

Dedicated to the interests of women ODs

Ready, Set, GOAL!

*Dr. Janelle Davison is making plans
to succeed in practice*





Marjolijn Bijlefeld

Shout Out

The Fresh Start of Fall

There's something refreshing about the fall. The air is crisp. School playgrounds are filled with activity. There's some sense of urgency to accomplish tasks before the days grow cold.

This issue of *Women In Optometry* seems filled with the promise of fresh starts, too. Members of the class of 2011 are settling in as practitioners, residents or in other roles. These young ODs bring their clinical training and enthusiasm into the profession—and it is impressive. Just look at our feature on the top graduates.

Other stories, too, examine the energy of young ODs. Our cover story with **Dr. Janelle Davison** and another with **Dr. Amie Gisbert** show how these young women are cultivating practices that are sure to make an impact in their communities.

That's not the only way to make an impact, however. Our story with **Dr. Katherine Mastrotta**, who serves as a director of a specialty referral center, provides an example of how the dialogue and cooperation between ODs and other eye care professionals can work. It's all about relationships, an angle explored in our story with **Dr. Wanda Tort**, **Dr. Ana Maria Pico** and **Dr. Maria Gorbea**, who not only developed their partnership relationship but also are shifting the way Puerto Ricans perceive primary care optometry.

Be sure to read the results from our latest survey on the continuing integration of medical services into optometric practices. It shows that the vast majority of women routinely treat certain medical conditions, primarily dry eye, ocular allergies and ocular infections. But it also shows significant interest in treating or managing patients with conditions such as glaucoma and age-related macular degeneration.

It's an exciting time of year and an exciting time for the profession. Enjoy the splendor.

Marjolijn Bijlefeld

Marjolijn Bijlefeld, Director of Custom Publications
Practice Advancement Associates

Awards and Kudos

The American Optometric Foundation has announced the recipients of the 2011 Vistakon Award of Excellence in Contact Lens Patient Care, which recognizes outstanding fourth-year student clinicians who have demonstrated excellent overall knowledge of the contact lens field plus skillful, considerate and professional care of contact lens patients during their optometric education. Several women were recipients, including **Stephanie Ratermann, OD**; **Lauren Evonne Quaine, OD**; **Yin-Yin Aung, OD**; **Natalie Cathy Pham, OD**; **Brittany Nelson, OD**; **Lindsey Beth Barouh, OD**; **Veronica Woi, OD**; **Katherine Paulsen, OD**; **Dana Beth Pollack, OD**; **Sheila Karst Morris, OD**; **Pam Satjawatcharaphong, OD**; **Katie Wicks, OD**; and **Tanya Marie Polonenko, OD**. Each winner will receive a \$1,000 award and a personalized plaque commemorating her accomplishment.

The American Optometric Foundation and VISTAKON®, Division of Johnson & Johnson Vision Care, Inc., announced the recipients of several 2011 residency awards. **Christen Kenrick, OD**, of New England College of Optometry, and **Lindsay A. Sicks, OD**,



Dr. Sicks

of Northeastern State University Oklahoma College of Optometry, received the Dr. George W. Mertz Contact Lens Residency Awards. **Jenelle L. Mallios, OD**, and **Yos M. Priestley, OD**, both of the New England College of Optometry, received the Dr. Terrance Ingraham Pediatric Optometry Residency Awards. Each will receive \$4,000 toward her graduate education that includes a \$750 travel fellowship to attend the Annual Meeting of the American Academy of Optometry in Boston, October 12-15. 



Dr. Mallios



Dr. Priestley

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Women In Optometry September 2011





The Contact Lens Correlation

By Beverly Korfin, MBA

How many patients needing refractive correction in your practice would like to wear contact lenses if given the opportunity? If your response is that many would, there might be a disconnect between the services your practice delivers and patient desires. In the average independent practice, only 30 percent of eye exams performed are contact lens exams.

The Management and Business Academy™ (MBA) and First Practice Academy™ (FPA) detailed practice profiles point out the huge opportunity that exists in converting some of those spectacle exam patients into contact lens patients.

Concrete strategies to increasing your contact lens fits and contact

lens-related revenue are outlined and discussed in greater detail in the MBA publication, *Best Practices of Contact Lens Management 2011*.

Annual Revenue and Profit from Soft Lens and Eyeglasses-Only Patients

	Annual per patient	
	Gross revenue	Gross profit
Soft lens patients		
Soft lens purchases	\$110.00	\$51.70
Exam revenue ¹	\$83.75	\$83.75
Eyeglasses purchases ²	\$70.24	\$42.84 ³
Total	\$263.99	\$178.29
Eyeglasses-only patients		
Eyeglasses purchases ³	\$93.93	\$57.29 ⁵
Exam revenue ⁴	\$41.40	\$41.40
Total	\$135.33	\$98.69

¹Average interval 18 months

²Assumes 80% ever purchase eyeglasses; average interval 34 months, average purchase = \$199

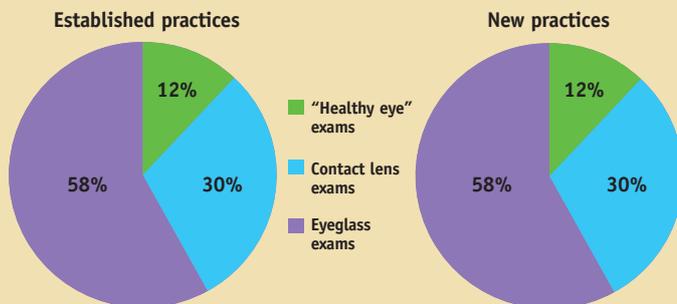
³Average interval between purchases: 29 months; average purchase = \$227

⁴Average interval 26 months

⁵Average gross profit margin = 61%

Sources: Practice Advancement Associates estimates based on industry audits, VisionWatch, contact lens industry audits, ABB CONCISE Soft Lens Retail Price Monitor, MBA Practice Profile benchmarks

Complete Eye Exams Performed in Optometric Practice



Source: MBA and FPA Practice Profile, 2010

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

Stop waiting for patients to ask for contact lenses. Look at the results of the *Enhancing the Approach to Selecting Eyewear (EASE)* study, which set out to determine the effect of applying contact lenses to patients prior to sending them into the optical dispensary to select frames. Eighty-five percent of the test patients thought that wearing contact lenses was helpful while choosing frames, and test patients spent an average of 32 percent more on eyeglasses than control patients. Furthermore, 33 percent of test patients purchased contact lenses within three months, compared to 13 percent of control patients.¹

Here are additional best practices to converting eyeglasses-only patients to contact lens exams.

1. Encourage all eyeglasses wearers about to enter high school to try contact lenses. Surveys show that interest in trying contact lenses is higher among teenagers than in any other age group. Every teen eyeglasses wearer should be offered a free trial of contact lenses.

2. Ask every patient wearing eyeglasses only: "Are there times when you would rather not wear eyeglasses?" People engaged in outdoor or athletic activities might be interested in part-time contact lens wear. Many early presbyopes could be great candidates for multifocal contact lenses. Others who want to look their best for special occasions will also respond positively to this question.

3. Elicit interest in contact lenses on medical history and lifestyle questionnaires. Also, ask if patients ever wore contact lenses previously. This question will open the door to a discussion on improvements in comfort, optics and convenience that might make their former complaints moot.

4. Present end benefits, not technical lens features. Focus on the life-enhancing end benefits, not on technical features of contact lenses.

5. Preface each recommendation with the phrase, "I recommend." This wording has much greater impact and professional credibility than weaker phrases such as, "Could I make a suggestion" or "You might want to think about..." or "One option is..." Prefacing recommendations with the word "I" ("I would like you to...") conveys personal interest in the patient's welfare.

6. Offer daily disposable trial lenses to eyeglasses patients as they select frames. EASE study participants suggest telling patients who are offered a free contact lens trial during frames selection that there is no obligation to buy contact lenses and that the lenses are offered solely as a convenience.

The bottom line is that contact lens patients yield higher annual revenues and profits to a practice (see chart above).

MBA Offers Support

Download a copy of the *Best Practices of Contact Lens Management 2011* report from mba-ce.com. The 32-page publication provides guidance on many facets of contact lens management, including how to track key metrics, reduce transaction costs, develop a sound pricing strategy and improve the product mix.

Beverly Korfin, MBA, is senior manager of marketing operations for CIBA VISION®.

¹Atkins et al. Enhancing the approach to selecting eyewear (EASE): A multi-centre, practice-based study into the effect of applying contact lenses prior to spectacle dispensing. *Contact Lens and Anterior Eye*. 2009;32(3):103-107.

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CLASS ACTS

The class of 2011 has entered the workforce, ready to make its mark. These 18 women graduated as valedictorians or with the highest GPA in their graduating classes. Congratulations to all the graduates.

Jessica R. Czerny, OD, of Williamsburg, Mich., was honored as the valedictorian of the class of 2011 at the Michigan College of Optometry. Dr. Czerny and her husband graduated together, and they were looking for jobs in the same town. Dr. Czerny would like to find a private practice with an emphasis in pediatrics/vision therapy.



Dr. Czerny



Dr. Buchanan

Amy Buchanan, OD, of Kingsport, Tenn., was named valedictorian at Inter American University of Puerto Rico School of Optometry. Dr. Buchanan is completing a residency at Mount Home VA Medical Center in Johnson City, Tenn.

Brandy Danielle Johnson, OD, and **Iris**

Maureen Miller, OD, were the New England College of Optometry's two valedictorians this year. Dr. Johnson, of Red Deer, Alberta, Canada, and her husband moved to Atlanta, where she plans to start her career, participate in overseas optometric missions and eventually return to Canada to start an independent practice. Dr. Miller, of Watford City, N.D., started work in Warwick, R.I., at an OD/MD practice,



Dr. Miller

which is affiliated with Brown University and Life Span Hospital.

Northeastern State University College of Optometry's top-ranked graduate was **Jessica Leigh Lucas, OD**, of Plano, Texas. Following graduation, Dr. Lucas began working in a private practice in Norman, Okla.



Dr. Baker

Cheryl Marie Baker, OD, of Clinton Township, Mich., was valedictorian of her graduating class at Nova Southeastern University College of Optometry. Dr. Baker was seeking a position in the Denver metro area.

Stacy Diane Kessler, OD, of West Bloomfield, Mich., graduated at the top of her class at The Ohio State University College of Optometry. Dr. Kessler is completing a



Dr. Johnson



Dr. Lucas



Dr. Kessler

for an independent/group practice setting in the Pacific Northwest.

residency program at the Louis Stokes Cleveland VA Medical Center in Northeast Ohio.

Pacific University College of Optometry's 2011 valedictorian was **Gina Marie Silvers, OD**, of Sartell, Minn. Dr. Silvers was looking



Dr. Silvers



Dr. Webster

Dana Webster, OD, of Elizabethtown, Pa., graduated as valedictorian of her class at the Pennsylvania College of Optometry at Salus University. Dr. Webster is completing a residency at EyeCare Professionals, P.C., in Hamilton Square, N.J., affiliated with the Southern College of Optometry, and she will focus on vision therapy, rehabilitative optometry and pediatrics.

Shora Mobin Ansari, OD, of Yorba Linda, Calif., graduated as valedictorian at Southern California College of Optometry. Dr. Ansari plans to join a private practice in the Orange County area.



Dr. Ansari



Dr. Hunt Herring

Southern College of Optometry had two top graduates: **Heidi Hunt Herring, OD**, of Knoxville, Tenn., and **Nicole Kosciuk, OD**, of Arlington Heights, Ill. Dr. Herring moved to East Tennessee to practice with her father, **John Hunt, OD**, a 1984 SCO graduate, and her husband, **Ben Herring, OD**, a 2010 SCO graduate. Dr. Kosciuk started an ocular disease/low vision residency at the Jesse Brown VA Medical Center in Chicago.



Dr. Kosciuk

vision rehabilitation at the VA West Haven, Conn.

State University of New York State College of Optometry's 2011 valedictorian was **Nikki A. Yee, OD**, of Miami, Fla. Dr. Yee is completing a residency in primary eye care and low



Dr. Yee

Continued on page 6

Recent Graduates in the Spotlight

Vision Monday's "Most Influential Women in Optical" special report recognizes leaders in the optical industry, and for the past six years, *VM* has also praised recent graduates who stood out in their optometry school classes. The graduates mentioned in *VM*'s "Class of 2011 Special Report" were selected by their schools for a number of reasons, including their academic achievement, awards and scholarships, research, volunteer work and participation in professional organizations.

WO congratulates these recent grads for being selected for this recognition: **Sarah Brehm, OD**, of Nova Southeastern University College of Optometry; **Jessica Carson, OD**, of University of Missouri–St. Louis College of Optometry; **Kelly Chajka, OD**, of SUNY College of Optometry; **Carla Gilbertson, OD**, of Michigan College of Optometry; **Britta Hansen, OD**, of School of Optometry, University of California–Berkeley; **Brigitte Keener, OD**, of Southern College of Optometry; **Melissa Liepins, OD**, of Illinois College of Optometry; **L.A. Lossing, OD**, of Ohio State University College of Optometry; **Jessica Lucas, OD**, of Northern State University Oklahoma's College of Optometry; **Kacie Monroe,**



OD, of Indiana University School of Optometry; **Lauren Nelson, OD**, of University of Houston College of Optometry; and **Amanda Powers, OD**, of New England College of Optometry. *WO*

CLASS ACTS

Continued from page 5



Dr. Morris

University of Alabama at Birmingham School of Optometry's top graduate was **Sheila Karst Morris, OD**, of Wallace, Idaho. Dr. Morris is completing an ocular disease residency at Omni Eye Services of Atlanta.



Dr. Nelson

Stephanie Burns, OD, received the honor of the Beta Sigma Kappa (BSK) Silver Medal at the University of California, Berkeley, School of Optometry. Dr. Burns, of DuBois, Pa., is interested in practicing in a private or group practice in the Seattle area.



Dr. Burns

Lauren Rinando Nelson, OD, of Beaumont, Texas, graduated from the University of Houston College of Optometry with a 4.0 GPA. Dr. Nelson plans to return to and work in a practice in her hometown.

More Brainpower

Several men graduated at the top of their class, as well, some sharing the title with a female classmate.

- Nicholas Lillie, OD**, Illinois College of Optometry
- Anthony VanAlstine, OD**, Indiana College of Optometry
- Kelvin Kiu Wing So, OD**, Pacific University College of Optometry
- Matthew Patrick McGuigan, OD**, Pennsylvania College of Optometry at Salus University
- Guillaume Lafleur, OD**, University of Montreal School of Optometry



Dr. Carson

Jessica "Jessie" A. Carson, OD, of St. Louis, Mo., was the University of Missouri–St. Louis, College of Optometry's top graduate. She is completing a residency at Fayetteville, Ark.

University of Waterloo School of Optometry's valedictorian was **Breanne Facey, OD**, of Waterdown, Ontario. Dr. Facey begins her career in the Burlington, Ontario area, with a focus on pediatrics and vision therapy. *WO*



Dr. Facey

SURVEY Medical Eye Care Gaining Ground

Majority of ODs treating a range of medical conditions

Fully 98 percent of the more than 150 women ODs who responded to a recent *Women In Optometry* survey on medical eye care reported that they are treating ocular allergies and dry eye patients in their practices. A vast majority, 95 percent, said they are treating ocular infections, and a smaller but still substantial 68 percent and 61 percent, respectively, said they treat glaucoma and macular degeneration.

Women ODs reported that, on average, they saw 136 patients in their practices for medical eye care in the past month. That compares to an average of 238 patients seen for refractive services. In other words, on average, 36 percent of office visits were for medical services.

However, full-time employed ODs saw an average of 46 percent medical patients, while full-time practice owners reported that their medical patients accounted for 29 percent of the overall patient visits. Full-time employees also reported, on average, seeing twice as many patients as full-time practice owners.

Payment for Services

Full-time employed ODs reported that about 27 percent of the gross revenue came from medical services, nearly twice the percentage of practice owners. About half of the full-time employed ODs work in settings such as ophthalmology practices, HMOs, multidisciplinary clinics or in government-related health services. Among the part-time employed ODs who responded to the survey, about 84 percent of whom work in optometry-focused practices, revenue sources mirrored the general numbers.

Revenue Sources for all respondents

Percentage of 2011 gross revenue from the following sources

Comprehensive eye exams	44
Nonrefractive medical eye care services	17
Eyewear sales	27
Contact lens sales	12

Revenue Sources for practice owners*

Percentage of 2011 gross revenue from the following sources

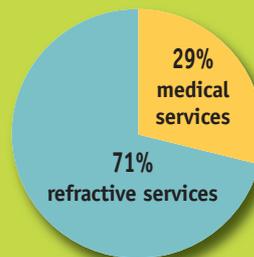
Comprehensive eye exams	42
Nonrefractive medical eye care services	14
Eyewear sales	32
Contact lens sales	12

Several respondents noted that some or even a majority of their revenues came from providing vision therapy services.

*approximately 20 percent of these practice owners work in a corporate-affiliated setting

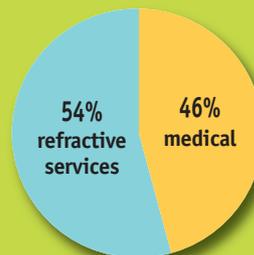
Practices Serve Medical, Refractive Patients

Full-time Practice Owners



Average # of patients in the past month:
272

Full-time Employed ODs*



Average # of patients in the past month:
667

*about half of the full-time employed ODs work in multidisciplinary, ophthalmology, academic clinic or government/public health settings

Don't Overlook Vision Therapy

"I consider full-scope practice to mean that one provides the valuable service of vision therapy. This is optometry's most unique and greatly needed service. It takes relatively little training to prescribe medications, but helping people to overcome their visual limitations requires much study, patience and perseverance. It is the most stimulating and fulfilling career one could imagine."

—Lisa Harvey, OD, FCOVD

"I think binocular vision services/exams, lenses for reading and vision therapy are the most rewarding, highest net and most needed services for the public."

—Carol Scott OD, FCOVD

Continued on page 8

SURVEY

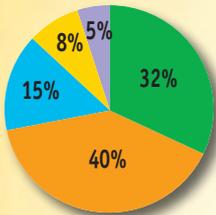
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Fulfilling but Not Always Financially Rewarding

Women ODs reported that they generally found providing medical eye care to be the most fulfilling and stimulating aspect of their practice. Several women who provide vision therapy services specifically mentioned the professional and personal fulfillment derived from their work.

I find medical eye care to be the most fulfilling and stimulating aspect of my practice.

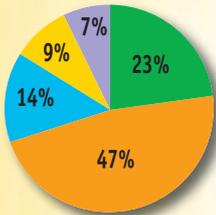
Overall



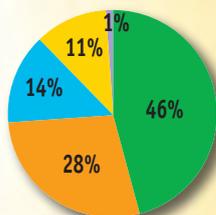
Look at the difference, however, between ODs who are practice owners compared to employed ODs. Employed ODs seem to enjoy medical eye care to a greater degree.

See pie key at bottom of page.

Practice Owners (full and part time)

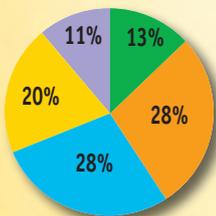


Employed ODs (full and part time)



I believe medical eye care services yield less revenue per hour than do prescribing and dispensing corrective devices.

Overall



However, women are divided in their opinions on the remunerative value of providing these services.

As one practice owner wrote, "Reimbursement for medical eye care is quite low since the insurance companies usually reimburse less than 20 percent of our office visit charge. Getting about \$15 for treating a red eye doesn't really go very far financially."

Four-Year Shift

"Due to managed care reducing reimbursement for comprehensive exams and diagnostic tests, my gross receipts are 45 percent services and 55 percent optical sales. In 2007, my gross was 65 percent services and 35 percent optical sales. I am reducing my cost-of-goods sold in order to increase profits in optical sales. I must do this to compensate for the decrease in insurance reimbursements for services."

—2003 graduate and practice owner

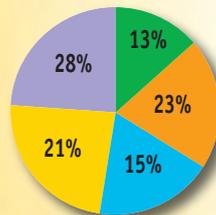
A Complex Business

As one young practice owner, a 2005 graduate, wrote, "I want to start billing more medical, but it is so hard to get started, get on the right panels and bill things correctly. Most current classes are very expensive, and it's hard to get good one-on-one time with the instructor. I wish there was a peer group or something like that to help."

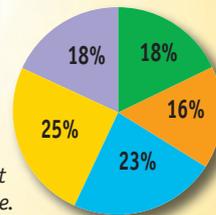
More than one-third of the women who responded seemed to agree with her that the business of medical billing and coding pushes them outside of their comfort zone.

I am uncomfortable with the complexity of medical billing and coding.

Practice Owners (full and part time)



Employed ODs (full and part time)



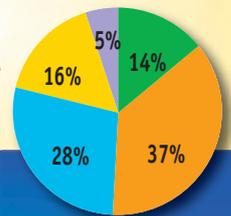
See pie key at bottom of page.

Others, like **Tamara Hill-Bennett, OD**, of Philadelphia, say it's an essential business skill. "Understanding the complexity of billing is an area where we as practitioners are lacking. I am of the mindset as a practice owner that it is important for me to understand the billing process to ensure that my staff is billing properly, as well as that I am filling out the superbill correctly. At the end of the day, because we rely on the insurance companies to pay us, so we have to educate ourselves with this process."

The Future of Medical Eye Care

Within 20 years, medical eye care is likely to be the dominant source of revenue of independent ODs.

Women ODs seem to agree that medical eye care will gain as a source of revenue for independent ODs.



The Men's View

A smaller percentage of men responded to the *WO* survey, but those who did respond generally say that they treat medical conditions at a higher rate and are more comfortable with the coding and billing issues. Significantly, a much higher percentage of men who responded feel that medical eye care is financially lucrative, disagreeing completely or somewhat with the statement that medical services yield less revenue per hour (45 percent of men compared to 31 percent of women). **WO**

Pie Key

Agree completely

Agree somewhat

Neither agree nor disagree

Disagree somewhat

Disagree completely

CONNECTIONS

Pave the Way

With the help of her colleagues, OD successfully finds a job and negotiates a partnership

Callie Maursetter, OD, learned in optometry school that the best job openings and opportunities can't be found online or in a newspaper. Instead, she began to apply a combination of what and whom she knew. She landed a position at Isthmus Eye Care in Madison, Wis., and after about a year of managing the smaller of the two practice locations, she entered into partnership negotiations. She became a partner earlier this year. She's thankful for the help along the way.



Dr. Maursetter

Dr. Maursetter attended a practice management seminar during her third year at the Illinois College of Optometry. One of the presenters was an OD who practiced near her hometown in Wisconsin, and she introduced herself

to the presentation. The next year, she flew home to attend the Wisconsin Optometric Association's annual meeting, where that OD introduced her to several others. "I began establishing relationships, and one of those doctors had an opening," Dr. Maursetter says. In the November following her graduation, Dr. Maursetter became an associate doctor, filling the spot of a partner who had left the practice. "The intent was that I would work as an associate for the first year to try out the practice and see if it was a good fit for both sides," she says of her year working with **Victor Connors, OD**, and **Scott Jens, OD, FAAO**. It turned out to be a great match, not just for Dr. Maursetter, but also for associate **Colin Connors, OD**—a classmate and an existing partner's son—both of whom were offered partnerships around the same time.

The partners at Isthmus Eye Care, which came into creation from a merger of three practices, used their experience negotiating partnerships as a template to generate salary and employment terms and more. Dr. Maursetter did four key things to make sure that the partnership was fair.

Hire a consultant and accountant. "I wanted to look through the numbers for assurance, and I wanted to compare the offer to the norm for the profession," she says. Dr. Maursetter also was curious about the norms for her region, information easily accessible by the professionals she hired.

Avail yourself of free resources. Dr. Maursetter found excellent advice and guidance from the mba-ce.com web site, the online home of the CIBA VISION® and Essilor Management & Business Academy. "I used the key metrics as a gauge to know

what other practices are doing," she says.

Utilize connections. After her clinical rotations, Dr. Maursetter remained in contact with one of her supervisors. "He gave me insight on how the doctors in his office set up their partnership," she says. "Having connections with colleagues in the profession helps create a good foundation."

Be open and honest. The existing partners had a lot to offer Dr. Maursetter, as



Dr. Maursetter found her position by creating a network.

Be the Boss

When Dr. Callie Maursetter was hired as an associate to replace a former partner, her time was dedicated to a second office, where she was often the only OD. "There was some anxiety at first," she says. "I started to see patients and also was in charge of an office staff for the first time."

One of the practice's partners came to the office one day a week to ease the transition. By showing his trust and confidence in Dr. Maursetter, the staff members adapted to their new boss. Even when she was the lone doctor in the office, the other partners were there to help. "When I had a question about a patient or practice management, they were readily available to answer by phone, Skype or email," she says. **wo**

well. "They are both experienced in private practice and in optometry, and I had a lot of questions. They were accessible and walked through the process with me, which made it a lot easier."

The negotiations for partnership took four months, a bit longer than Dr. Maursetter expected, but the process still ran smoothly. "There's a lot more to it than I expected," she says. "It was an open conversation with the partners and accountants, which made it

easier for everyone to express their thoughts and opinions and derive attainable numbers."

Dr. Maursetter says that the partnership works out nicely, now that the four partners share three full-time equivalent positions. In addition to the small office she's in, Dr. Maursetter also occasionally fills in at the practice's other location, which is about 20 miles away. "We can cover for each other for conferences and vacations and keep the office open more often than we would be able to do otherwise," she says.

Dr. Maursetter advises patience. "One thing I found was that openings at private practices weren't listed," she says. "I felt frustrated that there was nothing out there." Thanks to speaking up and forming connections, Dr. Maursetter achieved her five-year goal of private practice ownership in just a few months. "Though one OD might not be hiring, he or she may know someone who is," Dr. Maursetter says.

Dr. Maursetter is focused on managing her office and hopes to see it grow to match the size of the other location. She's working closely with the practice's marketing team to reach that goal. **wo**



Callie Maursetter, O.D.
Victor Connors, O.D.
Washington Avenue

Ready, Set, GOAL

For a planner by nature, setting goals and analyzing the progress come naturally

Before she even graduated from the Pennsylvania College of Optometry in 2006, **Janelle Davison, OD**, had mapped out her future. Her goal was to open her own practice within the next five years. "I knew I would have bills and student loans, but

after talking with colleagues, I decided it was better to do it sooner than later," she says. As a young entrepreneur, she'd have plenty of time to develop and build a practice into the business of her dreams.

The opportunity arose sooner than expected. After working for a corporate optometry office and doing other fill-in/contract work, Dr. Davison opened the doors to Brilliant Eyes Vision Center in Marietta, Ga., in June 2010. "From June 2010 to July 2011, our number of patients tripled," Dr. Davison says.

When the pace slowed in the spring, she didn't panic. From her job experience prior to opening the practice and from discussions with colleagues, she realized her business wasn't failing but was following predictable trends. "People don't always think about eye exams in April or May with graduation and prom on their minds," she says. "Our bumps in the road have matched the busy and slow seasons of optometry, so we are headed in a positive direction."

When she started planning her practice, her business projections included a better economic environment. In fact, she hoped

that she would see a positive cash flow after four months of business, but it took an extra three months. She admits her projections may have been overzealous, but she is pleased she saw a positive cash flow within the first year. "The first year is rough no matter what, with ups and downs," she says. "Have thick skin,

think outside the box and make changes as needed to keep things chugging along."

For example, to encourage sales, she has developed eyewear packages that won't break the bank. Patients are also more comfortable with the value of a package designed for their needs rather than having to select from a variety of add-on options. "Most people are more conservative, so we've rearranged how we sell," she says.

For the first year, she focused on a marketing plan to get patients in the door. Now, she has added goals of optimizing revenue per patient and creating a high level of service to

ensure patient loyalty. The practice also recently was awarded a bid as one of three Cobb County Schools vision consultants for the 2011-2012 school year. The practice has a well-liked Facebook page, and she's created a practice Twitter account. "I'm the driver of my practice," she says. "But no matter how good of a doctor you are, if you can't find a reliable and trusting staff, you will have turnover and may even lose patients." Dr. Davison has kept that in mind during the past year, along with these other key points that have contributed to her business success.

Analyze insurance plans. To get patients in the door, Dr. Davison started out on as many insurance panels as possible. Now, a year after opening, she is reviewing the relationships. She analyzes each plan on a number of factors: How many patients come in as a result of this plan? What is the profit or loss on reimbursement for basic services? Are there opportunities to leverage the plan for higher per patient revenue? If she finds plans that are not beneficial to the practice, she won't renew her participation.

Spend marketing money wisely. Dr. Davison tries to determine the referral source for each patient and monitors the results. The practice has invested in several forms of marketing: direct mail, circulars, building a professional web site, search engine optimization and more. "Most of our patients come from insurance web sites and referrals, so we know where to put our dollars," she says. Knowing these statistics allows Dr. Davison to cut back on print advertising to dedicate money, time and effort to more effective ideas.

Create an incentive program. One of those ideas was to start a patient incentive program. Dr. Davison customizes this program periodically to make it most effective. She provides patients with business cards to pass along to friends or family members. The patient's name is written on the card, and when a new patient turns in one of those



Dr. Davison has been growing her practice since it opened in mid-2010.

Dr. Davison conducts an InfantSee exam.



Goals Going Forward

Dr. Janelle Davison is as much a planner now as she was when she first began developing her practice-acquisition goals. Here's what is on the short-term goal list.

Goal: Double contact lens revenue and one-year supply capture rate by the beginning of 2012.

Plan: Offer instant savings per box with an annual supply of contact lenses, in addition to manufacturers' rebates; provide free shipping for annual supplies to the patient's home or office for added convenience and to lower the in-office transaction costs; and fit technologically advanced contact lenses, including hybrid contact lenses for astigmatism.

Goal: Improve and increase medical model implementation, medical office visits and billing from current 22 percent of practice revenue to 32-37 percent range by early 2012.

Plan: Dr. Davison has implemented a "community eye health expert program." Through the program, she makes presentations at community gatherings and association meetings to discuss the importance of preventive eye care and what role optometry can play in preventive care.

Goal: Increase patient exams per day from current average of 5-6 exams per day to 8-10 exams per day.

Plan: Dr. Davison is exploring marketing ideas to draw in new patients, asking patients for their referrals and encouraging her office staff to fill in empty spaces in the appointment book. On her busiest day, she saw 16 patients, so she and the staff know they can accommodate more.

Goal: Keep office technology up to date.

Plan: Plot equipment acquisition, do the research and analyze the manufacturers' ROI scenarios. The next major acquisition for Dr. Davison likely will be an optical coherence tomography unit by mid-2012. **WO**



Dr. Davison crafted a sophisticated look to her reception area and dispensary.

cards, the referring patient gets \$35 credit towards an optical purchase for eyeglasses or a year's supply of contact lenses. The discount is not combined with insurance purchases, but it does help with second-pair sales, especially for sunglasses. Potential referring doctors in the area, even dentists, chiropractors and more, receive packets of information explaining how optometry can play a vital part in monitoring diabetes and hypertension. Also, patients whose purchases total more than \$500 receive a special Starbucks gift card.

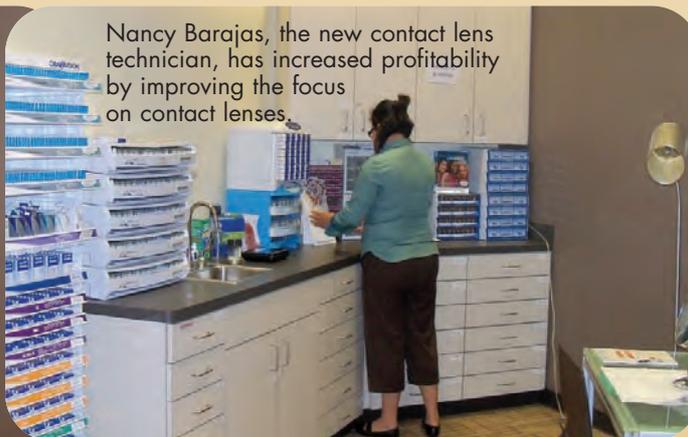
Keep a current web site. Dr. Davison's initial goal for her web site was very basic—almost an electronic *Yellow Pages*-type display ad. Having basic practice information and her photo are important elements when patients look for a doctor. She uses Internet searches herself when she needs to locate a doctor. "I like to know who I will be seeing and read about that person," she says. "If there's no web site, I'm already questioning whether the doctor will be up to date."

But that was just a starting point. She quickly added other important features, such as a contact lens ordering section, more patient education materials and links to her social media sites. Her Facebook site was up and running even before her practice, and Dr. Davison's fan base multiplies rapidly: her goal in the beginning of this summer was to reach 500 fans by August. She had already doubled that expectation a month earlier. She has linked informative videos to her web site and other web-based account pages. "People looking at your site want it to be interactive and informative," Dr. Davison says. "I want them to see that our office is progressive and technologically current."

Add a contact lens technician. Dr. Davison was determined to convert more of her eyeglasses-only patients into contact lens wearers. She discovered that her single technician was more comfortable in the optical dispensary than in the contact lens area. As a result, optical sales were going strong, but the technician didn't follow through with a proactive contact lens message. Dr. Davison added a contact lens technician to the practice several months ago, and this staff member is responsible for keeping trial lenses organized, insertion and removal instructions and providing patients information on the lenses, rebates and special offers on annual supply purchases. The strategy has paid off. Since making the change, contact lens exams have nearly doubled, and it's rare to see a contact lens patient leaving the office without an annual supply. "My new

technician helps close the gap," Dr. Davison says. "With two people providing the education, we can do a better job at promoting contact lenses and annual supplies." **WO**

Nancy Barajas, the new contact lens technician, has increased profitability by improving the focus on contact lenses.



Make Yourself Known in Community and Profession

These three optometrists, each of whom attended THE VISION CARE INSTITUTE™, share the best pieces of advice they've received in their careers.



Seek Opportunities to Expand Skills

By Ann Madden, OD, Elkhart, Ind.

My husband is a businessman, not an OD, so his perspective is quite different from mine. For my whole career, I've worked either as an employed doctor or an independent contractor. On my own, I might have poured all my focus into patient care—but his advice has been to differentiate myself by adding value to the practices where I've worked and seek out opportunities to expand my skills.

When you contribute to the practice in ways beyond delivering stellar patient care, you also contribute to your own career. That point was driven home to me recently when I decided to change my employment situation. I had taken on a significant practice management role with my previous employer, particularly in leading the drive to electronic medical records. I became involved with my local professional society, serving as the vice president. I've taught at THE VISION CARE INSTITUTE, participated with the professional affairs consulting team for VISTAKON®, a Division of JJVCI, and worked with optometry school students.

When the time came to seek a different job, I had several excellent options. It took a businessman to remind me that while patient care is my first duty, finding ways to secure my own future by discovering and adding to my business skills is also critically important.



Create a Network

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

One of my mentors, an educator, provided me with this simple but effective advice to help me find a position in academia or industry: keep showing up. "People will remember you, and you'll create a network," he said. He was right. I began attending every professional meeting that my schedule would allow. I sought opportunities to attend professional events. There are some meetings I have attended so routinely that now my colleagues notice when I'm not there.

The strategy works well if you have a reason to be at these

events. My entrée for most professional meetings was an academic poster. I'd stand next to my poster, which provided me an opportunity to discuss the findings or theories with interested passersby. Those poster sessions allowed me the chance to build my network through the one-on-one discussions.

I also sought the chance to make the most of my attendance at these events by scheduling a meeting time with an esteemed colleague whom I knew would be attending. I'd contact that person ahead of time, asking for a brief meeting because I was interested in some aspect of that person's ideas, interests or educational achievements. Most of these colleagues have made the time for me.

The advice helped me in more ways than one. I gained perspective, experience and confidence—along with a network of people who knew my name and work. I feel that combination was my advantage when I came on board at VISTAKON® as manager in the medical affairs department. In fact, it's good advice wherever you are in your career.

Keep Track of Your Goals

By Gina Wesley, OD, MS, FAAO, Medina, Minn.



I knew I wanted to start my own, independent practice, and soon after my 2006 graduation from The Ohio State University School of Optometry, I had that opportunity. I relied heavily on the following pieces of advice.

Be the CEO of your practice. Weigh every practice decision with an eye toward how it will help you build a solid, productive business. Measure the effectiveness of your processes, analyze the return on investment of equipment, make sure your employees understand your goals and work together as a team.

Develop your own style. There's no single formula for running a successful practice. The way that other ODs manage their business or handle their clinical duties may not be the best way for you. Think about what meets your needs and those of your patients. Listen to others and learn from their successes—or even their shortcomings. Then go with your own flow.

Market continually. Marketing is not a bad word; it's an essential component to growing a practice. It's also more involved than simply sending out postcards or occasional emails to your patients. Marketing is a grassroots approach that covers every contact your patient has with your practice. The way your staff answers the telephone, the first impression a patient receives on entering the door and the education seminars you hold in the community are all components that affect your current and potential patients' impressions. Make each occasion clear and memorable, and that will go farther than any mailer.



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On the Ground in Afghanistan

Military OD committed to the eye health of troops now and in the future

U.S. Army Lt. Col. **Debra McNamara, OD**, who is the 124th Medical Detachment optometry team leader, 18th MEDCOM from Fort Shafter, Hawaii, shares a common goal with many optometrists: to provide eye care that enhances the patient's career and lifestyle needs. Beyond that key similarity, however, Dr. McNamara's role is a far cry from most community-based OD practices. Her setting and environment constantly change, and her patients face extreme visual tasks far more demanding than computer use.

Dr. McNamara has been deployed since May to Afghanistan, where she provides initial diagnosis and management of eye injuries on the battlefield and detects, diagnoses, treats and manages ocular disorders, injuries, disease and visual dysfunctions in U.S. fighting forces. "Providing eye care while deployed requires the same clinical skill set used in any optometry clinic, with the addition of a specific focus on maintaining combat-readiness," she says. She's been caring for patients with glaucoma, macular edema, keratoconus and trauma, as well as a number of recurrent erosions due to the dry climate and severe conditions. Dr. McNamara works without specialized diagnostic equipment, such as a visual field machine, topography or ocular coherence tomography unit, so she utilizes the military EMR to review patients' previous military eye exams and research previous diagnostic testing to assist with diagnoses.

Her team is comprised of two optometrists, two optical fabrication specialists and two medic/optometry technicians. "The 124th optometry team is modular, scalable and flexible enough to provide far-forward optometry support to the area of operation and provides assembly, repair and fabrication of spectacles and optical inserts for protective masks and ballistic eye protection," Dr. McNamara says.

But so much of what she does comes back to the simplest

form of optometry:

"Asking which is better, one or two, all day every day, seven days a week. So you have to mix it up a little and keep it interesting," Dr. McNamara says. In addition to U.S. forces, she examines detainees, retirees, contractors and NATO soldiers. And every couple of weeks, the team packs up its equipment, loads it on a helicopter and is flown to remote forward-operating bases to provide quality eye care with an emphasis on vision readiness and combat eye protection.

Before deploying to Afghanistan, Dr. McNamara also performed military humanitarian missions in Bulgaria, Cambodia and Kosovo and has been stationed at 12 different locations throughout the U.S. and Germany. The military lifestyle can be tough on a family. "My daughter, **Ashley**, attended 13 different schools before she graduated," she says, and her son, **Ethan**, is currently staying with his grandparents in North

Carolina. "Military deployments, schooling and missions are always disruptive to family life, so it helps to have good friends and a supportive family who are willing to help." Although she misses her children, she reports that the 124th optometry team has great unit cohesion. "The Camp Phoenix optometry clinic has a great work environment, the patients are appreciative, and I have developed lasting friendships with the people with whom I'm deployed."

Dr. McNamara has a sense of humor, even while acknowledging the risks of her role. Unlike a humanitarian mission, ODs who have been deployed "pack a weapon; have to beg, borrow and steal to get equipment; take occasional Blackhawk rides; and have to work through a few rude interruptions from incoming mortars," she says. "Being part of a deployed optometry team puts everything in perspective and reminds me of why I joined the military; it's a fun and rewarding profession." **WO**



The first Serbian/Albanian combined health engagement

Vision for Her Future

Dr. Debra McNamara is keenly interested in traumatic brain injury (TBI) and post-trauma vision syndrome (PTVS). Her optometry school professors "hammered home the importance of binocular function and how it pertains to sensory integration and vestibular function. Having a strong binocular vision background has turned out to be an important clinical asset to have as a military optometrist," she says.

"There are so many soldiers who have suffered TBI but have still not been diagnosed or treated for their PTVS. There is a real need for ODs who are interested in vision therapy and who enjoy the sense of camaraderie that develops when you collaborate with a team of occupational therapists, physical therapists, neurologists, psychologists, physicians, audiologists, nurse case managers and other health care providers to improve the lives of soldiers." **WO**

A Fork in the Road

Dr. Debra McNamara started college on basketball and volleyball scholarships, then enlisted in the Army halfway through as a military intelligence electronic warfare signals intelligence analyst. Optometry was not even a consideration as she was sent to the Defense Language Institute to learn German in Monterey, Calif., in 1988.

In 1992, Dr. McNamara used her GI Bill and volleyball scholarship to get a biology degree when a friend, **Dave Gibson**, now an OD in North Carolina, encouraged her to go to optometry school, too. He accompanied her to a career planning center, helped her apply and schedule her remaining prerequisites. "He even found a flyer on the military's Health Professional Scholarship Program (HPSP)," she says. "Life presented a fork in the road; I was ready for a change, and before I knew what had happened, I had a new career path."

She drove cross-country to Pacific University College of Optometry (PUCO) in August 1994, nine months pregnant, with her mother and daughter, then 4. "I showed up at PUCO with ankles the size of watermelons, I couldn't fit behind the school desks and then 20 days into optometry school, **Ethan** was born." The staff at PUCO was very supportive, and with help from a determined friend, her PUCO classmates and a generous four-year Army HPSP scholarship, Dr. McNamara was on her way. **WO**



Standing out from the Start

OD focuses on the details to perfect the patient experience

Why should patients choose Pearland Professional Vision? **Amie Gisbert, OD**, of Pearland, Texas, believes her new practice will evoke love at first sight. The Houston area is saturated with ODs, so she's focusing on the fine details that will

she says. With enticing, exciting window and shelving displays, passersby will want to stop in often, Dr. Gisbert hopes. "Retail stores hire people specifically to design seasonal displays, and I think that if we want to be more successful in optical sales, we should spend more time thinking about what makes our merchandise 'pop' and how patients perceive the office."

The two windows next to the entrance will change once or twice a year and will be decorated with posters, eyeglasses arranged on pedestals, a display of brand names carried and more. Themed displays will rotate every few months in the window nook that faces the street.

Inside, Dr. Gisbert has fused her favorite elements of contemporary and traditional styles. Permanent parts of the office—walls, cabinets, countertops—are neutral shades of beige and brown. The flooring consists of vinyl that looks like dark wood and dark brown/black carpet, and the dispensing tables are custom-made with countertop tiles that look like metal strands woven together. "The color comes from all the decor, fixtures, furniture and displays which are more traditional," Dr. Gisbert says. The octagon-shaped ceiling is outlined in light fixtures illuminating the optical dispensary below.

Kids pass a weathered plank that says, "Eye-Eye Matey," into a pirate room where they can feel like they've boarded the Jolly Roger. "It will be a fun place for the kids to relax and watch movies and play with toys while their parents are touring the optical or getting exams," Dr. Gisbert says.

She equipped one of her three exam lanes for the practice opening and has room for two more. TV monitors make the exam process more



The new building had been vacant for two years.

interactive. "Patients will be able to see everything that I'm seeing through the slit lamp," Dr. Gisbert says.

Bring in Patients

In the months before opening, Dr. Gisbert made sure that the new practice would create a buzz in the community. Her husband designed her web site, practice logo and all custom displays. She posted photos of the construction in progress on her web site and Facebook page for her growing fan base.

The giant sign outside will increase practice visibility and was put up as the construction progressed. Dr. Gisbert also plans to invest in direct mail, which she will customize for certain

household incomes and age groups. She will link videos to her web site, Facebook and on YouTube to educate and explain her services and specialties, such as orthokeratology, which not many doctors in the area offer.

She's planning her grand opening and other activities, such as a special day for moms and daughters to browse the office and enjoy manicures and pedicures. She will continue to work as a relief doctor two days a week until her practice builds up enough patient volume. **WO**



Dr. Gisbert next to Kid's Corner

keep patients returning. "We don't have money for all of the latest equipment yet, but there are still ways to create the wow factor for the patient," she says.

Create Your Desired Atmosphere

The down economy worked in her favor while she was looking for the perfect practice location. She found a building, vacant since its construction two years earlier, at a great price with an added bonus: a unique octagonal-shaped area perfect for a chic dispensary.

Construction began in late May 2011, and Dr. Gisbert let her husband **Ramon Gisbert**, an architectural intern, get creative with the design. A local construction company that specializes in optometry offices, HM General Contractors, brought the



Before and after construction



vision to life.

The office opened in August. "I envision it being like a retail center: clean and artsy,"

Now or Never

Dr. Amie Gisbert knew that in a still-recovering economy, she could fall into a routine and put off opening her own practice. Feeling more confident clinically, and tired after two years of a long commute, she was encouraged to start. "Now is the perfect time," she says. "I live in Pearland, and I'm excited to get more involved in our community."

To manage the complex process of opening a practice cold, Dr. Gisbert and a friend, who is also opening a practice, developed a two-page, detailed list to guide them through the steps it takes to open a new practice cold. Find it on facebook.com/womagazine. **WO**

Three ODs Lead the Way

Practice set the tone for a different delivery for optometry services in Puerto Rico

Twenty-five years ago, the professional landscape in Puerto Rico was quite different. **Wanda Tort, OD**, completed her studies in the Inter American University

of Puerto Rico School of Optometry's first graduating class, ready to break the mold in which optometric services played a distant second role to optical dispensing.

She met two like-minded practitioners, both clinicians working with the school: **Ana Maria Pico, OD**; and **Maria Gorbea, OD**. Dr. Tort began observing Dr. Pico in her vision therapy clinic on Saturdays and was assisting in the clinic by her senior year. The trio's common goals brought them together. "We wanted to be doctors with a professional office instead of a focus on optical services," Dr. Tort says.

With that philosophy and their mixed interests and expertise, they opened the doors to their full-scope behavioral practice. Dr. Tort and Dr. Pico focus their time on children and vision therapy, while Dr. Gorbea sees adults, adapts contact lenses and specializes in low vision rehabilitation. Dr. Tort also adapts prosthetic eyes, a specialty skill that she learned because she believed it could benefit their patient base.

It took some time for patients to adjust to the new dynamic. To generate buzz, the doctors conducted school screenings and sent letters to school psychologists and other affiliated health care providers. They also introduced another unique aspect to eye care: a timely appointment book. Dr. Tort explains that most eye care business in Puerto Rico is generated by walk-ins. Even when patients do have appointments, the time slot may have been reserved for more than one person. So it is still a first-come, first-served basis. "We have always worked on the dot and on the hour," she says.

The doctors wrote articles for the local newspapers to explain the new direction of their practice, and little by little, the referrals started rolling in. Referrals came through word of mouth by satisfied patients, as well as from psychologists, occupational therapists, physical therapists, pediatricians, neurologists and more. "It's the people who know what we are doing and how we run our practice who spread the word," Dr. Tort says.

Last year, as the practice approached its

quarter-century milestone, the doctors decided it was time for an office facelift. "We wanted to make the office more comfortable for both our staff and our patients. We expanded and

low vision services, and we don't want anyone tripping," Dr. Tort says.

Another focus of the renovations included the vision therapy room. Previously, most equipment in the room was visible even when it wasn't being used. "Autistic children and those with other special needs can become overstimulated when they see all of that," Dr. Tort says. The renovations included expanded closet space and cabinets, so that each piece of equipment is covered or closed behind a door now. "The room is clean, white and has no distractions."

The recent remodeling reinforces the message to the community that Dr. Tort, Dr. Gorbea and Dr. Pico are there to stay. "I'd still be practicing even if I won the lottery," Dr. Tort says, laughing. "I don't see myself doing anything else because I really enjoy what we

do." In fact, Dr. Tort hopes that she can expand the vision therapy portion of the practice in the coming years—they have the demand and space, but not the time—by adding another therapist to the staff. And in another five years, the doctors hope to add an associate doctor. "Eventually, we would want someone to take over the practice that took a long time to build." **WO**



(l-r): Dr. Pico, Dr. Tort and Dr. Gorbea found a new model of practice that has been working for them for 25 years.

reorganized our secretarial area and changed our waiting room," Dr. Tort says. Because of the heavy pediatric volume, the doctors agreed that kids in the reception area needed their own space. The creation of a low wall allows parents to keep an eye on their children, but toys and games no longer take over the entire space. "We also have an older population for

Women of Vision Meeting Honors Leaders

A recent Women of Vision luncheon honored (l-r): **Dr. Dori Carlson** as the first woman president of the American Optometric Association and **Dr. Karla Zadnik**, president of the American Academy of Optometry. This is the first time both organizations have been led by women at the same time. They were joined by **Dr. Mary Anne Murphy**, the



new chair of Optometry Giving Sight in the U.S., and **Dr. Tone Garaas-Maurdalen** of Norway, the first woman president of the World Council of Optometry. The four joined in on the free-flowing luncheon and discussion as well as commenting on the various aspects of women in leadership within their organizations. **WO**

Women in the NEWS

Dr. Horn, Dr. Carlson, Dr. Hawthorne & Dr. Thau



Dr. Horn



Dr. Carlson



Dr. Hawthorne



Dr. Thau

Barbara Horn, OD, of Washington, Mich., was elected to the American Optometric Association's (AOA) Board of Trustees. With her election, this is the first time four women are serving on the AOA Board of Trustees together. She joins newly elected AOA President Doris Carlson, OD, FFAO, of Park River, N.D.; Hilary Hawthorne, OD, of Los Angeles, Calif.; and Andrea Thau, OD, FFAO, of New York, N.Y.

Dr. Lyons

Stephanie Lyons, OD, of Chicago, Ill., was the only optometrist in the entire city to be nominated by *Chicago Parents* readers as one of Chicago's Favorite Kids' Docs.



Dr. Le, Dr. Lillie & Dr. Schafers

Several women optometrists received the Innovator in Care Award from the annual feature in *Corporate Optometry Reports* newsletter. Congratulations



Dr. Le



Dr. Lillie



Dr. Schafers

to these corporate-affiliated ODs, including Tanya Le, OD, of Target Optical in Yorkville, Ill.; Julie Lillie, OD, of Sterling VisionCare in Jamestown, N.Y.; and Emma Schafers, OD, of US Vision in Des Peres, Mo.

Recognitions



Several women were recognized in the *Vision Monday* and *Review of Optometric Business* 2011 Optical Business Innovator Awards in June. (A) Susan Keene, OD, of Marion Va., and (B) Laurie Sorrenson, OD, of Austin Texas, were both featured in the Business Management section. Awarded for their Contact Lens Dispensing were (C) Tara Peterson, OD, of Littleton, Colo., and (D) Nancy Wojcik, OD, of Arlington Heights, Ill. Also honored were (E) Kathleen Andersen, OD, of Rancho Santa Margarita, Calif., for the Patient Experience, and (F) Jennifer Brady Cook, OD, of Lutz, Fla., for Optical Dispensing.

Doctor Leverages Her Experience to Help Others Ease into EHR

AOA's Young OD of the Year is committed

When Laura Windsor, OD, FFAO, the American Optometric Association's (AOA) 2011 Young Optometrist of the Year, hears her colleagues talking about their unease with implementing electronic health records (EHR), she feels their pain. She's not facing the same scramble as her colleagues who are just starting to move away from paper-based records, though. She made that switch six years ago in her four Indiana low-vision clinics. But she knows that in their haste to get on board—in order to receive reimbursements and ultimately avoid penalties—they are more likely to make mistakes.

That's where her experience could be most helpful, she says. "In my practice, I think in the beginning we did a lot of things the wrong way," she admits. So she approached the Indiana Optometric Association (IOA) last year, offering assistance in producing a manual to guide others through EHR implementation. Dr. Windsor, who is also the IOA's vice president for its East Central Optometric Society and on the IOA's EHR task force, penned the 70-page manual with two other ODs. It covers the selection of an EHR system, as well as strategies for implementation and helping the staff and doctors adapt to the system. The manual was distributed to IOA members and is available for purchase by nonmembers.

When Dr. Windsor started with EHR in her three clinics—in Hartford City, Indianapolis and Fort Wayne, Ind.—she purchased tablets for entering the data. "It was the worst mistake we've ever made," she says, adding that they spent thousands of dollars when \$500 laptops would have worked much better. Instead of giving up, she and the staff persevered. "I like to be realistic. It is not going to be great from the first day. And it's going to slow you down before it speeds you up," she says. However, she quickly encourages colleagues that it is worthwhile. "I

Healing through Action



Earning the AOA Young OD of the Year award was a bright spot in a difficult year for Dr. Laura Windsor and her husband, Jeff Whetzel. Their daughter, Lauren Victoria Windsor Whetzel, just 6, passed away unexpectedly following complications after tonsil surgery in February. The family has established Tori's Butterfly Garden Foundation to support fine arts, gardening and nature education in their county and sends pink "Live Life Like Tori" bracelets to those who make donations. Learn more at toributterflygarden.org.



to her community and her profession

couldn't live without it." A system of electronic records has increased her practice's organization and ability to access information to an exceptional degree. She enjoys the added bonus of being able to access her system from any location with Internet access.

Dr. Windsor uses her technological skills in other ways as well.

Inherited Interest

Dr. Laura Windsor followed in her father's footsteps and joined him in practice. Richard Windsor, OD, FAAO, also specialized in low vision, and his passion for the specialty made her realize that she wanted to focus on these services, too. Her father was awarded the Optometrist of the Year award from the American Optometric Association (AOA) in 1999. She is grateful to be the recipient of the AOA's Young Optometrist of the Year recognition this year. "It's a great honor and privilege to be acknowledged for my work in low vision, my lecturing and my writing," she says. **WO**

find out about her services and much more. The web site has drawn new patients from near and far, including countries such as Venezuela, Mexico, China, Canada, France, New Zealand, Greece and Malta. Despite her practice being "in the Indiana cornfields," these patients are happy to make the trip because they do not have the care to help them in their home countries.

Dr. Windsor has gained increasing audiences through writing and lecturing across country. She often focuses on topics such as low vision and specialized conditions like achromatopsia. For the past 10 years, she and several other Indiana ODs have held an annual lecture on third-party billing and insurance. Dr. Windsor is co-writer and editor of the 350+-page manual for the sections she covers, including diagnostic procedures, supplemental testing, EHR, e-prescribing, OSHA and the rules and regulations of billing. **WO**

She's has been the IOA's web master in the past and has developed her own practice web site to the point where it contains extensive educational information on low vision and neuro-optometric conditions, as well as treatments. On eyeassociates.com, visitors can read about low vision conditions and systems, watch videos and movies that Dr. Windsor has co-produced,



Dr. Geist



Dr. Weiss

Dr. Geist & Dr. Weiss

Two of the Nebraska Optometric Association's (NOA) past presidents are leading respected regional optometric associations. **Teri Geist, OD**, of Omaha, is president of the North Central States Optometric Council, and **Ellen Weiss, OD**, also of Omaha, leads the Heart of America Contact Lens Society. The overlap of their tenures has led to the first time NOA has had two members in such prominent roles simultaneously.



Dr. Andersen

HeartSmart Technologies Eye Care Division hosted a dinner for **Kathleen Andersen, OD**, and her staff, of Rancho Santa Margarita, Calif., to celebrate Dr. Andersen being in private practice for 20 years. CEO Blaine Ung presented Dr. Andersen with a plaque of her story in *WO*.

Dr. Franklin

Shannon Franklin, OD, of Crozet Eye Care Optometrists in Charlottesville, Va., has been named to serve on the national InfantSEE[®] committee, a program of Optometry Cares—The American Optometric Association Foundation.



Dr. Robertson

Katie E. Robertson, OD, of Springfield, Mo., was the first recipient of the American Optometric Society's Dr. Harvey Yamamoto Award.



Vision Monday Recognitions

Vision Monday recognizes several women ODs in its 2011 Most Influential Women In Optical feature. In the Executive Suite category, *VM* notices the work of



(A) **Dori Carlson, OD, FAAO**, of Park River, N.D. Four ODs were recognized in the Rising Stars section: (B) **Carla Mack, OD, FAAO**, director, global medical affairs at Bausch + Lomb in Rochester, N.Y.; (C) **LaSheta P. David, OD**, owner of

Invision Family Eyecare in Concord, N.C.; (D) **Jennifer M. Smith, OD, FCOVD**, vice president/co-owner, Draisin Vision Group in Charleston, S.C.; (E) **Jeanette Carbone Varanelli, OD, FAAO**, chief of optometry at John D. Dingell VA Medical Center, Department of Veterans Affairs in Detroit, Mich.

Protecting the Referral Relationship

Doctor coordinates specialty care for patients while keeping OD colleagues in mind

For a short time, **Katherine Mastrota, MS, OD, FAAO**, “was very close to opening my own practice,” she recalls. But a succession of opportunities led her in another direction, ultimately to where she is now—the center



Dr. Mastrota

director of Omni Eye Surgery New York. In her role of caring for primarily other ODs’ patients, she keeps the primary care ODs’ role firmly in mind.

That attitude has earned her a lot of respect from her colleagues who send their patients to Omni for specialty

care. Dr. Mastrota is the center director for the New York City Omni center; there are four affiliated centers in New Jersey. Specialists cycle through the five Omni locations, providing surgery or follow-up care as needed.

Dr. Mastrota manages the daily patient flow, making sure the specialist has the support from optometrists, optometry residents and students and technical staff to handle the 80-90 patients scheduled to see the specialist.

Each day presents a unique lineup. One day, the center sees only ophthalmic surgery patients; the next it might be all retinal patients or glaucoma patients. Typically, Dr. Mastrota and the front office staff have one day a week where no specialist is on the schedule. On those days, she schedules post-operative patients and handles on-call requests for ODs who ask her to cover their emergencies while they’re on vacation.

“I thought when I first came to Omni that my biggest challenge would be the patient care since it was at a different level from what I had been doing day-to-day,” she recalls. “I wondered whether I had the clinical skills. But the greater challenge has been staff management and developing a political sensitivity to the different ODs and MDs.” For example, she’s had to learn to control her tendency to micromanage projects and people. “It doesn’t really matter if the pages are lined up exactly so in the two-hole punch,” she says, laughing. “But it does matter to remember how different doctors have different philosophies about



Dr. Mastrota counsels patients preparing for surgery or a visit to the specialist. Then she wants them to return to their primary eye care provider.

disease management, keep their preferred processes in mind and help the clinic days progress as seamlessly as possible.”

Since Omni neither provides primary eye care nor dispenses contact lenses or eyeglasses, optometrists in the region feel confident that their patients will be sent back to them. “We will not prescribe eyeglasses or contact lenses, as that care is rendered by our referring optometrists. We are very strict about that policy,” Dr. Mastrota says, noting that she has spent years at this center and previously at the Jofe Eye Institute cultivating OD-referral relationships. “No patient is truly our own,” she adds. Only a handful of patients—many of whom are native New Yorkers who don’t drive—call the center directly for care. She’ll provide any urgent care needed and then refer them to an easily accessible OD in the area for continued care.

Dr. Mastrota says that being meticulous about returning patients to their primary care OD is critical to improving care overall. “When ODs send a cataract patient to an ophthalmologist and that patient doesn’t return to the practice, that is discouraging to the referring ODs,” she says. “The result could be that ODs tend to want to hold onto their patients, during which time the cataract becomes more dense and vision declines, compromising patient safety and quality of life.” She believes that since Omni’s referring ODs can send patients there with complete confidence that those patients will be back, intervention can occur sooner.

In fact, the wide range of options available to optometrists is what intrigues her about the profession. “Not only are there so many modes of practice, but if you want to do pathology or vision therapy or contact lenses, you can find a place to provide that service.” That flexibility may be one reason optometry is drawing so many women. **WO**

That’s Her Paddle

Wondering whether **Dr. Katherine Mastrota** is connected to the **Mastrota Meibomian Gland Paddle**? She is the designer of the tool to gently and effectively express meibum from the meibomian glands. **WO**

Impact of High-Tech Classrooms Worries Parents

Parents have some concern about the effects of the evolving technology in today’s classrooms, according to the American Optometric Association’s (AOA) 2011 American Eye-Q® survey. “Today’s classroom technology is extremely visual, making it critical for students to maintain excellent eye health,” says **James Sheedy, OD, PhD**, an AOA technology and vision expert. “Binocular vision, focusing abilities as well as nearsightedness and farsightedness should be checked by an eye doctor yearly, particularly as students head back to school.” The increasing use of 3D imagery in the classroom may prove problematic for those who experience headaches,

nausea or have problems with binocular vision.

Students can help avoid computer vision syndrome by practicing the 20-20-20 rule: Take a 20-second break at least every 20 minutes of focused viewing, and view something 20 feet away. Studies show that people need to rest their eyes to keep them moist. Plus, staring off into the distance helps the eyes from locking into a close-up position. The AOA further recommends that students take a 15-minute break for every two hours spent on computers or other digital devices.

For more information on 3D vision, or to download a copy of *3D in the Classroom—An AOA Report*, visit 3deyehealth.org. **WO**



There Is Power in Change

By Norma K. Bowyer, OD, MS, MPH, FAAO

Change ignites a reaction and discussion. That's surely been the case with topics such as optometric board certification and the push for comprehensive eye examinations for all the nation's children. Although there is tugging from all directions, this give-and-take is simply an evolution. It's pushing optometry forward. We can't be stuck in our ways, and we must realize that change is good.

Even I wasn't always gung-ho about change. As one of six women in my optometry school class, I imagined myself moving into a stable career, settling down in a small town with an underserved population and taking care of the community in my own private practice. Instead, I haven't seen a traditional patient in nearly 20 years. That's not to say I wasn't busy; my work weeks often averaged 50-80 hours. But I saw a greater need outside of the traditional setting.

While clinical care in a traditional practice setting is a great career and the foundation of the profession of optometry, it's not the only venue or choice. For example, in my career, I have developed children's vision programs and worked in mobile vision clinics on freezing winter days and under the scorching summer sun as a public health officer with the Indian Health Service. That federal program is responsible for providing health care to Native American and Alaskan Native peoples. I helped establish primary eye care clinics in rural



Dr. Bowyer

Appalachia at a time when the mining industry reduced its support of health care for miners and their families. I also developed comprehensive primary care, quality assurance diabetes programs funded through the Centers for Disease Control and Prevention for high-risk populations. My mother's professional work with early stages of what became HeadStart programs prompted my own fascination with child development. I was fortunate to encounter the late **John Streff, OD, DOS, FCOVD, FAAO**, a committed educator ahead of his time with his appreciation for the visual processing system.

My career has brought me into contact with others who changed the course of my life. An adjunct faculty position lead to a role as director of off-campus clinical programs at Southern California College of Optometry. That experience served me well when I was a practicum coordinator for a newly developed Masters of Public Health program that I helped shepherd through to accreditation at the Robert C. Byrd Health Sciences Center. The energy, motivation and dedication of students are inspiring.

My career may seem complicated. It has become a far cry from the 9-to-5 day that I once sought when first considering the profession of optometry as a career choice. Now I balance the demands and opportunities of related work: consulting, working on dissemination plans for Healthy People 2020, reviewing federal grant applications, serving on state and national boards and advisory panels and attending meetings such as the National Rural Health Association Annual Meeting or the American Public Health Association's first midyear meeting. Looking back, each of the places I stopped along my career's journey could have been a lifelong pursuit on its own.

But I've adjusted my plans and changed course accordingly when and where there was a need. Not everyone embraces change. I didn't settle into the practice I once envisioned, but I have had other opportunities to help practitioners in rural areas better serve their patients. I've been able to see and cultivate interests and excitement among students. I've been able to advocate for underserved minority populations and the elderly. These opportunities were available to me because I was willing to challenge myself and to embrace change.

The idea of change can be intimidating, but don't let it overpower you. It's important to face it and move forward for the future of our profession. Optometry is changing, and so are the people in it. 

Dr. Bowyer coordinates her many roles from Morgantown, W.V.

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