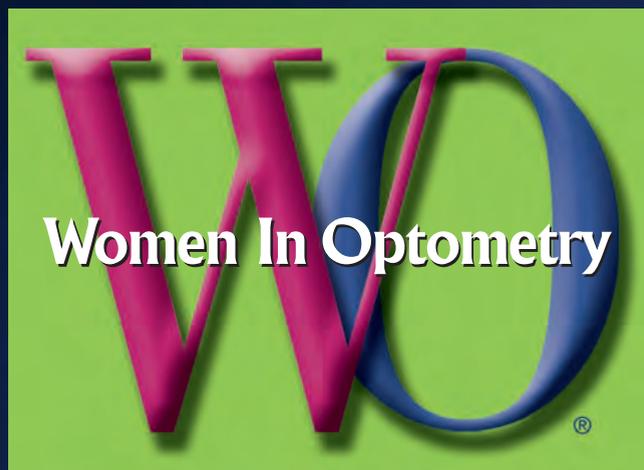


June 2011



Dedicated to the interests of women ODs

Madam President

Dr. Dori Carlson

Dr. Dori Carlson is set to become the first woman president in the 113-year history of the American Optometric Association





Marjolijn Bijlefeld

Shout Out

When Firsts Fall

When Dr. Dori Carlson becomes the new president of the American Optometric Association (AOA), another "first woman to..." milestone will be reached. Congratulations, Dr. Carlson. Reaching this position is a reflection of your tremendous commitment and, more generally, of the changing face of the profession. More women than men have been graduating from U.S. optometry schools for years

now, and women are rising in increasing numbers to the highest levels of state and local professional societies, academia and industry. It is important that leadership reflects the makeup of the profession.

Dr. Carlson did not set out to be a trailblazer for women. In fact, she seems determined that her legacy in her AOA role will be something beyond being the first woman president. She recognizes that the distinction will always be connected to her name, but her agenda reaches further.

That's usually how it goes. Most women who lead organizations, break records or knock down barriers don't do it so that they can claim to be the first woman to do so. They do it because they can. They have the skills, support system and opportunity to achieve something remarkable.

Albeit in quieter ways, plenty of women ODs are making remarkable achievements. This issue is filled with those stories. One showcases the personal strength mustered by Dr. Claire Pizzimenti, who is finding her way back onto the career path after a hiatus of raising children and battling breast cancer. Dr. Karen Winters spends her free time at a keyboard, writing fiction to bring issues of mental health to light. There's a story about the impact Dr. Mary VanHoy makes in her neuro-optometric practice. Dr. Pia Hoenig brings optometry school students into clinical rotations earlier, making them more comfortable more quickly with the complexities of patient care. A story about Dr. Stephanie Lyons represents the incredible energy of a young and determined OD. And those are just a few.

With so many ways to impact the lives of people in the community, perhaps it is little wonder that the vast majority of women ODs who responded to our quarterly WO poll say they are either very or somewhat satisfied with their careers. Most say that patient care has improved and that they see themselves continuing in their role. And that means WO will have wonderful stories to tell in future issues, too.

Marjolijn Bijlefeld

Marjolijn Bijlefeld, Director of Custom Publications
Practice Advancement Associates

Kids and Contact Lenses

Long-term success not dependent on age of initial fit, new study says

After 10 years of contact lens wear, patients are equally successful wearing contact lenses whether they were first fitted as children or as teenagers, new research shows. A new study supported by funding from Johnson & Johnson Vision Care, Inc., found that whether first fit as a child or as a teen, current wearers were similarly comfortable and compliant. The findings were presented at The Association for Research in Vision and Ophthalmology (ARVO) meeting.



"A growing body of research has already established the many benefits and safety of pediatric contact lens wear," says co-author Jeffrey Walline, OD, PhD, of The Ohio State University College of Optometry. "This study further demonstrates that fitting children at younger ages has no harmful long-term effects."

A total of 175 soft contact lens wearers ages 17 to 30 years who wore lenses for the past 10 years participated in this online survey, which compared the self-reported comfort, adverse events and compliance of patients who were fitted in contact lenses as a child (ages 12 years and younger) to that of patients fitted as teenagers (ages 13 to 19 years). Of those surveyed, 49 percent were fitted as a child and 51 percent were fitted as a teenager.

Nearly 25 percent of both child fits and teen fits were able to wear contact lenses for as many hours as they wanted. In addition, both child fits and teen fits wore their lenses for more than 14 hours per day (14.8 vs. 14.7), of which more than 13 hours were comfortable. **WO**

Source: Walline, J, Emch, A, Laul, A, Reuter, K, Nichols, J, "Comparison of Success in Contact Lens Wearers Fitted as Children vs. Teenagers"

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Doctor Establishes Practice to Complement, Not Compete

Neuro-optometric practice aligns itself with other therapists focused on function rather than structure

It was by pure happenstance that **Mary VanHoy, OD, FCOVD, FCSO**, became involved in vision therapy. She and her husband, **Donald VanHoy, OD**, graduated from Indiana University (IU) School of Optometry in 1971, where she was the only female in the class. It was the tail end of the Vietnam War, but his draft number came up. She made a quick decision to join the Army also, so they could practice together. While stationed in El Paso, Texas, she found a closet filled with new, unused vision therapy equipment; a previous doctor who ordered it had been deployed to Vietnam. She had been taught by the late **Merrill Allen, OD, PhD**, a vision therapy professor at IU, and she used the equipment with military dependents whenever her schedule permitted.

After two years with the Army, the couple opened an independent practice in Indianapolis, but her husband's sudden death in 1989 changed her plans. She ultimately sold that practice. "I like to say I'm an old doctor starting new." In 2008, she found the perfect opportunity when she opened Eyes for Wellness, a vision therapy-only practice in Indianapolis.

"I picked the name to portray I'm not just about eyeballs but wellness for the entire individual," she says.

It's a holistic approach that extends to her community of colleagues. With her focus on neuro-optometric evaluations and vision therapy only, more than 20 ODs in the area refer their vision therapy patients to her, trusting that she'll send them back or refer other patients to them for eye-wear. She also sends them monthly email blasts with educational topics and a list of her upcoming speaking events.

"Vision therapy is not a cookbook, as the results and testing are not the same every time but dependent upon the patient," Dr. VanHoy says. "That's why some

ODs don't like vision therapy."

She has also developed strong relationships with area physical therapists, occupational therapists, nurses, psychologists and a neurologist/psychiatrist who helps with biochemical testing. "We work together to optimize a patient's outcome. There are a lot of barriers and misconceptions when dealing with learning problems," she says, adding that 65 percent of her patient base is children under the age of 18, although she is seeing an increase in patients over 40 now.

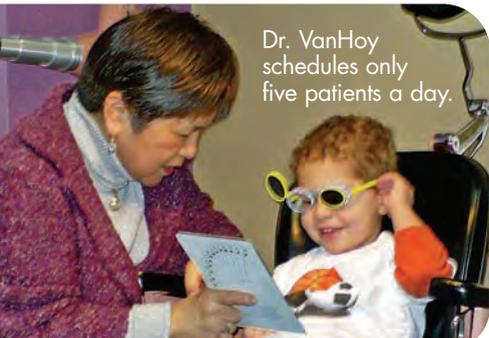
While she seeks out many connections, some find her. A nurse's son was experiencing learning problems and was referred to Dr. VanHoy. The nurse, who also runs a children's learning center, became a referral source herself.

It's an emerging field that fascinates her. She works with children with special needs, such as cerebral palsy, Down syndrome and spina bifida. She's particularly interested in seeing more autistic children and those who have suffered a brain injury. "These are the two areas that are the least served, and people have a misconception about what can be done. Unmet visual needs can cause certain behaviors, and there are objective tests to monitor performance even with nonverbal patients."

Dr. VanHoy sees no more than five patients a day. Each session lasts 90 minutes, and then she develops customized reports and treatment plans for these patients. She works four days a week, "but I earn more than I did with four doctors and a staff of 16," she says. It's hard work, and it can be heartbreaking, too. "One of the saddest things is when a patient says, 'Why didn't they tell me this 10 years ago?' Or some parents feel guilty because they passed a condition on to their child. The good news is that we found the problem and can do something about it," she says. "I get up every day excited to go to work, and I can't wait to see the schedule." **WO**



Dr. VanHoy uses a holistic approach to vision therapy.



Dr. VanHoy schedules only five patients a day.

Learning the Field

When she opened her first practice, **Dr. Mary VanHoy** received many unusual inquiries about children's vision. "Parents came in asking, 'Does my child see backwards or upside down?' But I didn't learn about dyslexia in optometry school," she says. So she used her GI Bill to take courses in educational psychology at Butler University. In her early years of practice, she also learned about the Optometric Extension Program (OEP) and developmental vision, and when her classmates discovered she was a practicing OD, they wanted to learn from her as well. "Other than classic vision therapy with its structural model, we weren't exposed to OEP because it may have been taboo," she says. "Integrating help from other fields was new, as was a more functional vision model." **WO**

Women In Optometry June 2011

Vision Leads Foundation

Last year, **Dr. Mary VanHoy** and many optometric friends and colleagues mourned the loss of **John Streff, OD, DOS, FCOVD, FAAO**, a pioneer in the field of behavioral optometry. Together they've founded the Vision Leads Foundation, a not-for-profit charitable corporation, to accept and administer charitable donations to improve the access of vision therapy for visual improvement and welfare of America's citizens. The organization follows the late Dr. Streff's vision and message that stated, "When vision works well it guides and leads; when it does not, it interferes." Find out more at facebook.com/vision.leads.foundation. **WO**



Most women ODs report that career brings personal and professional contentment

Most women ODs are quite content with their careers, according to an online survey conducted by *Women In Optometry*. Fully 50 percent of the 400 women who responded said they are very satisfied, and another 32 percent said they were somewhat satisfied. Similar percentages said they expected to be in the same professional position five years from now as they are today.

A majority, 77 percent, of women ODs said the quality of patient care they deliver

graduate put it, "I am just better at what I do. I work in several locations (corporate, private practice, fill-in and charity work at low-income clinic) and I have worked long enough that I can go between practices and give the same quality exam. While I am much happier in the locations that take better insurance, have better staff and better equipment, the greatest satisfaction comes from the low-income clinic where the patients really appreciate what I do."

For the majority of women, patient care is the prime reward, with 88 percent of respondents saying it has a positive impact on their overall happiness. The next leading factor, family/work balance, was cited as a positive influence on overall happiness by 60 percent of the respondents.

While optometry is often cited by women as a way to mix career and family life, more than one-in-four respondents said it's a significant struggle that impacts their career satisfaction. These responses came from employed ODs who weren't able to schedule their own time off and from independent practice owners who struggle to find coverage.

Prestige in the community was cited by 57 percent as a positive, as were practice management duties and salary, cited as positives by 55 percent each. While the majority of women ODs feel good about their income potential, 30 percent of women ODs said their salaries decreased their overall career satisfaction. The leading factor contributing to a decrease in career satisfaction is the reimbursement

Continued on page 6

More Control

"Two years ago I relocated and expanded my practice. The more professional environment (now in a medical center versus mall area previously) and the larger square footage has allowed me to grow my specialty of vision therapy, which in return has increased my bottom line and minimized the effect of managed care, legislative issues and competition because I've developed my niche. Feeling that the care I provide is changing people's lives is ultimately the most rewarding thing. If I have to be a working mom, my time away from my children is spent in transforming the lives of the children to whom I provide vision therapy. I truly am at the best place I've ever been in my career. I see it only getting better."

—2004 graduate

today is better than it was five years ago (or since they started practicing, if they were newer graduates). The factors that most said improved the quality of care in this period is better instrumentation (84 percent saying it has had a positive impact), followed by staff (64 percent) and the total patient care model (61 percent).

The factor that 52 percent of respondents said has decreased quality of care is managed vision care, followed by the legislative environment (38 percent).

As one 1989

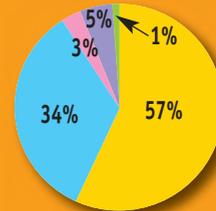
Factors That Impact Quality of Patient Care

	Improved quality	Decreased quality	No impact
Diagnostic instrumentation	84%	2%	14%
Staff	64%	13%	23%
Total patient care model	61%	5%	34%
Electronic medical records/office software	50%	7%	43%
Different/better physical location	42%	6%	52%
Competition for patients	25%	18%	57%
Legislative environment	21%	38%	41%
Managed vision care/health insurance	12%	52%	35%

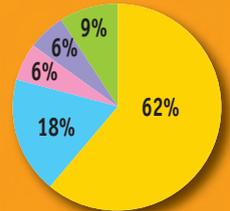
Totals may not add up to 100% due to rounding.

Who's Content?

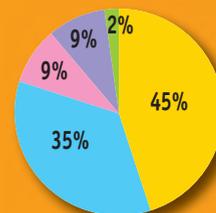
Full-time practice owners



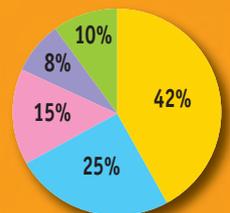
Part-time practice owners



Full-time employed ODs

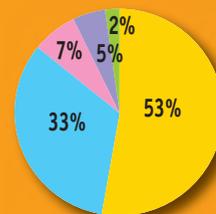


Part-time employed ODs

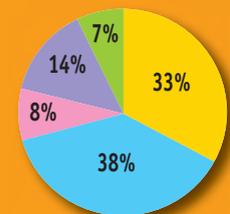


By practice setting

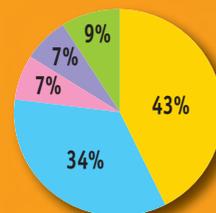
Independent optometric practice



Corporate-affiliated practice



Ophthalmology practice



- Very satisfied (I recommend it highly.)
- Somewhat satisfied (There are good opportunities for the right personalities.)
- Neutral (It's complicated.)
- Somewhat dissatisfied (It's not what I expected or it's changed.)
- Very dissatisfied (Wishing for a do-over)

Continued from page 5

environment, cited by 59 percent as a negative.

Several respondents wrote that they worried about the direction and perception of the profession. One OD who works part time in both a corporate and an independent practice wrote, "I have little control over the hours I work. We must be available when patients want to come in, and that is on the nights/weekends. People have no problem taking their kids out of school to go to the dentist, but we made it easy for them to expect us to be there when they want us to be." Several others wrote that the employer-imposed or self-imposed pace, often to pay back student loans, was discouraging.



Dr. Torgerson

But some, like **Nancy Torgerson, OD, FCOVD**, of Seattle, loves the serendipity of the career. "My career satisfaction comes from seeing the differences in lives—through vision therapy. I've had the opportunity to teach a two-day course for a special education conference. I've been able to travel and to teach on vision and learning and vision and autism. I've been to Mexico City, London and throughout the states. Who would ever have thought I'd be able to do all of this while being able to help others?"



Dr. Wolbert

Another respondent, **Jamey Wolbert, OD**, of Sumter, S.C., says the flexibility of the career has been a highlight. "I am a military spouse and therefore move around a lot. Despite the inconvenience of getting licensed in different states, I have

Men ODs Also Satisfied with Careers

About 10 percent of the respondents to each *Women In Optometry (WO)* survey are male; this particular survey drew enough responders that *WO* wanted to see how the numbers compared. Overall, men are very satisfied with their professional lives, with 41 percent saying they were very satisfied and 37 percent saying they were somewhat satisfied—slightly lower percentages than their female colleagues. However, 17 percent of the men said they were either very or somewhat dissatisfied—a higher percentage than the women. In fact, 30 percent said they would prefer or have definite plans to be out of their current professional position in five years.

Men also listed diagnostic instrumentation, total patient model and their staff as the leading factors that have improved their quality of patient care. Top factors improving the career satisfaction among men were patient care (80 percent), ability to influence policy (56 percent), practice management and family/work balance (54 percent each) and prestige in the community (51 percent).

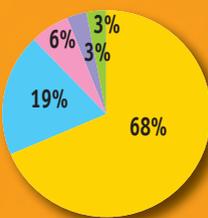
Eighty-eight percent of the men are either full-time practice owners or full-time employed ODs. Nearly 60 percent reported they worked in an independent practice setting, 20 percent in a corporate setting and 15 percent in the military/government or public health setting. **WO**

found the profession to be very flexible, and I've been able to experiment with different modes of practice as I move around. I have also had the privilege to meet many optometric and ophthalmologic colleagues, work with them and learn from their expertise and experience." **WO**

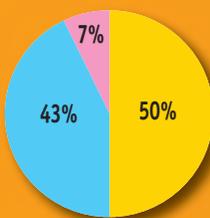
Who's Content?

By practice setting (continued)

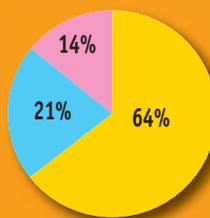
Multidisciplinary/HMO/clinic



Research/university

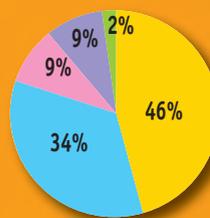


Military/public health

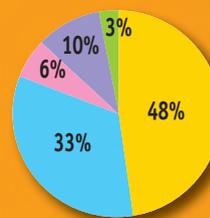


By decade of graduation

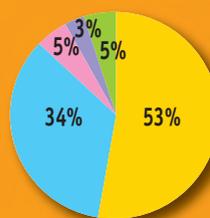
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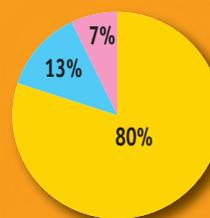
1999-1990



1989-1980



1979 and earlier



Factors That Impact Overall Career Satisfaction

	Improved quality	Decreased quality	No impact
Patient care	88%	4%	9%
Family/work balance	60%	27%	13%
Prestige in community	57%	7%	36%
Practice management	55%	28%	17%
Salary	55%	30%	15%
Ability to influence policy	43%	22%	35%
Ability to influence industry/profession (through teaching, R&D, industry position)	28%	14%	58%
Reimbursement environment	14%	59%	27%

Totals may not add up to 100% due to rounding.



A More **Open-Door** Curriculum

Professor wants students in clinic settings earlier in optometry school career

When **Pia Hoenig, OD, MA, DBO(T), FAAO**, chief of the Binocular Vision Clinic at University of California, Berkeley, was approached by a group of second-year optometry students who wanted to gain additional clinic experience, she thought it was a great idea. It would benefit her to expose students to children's vision and the neuro-optometric specialty earlier, and it would provide students with a chance to gain important perspective.

As a result, students now have their first dose of rotations through this tertiary eye care clinic—which sees children with binocular vision issues as well as more complex cases of children with significant learning challenges, mild traumatic head injuries, strokes and other neurological problems—in their second year. This academic year, the earlier clinical rotations became a part of the established curriculum, and the idea grew from that first student-initiated request made three years ago. Dr. Hoenig says not only may it help clinic patients, it definitely adds value to the educational experience. “If you’re going to survive in private practice and offer specialty/tertiary eye care services, you need to know what you’re doing. You need to have clinical exposure, not just academic knowledge from class.”

Here’s how the tiered approach works now.

All second-year students sign up to work two short rotations in the binocular vision clinic, once at the beginning of the semester and once toward the end. Dr. Hoenig takes four or five students at a time and they focus on one particular patient. “We prep the chart together, see the patient, enter the data in the electronic medical record and work on the write-up together.”

All third-year students rotate through the clinic two full days in a two-month period. “We work in groups of two or three, and students have a chance to prep ahead of time. They’ll know who the patients of the day are, and we hold a seminar where they come in and report on those patients,” says Dr. Hoenig. “It’s hands-on from a faculty perspective, but the student is empowered to do clinical work that day.”

Fourth-year students rotate through the clinic one day a week for the two-month semester. “By this point, they’re handling the patient care by themselves. But as a result of

Students asked Dr. Hoenig to introduce them into the clinic sooner. She ran with the idea.

the earlier exposure, the cases they can see now are more complex,” she says.

Dr. Hoenig, who had 17 years of private practice experience before joining the faculty, believes that the desire to participate in patient care is a strong motivator among her students. But when schools wait until the fourth year to introduce clinical rotations, the complexity of patient care can be a shock.



Team care: experienced faculty work with students

Students begin to see all the steps involved—communicating with the patient and referring sources, writing letters and care plans and understanding the billing. “It doesn’t matter when you start, the first time around is hard. So the sooner you bring students into a clinical setting, the more comfortable they will be,” she says. She’s certainly sympathetic to the bewildered second- and third-year students, but she sees positive results as fourth-year students handle themselves much more adeptly because of the earlier hands-on experience. And it has also resulted in a greater interest in children’s vision and binocular vision. “We have had more interest in our residencies and in students saying they were interested in this as an emphasis of their practices.”

She adds that both the optical dispensary and the primary care clinics at the school offer a similar program of earlier exposure in a team-care learning experience. “It’s team-care, experienced faculty working with these novices so they can solve problems together.”

These initiatives represent an ongoing goal at the school and are strongly supported by the leadership at the optometry school. Dr. Hoenig also is thankful that her junior faculty colleagues have stepped up to teach less-experienced students. “This requires passion, tenacity and flexibility on their behalf as well,” she says. “I want what’s taught in my lectures to be linked to the lab. I’d like to expose them to the clinic so they can see what’s needed in the community. It’s a flow up and down. When the community demands new services, we need to teach more in the curriculum, and the trends in children’s vision and binocular vision services need to be reflected in what we offer in the clinic,” she says. That can be challenging within the framework of a university, but the process is the same as what will be required of students as young practitioners. “You have to be flexible, listen and work with all the different components to fill the need of your community.” **WO**

Listening Is Important in Effective Communication

These three optometrists attended The Vision Care Institute™ (TVCI) in 2008. The communication skills they learned during the interactive sessions have helped them in their careers.



Bridge the Cultural Gaps

By Whitney Catanio, OD, Providence, R.I.

I work in a fast-paced, high-volume group practice with a large Hispanic and Portuguese population. I speak enough Spanish to perform an eye exam and have a little chat. Although I am not fluent, I try to pay close attention to the important verbal and nonverbal communication skills that have helped me and, more importantly, increased patient satisfaction.

I think a welcoming smile and a firm handshake are a great way to start an exam and open a trusting doctor-patient relationship. Even if I use the wrong tense of a verb or forget how to say something, my patients seem to appreciate that I am trying to help them and make them feel more comfortable by speaking in their native language.

My body language and tone changes, depending on whether I'm explaining that a patient's eyes are healthy or trying to convey the importance of following my treatment plan for ocular disease. Bilingual pamphlets on a wide range of conditions and tests and a fully bilingual staff are also extremely helpful.

I gained perspective because the interactive TVCI session brings students and doctors together from all over the country and also allows you to learn different aspects of practice from a variety of people. Best of all, some of the friends I made at that session have become part of my professional and personal circle.



Pay Attention to Subtle Clues

By Annie Oesch, OD, Grand Rapids, Mich.

Communication is, without question, one of those core skills needed to maintain a healthy relationship with both your patients and the people working alongside you in the office. All patients have unique needs and expectations that must be considered if they're going to be happy with the service and experience.

I look for those subtle—and sometimes not-so-subtle—clues from each patient that guide me through our time together. So much of communication is watching and listening, simply being aware of what patients need from me. I want them to leave my office knowing that they'll be returning next year. If I can give them that feeling in the first five minutes of our encounter—even better!

It starts with a smile and friendly greeting at check-in, which can set the tone for the entire experience. In the exam room, I listen to patients or ask questions in the right way to

create a comfortable place for them to communicate their needs to me. The transition to the dispensary must continue the positive experience. If a patient is allowed to experience that 'fish out of water' feeling at any point, it's realistic to say that he or she is more likely to seek a more comfortable or accommodating practice for the next exam.

I recommend being aware of the moments in the exam room with a patient who doesn't feel 100 percent comfortable. Slow down and consider whether you're doing everything you can to make the experience a positive one. Ask yourself whether there are cultural considerations. Are you meeting expectations or overlooking a concern? We really have to try to make a comfortable place for everyone we see, and that means being respectful and understanding in these delicate situations.

Expand Your Outreach

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

Sometimes a moment of inspiration can have a long-term impact. That's how I feel about my experience at TVCI. Initially skeptical that the program would be product-oriented, I was pleasantly surprised to see that the guest speaker was a communications expert who was dynamic and energetic. She interacted with everyone and got the audience involved. Her entire presentation about communication, including eye contact, body language and how to present yourself, replays in my mind's eye. I wanted to be able to connect with people like she did.

I've had the chance to practice those skills as an adjunct clinical faculty member at Michigan College of Optometry. I've used them in interviews, one of which successfully brought me to VISTAKON® as manager in the medical affairs department. And in that role, I use those skills to interact with audiences of professionals at various corporate events.

Although I am on a larger stage, what I learned would be just as important as if I were sitting in an exam room with one patient. Your image and presence is key to the patient experience. Your presentation must be just as effective or you'd be wasting your own time as well as your audience members' time.

I encourage you to explore the opportunities to communicate effectively to as broad an audience as possible. That includes your community of colleagues in local and state professional organizations, your network of health care workers and your community at large. As you discover areas of interest for which you have a passion, speaking out and communicating your vision becomes easier, especially as you find others who share your interest. By connecting with others and expanding beyond your day-to-day experiences, you can discover new and exciting paths.



By Luck or by Good Preparation, Doctor Finds Her Niche

Packaging engineer-turned-OD uses her experience to apply service standards to her practice

Michelle Calder Cardwell, OD, knows she's lucky in her Northville, Mich., practice. Where some doctors struggle to bring patients back on a yearly basis, it's not unusual for Urban Optiques' customers to visit the shop once a month, picking up a new pair of eyeglasses during their visit.

Dr. Calder Cardwell considers herself lucky in another way: the fortuitous way she found this practice. On her last day of optometry school at the Michigan College of Optometry, a faculty member mentioned she knew of a practice that was for sale. Dr. Calder Cardwell spent the next two months developing a detailed plan for building up the practice's business, since the current owner had been in semiretirement for 10 years and most of the patient base had atrophied. But when she went to meet the owner, their visions didn't align. "He was looking for something that was out of synch with what I wanted," she says. And Dr. Calder Cardwell could not secure a loan, regardless of the capital she had saved up for the investment. Disappointed, she moved on to her next plan—leasing space from a practice to start building a patient base.

That same day, she visited Urban Optiks, as the business was then called, and experienced one of those moments where everything feels right. "The place was perfect, and I knew this practice was for me," she says. "It was fun, urban, shabby-chic with the most beautiful frames you could ever find." She had walked in feeling discouraged, but the mood of the practice burst through and thrilled her. She spoke to then-owner, **Rob Diegel, OD**, who said he wanted to sell to eliminate a long commute and tend to his other practices. Even more amazing, they struck a more favorable deal than what she had offered the previous OD. "The structural bones were there, and he offered seller financing, which is impossible to get in this economy," she says. "The whole concept was what I was looking for. It was the perfect fit, and it felt right."

The transition of ownership ran smoothly: Dr. Calder Cardwell received her license in July 2009, started seeing Dr. Diegel's patients by August, and the purchase was complete by November. Since then, she's been adding her mark to a practice that was already pretty close to ideal. She renamed it Urban Optiques, and she's a believer in implementing a process to result in excellent patient and customer service. Here are some of the steps she has taken to improve the service process.

Strive for stable staff.

Dr. Calder Cardwell wants her patients to be greeted by the same, smiling staff members at each visit. After trying out a few candidates, she found her current office manager, **Lindsey Champine**. "Lindsey is fantastic; she's my right arm and she can read my mind," she says. "Customers start to trust you and come in for repeat business, buying new eyeglasses every month because

they can't find these fantastic frames and our level of service and quality unless they go to Chicago." Dr. Calder Cardwell also works with interns, undergrads and occasional optometry students who step in to help as opticians.

Find a reliable lab. "We send everything out, so finding a good lab was crucial," Dr. Calder Cardwell says. A majority of her patients wear progressive lenses, so she needs to guarantee that her recommended lenses and frames work well together. "When people are spending \$600, \$800 or \$1,000 on a frame, we need lenses that will keep up and allow patients to see as clearly as possible," she says. Dr. Calder Cardwell says that while no lab is perfect, she sought a consistent level of quality and quick resolution of mistakes. She found her match several months ago, and now this lab does a majority of her eyeglasses.

Monitor the business. Dr. Calder Cardwell's former career as a packaging engineer in the automotive industry helps her

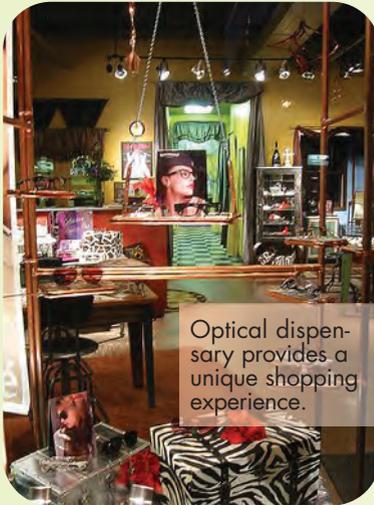
manage her business.

"Engineers are highly organized and structured and have to create spreadsheets with complicated formulas and processes," she says. She put her skills to use developing about a dozen new forms for patient history, exam information, dilation consent, medical records, final inspection of eyeglasses and more. Her experience working at a bank also contributed to her business success. Urban Optiques continues to grow, and Dr. Calder Cardwell expects to hire a business manager as soon as the numbers reveal it's time.

Evolve for your patients. "We are always changing and trying to find out what's best for our patients," Dr. Calder Cardwell says. When she had a desk job, she shared the pet



Dr. Calder Cardwell says everything felt right when she finally found a practice to purchase.



Optical dispensary provides a unique shopping experience.

Designing a New Future

"The first job I ever wanted was to be an optometrist," says **Dr. Michelle Calder Cardwell**. As a child, she had undergone additional testing after signs indicated she was at a higher risk for developing glaucoma. Those early impressions, along with her interest in science and biology, made it seem like a perfect career. But in high school, the idea of an additional eight years of education seemed daunting. "I didn't get the best advice when I was told my plan to be an optician first wasn't the best route."

So she became a packaging engineer and worked in the automotive industry for seven years. She enjoyed it, but optometry was never far from her mind. She had the chance to attend optometry school, so she tackled her remaining prerequisites and quit her job. "I waited to tell my parents until after my first semester because I wanted to see how it would work out," she says, laughing. "I did really well and was fascinated with everything I was learning." **WO**

peevish of many individuals with 9-to-5 careers—trying to find a doctor open after work. Her evening hours are just one way she caters to her patients' needs. Dr. Calder Cardwell also pens the Visionista blog where she discusses trends in fashion eyewear and optics, and she was invited to write a VSP monthly e-newsletter, for which she answers commonly asked questions. "We pride ourselves on providing full service and a great experience for everyone who walks in the door," Dr. Calder Cardwell says. "We're a fun, little optical shop, and we love what we do." **WO**

Madam President

Journey includes raising two sons, running two practices with her husband and thinking continually about the future of the profession



Be careful what you offer. When **Dori Carlson, OD, FAAO**, and her husband, **Mark Helgeson, OD, FAAO**, moved to Park River, N.D., in 1990, the couple approached the North Dakota Optometric Association (NDOA) for help in figuring out coding and billing nuances in the state. “The NDOA was so helpful to us, so I said, ‘If we can help, let us know,’” she recalls. The call came—and one thing led to another and another. Now, Dr. Carlson is poised to become the next president of the American Optometric Association (AOA)—and the first woman to hold that position in the organization’s 113 years.

It seems likely that another woman will follow in the not-too-distant future. **Hilary Hawthorne, OD**, of Los Angeles, and **Andrea Thau, OD, FAAO, FCOVD**, of New York City, are on the board of trustees—from which executive board members are selected. And the way to this top spot was paved by women, including five who have served on the board of trustees, one of

whom, **Dawn Kaufman, OD**, advanced to the executive team position of secretary/treasurer in 1994.

Dr. Carlson’s introduction into the optometric legislative limelight was almost a timid one. Soon after settling in the state, a representative from the NDOA asked if she’d be willing to testify before a state congressional committee. “I said no,” she recalls. “I was so intimidated by public speaking.” But the group convinced her she’d be fine and she nervously read her testimony. Then the questions started, and suddenly Dr. Carlson felt fully at ease. She’s been fairly comfortable in the spotlight since—even when the heat is intense, as it has been regarding certain issues, such as board certification.

Her timing seems ideal, as one of the key issues likely to face her presidency is also one of her passions: children’s vision. If children’s vision exams conducted by an eye care professional, as opposed to a screening in a pediatrician’s office, becomes identified as an essential benefit, then that would mean that every state health insurance exchange would need to include that benefit. “We estimate that if that passes, 11 million children who didn’t have access to care before would,” she says.

In April, Dr. Carlson returned from a two-day, AOA-led School Readiness Summit, an idea she started working on several years ago. It brought together doctors, nurses, educators, public health experts and children’s health advocates to talk about how to improve children’s school readiness. “It was amazing to see the passion that these people—who weren’t optometrists—had in their belief that comprehensive eye exams for school-aged children are a key element of ensuring school readiness.”

She and her husband have been strong advocates of the AOA InfantSEE program since its inception, even though their county reports only about 70 births a year. “My patient population is primarily older, but we made this commitment to see as many children as we could,” she says. Her rural setting, two hours away from Fargo, makes that need even more apparent when she works with patients with untreated amblyopia now facing glaucoma or other eye diseases connected with aging. “They’re facing vision loss, often in their good eye, and it’s frustrating because the amblyopia could have been treated years ago,” she says.

Another initiative of Dr. Carlson’s is her whirlwind 20/20 Tour—visiting 20 optometry schools in the U.S. in 20 months. In May, she completed the ninth one. “We were brainstorming ideas about how to succeed better in transitioning student members to full-fledged members. Sort of as a joke, someone said, ‘Let’s put Dori on the road.’ It seemed like a good idea at the time,” she says, laughing. Despite the grueling pace—as none of the schools are near North Dakota and the window of opportunity is small—she’s enjoying it tremendously. At each school, she has three meetings. Her first audience is with administrators and the second is with the faculty. The third is with all students who are on campus and can come, typically first- through third-year students. “It’s not a lecture as

School Readiness Summit

The School Readiness Summit held in Washington, D.C., in April, resulted in the development of a joint principles statement supporting “comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach to addressing children’s vision and eye health issues and as a key element of ensuring school readiness in American children.”

The following groups signed the statement: American Association of Diabetes Educators, American Federation of Teachers, American Optometric Association, American Public Health Association, Association of Schools and Colleges of Optometry, Council for Exceptional Children, Foundation for Eye Health Awareness, HOYA Vision Care, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Commission on Vision and Health, National Education Association’s Health Information Network, National Head Start Association, National Rural Health Association, Prevent Blindness America and The Vision Council. **WO**

Some High Points

- ❖ Graduated in 1989 from Pacific University College of Optometry
- ❖ Completed a residency at the American Lake and Seattle VA
- ❖ Moved to Park River, N.D., to open an independent practice with her husband, **Dr. Mark Helgeson**, in 1990
- ❖ Elected to the North Dakota Optometric Association board of trustees in 1993
- ❖ Son **Seth** was born in 1996
- ❖ Served as president of the North Dakota Optometric Association in 1998, becoming the first woman in that position
- ❖ Volunteered on the membership committee of the American Optometric Association (AOA)
- ❖ Son **Ian** was born in 1999
- ❖ Was elected to the Board of Trustees for the American Optometric Association in 2004
- ❖ Becomes the 90th president of the AOA in June 2011



Despite hectic schedule, Dr. Carlson still sees patients when she can.

much as it is a motivational talk. I call it *Life's Little Lessons for Optometry*. 'Be the first to say hello' is one of them," she says.

As the doctor, you're on stage when you're with patients. They judge your performance, and one of the ways you can reach out quickly is to be the first to say hello, she tells them. She sprinkles her conversation with anecdotes and stories from her own career. It's a combination of empowerment—"Ask for a raise when you feel like you've earned it"—and general advice—"Leave everything a little better than when you found it." For students, that applies as readily to the daily attitudes in a first job as it does to patient care.

She also encourages them to apply that attitude to organized optometry. Just as she walks in the paths of those who went before her, she hopes that these students will become leaders in their communities and in the optometric profession. "You don't have to participate at the level I do," she says, "but it's important to participate at some level." Simply joining the organization at the local, state and national level is the first step.

The organization keeps evolving, she says, even though its mission remains the same—to advocate for the profession of optometry. She recalls serving on the information and technology project team where they discussed how the new concept of email addresses might change the way the organization communicated with its members.

Dr. Carlson and her family have adapted, too, to the frequent demands of travel and time away. Her sons, who were strapped into car seats as infants and driven to NDOA meetings, recognize that their mother is about to put another crack in the glass ceil-



Sons Seth and Ian accompanied Dr. Helgeson and Dr. Carlson to the 2010 AOA meeting.

ing. They accompanied her to the 2010 AOA meeting, but that was the first time they've been to one. "I don't have time to be a parent," she says of much of her travel. But when she can combine her trips with educational side ventures—such as a trip to Gettysburg or the Baltimore Harbor—she will take them along. When she's away, they get on Skype. "We've been having great conversations that way," she says. And she still sees patients as much as her schedule allows. Dr. Helgeson shoulders the load at the office and at home—a sacrifice on his part that she appreciates enormously. Neither one anticipated the path would lead where it did, although her decision almost 10 years ago to run for a trustee position put her squarely on that route. It's been a long journey, but she offered her help and the NDOA and then the AOA took her up on it. **WO**

To contact Dr. Carlson, email dmcarlson@aoa.org.



The Lure of a 4-Foot Raccoon

Dr. Dori Carlson and Dr. Mark Helgeson were living and practicing in Seattle, a long way from their hometowns in Minnesota and North Dakota, respectively. Someone from tiny Park River, N.D., contacted them, asking them if they'd come take a look at the place, as the only OD in town had retired. After the visit, "the pressure started," recalls Dr. Carlson. The local newspaper editor started mailing them weekly issues of the paper so they could get to know the town. The plumber and the Methodist minister took a videorecorder around the town, narrating sights and events. A town representative offered to fly them back for another trip, around Thanksgiving, so they could visit their families, too. They agreed.

Then in one of the weekly installments of the paper, they read a story that the town was raffling tickets for a four-foot stuffed raccoon. Proceeds would go toward the cost of the plane tickets for the young OD couple who were thinking of coming. When a town wants you so much they'll raffle off a raccoon, it's hard to say no. In addition, the hospital offered them a rent-free space to start the office and hospital privileges. Three years later, they purchased a second practice from a retiring OD in Grafton. They have since added an associate, **Michelle K. Carter, OD**. **WO**

The 20/20 Tour



Read updates from **Dr. Dori Carlson** as she blogs about her 20-optometry-school tour in 20 months at dori20-20tour.org. **WO**



Get Your Contact Lens Dispensary in Shape for Summer

Follow a fitness plan for contact lens management to maximize patient satisfaction and capture rate

By Beverly Korfin, MBA

The midway point of the year provides a chance to reflect on your practice performance to date while you still have time to make corrections. Even if you're meeting or exceeding goals, opportunities remain to maximize your contact lens management practices to ensure top prescription capture rate, patient satisfaction and overall profitability. These metrics can help.

Calculate the contact lens prescription capture rate.

This metric provides a view on the overall success of the contact lens component of the practice. In its publication *Best Practices of Contact Lens Management*, the Management & Business Academy™ (MBA) finds that the average contact lens capture rate for independent practitioners is about 76 percent. In other words, independent practitioners are losing about one-fourth of the contact lens prescriptions they're writing to other contact lens providers. Calculate your capture rate by dividing the number of patients who purchase contact lenses in your practice by the number of patients for whom contact lens prescriptions are written. Once you begin measuring this number, you can begin improving it.

Change the mix. Patients may choose to shop their contact lens prescription because they've become so accustomed to seeing their lens brand offered at discount prices in the mass media and on the Internet. That can happen when practitioners continue to prescribe

the same lens brand year after year, only updating the prescription. Explain the advances in contact lens materials and designs so patients understand that contact lens technology—just like every other

technology—evolves. The MBA offers the guidelines above for setting goals on improving your product mix.

Notice that the high-performance practices are prescribing primarily monthly replacement silicone hydrogel lenses or daily disposable contact lenses to their spherical lens patients. The soft toric and soft

Lifestyle Recommendations

Lifestyle/history/benefits desired	Recommendation
Currently wear lenses comfortably for 12 hours daily; asymptomatic	Monthly silicone hydrogel lenses
Want to sleep with lenses on or frequently wear 14+ hours per day	High-Dk silicone hydrogel lenses
Convenience-oriented; frequently complain of lens discomfort from allergies or contaminants; occasional lens wearers, new lens wearers	Daily disposable contact lenses
Want enhanced appearance with new eye color	Color contact lenses

Source: Best Practices of Contact Lens Management

multifocal lens percentages are also significantly higher.

Prescribe based on lifestyle. Ask the questions that will allow you to make a benefit-oriented recommendation about the

contact lens or contact lenses most likely to offer the best performance to each patient. Questions about the patient's lifestyle, history and desired benefits will lead to that.

Make it convenient for patients.

Patients may purchase elsewhere because they have the perception that it's either inconvenient or costly to purchase their contact lenses from

you. Show them how you make it easy. Do you offer shipping to the patient's home or office? If not, can you hand patients an annual supply of lenses at checkout, so they don't have to come back for them? Do you display the best-value option and offer price incentives on annual supply purchases? Do you have a web store where patients who want to explore online can still purchase from you? And does your office staff articulate the other advantages of buying directly from your practice? If you offer an emergency lens service or will repurchase boxes if patients' prescriptions change, make sure they know the value you add to the transaction.

Make it convenient for staff. The fewer steps there are in a contact lens transaction, the better for your staff. Some practices maintain a virtual inventory by using a distributor to ship directly to patients' homes or offices. Others make sure they have a sufficient in-office inventory to dispense annual supplies of commonly prescribed spherical lenses. It's unwieldy and impractical to try to maintain full inventories of each brand of spherical lens. Instead, focus on an inventory of the top one or two preferred brands and keep that stocked to maximize annual supply dispensing at the time of the exam.

You can download the newly updated 2011 version of *Best Practices of Contact Lens Management* at mba-ce.com.

Beverly Korfin is Senior Manager, Marketing Operations at CIBA VISION®



On wovonline.org

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

Soft Lens Product Mix Benchmarks

	Average Independent Practice	High-Performance Practice
Percentage of patients in this type of lens		
Silicone hydrogel lenses	55%	75+%
Soft toric lenses	17%	25+%
Soft multifocal lenses	5%	15+%
Daily disposables	12%	25+%

Source: Best Practices of Contact Lens Management



OD Finds Practice Landscape Can Change Quickly

Claire Pizzimenti, OD, knows that everything doesn't always go according to the original plan. After she graduated from the University of Houston College of Optometry in 1990, she planned to complete her residency at West Side VA Medical Center (VAMC) in Chicago. Next, Dr. Pizzimenti had two goals: to start her own independent practice and to become the first female president of the American Optometric Association (AOA). However, during her residency she realized she loved working with the geriatric population and teaching students at the VAMC. Therefore, she ultimately headed down a much different path. (She thanks AOA President-elect **Dori Carlson, OD**, for reaching the leadership goal to which she once aspired.)

Her optometric career provided great flexibility for Dr. Pizzimenti as her children were born and growing up. She and her husband, **Joe Pizzimenti, OD**, have three children ages 17, 13 and 9. "You can make it work with your life," she says, detailing the variety of options available for female optometrists with families. Those came in handy for her. During the past 21 years, Dr. Pizzimenti has worked at two VAMCs and an ophthalmology practice, homeschooled her children in a foreign country, become a breast cancer survivor and started a new business with her husband. But she's spent the last five years away from clinical optometry, for the most part.

Now that the youngest of their three children is 9, she's finding it a bit of challenge to step back onto the career path. "A woman's career path is not always linear. It goes up and down, and side to side as you balance work and home. I'm glad I've done all these things, but my heart is really pulling me to go back to patient care," she says.

Her first task is to catch up with the rapid evolution that the profession has undergone in just the past few years. "It's not that I've forgotten how to care for patients, it's just that so much has changed. When I worked at the VAMC, I was at the top of my game, and we had extensive privileges," she says. She needs to study the new pharmaceuticals and treatment protocols. Yet the most significant changes are in the technology. Dr. Pizzimenti says she used optical coherence tomography (OCT) and HRT instrumentation occasionally, but that equipment is used routinely now.

Dr. Pizzimenti is taking advantage of the opportunity to prepare for the board certification exam as a means of getting up to speed in many areas. She also has the opportunity

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Dr. Pizzimenti and her husband founded a board certification-preparation business, but she also wants to return to patient care.

Detours on the Journey

Dr. Claire Pizzimenti met her husband, Dr. Joe Pizzimenti, when they were American Optometric Student Association (AOSA) trustees at their respective optometry schools. They were introduced by mutual friends at the AOSA Conference in San Francisco in 1988. After Dr. Joe Pizzimenti graduated from Illinois College of Optometry in 1989, he came to Houston to complete a residency during her last year of optometry school. After she graduated, the couple went back to Chicago for her residency at the VA Medical Center (VAMC). "Once I started there, I loved it," she says. "I realized it was my calling." She stayed there for five years, and the couple, then with a 1-year-old daughter, relocated to Boca Raton, Fla. Her husband became an associate professor at Nova Southeastern University College of Optometry. For five years, she drove more than an hour to work at another VAMC, but the challenge of caring for two young children and the long commute was draining.

So she shifted gears again and found a position in an ophthalmology practice near home. "I continued to work with mostly geriatric patients, so I was very comfortable," Dr. Pizzimenti says of the five years she spent there. "I began full time but was fortunate to be able to cut back to part time after our third child was born." An unexpected opportunity arose in 2006, when her husband was offered a Fellowship with the World Council of Optometry and a teaching role in Poland. So the family picked up and moved for six months, with Dr. Pizzimenti taking on the responsibility of homeschooling their three children until the family returned to the U.S. in January 2007.

"I thought, let me get the kids settled into their routine before I go back to work," Dr. Pizzimenti says. But just as she started to interview for jobs again in early 2008, she was diagnosed with breast cancer. During the year of surgery, chemotherapy and follow-up treatment, "my children were young and needed reassurance that I would be OK. I wanted to be present and take care of them." By 2009, she felt she had the strength and energy to think about going back to work once again.

That's when she and her husband began discussing starting a board certification-preparation business. After the board certificate vote was passed at the American Optometric Association Annual Meeting in June 2009, the couple founded Optometry Board Certified. They launched the web site (optometryboardcertified.com) in January 2010. "He had the vision, and we believed that our combined 40 years of experience teaching students, residents and colleagues prepared us to offer superior exam preparation," she says. "We launched this, but once again, my goal of looking for an outside job was put on the back burner." **WO**

DETOUR



Small Town PRIDE

Christine Scrodanus, OD, spent her first few years as an optometrist on the road, traveling among corporate-affiliated practices in New York to pay off her student loans and bills. She had purchased her paternal grandfather's house on the main street leading into the Village of Saugerties, N.Y., 100 miles north of New York City, with the hopes of turning the downstairs into her private practice.

Her cross-state travels ended up being "the best residency program I could have imagined," Dr. Scrodanus says. From just below the Canadian border to the far southwestern corner of the state and in every borough except Staten Island, Dr. Scrodanus was thankful to be paid to see New York. "There's something unique about every nook and cranny," she says. "But my heart has always been in the Hudson Valley."

Dr. Scrodanus kept her goal in mind, reminding herself, "I love what I do, I just don't like where I am doing it." Since her graduation, she had been communicating regularly with **Damon Pouyat, OD**, an optometrist who practiced on Main Street in Catskill, N.Y., a few miles north of her hometown. When Dr. Pouyat announced he was retiring, an opportunity arose to purchase an established practice near home instead of starting cold.

Dr. Scrodanus took over the practice, striving to make it her own and live up to Dr. Pouyat's reputation. "It's a small, tight-knit community, and it's all about word-of-mouth. People came in and sat in my waiting room just to hear how I handled patients," she says. She recalls one patient who told her he



Dr. Scrodanus feels completely at home in her practice setting.

came in to check out the new doctor for the rest of his coffee group. He scored Dr. Scrodanus' exam with an A. Since her grandfather grew up and worked in the Catskill area, patients who had some connection to him seek her out, too. "Patients come in who know more about my father's family than I ever would," she says. "It's a small town, and being treated as one of their own gives me a great sense of pride."

Dr. Scrodanus recently received the Business Woman of the Year award from the Heart of Catskill Chamber of Commerce. "Receiving the award was a sign of acceptance in the community," she says. "It is a stamp of approval, and I was very humbled to receive such an award." **WO**

OD Finds Practice Landscape Can Change Quickly

Continued from page 13



Dr. Pizzimenti

to shadow her husband at work and see patients in a friend's office. This colleague also has a family and understands Dr. Pizzimenti's predicament. "It's so powerful to hear a mentor say, 'I know your situation because I'm a

woman, too. I'm going to help you because I don't want to see you give up,'" she says. "It's inspiring to see that we can help each other."

Now that she's decided to plunge back in, she's eager to move quickly. "I want to complete these goals and begin working in clinical practice again by the end of the summer. I can't put it on hold any longer," she says. **WO**

Be Flexible

With her strong interest in geriatric patients, Dr. Claire Pizzimenti was at first reluctant when a school nurse asked her six years ago to help with school vision screenings. On the third request, she said yes and began annually screening the 300 students at her children's private school and then added another 100 children from her local Head Start organization.

"If you're flexible and say yes to something, you may find out you really like it," she says. "As a mother, I realize I've made a difference in a child's whole education. I always felt good about helping the geriatric population, and now I have learned that helping kids has a lifelong impact." When Dr. Pizzimenti identifies a child who benefits from eyeglasses or vision therapy, the parents are so appreciative. It makes a big difference for the child and the family.

"Sometimes being flexible throughout my career was out of necessity, and other times it stemmed from opportunity," Dr. Pizzimenti says. "Either way, I have enjoyed the choices I have made and am grateful that optometry has allowed my career path so much variation over the years." **WO**

Filling in the

MISSING



Lyons mascot

Piece

While family eye care is popular in the suburbs, OD saw a need in the city

Chicago is full of high-end optical boutiques and corporate optometry offices, but **Stephanie Lyons, OD**, saw something it was missing. "I wanted to bring family eye care to the city," she says. "It's a common type of practice in many other places, but it wasn't here." In fact, she found few pediatric or vision therapy practices in the city. She saw this as an opportunity to stand out amongst the competition in a saturated market. Parents are drawn to Lyons Family Eye Care, which opened earlier this year, recognizing its kid-friendly appeal by the name and the logo.



A former gallery had all the right features.

Dr. Lyons had her eye on this goal a few years into earning her degree at Illinois College of Optometry (ICO). She and her husband and high school sweetheart, **John Lyons**, grew up in the area and spent the two years prior to their opening developing a plan. Dr. Lyons worked part time at a corporate location, getting a taste of running a business and managing staff.

The couple identified regions with lots of children and public schools. Her first lease fell through early last year, but in retrospect, she's glad it did. This past October, she found an even better location: a former art and antique gallery. "The space was completely empty with just four walls and nothing else. We built everything from the ground up." The couple secured financing and John Lyons, who is also the practice business manager, began to

transform the space with a wide-open reception area, optical and children's area with wood flooring. Most walls are either brick or painted a deep orange color. It has two exam lanes in anticipation of future growth.

By design, it's very homey, as the couple chose household furniture rather than typical doctor's office furniture. The staff area in the kitchen includes a big table, used for meals and office meetings. "We wanted to make it a really comfortable place," she says. Lucky and Chance—two schnoodles (a schnauzer/poodle mix)—are regulars in the office.

Before she even opened, Dr. Lyons started a practice Facebook page, which now has more than 500 fans. She posts news or photos, such as patients in their new eyeglasses, at least once a week. Dr. Lyons mailed a grand opening announcement to people living in the area, as well as local business owners and school nurses. The couple continually reaches out to the community, contributing to local school newsletters, sending online newsletters and connecting with the gym across the street. "Thanks to our early start and word-of-mouth referrals, we are so far ahead of where we thought we would be at this point," Dr. Lyons says. A friend designed their logo, which incorporates the Y in Lyons into the face of a lion. It impressed her because it didn't look like a typical optometric practice logo, and a lion serves as the practice mascot. Stuffed, toy lions and art can be found around the practice, as well.

John Lyons and Dr. Stephanie Lyons opened their practice earlier this year.



EHR from the Start

Starting out, **Dr. Stephanie Lyons** dove right into electronic health records (EHR). She uses a dry-erase marker and a laminated form for HIPAA and patient information documents—a tip Dr. Lyons picked up in *WO* magazine. "Patients ask, 'Why isn't everyone doing this?' It's so easy, and I save so much paper," she says. Dr. Lyons will link her instrumentation to her EHR system in the coming months, making office processes even more seamless. "All of our equipment is the latest technology," she says, including her three-in-one tonometer/autorefractor/keratometer, automated lensmeter and her automated phoropter. She conducts refractions seated using a pin-pad instead of adjusting dials. By accessing information from the lensmeter, she can show patients their current prescription and her suggested new prescription with the push of a button. And children can relax during the testing by watching movies through the eye piece of the equipment. *WO*



Schnoodles Lucky and Chance welcome visitors.

Like many optometrists, Dr. Lyons was on the fence about an online optical. "It was a big debate, but we knew it was coming. We decided to give it a shot," she says. While Dr. Lyons and her husband don't anticipate it will drive an enormous amount of revenue into the practice, the big advantage is that she can offer more products to patients than she can stock on her shelves. "We're a practice that's really dedicated to technology and being ahead of the curve." After promoting the site by email blast and on Facebook, they received their first online orders.

Even as she's building her six-month-old practice, she is looking ahead, perhaps to becoming involved with ICO's externship program and working with students. She's already hired a first-year student independently of the school program to help as an optician this summer. "I'm excited to give her a look into our office, the practice and pediatrics," she says. *WO*

Charming children's section adds to family-friendly feel.



Women in the NEWS



Dr. Estes-Walker



Dr. Kim

Dr. Estes-Walker & Dr. Kim

Two doctors were recently recognized for their achievements at the Southern College of Optometry (SCO). **Patricia Estes-Walker, OD**, has been named chief of adult primary care at The Eye Center at SCO. Also, **Jeung Kim, OD**, recently joined SCO's faculty.

Dr. Ong

Jennifer Ong, OD, of Alameda, Calif., officially launched her campaign to run for a 2012 position for the 18th State Assembly District. She will run for a position representing the Democratic party. Learn more about her campaign at drjenniferong.com.



Dr. Horn

Barbara L. Horn, OD, of Washington Township, was honored as Optometrist of the Year by the Michigan Optometric Association. Dr. Horn is also running for the American Optometric Association board of trustees.

Dr. Kungle

The Maryland Optometric Association's Young Optometrist of the Year Award was presented to **Jennifer J. Kungle, OD, FCOVD**, of The Center for Vision Development in Annapolis.



Dr. Chown

Rebecca Chown, OD, of Vancouver, was named the 2010 Young OD of the Year at the Washington Optometric Association's annual meeting.



Dr. McMunn & Dr. McCleary

Elizabeth McMunn, OD, of East Lyme, is president-elect of the Connecticut Optometric Association, and **Erin McCleary, OD**, of West Hartford, was recognized as Young OD of the Year.



Dr. McMunn



Dr. McCleary

Optometrist by Day, Writer and Advocate by Desire

If someone had told **Karen Winters, OD**, when she bought her optometric practice in 1992, that someday she'd be a published novelist, she would have been skeptical. A graduate of The Ohio State University College of Optometry, she moved to central New York in 1988 with her husband, **Paul Schwartz, OD**, where they began their lives together, launching their careers as optometrists and raising two daughters. Somewhere in the middle of her midlife crisis, Dr. Winters was moved to pick up her computer and write.

Where Are the Cocoa Puffs?: A Family's Journey through Bipolar Disorder is her third novel she's written and the first to be published. Based on true events, this is a fictionalized story of what a family goes through when a teenage daughter is diagnosed with bipolar disorder. It's funny, sad and thought-provoking—and as real and as raw as mental illness itself. Dr. Winters says her main goal with this novel is to decrease stigma. "I want to reach those who don't know schizophrenia from sauerkraut or bipolar from a baked trout, who'll just say, 'Hey. Cool title. Let's see what it's about.' I want to entertain, and if I sneak a little knowledge and understanding about mental illness in there—well then, I've done my job."

When the Words Resonate

Dr. **Karen Winters** says she knew she hit on the title of her novel as she was writing a scene. In it, the mother, discouraged and frustrated after a particularly difficult day of dealing with her bipolar daughter, had a complete meltdown in the grocery store when she couldn't find her favorite comfort food—Cocoa Puffs—on the shelves.

Where Are the Cocoa Puffs?: A Family's Journey Through Bipolar Disorder, published by Goodman Beck Publishing, is available through all major booksellers and online sources. You can learn more about Dr. Winters (who was accused by a second-grade teacher of plagiarism—an act that kept her from writing for 40 years) and her novel at her author's web site, karenwintersschwartz.com.

Dr. Winters is a board member of the Syracuse chapter of National Alliance on Mental Illness (NAMI)



Doctor's interest in mental health issues results in fictionalized account of family struggle

and an advocate on behalf of people with mental disorders. Since her book's release last fall, while maintaining her solo optometric practice, she's spoken to numerous NAMI groups and conferences, college psychology classes, bookstores, book clubs and radio shows, discussing the effects of mental illness on the entire family and the need for education, empathy and advocacy. With serious mental illness affecting one in four families, very few people are totally unaffected by these illnesses, she says. And yet mental illness remains, for the most part, in the closet. Dr. Winters would like to change this.



Dr. Winters at a recent book signing

"One of the most difficult aspects for families dealing with a loved one's mental illness is the guilt and the shame and the lack of support," she says. "Immediate family members are often alone on their journey with mental illness, alienated by family, friends, school teachers and administrators and the community in general."

Dr. Winters and her husband made the decision a long time ago to work separately as optometrists, each purchasing an independent practice. "We both wanted to do our own thing and run our offices as we saw fit. There's such a thing as too much togetherness! The couple that lives together isn't necessarily great at working together," she says. Dr. Winters owns an office near Syracuse University, while Dr. Schwartz's practice is about 45 miles away in Ithaca. Although Dr. Winters has no immediate plans on retiring from the profession of optometry, writing and advocating for those with mental disabilities has become her passion. "It's wonderful to be in the position to be able to do both. I have the flexibility of working part time and still have time to pursue my other interests. Optometry has been very, very good to me. It's an especially good field for women because there are so many options." **WO**



Dr. Brown



Dr. Wesley

Dr. Brown & Dr. Wesley

Two women ODs were honored by the Minnesota Optometric Association in February. **Marlane J. Brown, OD, FAAO**, who practices in several locations in the Minneapolis area, was named **Optometrist of the Year**.

Gina Wesley, OD, MS, FAAO, of Medina, was awarded recognition as **Young Optometrist of the Year**.

Dr. Virden

Stacie Layne Virden, OD, of Waco, was presented with the **Mollie Armstrong Award** at the Texas Optometric Association meeting.



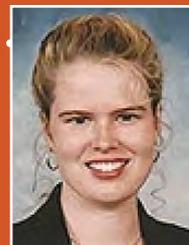
Dr. Krummenacker

Kristen Krummenacker, OD, of Nesconset, N.Y., was recognized on the *Half Hollow Hills Patch* news web site for her visit to a local preschool to conduct vision screenings, play sight games and to read *Randy Kazandy: Where Are Your Glasses?*



Dr. Cruise

Kimberly Cruise, OD, of Marion, Cedar Rapids and Robins was named **Young Optometrist of the Year** by the Iowa Optometric Association.



Dr. Murphy

Mary Anne Murphy, OD, of Broomfield, Colo., returned from a trip to Tanzania with **Optometry Giving Sight**. Dr. Murphy provided education, training and mentoring to local eye doctors working in the public health sector.



Dr. Slaby & Dr. Dentz

Lisa Slaby, OD, of Sobieski, became president of the Wisconsin Optometric Association at its annual meeting. **Amber Dentz, OD**, of Hartland, was named **2010 Young Optometrist of the Year** at the meeting.



Dr. Slaby



Dr. Dentz

Doctor Seeks a More **Holistic** Approach to Patient Care

Nutrition and heart health are common topics for discussion

Kathleen Andersen, OD, has a strong interest in nutrition, but she's struggled over the past 20 years to find the best way to talk about healthy eating with the patients in her Rancho Santa Margarita, Calif., practice. She was confident when it came to discussing eye disease, but she wasn't sure how patients would react when an optometrist tried to share advice on other parts of their lives.

It's important for her patients to be healthy because she wants them to continue to come back year after year. Over her practice's lifetime, Dr. Andersen hasn't been shy to invest in instrumentation that will benefit her patients, get them talking and encourage them to return. Her practice was one of the first independent practices in California to have an optical coherence tomography machine, she's tackling medical billing and she uses an iZon Z-View® Aberrometer



Dr. Andersen

to prescribe crisp, clear vision in high-tech ophthalmic lenses to her patients. Of course each new piece of equipment comes with a learning curve, but Dr. Andersen and her staff survived each challenge. "I feel proud of my practice. It's like one-stop shopping," she says. "You can get a glaucoma workup, get your high-order aberrations fixed and more. I think that's important for people who are time-constrained and can't see another doctor."

But still something was missing. She found the technology she was looking for when she met with **Blaine Ung** of the HeartSmart Technologies Eye Care Division at the American Academy of Optometry meeting last November. When she learned that heart disease was reversible, she knew that intervening could do more than identify a disease. It could save a life. The HeartSmartIMTplus™ is a noninvasive screening that measures the carotid artery intima media thickness using standard b-mode ultrasound to determine the risk of heart disease. For now, Dr. Andersen is only screening patients with risk factors for cardiovascular diseases, such as patients with diabetes or macular degeneration or patients who smoke.

The screening helps start a conversation that Dr. Andersen is eager to have. Despite a regional economy that is slow to bounce back, at least half of the patients she'd like to test see the value for the out-of-pocket costs.

"Sometimes there's a surprised reaction when I inquire about a patient's diet or weight, but I have to explain that I can only do so much by looking inside their eyes," Dr. Andersen says.

At a follow-up visit, Dr. Andersen discusses the screening results (graded on a scale of A-E) and reviews a HeartSmart guide given to these patients to take home. It details heart-healthy and unhealthy foods. She has the opportunity to act as a coach one-on-one and also give the patient additional support by referring the results back to his or her primary care doctor. "It's at the forefront of what optometric medicine has to offer patients these days, and I'm excited to be right there," Dr. Andersen says. **WO**



Staff member using HeartSmart on patient

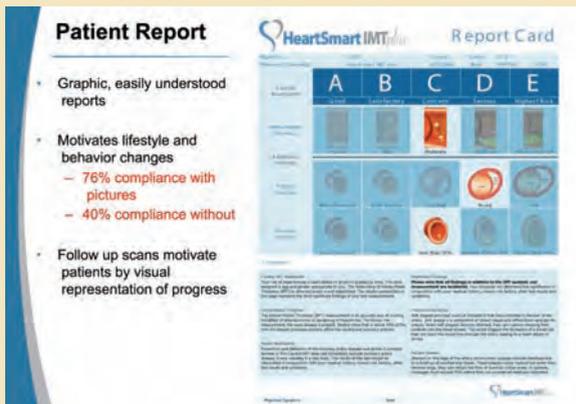
Longtime Connection Has Its Rewards

In high school, Dr. Kathleen Andersen participated in a student exchange program to Turkey through the American Field Service program. She's kept in touch with her host family there and visited several times in the 35 years since she lived with them. Dr. Andersen's closest friend from the family has moved to the U.S., and she is currently employed by Dr. Andersen to help with medical billing. This summer, Dr. Andersen and her family are planning a visit to Turkey to meet with the other members of her host family. **WO**

Women and Cardiovascular Disease

Many women know that they need a breast exam to detect breast cancer, but not many women know that they need to be screened for cardiovascular disease (CVD) to help prevent a heart attack or stroke. The National Coalition of Women with Heart Disease shares that heart disease is the leading cause of death of American women—causing one death per minute among women in 2007. That represents more female lives than were claimed by cancer, Alzheimer's disease and accidents combined.

Despite these statistics, atherosclerosis, the main culprit of CVD, heart attacks and strokes, can be reversed through diet, nutrition and exercise. While educating patients about the connections between eye health and total body health, consider talking to patients about ways to prevent heart disease. For more educational information, visit womenheart.org, and to learn more about HeartSmart Technologies' Eye Care Division, visit heartsmarteyecare.com/optometrists. **WO**



Dr. Andersen uses screening results as a patient education tool.

What's Next?

With everything she does, Dr. Kathleen Andersen has her patients' experience in mind. For the past few years, she's been analyzing electronic health record systems and hopes to find one in her price range and that fits her needs soon. "I'm a visual person, so I want to find a system that works well for me," she says. **WO**



Leaders Needed

By Priti Patel, OD

When I was in optometry school at NOVA Southeastern, doing my residency at Pennsylvania College of Optometry, or even in my first professional position at a busy multidisciplinary practice in Delaware, I had no idea that my career arc would lead me to a leadership position in corporate optometry. I didn't know it existed as an option.

But after 18 months of practicing, I was offered a position as director of professional affairs at Walmart Stores, Inc. There I oversaw the relationship with more than 3,000 optometrists across the U.S. That role taught me so much about the business of optometry. I saw connections and correlations in how we as ODs can help our patients, not only through the eye exams we perform, but through the business side. I learned different facets of the optical industry, from merchandising to operations, as well as understanding the supply chain and how eyewear products ultimately are distributed to the consumer.

Last year, I moved to California to become the vice president of operations and professional affairs at Firstsight Vision, a California-based vision care plan and subsidiary of National Vision, Inc. As such, I interact with all the offices in our plan, analyzing profit and loss statements, reviewing operations and performance, and assist



Dr. Patel

with setting standards, processes and marketing. My goal is to make different business initiatives operate smoothly and effectively. That includes helping the clinics to run more efficiently and provide quality care for patients.

It's an interesting mix of the clinical and the business perspectives, but an essential one. The greater the business success, the more that business can invest. That's true of large organizations, and it's true of small practices.

The perspective I've gained in my relatively short seven-year career is one that isn't generally taught. I sought it out on my own years ago. Now new graduates come to me, wondering if they can and should pursue a similar business-oriented career path.

I'm happy to mentor them, as mentors have played a significant role in my career. No matter what you want to do with your career, look for someone who has been in a similar position or has a skill set you strive for. Perhaps you're trying to achieve some time to be with your children or you're looking to work only a few days a week. Your mentor doesn't have to be an optometrist. Within or outside of your profession are people who have worked through some of the issues you may be working through now.

I hope some of the women ODs whom I've met will choose to follow me—or even take over my role some day. Not right now, though. I still have more to do! But larger and smaller corporations could use more women leaders. The profession of optometry is evolving. There are an increasing number of women ODs and Asian ODs. The face of optometry is beginning to resemble the face of the community more.

However, the leadership positions in corporate optometry and organized optometry don't reflect quite that level of diversity yet. It will come, and those days may arrive more rapidly now as more women have arrived at higher levels of leadership. The American Optometric Association welcomes its first woman president this month—and it is likely that others will follow in the not-too-distant future.

Best of all, women can step into those leadership positions without compromise. Elected or appointed, today's women leaders are in the role because they deserve to be. They have the credentials, experience and enthusiasm to do what's needed. They have a proven performance record, a circle of mentors and trusted advisors who have encouraged them and a commitment to the profession and patients they serve. They weren't chosen because they were women but because their skills filled a need. That's the kind of equality and leadership an evolving profession needs. 

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