical director of school-based clinics and a faculty member at ICO.

Whether it was a lack of information or insurance, these children were not receiving the help they needed. ICO pulled together a team of second-, third- and fourth-year students, pediatric residents and faculty members and converted a Chicago school that had been closed into a clinic. "Our goal was to partner with the Chicago public school system and build this school-based clinic that could serve their needs on a year-round basis," Dr. Block says. Since the clinic doors opened earlier this year, the school system identifies students who need an exam and then arranges for buses to bring them to the clinic. The school also ensures that students receive their eyeglasses once they are ready.

"We were fortunate to receive seed grant funding that helped get the clinic up and running," Dr. Block says, adding that a number of foundations and individuals have donated



money as well as brand-new equipment to the clinic. The team reached out to companies that would help cover the costs of eyeglasses for the uninsured. "While our doors are open to anyone with no expectation of payment, we will want to do some medical billing in the future," Dr. Block says.

Dr. Block graduated from ICO in 1981, completed a residency and has been a faculty member at the school ever since. **WD**



Photos courtesy of Waldo Duran/ICO

OD Soars to New Heights in U.S. ARMY

Dr. Rymer becomes first woman OD to reach rank of Colonel

Col. Carol Z. Rymer, OD, MBA, FAAO, who reached her new rank late last year, is the first woman OD to reach that high level of leadership in the U.S. Army—and she did so in a relatively speedy 18 years. What is also remarkable about her career is that she didn't initially seek an Army career—the military found her and made her an offer too good to refuse. At the beginning of her second



Dr. Rymer

year at Pacific University College of Optometry, the Army reinstated its Health Profession Scholarship program, which she accepted. "I'm so glad it stumbled across my path because I only owed them three years, and now here I am 18 years later."

Today, Dr.

Rymer is the Chief of Optometry Services for the Department of

Family Medicine at Womack Army Medical Center at Fort Bragg, N.C. for which she oversees five optometry clinics. For a year and a half prior to her new position, she ran an outlying satellite health clinic at Fort Bragg. It was the first time an OD, not an MD, was in charge, she says. Dr. Rymer managed operations for 250 employees and 38,000 patient beneficiaries. "It was a fantastic opportunity to pull some of my skills together as I oversaw primary care, pediatrics, women's health, chiropractics, pharmacy, lab, radiology, behavioral health and other services," she says.

In fact, she has rotated through a variety of settings in her military career. Every few years, another mission arises, and she has filled in on a short-term assignment in Korea, too. "I'm challenged every few years to learn a new job and bring strategies that

work from other assignments. We are continually evolving, finding new ways and new proficiencies. It's really cutting-edge medicine," Dr. Rymer says.

"We have state-of-the-art equipment, and we have access to extra care and testing without wondering if the patients can pay for it because soldiers and their families are medically covered," she says. That means she can refer a patient on the spot to another medical professional, and she has open lines of communication with the other medical staff.

Dr. Rymer likes the lifestyle and benefits that a military career brings. For much of the past decade, she's lived on military bases, which provide the advantage of living amongst a community of military families and being near to the school her daughter, now 7, attends.

In order to rise through the ranks as methodically as she has, she says, "it's a matter of timing and opportunity. I try to accept every challenge that comes my way, and I strive to perform well

at every assignment I get." She credits mentors and commanding officers who listened and guided her, and she has networked with colleagues in the other branches of the military



Patient care and clinic oversight are just two of her duties.

A Career at a Glimpse

- Graduated Pacific University in 1992
- Stationed at San Antonio for basic officer training
- First assignment: Fort Carson, Colorado Springs, for three years, training and running a divisional clinic for active duty soldiers
- Completed an officer advance course in San Antonio for six months
- Ran a clinic in Pennsylvania at the Army War College, where senior officers from all branches go through a year of senior level leader training.
- Returned to educational training by completing a residency at Northeastern State University College of Optometry, as well as an MBA
- In charge of the Army's optometry residency program at Brooke Army Medical Center in San Antonio for three years
- Operated as regional optometry consultant for the Pacific Rim for Hawaii, Korea and Japan
- Served as Chief of the Optometry Services at Schofield Barracks and Tripler Army Medical Center in Hawaii
- Accepted clinic assignment at Fort Bragg
- Advanced to Colonel in 2010

through the Armed Forces Optometric Society, along with other leaders in the professional optometry community.

For an OD, a busy Army clinic can be a hectic place. Fort Bragg, for example, has 180,000 patients among active duty military, their dependents and retired service members. That translates to about 250 patients a day coming through the optometry service. Along with providing patient care, Dr. Rymer ensures that customer service is outstanding, reviews and employs new risk management strategies, double checks coding of services and oversees the facility management. "One of my biggest contributions during my time at the satellite Primary Care Clinic was that we were significantly understaffed, and we conducted a huge hiring effort. We increased staff by 40 percent, improving patient access to care," she says.

Being a military OD means that on top of the customary concerns of providing patient care and operating efficiently, there's the added unknown of where your next assignment will be. Sometimes there's advanced notice, but not always. When the Army needs you somewhere, you go, she says. For her, however, it's led to a rewarding career and a distinguished achievement.

Two Years to Partnership

Young OD set her sights on partnership as a goal and had a plan to get there

Jennifer Stewart, OD, has accomplished some impressive goals since her 2007 graduation from New England College of Optometry. She became a partner in a practice within two years of starting at Norwalk Eyecare in Norwalk, Conn., and in January she paid off her optometry school student loans. Now she has set her sights on bringing her passion for sports vision into the practice.

The path has been smooth for her so far, due in equal parts to planning, networking and good timing. These days, she finds herself talking friends through the partnership conversations they're having—or trying to have. Here are some strategies that worked well for her.

Lay your cards on the table. If you are looking for an associate position that will lead to a partnership within a certain time span, say so. "It can be an uncomfortable conversation for some people," she acknowledges, but it's better to know what the other

person is thinking. "Know your timelines and what you're looking for in 1-3 years, 5 years and 10 years. Not everyone wants to own a practice, or you may be looking for an interim solution," she says. It's better to be honest and not waste each other's time.

Schedule a time to review partnership progress. The initial hire may not include a definite offer of partnership. But if that's the ultimate goal of both parties, make sure you set a time to review the progress. It might be one year from the date of hire, and Dr. Stewart says it's important to schedule the review time and then have the meeting as appointed. "You might have decided it's not the practice for you, or you can review the value you've brought to the practice. A year is a good amount of time to see how you fit." In Dr. Stewart's case, she knew within a few months that she wanted to pursue the partnership arrangement. Around the one-year anniversary of her August 2008 hire, she took her boss, **Mark Feder, OD**, out to lunch. When they sat down, she laughed and asked him, "You know why we're here, don't you?" In January 2010, just about four months after their lunch, she became a partner.

Develop a financial plan. When you begin to talk about a partnership, make sure the finances of the arrangement are part of the discussion. There are multiple ways to structure a partnership, but it should be equitable and fair to both parties. Just as an associate expects the owner to be upfront about the practice financials, associates should be upfront about their ability to make payments, if those are expected.

Hire a lawyer. A partnership arrangement is a legal contract. Don't try it on your own, she says, and don't assume that a handshake is sufficient. "Everyone has to look out for his or her own interests," she says.

Don't be afraid to walk. "I've seen friends get stuck in a practice where they're not happy. We have long careers, so go ahead and look for another match," she says. That's why she encourages doctors to talk about or share their written goals and follow up with a conversation at one year. "I've heard the stories about associates joining a practice with the promise of buying in at five years and still being there 20 years later, no closer to partnership. Take control of that," she advises. Simply, you have to respect and be comfortable working with any potential partner. "I am fortunate because Dr. Feder is my mentor. He's taught me more than he realizes," she says.

Network. Dr. Stewart completed her sport vision training in Ridgefield, Conn., with **Don Tieg, OD**, a friend of Dr. Feder's. Her name had come up a few times when Dr. Feder asked Dr. Tieg for recommendations, but Dr. Stewart wasn't prepared to move, and she had landed a job after graduation. "Opportunity doesn't usually knock twice," she says, but when Dr. Feder approached her a year later, she made the switch. She recommends attending as many conferences and meetings as possible not only for education, but for networking and meeting other doctors. For example, she



DR. MARK S. FEDER
DR. JENNIFER L. STEWART
NORWALK EYE CARE



Ready for Partnership?

There is no single formula to help practice owners or associates know when it's time for a practice to take on a partner. A midcareer expansion has different requirements than an exit strategy or a let's-do-this-together approach. But while the circumstances can vary widely, there are some pillars that support a good partnership, says **Ally Stoeger, OD**, of Consulting With Vision, a North Myrtle Beach, S.C.-based optometric consulting firm.

"Clinical and personality elements are more important for building a partnership practice than how booked a senior partner is at a particular moment," she says. All the parties have to feel comfortable that a new partner will dedicate himself or herself to practice growth. "No matter how booked ahead a senior doctor may be, a new partner who is a weak practice-builder, over time will erode practice growth, especially as the senior partner or partners slow down," she says.

Conversely, if you bring on board a partner with a personality to whom patients respond, the practice will grow because the new doctor will build relationships in the practice and in the community.

Bringing on a partner (or even an associate) can inject a new patient base into the practice. Dr. Stoeger says the patient base in a practice typically ages along with the doctor. "Often doctors don't realize their practice demographics have aged until a younger partner starts bringing in young adults and young families into the practice again," she says.

An energetic partner can also expand the patient base in other ways, such as by working evening or weekend hours to draw those patients who have not been able to schedule time within the existing office hours. "Evening and weekend hours may attract younger patients," who often do not have the scheduling flexibility that their more senior colleagues might have, she says.

Dr. Stoeger suggests that in communities where the overall economy is trending upward, "this may be a good time to add a new partner or an associate. There may be pent up demand from people who have put off eye examinations and elective eyewear purchases."

It is important to be upfront about the arrangement. "Both the senior doctor and the new doctor need to have a written agreement as to whether this is strictly an employment situation or a situation leading to partnership," she says. Anytime the terms change, get that in writing, too. **WO**



Dr. Stoeger



Dr. Stewart joined an established practice with ideas for practice growth.

Expand Your Options

The path to practice ownership or partnership doesn't have to be along one prescribed set of steps. "I joined two practices, working part-time at both," says Dr. Jennifer Stewart. She worked at a corporate practice and an independent practice for a year before joining Dr. Mark Feder as an associate. Even then, she continued to work at a second practice until she became a partner. She encourages young ODs to explore all the options available for them and be willing to create a solution, even if it's a patchwork of jobs. Each situation provided her with valuable insights into some aspect of practice, she says. **WO**

has formed many great relationships with doctors across the country at the annual IDOC Business Conference. "I found these conferences especially great for networking as the doctors who attend this meeting tend to be very forward-thinking and want to learn how to grow their practices. A young doctor in this type of environment not only will learn great practice management tools to be successful but also will be able to meet extremely successful optometrists from independent practices, many of whom may be looking to integrate an associate and not know how."

Jump in with gusto. Being offered an associate position with a path to partnership is only the first step. Be willing to work, cultivate what is already excellent about the practice and be creative about how you can improve it. Dr. Feder, who is CEO of the practice development organization IDOC, was ready to hand over a significant share of patient care duties to Dr. Stewart. "My schedule was quite booked from the day I started," she says. Dr. Feder had sent a letter to all of his patients, welcoming her, explaining how she fit the criteria for the high standards he had in selecting an associate, and how she fit well into the practice. The letter portrayed excitement, "and some patients came in to introduce themselves to me when they weren't even scheduled for an exam," Dr. Stewart recalls.

Be willing to learn. Dr. Stewart brought a willingness to understand how the practice is operated. Day-to-day finances of a practice are not typically covered in school. Established practitioners may not talk about it because they take the nuts and bolts for granted, she says, and many new associates may be uncomfortable about asking. She suggests asking questions and taking on one new task a month. One month, focus on how payroll operates; the next month, commit to understand ordering or some basic accounting. She is now incorporating practice management software to help her understand the business better. "With the click of a button, I can now pull up everything that was done in our office that day, week or month. I can track which of our spectacle lines are performing the best, sales of sunglasses and sales by optician. That allows us to improve our optical revenue, compare performance to the year before and see our progress toward our goals. It lets me monitor general office trends," she says. She is also in the process of setting up email-based patient communication, including confirmations, newsletters and special event blasts. Since joining the practice, she has also been instrumental in working with a design company for the practice's web site, and has set up an active Facebook page for the practice ([facebook.com/norwalkeyecare](https://www.facebook.com/norwalkeyecare)) to keep patients updated on practice news and events. Many older practitioners may not be aware of this technology, so it is something great to bring to the practice.

Bring value. Dr. Stewart was drawn to the practice for its state-of-the-art facility and equipment. "It's not unusual for patients to ask us, 'What new toy did you get this year?'" The patients know that the practice is always on the forefront of new technology and is constantly adding and expanding to bring in

new equipment. Dr. Feder was looking for an aggressive, hard-working candidate who was willing to learn and expand the practice with expertise in medical eye care. And one of Dr. Stewart's goals is to continue to expand the practice, adding new services for patients. In doing so, she'll also add other services for older patients, such as macular degeneration density testing and prescribing supplements.

Don't lose sight of your goals.

Dr. Stewart, who founded the Sports and Performance Vision Club while a student at New England College of Optometry, has an enduring interest in sports vision. For these first years, she's been busy getting to know patients and the practice. But adding sports vision to the practice remains a goal. "I have

started doing some sports vision testing, although at this point it is more focused on providing optical solutions, such as specialty eyeglasses or contact lenses," she says. A triathlete, open-water swimmer and half marathoner, she has an increasing network of other athletes who are coming to her because she understands their needs. The region also has many young families and youth sports leagues, so she believes it could be a solid growth area for the practice. Simply by asking patients, or parents of young patients, what sports they participate in, she is educating patients about their options. "We have revamped the optical to showcase more polarized lenses, prescription swimmers' goggles and frames that work with bicycle or other helmets," she says.

It's not unlike training for a marathon. Set goals, start moving and enjoy the run. **WO**

Mapping a Plan



Dr. Jennifer Stewart is a triathlete, open-water swimmer and half-marathoner. Participating in regional events has brought other athletes into her network of friends and potential patients.





Savvy Marketing: Promote Your Strengths

By Beverly Korfin, MBA

What's your marketing budget? Do you even have one? Establishing a marketing budget—typically 1-2 percent of your gross revenues—will help you make sure you're not overspending and will allow you to analyze the effectiveness of your marketing strategies.

But it's important to realize that marketing means much more than expensive TV or print advertising. There are many cost-effective and creative ways to promote your practice. Develop these strategies now for the year, and then work with your colleagues and staff to

make sure your marketing message reaches the most people it can.

Get social: Social media is an extremely cost-effective and powerful marketing forum and a great way to connect with your patients. Anticipating a slow week? Tweet or post on your Facebook page offering patients a discount, a special offer or some reason to come in. Update your web site frequently and add more functionality, such as contact lens reordering, appointment requests and more.

Ask for the referral: This is one of the simplest strategies, yet many doctors are reluctant to follow through with it. At the end of the exam, hand the patient your business card. Say, "I hope you've been pleased with our service and care today. I encourage you to let your friends and family know as I'd be delighted to take care of them, too." Offer small tokens of appreciation for patients who do refer others. These can be formal point systems where the referring patient gets dollars off a future purchase, or they can be as simple as a handwritten note signed by the staff. The costs are minimal, but the impact is huge.

Close the gap: Preappoint patients for their next annual exam or any necessary follow-up visits. And promote annual supply sales of contact lenses, showing patients how the annual supply is the best value. If your staff doesn't see those actions as marketing and promotion, they're missing the opportunity. When patients leave with a year's supply of contact lenses and the understanding that they need to come back in a year for a comprehensive eye health evaluation, that increases the perceived value of the services your office provides and increases your chances of retaining that patient.

Offer something new: If you revise patients' contact lens prescriptions with the same brand year after year, they may wonder what value

you offer them. Make sure you take a moment to educate patients—even eyeglasses-only patients—about the advances in contact lens technology that improve comfort, acuity and/or convenience.

Develop internal promotions: Create a little buzz in your practice by holding some type of contest on a regular basis. Maybe it's a drawing for a special prize, for which every patient who has an exam or buys contact lenses can enter. The prizes don't need to be extravagant. They can be fresh flowers delivered to the home or office, movie tickets or a prepaid card to a local coffee shop. These penny-wise marketing ideas provide your staff with an additional opportunity to engage patients at checkout, and they're sure to make the winners tell their friends.

Consider cross promotions: Better yet, work your internal promotions in conjunction with a local business. If your prize comes from the bakery, flower shop, photographer, hair salon or any other service provider, make sure the management and employees at that business know who you are and what you can do for them. The more people talk about your involvement in the community and the way you patronize local businesses, the better.

Think seasonal: What's ahead for the next quarter? Proms, wedding season, graduations, Mother's Day, Father's Day... Is there a bridal boutique or dress shop or salon that is planning or would join you in promoting a special event for one of these events? Offer to showcase some eyewear trends or introduce daily disposable contact lenses or color contact lenses. By working with others, you share the work of planning and reap the benefits of expanding your offers to the other businesses' established clients.

Show your stuff: While you're analyzing your seasonal opportunities, make sure your optical dispensary, contact lens section and reception area reflect your current promotion. Details count. A practice that offers new visual diversions routinely looks more current and adaptable than an office that looks like nothing's changed in three years. Scale your

displays to what works for your office. Place a nice bouquet of flowers on the reception desk with a checklist in the cardholder:

Dress ✓

Shoes ✓

Flowers ✓

Eyes? *Let us enhance your eyes for your special day with clear or color contact lenses.*

Say yes every time you can: If patients come to you with a problem—they're out of contact lenses, they're only in town for a day or whatever their issue might be—find a way to help them. Not only will they talk about the "wow" experience they had in the office, any patient in the reception area who overheard the effort taken to solve a problem will be impressed.

Marketing and promotion go far beyond paid advertising. It's the underlying current of everything you do. Make sure you make the most of the opportunities presented to you.

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.



Bring on the Challenges

OD is successful and fulfilled by unusual cases in office and community

Alissa Nagel, OD, FAAO, of Las Vegas, is intrigued by the kinds of cases that puzzle others. Dr. Nagel's interest in not-so-usual cases began during low vision and ocular prosthetics classes at optometry school and continued during her residency of ocular disease and geriatric optometry at the VA in southern Nevada. The specialty suited her. "Some people with visual impairments need emotional support," in addition to the clinical support doctors provide, she says. "Some of these patients have been told there's nothing you can do for them, and you can make a huge difference when they learn of options."

Certainly, the work has frustrations, but she says they pale in comparison to the positive experiences. In her area, she is the only OD who currently works with ocular prosthetics. Dr. Nagel feels that it is important for ODs to be involved in ocular prosthetics because ocularists aren't trained to preserve vision in a disfigured eye or recognize and treat an infection in the eye socket. Dr. Nagel does careful fittings for these types of devices, whether it's a shell or painted soft contact lens for a nearly blind or blind eye. Then she takes pictures and sends her initial information to have the prosthetic created. In addition, she sees these patients again for adjustments, polishing and cleaning.

Dr. Nagel evaluates three or four low vision patients per week who are referred to her from other optometrists and ophthalmologists. She often starts by using a Feinbloom Low Vision chart to assess their aided and unaided distance acuity and a trial frame refraction to see if changing their eyeglasses may help. The exam becomes customized from this point on, as she and the patient work together to achieve the patient's primary goals—most commonly to see well enough to read.

She tries several devices for a sustained near evaluation, such as high-powered spectacle adds, stand magnifiers or an electronic magnifier, and she also assesses devices for spotting near activities like reading a price tag or phone number. "Often those turn out to be a hand magnifier, something that's portable. But those devices are not as easy to use for a long stint of reading," she says. "Depending on the patient's

visual goals, we may try distance telescopes to improve distance vision." She always conducts a glare filter evaluation because many retinal conditions cause patients to be sensitive to glare or lose contrast. "The right color filter can improve their comfort and help them distinguish objects from the background more easily," Dr. Nagel says.

If she thinks the patient will benefit, she may refer him or her for mobility training, counseling or driver's rehabilitation. Once the patient's needs are met and he or she can properly use the devices Dr. Nagel recommended, the patient returns to his or her referring doctor. "The patients are always welcome to return to our office should their vision change and they need to be re-evaluated for other devices or power adjustments," she says.

Dr. Nagel's reputation in the practice scores her one referral after the next, but her reputation in the community—and outside of the exam room—is just as solid. "When you have a skill set that not many people have, it's a valuable service. It's important to give your time, in your specialty, to the people around you," Dr. Nagel says.

In January Dr. Nagel held a low vision technology open house to educate the public on visual impairments and the latest technology available to help them overcome their disability. She has also been asked to lecture about the kind of lighting that is best for the visually impaired and provide suggestions that can improve lighting in their homes.

Recently, Dr. Nagel gave her time to the VSP Mobile Eyes[®] Program when the mobile clinic was in town to help the North Las Vegas Boys & Girls Clubs. "I was really impressed. With the full lab, we could give most people their prescription when they left," she says. "A lot of effort went into this event, and you could tell it wasn't just thrown together. It was a very quality experience." **WO**



Dr. Nagel



"When you have a skill set that not many people have, it's a valuable service."
—Dr. Alissa Nagel

A \$17,000 Pay Gap Not Fully Explained

February study leaves researchers wondering why trend in gender pay gap is growing

Newly trained women physicians in 2008 were earning on average nearly \$17,000 less than newly trained men in New York state, according to a study that appeared in the February 2011 issue of the journal *Health Affairs*.

What's most surprising about that is that the gap is much larger than the \$3,600 pay gap found in 1999. The gap existed even among men and women MDs in the same specialty, so it cannot be accounted for simply by saying that women tend to choose the lower-earning primary care positions rather than the higher-paying specialty roles. In fact, the percentage of women moving into primary care roles is about equal to the percentage of men who select primary care.

The researchers speculated that perhaps women MDs are exchanging salary for other considerations, such as a more flexible schedule or other family-friendly benefits.

The study was based on survey data from more than 8,000 New York residency-trained physicians. **WO**



Women in the NEWS



Dr. Szczotka-Flynn & Dr. Gipson

Loretta Szczotka-Flynn, OD, PhD, of Cleveland, Ohio, received a \$25,000 American Optometric Foundation-Vistakon Research Grant for her work with **Ilene Gipson, PhD**, on *Uncovering the Role of Mucins in Contact Lens-Induced Corneal Infiltrates*.

Dr. Szczotka-Flynn

Dr. Block



Prevent Blindness America has elected **Sandra S. Block, OD, MEd**, Illinois College of Optometry (ICO) associate dean, and the director of school-based services and director of school-based research for ICO, to its National Board of Directors.

Dr. Falk



Minnesota Gov. Tim Pawlenty appointed **Michelle Shih-Ming Falk, OD**, of Woodbury, to the state's Board of Optometry.

Dr. Routhier

Janelle Routhier, OD, FAAO, is now manager, medical affairs at Vistakon. Before joining the company, she was adjunct clinical faculty at Michigan College of Optometry and in practice.

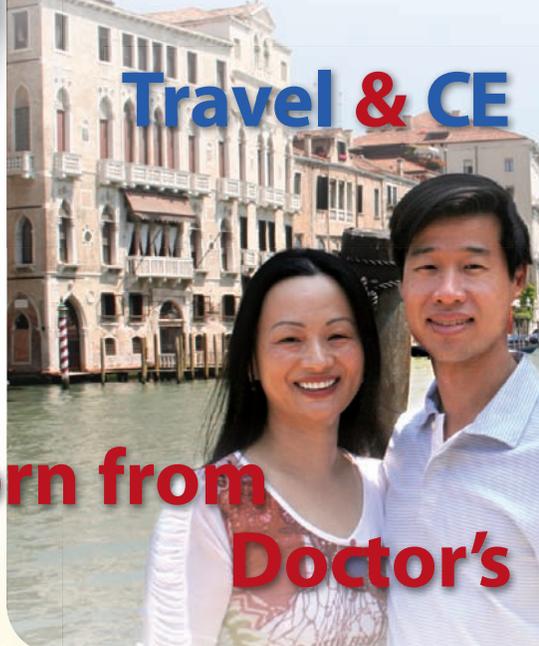


Optometry Cares

Optometry Cares—The AOA Foundation and the American Optometric Association named the 2010 recipients of the Healthy Eyes Healthy People® State Grant program, funded by Luxottica. Recipients included (A) **LeeAnn Barrett, OD**, of Columbia, Mo.; (B) **Keshia Elder, OD**, of Birmingham, Ala.; (C) **Joyce Nations, OD, MPH**, of Canton and Dawsonville, Ga.; (D) **Joan Portello, OD**, of New York City; (E) **Janene Sims, OD**, of Birmingham, Ala.; (F) **Heidi Sutter, OD**, of Sammamish, Wash.; (G) **Patricia Westfall-Elsberry, OD**, of Searcy, Ark.; and (H) **Jasmine Yumori, OD**, of Pomona, Calif.



Travel & CE



Born from Doctor's

In January 2010, **Bridgitte Shen Lee, OD**, started to plan a summer trip to China. As the mother of two young girls, she found it challenging to raise them to be bicultural and bilingual, so she wanted to provide a cultural and language immersion experience for them. As an attendee of several international CE programs, she also wanted to find a CE program in China but found none. Her husband suggested that she should start her own. Last May, while attending CE in Italy, she had time to develop this idea further with encouragement from the three CE speakers. Then in July, on the long-anticipated first trip for her daughters to China, she visited cultural sites, sampled menus and toured hotels, creating the itinerary she would develop so ODs could share her personal experience of China and gain CE credits at the same time.

That was the start of iTravelCE, a new business venture that Dr. Lee launched late last year. In June, she'll lead no more than 30 doctors plus travel partners on an 11-day destination-CE program in China. She is uniquely positioned to do so. The daughter of two MDs, Dr. Lee was born in China, educated in Beijing and in Texas and speaks and reads fluent Mandarin Chinese.

Starting up a business venture is not new to Dr. Lee. She was only 27 when she and her practice partner, **Bradley S. Owens, OD**, opened cold a Houston practice, Vision Optique. "I wanted to open a practice when I was in my 20s, start another business in my 30s and 40s, and maybe teach when I'm in my 50s," she says. She had impressive goals for her practice, too, aiming to achieve \$1 million in revenue in the first five years. "I had no idea what having children would do to my schedule," she says. "So I had to delay that goal, but only by two years." Now the practice's doctors and staff are pulling together to achieve the goal of \$1.5 million in revenue in 2012, just five years after they hit the earlier benchmark.

They've managed to accomplish this in the original two-lane, 1,800-square-foot practice. The practice features a high-end optical, where frame collections are displayed as works of art in the midst of Asian antiques and an overall layout based on Chinese *feng shui* principles. The



Dr. Lee and her daughters

Continued from page 14

Dr. Lee and her husband in Venice, Italy

Twin Passions

Developing a Logo



When iTravelCE was conceived, Dr. Bridgitte Shen Lee wanted a logo that would incorporate several important references. The globe was an obvious symbol, representing the world's cross-cultural education opportunities. The colors, green and blue, represent journeys on land and water. iTravel has a double meaning, as a simple statement for those who enjoy travel and "also the 'eye' profession with which I've been blessed," she says. **WO**

optical boutique draws patients with outside prescriptions and charms her established patients.

She and Dr. Owens share the practice's production goals and benchmarks with their five full-time staff and the part-time optometry students who work there. That way, everyone knows what's needed. And the staff members are empowered to do what they can to resolve patient concerns and make sure that every patient feels as if he or she has had a stellar experience at the practice.

Even with these ambitious goals for the practice, Dr. Lee was eager to birth a different kind of business. In fact, on the iTravelCE Facebook pages she compares the hours of creating a web site and hard labor involved in starting a business venture to the birth of a baby.

The iTravelCE web site, itravelce.com, details the daily itinerary and program for the June 2011 trip to Beijing and Shanghai. Using her experience traveling and living in China, Dr. Lee has designed an itinerary that goes beyond the typical tourist trip. Cultural highlights include a more exclusive section of the Great Wall, reserved areas of the Forbidden City, private boat charters and ancient village tour by special arrangement, as well as VIP seating for kung fu and acrobatics shows. The views of old and new China are accompanied by a culinary tour, showcasing authentic cuisine from the different regions of China.

Two afternoons and one morning are dedicated to CE, providing a total of 15 hours of COPE-approved CE. Confirmed speakers for the inaugural program are **Jimmy D. Bartlett, OD**, professor at the University of Alabama's optometry and medical schools, and **Dana Ondrias, OD**, director of Mann Eye Institute and Laser Center's Refractive Center, a leader in the laser vision correction field. Confirmed speakers for June 2012 include ocular disease and pharmacology expert **Randall Thomas, OD, MPH, FAAO**, of Concord, N.C., and ocular disease and glaucoma management expert **Ron Melton, OD, FAAO**, of Charlotte, N.C. **WO**



Dr. Nielsen

Charlotte Nielsen, OD, of Grayslake, was named the Illinois Optometrist of the Year for 2010.



Dr. Chapman

Cheryl Chapman, OD, of Gretna, received the honor of becoming the Nebraska Optometric Association's 2010 Young Optometrist of the Year.



Dr. Zadnik

Karla Zadnik, OD, FAAO, of The Ohio State University College of Optometry, became president of the board of the American Academy of Optometry.



Dr. Brisco

Elise Brisco, OD, of Los Angeles, Calif., discussed double vision on the Emmy award-winning talk show *The Doctors*.



Dr. Montecalvo

At the annual EastWest Eye Conference, **Brenda Montecalvo, OD**, of Beavercreek, became secretary-treasurer of the Ohio Optometric Association for 2011.



Dr. Siu



Dr. Robertson

Dr. Siu & Dr. Robertson

Of the 211 new Fellows of the American Academy of Optometry, 146 are women. In addition, these two women ODs achieved Diplomate status. **Cindy W. Siu, OD, FAAO**, of Newport Beach, Calif., became a Diplomate in the

Clinical Section, and **Danielle Robertson, OD, PhD, FAAO**, of Dallas, became a Diplomate in the Research Section.

Dr. Shechtman

Diana Shechtman, OD, FAAO, of Ft. Lauderdale, Fla., joined the Macular Degeneration Association's Medical Advisory Board. Dr. Shechtman is an associate professor of optometry at Nova Southeastern University College of Optometry, where she serves as an attending optometric physician at the eye institute and diabetic/macula clinic.



Creating a Practice that Mirrors Her Lifestyle

The Juggling Act

Dr. Kristen Runke recalls that some people told her optometry was a great career for women when she was starting. "I'd roll my eyes, but it's true. It's a perfect fit because I love seeing my patients, and I've been able to balance my home life and raising kids." Her husband has had a hand in that, as well, and the two often scheduled separate days off so one of them would be home with their children. **WO**

Bustling practice a far cry from the quiet days when it first opened

"I remember one day, we had one person come in all day," says **Kristen Runke, OD**, recalling the practice she and her husband, **Darius Unwalla, OD**, opened together in 1991. There were no employees, just the two recent graduates who were each working in other places as well to keep up with their loan payments.

But the practice picked up quickly, in part because the community of Great Falls, Va., just 12 miles from Washington, D.C., supported the high-end optical and wanted the kind of personal attention Dr. Runke provided. "I live in this community," Dr. Runke says, "so I treat patients like neighbors because many of them are." She schedules two comprehensive exams and one follow-up visit per hour.

Six years after the two opened the practice, the husband and wife team diverged on their professional paths. Dr. Unwalla opened a corporate-affiliated practice in Alexandria, a few towns over, and Dr. Runke stayed with Great Falls Eyecare. "We had always felt it would be better for our marriage to work individually," she says. "The economy was doing well, and this practice could support me full time," she says. The location was near to the children's school, and Dr. Runke wanted to play as traditional a role as she could. Dr. Unwalla's practice was doing well, too, and he opened a second location. By 1999, Dr. Runke added a part-time associate, **Lisa Anderson, OD**. She, too, had children at home, and both women liked the flexibility the arrangement provided. "She would work every other



Dr. Runke's walls are covered with plaques from teams she has sponsored.

Saturday, so I'd have a chance to go watch some soccer games," Dr. Runke says.

Along the way they found that the time spent on the sidelines and in the schools helped grow the practice. "I started supporting youth leagues, and I now have a whole wall of Little League plaques," she says. "High school kids come in and look at the photos and say, 'That was me when I was 8.' I like to give back that way."

Her practice philosophy is reflected in the care and education every patient receives. "We dilate every patient," she says, explaining

to patients the importance of preventive care. By educating patients on all aspects of eye health, she finds her sales of products such as supplemental sunscreen and special-purpose second pairs also increase.

It's a wealthy community, "but people don't spend their money frivolously," she says. It's important that she explain the value of the products she recommends. She has found that this strategy has helped her weather the recession and managed vision care pressures. "We try hard to convey that we sell quality products that will last for years."

That message is shared consistently by the ODs and the office staff. Patients feel at ease as soon as they arrive at this brick, colonial-type home that houses the office. Inside, Cape Cod-blue walls with a ragged texture and cherry furniture help them relax in comfort. Technicians greet patients by name and escort them throughout the process.

The practice has an in-house lab, and Dr. Runke prides herself on the low remake percentage. "We have frames up to \$800, and we visit Vision Expo events to look for quality frames that reflect craftsmanship and high style." By bringing in a few options from high-end frame lines, she has been able to judge their appeal to her patients. Then she expands the line if it's successful—a strategy that has allowed her to increase the overall revenue of the dispensary and keep her patient base coming back to see what's new. **WO**

Review of Optometric Business Goes Weekly

Review of Optometric Business (ROB), an online e-journal dedicated to helping eye care practitioners implement strategies and techniques toward better practice management and growth, has expanded to a weekly publication schedule. ROB was introduced as a monthly e-journal in early 2010. Subscription is free, and readers are asked to register when first visiting the site.

In recent months, ROB has seen a series of enhancements designed to improve the reader's experience and make the journal more interactive. ROB also features a panel of bloggers, whose alternating commentaries spark discussion on topical issues.

Visit ROB at reviewob.com. **WO**



The e-journal is now more interactive.

Fulfill the Need for Vision Therapy

OD encourages others to join her and help children, adults in specialty of vision therapy

Though **Kellye Kneuppel, OD**, grew up in a family of sports enthusiasts, her passion for working with vision therapy (VT) patients is far from competitive. In fact, she's inviting ODs to join her locally near her Brookfield and Madison, Wis., practices, in other areas of the state, across the country and around the world in her mission to provide more VT. "About 25 percent of children may have significant functional vision problems, but there are only a few VT practices," she says. "Who is taking care of those people? Nobody. There is a huge opportunity to provide this service."

Dr. Kneuppel started The Vision Therapy Center in 1995, had just three patients and worked out of a rented space in another OD's office. Fast-forward 15 years to find Dr. Kneuppel's thriving practice with 14 employees and approximately 100 patients coming in for therapy every week. Some ODs may be hesitant to consider starting a specialty practice cold just two years out of optometry school, but Dr. Kneuppel is confident that others can follow her lead. "You can set up a VT practice for very low cost, especially if you don't dispense eyeglasses. Then there's no overhead for frames," she says.

In fact, developing her business plan was easier than initially



Dr. Kneuppel

mustering the confidence to perform VT treatment. "In optometry school, it's hard to see a case from start to finish, and that makes it very difficult to know what you are doing," she says. She suggests that interested ODs try a focused rotation to improve their skills. Another possibility is to visit successful VT practices.

Dr. Kneuppel says she was recruited to become an optometrist by her own OD while she was in college. Her interest in sports vision, especially the idea of working with major league baseball teams, stemmed from her family's passion for sports. Another area that interested her was the connection between eye-teaming problems and children's difficulties paying attention in school. She also found the two areas came to her naturally.

As her practice grew, her reach expanded. In 2001, she was recruited to work with the Special Olympics in Wisconsin to help screen participants. "I'm comfortable with prescribing lenses in a functional manner to improve performance," she says. As clinical director, she deals with unusual and high-power prescriptions, and she has been invited to travel the world with the Special Olympics, visiting Alaska, Ireland, Japan and China.

Dr. Kneuppel, the current vice president of



Dóra Dömötör and Dr. Kneuppel

Bringing VT to Hungary

During her travels for the Special Olympics, **Dr. Kellye Kneuppel** has met and kept in touch with many individuals, including **Dóra Dömötör**, a Hungarian optometrist and fellow Special Olympics clinical director. The two met in 2001 at a Special Olympics Healthy Athletes Leadership Conference, and Dömötör was intrigued by sports vision and vision therapy (VT). "I invited her to visit my office, and she came for a week—just enough time to realize that she was very interested in this work," Dr. Kneuppel says.

Dr. Kneuppel and Dömötör have visited each other a few times since then, but in 2004, Dömötör decided that reading and self-teaching weren't enough to become proficient in providing VT. So she came to stay with Dr. Kneuppel for three months of hands-on VT experience. The following year she opened the first optometric VT practice in Hungary in the city of Gyor, and she recently introduced VT in her general optometry office in Budapest. Her biggest challenge is the Hungarian law that prohibits optometrists from examining children under 14, so Dömötör works closely with a pediatrician and a pediatric ophthalmologist to provide her vision therapy services to kids. **WO**

the Wisconsin Optometric Association, says, "Optometry is a legislated profession, so it's extremely important for ODs to be involved in organizations that are paying attention to that and taking action to improve or keep the status that we have," she says. When it comes to the under-represented specialties like VT, it's particularly important to have a voice, she says.

And back at The Vision Therapy Center, Dr. Kneuppel is cultivating future VT-focused ODs by hosting four students from the Illinois College of Optometry in her practice each year. "I had the same kind of opportunity while I was in school," she says.

Plus, it can be profitable, she says, dismissing the notion that it can't be. "Don't listen; that's just wrong," she says. It requires efficiency, volume and a fair fee for services. "If you don't charge enough, you can't make money." The market is large, too, she says. "Just because there is one VT practice in a city doesn't mean there's not room for 10 more," she says. She's expanding her services, having added an associate, a former student who completed a rotation there, but she wishes more ODs in town offered VT, too. "It doesn't matter if it's me or someone else doing it, as long as the VT is done." **WO**

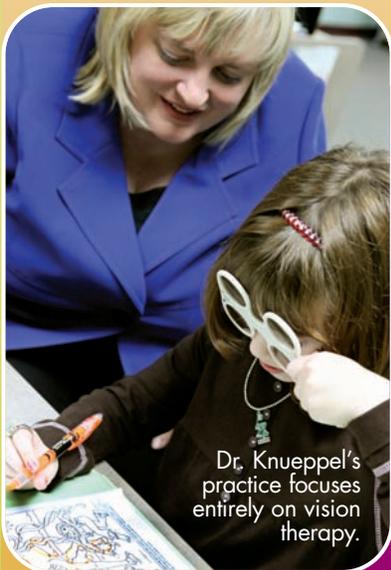
Top Tips for Building Patient Base for a VT Practice

Dr. Kellye Kneuppel built a successful vision therapy practice by using her connections.

Other ODs: Dr. Kneuppel first rented space from a colleague who became a great referral source for her. Since she doesn't compete in general optometry, soon other ODs sent their VT cases to her.

Schools: Dr. Kneuppel provided in-service presentations at schools, attended parent-teacher meetings and held meetings in her own office for educators.

Doctors and occupational therapists: Make sure these health care professionals know your services and how VT can help. **WO**



Dr. Kneuppel's practice focuses entirely on vision therapy.

Pink Ink

Start the Year with an Honest Assessment

By Susan Keene, OD

The first quarter of the year is an excellent time to assess what went well last year and what needs improvement and focus for the remainder of the year. A few years ago, I realized that many of the techniques I employ every year to analyze where I want to go personally in the new year have applications professionally, as well.

Plan for success. Sounds simple doesn't it? But just as new diet and exercise plans don't simply succeed without careful thought and planning, practice success requires careful planning, too. I recently scheduled a planning session with a personal trainer to target realistic physical goals in my workout program. Along the same lines, at the end of last year I had a planning session with my business manager, consultant and my associate doctors to plan our growth goals in the office for 2011. With a lot of strategic planning and attention to establishing next steps and follow-through, we've developed a great roadmap for 2011.

Let teamwork divide the task and multiply the success. Personal trainers or personal assistants are professionals who help keep our personal lives organized. Personal shoppers (a title my husband thinks I already own) even exist to help those too busy to shop! However, although almost every optometrist I know admits he or she could have used more education in the "business"



Dr. Keene

end of optometry, most never take the initiative to hire experts to help in this area. For a number of years, I have employed a consultant who has been invaluable in helping to plan and implement our growth goals. In addition, I regularly schedule time for myself and my team to attend practice management seminars, read practice management articles and even schedule team retreats to focus on growing our practice.

Don't count every hour in the day; make every hour in the day count. Most working women I know are masters at time-management at home. We've learned to multitask the numerous activities of our personal lives—weekly grocery shopping, picking the kids up from basketball practice, laundry, bill-paying.... Sound familiar? About five years ago, I took a close look at my practice and at what I accomplished on a daily basis. Sadly, I realized I was not using my professional time at work as efficiently as I could. I took a hard look at my schedule and identified about an hour per day of nonproductive time. I worked on delegating and "crunching" my schedule. I now see the same number of patients in three days that I did in four, allowing me a much needed day per week in the office for administrative activities, staff/team education and another day per week simply to enjoy my family.

Think more WE and less ME. Strong, well functioning family units are ones that are not static but always focused on their group dynamic. In my family, our church and religious faith play an important role in our efforts to grow as a family unit. A few years ago, when thinking about the office, I realized that while I loved my profession of optometry and the ability to enhance and preserve my patients' vision, I didn't always enjoy going to work. Office gossip was rampant, and morale was low. In short, I was not nurturing the growth of my professional "family" with the same zeal I used at home. Over the past three years, I have worked on developing a nucleus of true team professionals who work together with a common cause and goal. We schedule weekly time out of production to solve everyday issues, learn, participate and become the experts our patients would expect. Together, we strive to create an unforgettable experience. While our office is far from perfect, we now appear and act like a "family."

Making professional as well as personal resolutions has been so worth it. I'd bet it will be for you, too! 

Dr. Keene owns Smyth County Eye Associates in Marion, Va. She is a past president of the Virginia Optometric Association.

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