



Dedicated to the interests of women ODs



Dr. Higuchi

Three's a Company

Dr. Carllys Higuchi and two friends find common interest in launching a practice.



Also Inside:

Two other approaches to practice ownership



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Shout Out



Marjolijn Bijlefeld

Fresh Start

There's always something exciting about spring. It's so promising, the way most beginnings are. In this issue of *Women In Optometry*, you'll find that same sense of enthusiasm and expectation in our cover story

with **Dr. Carlys Higuchi**, who recently opened a practice with two friends—one of whom she's about to marry. The other two women in the cover package share their experiences about how they made their practices keep up with new beginnings in their own lives. **Dr. AnneMarie Newcomer** and **Dr. Kelly de Simone** show how making and revising career goals can keep a practice fresh and growing.

Please make sure you see our special report on women in optometry, too. For years, we've known that men are retiring from the profession in greater numbers than women are and that women are entering the profession in greater numbers. Now, in a handful of states, the number of women in practice is beginning to approach that of men. In academia, too, the numbers are showing a similar shift. The Pink Ink column with **Dr. Melissa Bailey** reflects on this now-familiar pattern within the American Academy of Optometry.

It's also obvious that women are making themselves seen and heard within the profession. **Dr. Elise Brisco** has been keeping up with a steady stream of media appearances, while practitioners like **Dr. Michelle Hessen** are applying new knowledge in amazing ways.

Here's to your fresh start this spring with whatever goals and aspirations you have before you. Keep in touch with us via email or through facebook.com/WOmagazine.

Marjolijn Bijlefeld

Marjolijn Bijlefeld, Director of Custom Publications Practice Advancement Associates

China Redux

Last year, **Bridgitte Shen Lee, OD**, led 20 participants on a CE trip through her native China. In June, she returns with a group about twice as large for a two-week excursion that will bring participants to some very exciting places. After touring Shanghai, the group will visit Chongqing, a high-tech and clothing manufacturing port on the Yangzi River. With 29 million residents, it's the most populated city in the world.

From there, the group will board a luxury riverboat cruise for three days on the Yangzi River, traveling at night and exploring different ports during the day. The trip includes a visit to the world's largest dam, the Three Gorges Dam, which was completed in 2009. The action-packed itinerary also includes visiting Terra Cotta Warriors in Xi'an and an in-depth tour of Beijing.

Twenty hours of COPE-approved and University of Houston College of Optometry-endorsed CE will be provided by **Ron Melton, OD, FAAO**, and **Randall Thomas, OD, FAAO**. In addition, Dr. Shen Lee is inviting Chinese eye care practitioners to meet the group and is arranging visits to local eye clinics and opticals.

Visit the web site itravelce.com for more information about the 2012 trip celebrating the Year of the Dragon. **WO**



The 2011 iTravel CE trip to China included a visit to the Bird's Nest, the Beijing National Stadium built for the 2008 Summer Olympics.



The group of doctors, spouses and family members also visited the Great Wall.

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It's Your Business

Focus on the Details

By Kellan Barfield, MBA

Whoever came up with the saying *Don't sweat the details* never ran a business. In truth, focusing on the details, even becoming a little obsessive about them, can be what sets an ordinary practice apart from an extraordinary one.

In this column this year, we will look at the kinds of details that matter and how to improve performance in various practice components by focusing on the details. We will begin with the type of messaging a practice sends and how that message holds up throughout the different parts of the office visit.

Here is the good news to doctors: you do not have to carry that burden on your shoulders alone. If you want to make sure that patients understand the advanced products and services you offer, the need for compliance with your prescribed regimen or even the level of commitment that you have for treating them, there are people, procedures and other tools that can help you. But first, you have to pay attention to the details, see what kind of messaging you're providing now and how you can improve it.

Start by making sure that your staff understands that the first goal is to build patient loyalty to your recommendations and to your practice. When patients feel that they have received a strong recommendation, understand why it's been provided and know what to do, they are more likely to follow it, and they are more likely to be loyal to the practitioner who explained it. Here is how it works.

Increase annual supply sales of contact lenses. Start by measuring where you are now. According to the Management & Business Academy™ (MBA) *Key Metrics: Assessing Optometric*

Practice Performance 2011, a median of 25 percent of two-week replacement contact lens wearers purchase an annual supply, while a median 50 percent of monthly replacement contact lens wearers do so. Those numbers could be improved through an office-wide dedication to the message that an annual supply of lenses is cost-effective and convenient. Determine what you are going to say to each patient in the

exam room about an annual supply, and then develop the message that the staff provides to reinforce that. Now fill in the



details. What can your practice do to promote more annual supply sales? Is there a pricing comparison chart that should be shown to each patient? Do you want to offer an in-office discount on annual supplies? Change some elements of your process, and measure the percentage of annual supply sales again in a few weeks or months. Is there an improvement? If so, it's an indication that the details matter.

Make your recommendations count.

Step into a pharmacy or grocery aisle where the over-the-counter ocular products are available. It can be overwhelming.

That's why a strong recommendation, along with a reason for why you are providing it, can be the difference between compliance and noncompliance. Whether you're recommending the latest-generation contact lens care solution or relief for dry eyes, make sure patients understand why you believe this product will work better for them and their condition than all the other offerings on the shelf. That message should be repeated by the staff, and the displays in the office should reflect those preferences. If you want patients to use one contact lens solution specifically, but the display behind the reception desk features six brands, or the technician asks the patients which one they'd like to have, your recommendation is diluted.

Make patients feel special.

Patients' perception of a visit to their eye care provider spans from the moment they first call to make an appointment until after the visit, when they are wearing their new eyewear. So consider all the opportunities in that period of time to ensure loyalty and satisfaction. Ultimately, patients are more likely to make a referral to an

office where they felt welcome and respected than to one that had some of the latest diagnostic equipment. Make sure staff members introduce themselves by name when patients arrive or call. Be alert to any assistance a patient or companion might need. Thank patients for their trust and business. Develop a presentation for new eyewear that is special, such as delivering it on a velvet-lined tray, and send patients home with a nice bag with the practice logo and information on their eyewear. Call patients who have received new eyewear or had come in for an ocular condition to make sure they are doing well. Sure, you might hear from someone who is not happy, but even in those rare cases, patients will appreciate that you cared enough to call.

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



On www.wovonline.org

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



The New Face of Faculty

More women ODs coming into academia

Optometrists are headed back to the classroom, but not as students. Many ODs, including an increasing number of women, are drawn to the opportunities faculty members have in shaping the future of the profession. "Faculty members influence and develop the next generation of optometrists," says **Kristin Anderson, OD**, vice president for Institutional Advancement for the Southern College of Optometry (SCO). "Faculty members are often inspired by the students' enthusiasm, and through classroom education or clinical teaching, faculty members find interacting with students very motivating." Students have a fresh approach to optometry, while faculty members share their wisdom and expertise and how it applies to the latest changes in the profession.

It's an opportunity that is appealing to many women, and Dr. Anderson expects to see the number of women in faculty positions rise in the coming years. From her time as a student at the Illinois College of Optometry until her 1995 graduation and even after she joined the SCO faculty in 2000, fellow women OD faculty members have left a mark on Dr. Anderson's

career. "I've had many female role models in the classroom and on the clinical side of my education," Dr. Anderson says. "I love that this will continue for current students."

Faculty demographics have been shifting in recent years, mirroring the overall trend of more women coming into the profession. (See chart below.) But the goals for student education remain constant. "The leaders at every institution want a well-rounded faculty," Dr. Anderson says.

The hiring process can help shape the faculty, but it's not often that you get to start from scratch. **Elizabeth Hoppe, OD, MPH, DrPH**, had a fresh canvas to work with as founding dean of Western University of Health Sciences' College of Optometry (WUHSCO). Dr. Hoppe had several diversity goals for the faculty and student body, including broad representation based on alma mater, residency training sites, race/ethnicity and gender. The decision was made to mirror the gender diversity of the country's overall population, Dr. Hoppe says, which is 49 percent male and 51 percent female, according to the most recent U.S. Census. "While gender, or any other diversity target,



Dr. Hoppe



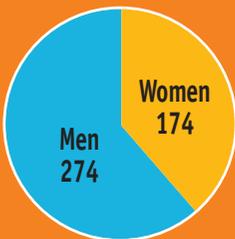
Dr. Anderson

Continued on page 6

ASCO Faculty Survey Shows Shifts over Five Years

Full-time Didactic

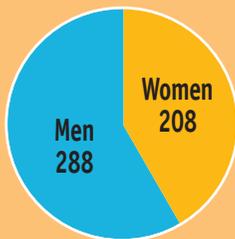
2005-2006



Total 448—39% women

NOW

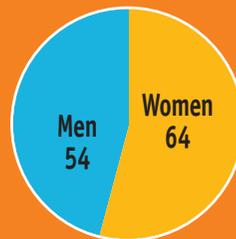
2010-2011



Total 496—42% women

Full-time Clinical

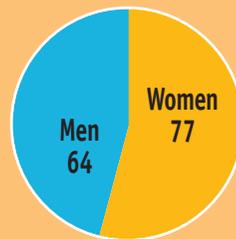
2005-2006



Total 118—54% women

NOW

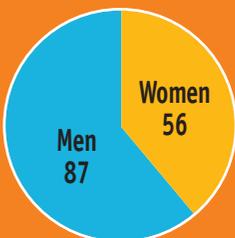
2010-2011



Total 141—55% women

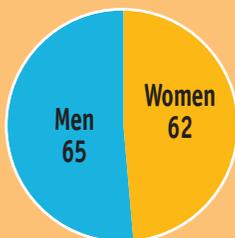
Part-time Didactic

2005-2006



Total 143—39% women

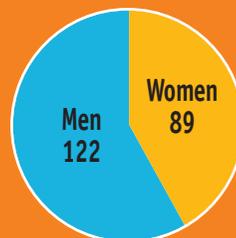
2010-2011



Total 126—48% women

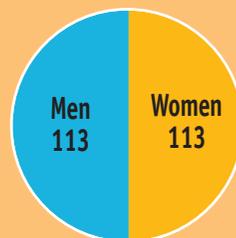
Part-time Clinical

2005-2006



Total 211—42% women

2010-2011



Total 226—50% women

SPECIAL REPORT

Continued from page 5

is not used specifically as hiring criteria or in hiring decisions, we do try specifically to recruit well-qualified female candidates in order to meet our target,"

Dr. Hoppe says.

At WUHSCO, Dr. Hoppe says women faculty range in age from their 20s to 50s and come from a wide variety of backgrounds, such as the Department of Veterans Affairs, independent practice, HMO or group practice settings and other academic insti-



Dr. Walker

tutions. Assistant Professor **Kimberly Walker, OD**, works with Dr. Hoppe at WUHSCO and is inspired by the determination and work ethic of many women faculty members. "Several of them are balancing faculty positions with practice positions or even owning a practice, as well as taking care of a family," Dr. Walker says. "These doctors are amazing."

In August 2011, women accounted for 43 percent of the faculty at WUHSCO. Dr. Hoppe believes their varied backgrounds—married or single, with or without kids, with blended families or additional work experience—bring variety to the classroom. "This representation mirrors what you would see in the general population," she says. "In addition, we have a significant number of women faculty members who are the primary earner for their families and a couple of stay-at-home dads in the mix."

During her own optometry education experience, Dr. Hoppe saw fewer female faces in front of the classroom than Dr. Anderson and Dr. Walker saw in their schools. Dr. Hoppe only had one female faculty



Dr. Wren

member, **Nancy Peterson-Klein, OD**, at the Michigan College of Optometry. "I recall being aware of the lack of women, but it was long enough ago that I think it was more accepted as the status quo," she says. At the time her class included the largest number and percentage of women students up to that

Why They Love Teaching

Two Western University of Health Sciences' College of Optometry educators explain what invigorates them about educating students.



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Impact the Profession

"Where else do you get to shape the future every day? As a practitioner, you can help one person at a time, and that can be very exciting and meaningful. As an educator, you never know how far your influence extends. You have the opportunity to encourage a large group of students to make a difference in the lives of their future patients. In an interprofessional setting like Western University, you also have the opportunity to influence the care that will be provided by other future health professionals, like physicians, nurse practitioners, physician assistants, physical therapists and more. It can be extremely exciting to consider how that will benefit the profession of optometry in the future."

—Elizabeth Hoppe, OD, MPH, DrPH

Collaboration

"In a faculty setting, you are not only shaping the future of optometry, you are able to collaborate with experts in all areas of optometry. In the clinic, you can discuss treatment options with colleagues in a matter of minutes to ensure the best care of your patient. This is a great learning experience for you and your students. Being on faculty pushes you to achieve and become a leader in your field."

—Kimberly Walker, OD

point in the history of the college, then called Ferris State University. "As I evolved in my role as a faculty member and then an administrator, I did become more aware of the value of having women involved in optometric education." As the number

of women students continued to increase, a more diverse faculty became a more important factor.

Dr. Hoppe sees the trend continuing, as well. "As we balance both the predictions in retirements with the pool of future faculty members, it is very likely that the number of women faculty members will grow," she says. WUHSCO Associate Professor and Chief of Neuro-optometric Rehabilitation **Valerie Wren, OD**, agrees, saying that she sees this trend all over the profession. "I've noticed female representation trending upwards in academia, professional meetings and leadership roles within organized optometry," Dr. Wren says.

Dr. Walker and Dr. Anderson are eager to give back to students, offering the mentoring and support they received from strong female leaders during school. "Women are a majority of the student population," Dr. Walker says. "Today's female students have several female role models to help

them reach their career goals."

Dr. Anderson now holds the position once filled by **Lisa Wade, OD**, who advised her. "My career has evolved, and now I'm sitting in the same chair," Dr. Anderson says. "I think having female OD role models in the classroom and other educational settings is so important regardless of where you end up. Those role models can influence your long-term career, and I hope we do a good job of being a resource to new generations of future faculty members." **WO**

"As we balance both the predictions in retirements with the pool of future faculty members, it is very likely that the number of women faculty members will grow."
—Dr. Elizabeth Hoppe

Nearing the Tipping Point

In 10 states and Washington, D.C., 40 or more percent of practicing ODs are women

According to the American Optometric Association, as of June 2011, 36.3 percent of practicing optometrists nationwide were women. *Women In Optometry* consulted healthgrades.com, a comprehensive online database of practicing health care physicians and hospitals, to calculate an average of 38 percent of women ODs in practice nationwide and the corresponding percentages in each of the states.

Many state licensing boards do not ask applicants to list their gender. In every instance where state licensing boards were able to provide data, the state licensing board numbers were higher, but the percentage of women was within a few percentage points. State licensing board data includes practitioners who practice in multiple states and those who must or want to maintain their licenses even if they are not in practice.

Maryland has the highest percentage of women ODs at 47 percent, and Utah has the lowest, at 10 percent. 

One-State Snapshot

In Iowa, according to state licensing board data, nearly 31 percent of the licensed optometrists are women.* That's slightly higher than the 28 percent found on the healthgrades.com compilation of practicing ODs in the state. While Iowa's percentage is slightly lower than the national average, the state data provides an interesting snapshot.

- Four percent of the 108 licensed ODs who are older than 60 are women.**
- Twelve percent of the 138 licensed ODs who are between 50 and 59 are women.
- Thirty-seven percent of the 152 licensed ODs who are between 40 and 49 are women.
- Forty-eight percent of the 192 licensed ODs who are between 30 and 39 are women.
- Fifty-six percent of the 61 licensed ODs who are younger than 30 are women.

These breakdowns show that the percentage of women in practice is likely to be boosted by trends on both sides of the spectrum. The percentage of women coming into practice is higher than men—although that should level off as the enrollments in optometry schools over the past several years have hovered around 65 percent women. Among older ODs approaching retirement, the vast majority of them are men. 

*State licensing board information includes gender for 651 of the 659 licensed ODs.

** Ages calculated as of Dec. 31, 2011

ODs in Practice

State	Total ODs	Men	Women	Percentage of women
Alabama	632	386	246	39%
Alaska	124	82	42	34%
Arizona	777	497	280	36%
Arkansas	391	287	104	36%
California	5,646	3,138	2,508	44%
Colorado	843	514	329	39%
Connecticut	483	301	182	38%
Delaware	112	63	49	44%
D.C.	234	127	107	46%
Florida	2,366	1,464	902	38%
Georgia	1,011	656	355	35%
Hawaii	230	128	102	44%
Idaho	249	220	29	12%
Illinois	1,959	1,098	861	44%
Indiana	1,176	755	421	36%
Iowa	517	374	143	28%
Kansas	571	407	164	29%
Kentucky	519	354	165	32%
Louisiana	381	273	108	28%
Maine	202	150	52	26%
Maryland	715	382	333	47%
Massachusetts	1,108	603	505	46%
Michigan	1,377	907	470	34%
Minnesota	783	513	270	34%
Mississippi	283	196	87	31%
Missouri	929	580	349	38%
Montana	192	151	41	21%
Nebraska	335	237	98	29%
Nevada	328	200	128	39%
New Hampshire	212	134	78	37%
New Jersey	1,118	673	445	40%
New Mexico	256	175	81	32%
New York	2,463	1,414	1,049	43%
North Carolina	1,065	703	362	34%
North Dakota	171	117	54	32%
Ohio	1,826	1,208	618	34%
Oklahoma	647	447	200	31%
Oregon	649	406	243	37%
Pennsylvania	2,023	1,265	758	37%
Rhode Island	173	115	58	34%
South Carolina	498	355	143	29%
South Dakota	177	132	45	25%
Tennessee	937	632	305	33%
Texas	2,982	1,695	1,287	43%
Utah	313	281	32	10%
Vermont	103	70	33	32%
Virginia	1,021	588	433	42%
Washington	1,069	715	354	33%
West Virginia	210	159	51	24%
Wisconsin	832	558	274	33%
Wyoming	119	93	26	22%
TOTAL	43,337	26,978	16,359	38%

Source: healthgrades.com accessed Jan. 11, 2012

A Certain Kins^hip

They were friends before they were family. And they were family before they were colleagues. That kind of kinship keeps **Jennifer Howard, OD, MPH**, and **Kathryn Howard Mayberry, OD, MBA**, grounded as they develop goals for their two-location practice.

Dr. Mayberry and Dr. Howard had been roommates at University of Missouri-St. Louis, when Dr. Mayberry caught a little of the matchmaking bug. She had a nice single brother, **David**, and Dr. Howard was not seriously involved with anyone. Dr. Mayberry brought her roommate to her hometown of Dexter, Mo., but as fate had it, David wasn't home that weekend. It wasn't long, however, before he came to visit at school. Fast forward two-and-a-half years, and the two were married.

When the two women were in their final year of optometry school, they partnered on an assignment to create a sample business plan. Each harbored hopes that one day they could practice together. "We put the plan together as if we were going to do it right after we graduated," Dr. Mayberry says. But that's not how it worked out. Dr. Howard, newly married, moved to Dexter. Dr. Mayberry wasn't quite ready to return to her hometown, so she accepted a position in Alabama for a change of scenery and experience.

Soon, Dr. Howard was preparing to introduce her new practice, Dexter Family Eye Care, to the community and extended an offer to Dr. Mayberry to work with her when she was ready.

The first office found its home in a building that had been abandoned for nearly a decade. "A gentleman from our church thought he could make it work for us," Dr. Howard says. After professionals repaired the water damage and prepped the space, Dr. Howard came in to paint and decorate. The Howard family is well known in the neighborhood, which was helpful as Dr. Howard became the first woman OD in town.

That may have been a benefit, actually, as the practice quickly developed a reputation for fashion-forward eyewear and a family-friendly attitude. Dr. Mayberry says that sometimes mothers feel more comfortable bringing their kids to a woman doctor.

The town adopted her quickly. "Jennifer and my brother are social butterflies. If she could, she would probably run for mayor," Dr. Mayberry says, laughing. "She made a name for herself." Dr. Howard became involved around town in many ways including working with the Chamber of Commerce to make her presence known. "She knew what to do to succeed," Dr. Mayberry says. "She drew patients in by offering something completely



(l-r): Colleagues and sisters-in-laws Dr. Howard and Dr. Mayberry enjoy each other's company.

new and different than what has been in town for years." Now patients stop by the office just to say hello.

About a year later, Dr. Mayberry decided it was the right time to return to Missouri. Dr. Howard added a second exam lane and a designated pretesting area, and the two supplemented their income by working at another office that Dr. Howard hoped to be able to purchase. That deal fell through, but it set them looking for a new location.

A friend in real estate pointed them to an open space in Advance, 25 miles away. "That's part of the benefit of a small town—there's always someone you can call to help you out," Dr. Howard says. "It's

been very nice for me because though I'm not from Dexter, the community feels comfortable with me." This second location opened for patients in December 2011, introducing the town to its first eye care practice ever. In addition, it's a high-tech office featuring the latest diagnostic instrumentation, including Optos technology, flatscreen acuity monitors to display anterior segment and retinal images and a fully electronic medical records system.

In the main Dexter office, business has been booming. "We've been really lucky," Dr. Howard says. The number of patients has doubled each year since opening, and the new office, Vision Source Advance, is growing even faster than the first. Dr. Mayberry works two days in each location, while Dr. Howard sees patients three days in the Dexter office and one day a week in Advance. **WO**

The Other Sister

The sister-in-law ODs rely heavily on a third sister-in-law, **Bonnie Howard**, who is their office manager. "Bonnie is pretty fashionable," says **Dr. Kathryn Howard Mayberry**. Her personal attention to style comes in handy when working with the office's inventory and ordering from representatives to fit the patients' optical needs. "She helps set us apart by carrying lines that are not offered by other practices in the area," Dr. Mayberry says.

The average patient in this practice is a woman between the ages of 30 and 40, who is finding the frame selection at the two locations unequalled anywhere else in the area. **WO**

Act Globally

Stephanie Lyons, OD, and the Lyons Family Eye Care team traveled from Chicago to Honduras with VOSH International to provide eye care to serve the poverty-stricken population in need of vision care. **WO**



Hondurans waited in the rain for their turn for vision care.

Making a Name for Herself

Doctor's media appearances grow into impressive collection

Dr. Brisco hosts a TV crew in her office.

9 f 15 minutes of fame brings you some recognition, imagine that times 80. That's how many media contacts **Elise Brisco, OD**, of Los Angeles, had in 2011. This year, her profile will rise even higher, as her list of appearances includes the Disney Channel, *The Doctors*, *Good Housekeeping*, Sirius Radio's *Beyond Cardiology*, TV commercials and many national and international news and magazine interviews.

For much of the past two decades, Dr. Brisco has been in the public eye, as a spokesperson for the American Optometric Association and the California Optometric Association, as well as for contact lens and pharmaceutical companies. More recently, her phone has been ringing to the point where she finally got an agent to represent her.

She has also received coaching, not just on products she's discussing but on her stage presence. "I've been coached on how to breathe or walk while I'm talking, how to hold a microphone and how to engage an audience."

She wants to be clear about her goals, though. "I don't want to be an actor. I want to be a doctor who uses media to educate," she says. As it happens, the process she goes through to be prepared for media appearances has made her a more precise communicator with her patients.

"I have to research the stories so I am knowledgeable," she says. For example, when local TV station KTLA contacted her to talk about vodka eyeballing, she had to learn what it was first. In a nutshell, tipping a shotglass full of vodka onto your open eye apparently gets the alcohol into your system quickly. Obviously, Dr. Brisco doesn't recommend it.

She's spoken about computer vision syndrome and 3D technologies. And sometimes, the initial topic veers off, allowing Dr. Brisco to deliver a wide-ranging message on eye health. Last year, she appeared on KTLA to talk about anime-style contact lenses that make the wearer's eyes look huge, but quickly, the conversation moved to children wearing contact lenses and the shortfalls of a school nurse-administrated vision screening.

She's been a guest on the Emmy-award winning show *The Doctors*, once discussing what your eyes reveal about your overall health and another time talking about double vision. The show's staff called her, and after the appearance, she fielded calls from other doctors who asked her how she was selected. Many of their PR representatives or marketing staff

had been trying to arrange for bookings on the show.

Last year, the Disney Channel ran a series called *The Time I...*, in which youngsters talk about some momentous occasion. Dr. Brisco is featured in *The Time I First Got Glasses* segment. These short videos ran repeatedly during popular children's programming.

Dr. Brisco was the first doctor interviewed on the Women and Our Health web site (womenandourhealth.com), which advocates on women's health issues. "I'm so honored, as an optometrist to have been selected as their first featured doctor," she says. She also warned readers about the dangers of sharing makeup on oprah.com, and on Dr. Oz's web site, youbeauty.com.

Dr. Brisco hosts crews or travels to studios for some of these interviews, often completing more than one segment in a taping session. She has also used Skype to talk with interviewers. Video loops of some of her interviews play in her reception area. Some patients have seen her on these shows, but others seem happily surprised to see their optometrist on TV. 

Dr. Brisco on *The Doctors*

Dr. Brisco and camera crew

(l-r): Dr. Lee, Dr. Higuchi
and Dr. Leong



Dr. Michael

Three's a Company

When **Carlys Higuchi, OD**, took two of her optometrist friends to see Upcountry, the mountainous area along Maui's main mountain, Haleakala, they could see why she loved it. **Michael Leong, OD**, and **Karsten Lee, OD**, had visited the area but didn't know it quite as well as she did. "I always had a dream of coming home and working Upcountry," says Dr. Higuchi, a 2006 Pacific University College of Optometry graduate. Dr. Lee and Dr. Leong had been thinking about opening a practice there, too. That shared dream was the beginning of a

partnership that has blossomed in more ways than one.

Dr. Leong and Dr. Lee were looking for a place to live, and the three ended up sharing a house. They spent more time getting to know the Upcountry area through frequent visits up the mountain. Dr. Higuchi, who had been working in an ophthalmology surgical practice on Maui, also began working with her friends at their Walmart-affiliated practice. "The closer we became, the more we all wanted to pursue a practice in Upcountry," Dr. Higuchi says.

On every front, they got along well. They were compatible roommates, shared a vision for eye care and worked together comfortably. "I found the courage to leave the ophthalmology practice where I had been working," says Dr. Higuchi. She gained tremendous experience in the cataract surgery practice, but she realized she wanted to be more involved in primary eye care. They opened an

Volunteerism Is Its Own Reward

Yet recognition for volunteerism is nice, too

In 2011, **Dr. Carlys Higuchi** became the youngest Lions Club member to receive the Hawaii organization's Humanitarian Award. Dr. Higuchi became active in volunteer work while still at Pacific University, when she took her first mission trip to Ghana with the Pacific University Amigos Club, which later became associated with VOSH. "Through that, I learned about Lions Club and how the organization is so committed to vision, making sure it is accessible to everyone around the world," she says.

After completing internships in Oklahoma, Alaska and Washington, she returned to her home state of Hawaii and wanted to give back to the community. She contacted the Kahului Lions Club, which helped her earn a space on a OneSight mission trip to Phayao, Thailand, where the team provided free vision care to more than 20,000 people in need. The club appointed her to chair the Sight, Speech and Hearing Committee, where she helped coordinate free school vision screenings around the island of Maui. Her eventual practice partners, **Dr. Karsten Lee** and **Dr. Michael Leong**, were also conducting school screenings on Maui and took things further by travelling to the islands of Moloka'i and Lana'i. "Those islands are so remote. The residents on Moloka'i have an eye doctor fly in every few months, and on Lana'i they don't have any access to eye care. We can catch a ferry or fly once a year to those islands, and the Lions Club is so well organized, we typically can conduct screenings at all the schools in one day," Dr. Higuchi says. "We like to share this experience with our staff members by bringing them along so that they can get involved in giving back to the community and experience how much people appreciate what we do as a company team." 

Dr. Higuchi has long had a dream of opening a practice in the mountainous area called Upcountry.

Ownership: Startup

Trio makes partnership work among friends and couples

independent practice, Maui Optix, in Pukalani, Maui, in 2009. The two practices are only 11 miles apart but serve different demographics. The Walmart location is in Kahului, Maui, near the airport. The Upcountry location is distinctly rural. "It used to be a farming and cowboy community, and it still maintains its rural charm" she says. The three doctors rotate days in both locations, each of which is open six days a week. "People are so appreciative that we're open on Saturdays," Dr. Higuchi says.

Somewhere along the line, Dr. Higuchi and Dr. Lee fell in love. Their wedding is planned for March 2012. That can be tricky for a three-partner practice. "When Karsten and I first started dating, we were very sensitive to the whole subject. We talked it over with Mike because we wanted him to understand our commitment to him as business partners," she says.

These conversations came naturally to the trio. Dr. Lee and Dr. Leong had been optometry school classmates and friends. "We joked that it was more like Mike and Karsten were married before I came into the picture," she says, laughing. They had already tested the waters of working together as business partners and friends. A small business advisor suggested that the three attend a business mediation counseling session before they opened their independent practice. Since they valued their friendship, the trio agreed that it was a good idea. Once a week for a month, they met with a professional mediator who helped them



Dr. Higuchi and her two partners divide their time between two practices.

discuss their individual

concerns about starting a business together, address those concerns and establish strategies for coming to consensus and conflict resolution, should conflicts arise.

"Mike and I have more similar personalities. We tend to agree with each other more than Karsten agrees with either of us," says Dr. Higuchi. "So it would never feel like we, as a couple, are ganging up on him in terms of business decisions." Neither did the couple have to worry that their upcoming wedding would serve as an unfair distraction—because Dr. Leong was married this past November.

It's been a dream come true for Dr. Higuchi, who has been intrigued by the medical field as long as she can remember. She recalls meeting her first optometrist as a high school student. "I played softball growing up, and in high school I noticed it was becoming more difficult to track the ball at a far distance," she says. She had an exam with **Lori Chai-Fernandez, OD**, a Costco-affiliated OD. "She was a young, pretty, local Maui girl who graduated from Pacific University and returned home to serve her community," Dr. Higuchi was fit with contact lenses. "The experience of seeing clearly blew me away, and my whole perspective of my future changed. My first thought was, 'How cool would it be to be able to give this experience to other people? This could be me in a few years.'" Through a health-start program in high school, she looked into other medical fields and shadowed a pediatrician, pharmacist and a dermatologist, but none of those experiences matched her interest in optometry. **WO**

Finding Balance

Dr. Carlys Higuchi is driven. While that helps her accomplish goals, it also can be stressful. "I was working hard at a busy ophthalmology practice, and as my stress level was rising, so was my blood pressure," she says. Her best friend from optometry school, **Kim Matkevich, OD**, encouraged her to try yoga. "It opened up a whole new world for me, gave me a different perspective on my life and career and helped me find balance," she says. "If I hadn't done that, I don't think I'd be where I am. Through yoga, I developed a clearer idea of what I wanted, and I gained the courage and insight to step away from my other job where I was not happy. That situation was predictable and secure, yet I took a step to the unpredictability of starting a new practice with two very close friends who are amazing optometrists."

She was so impressed by the impact yoga had on her that she trained to become a yoga instructor and now teaches a class once a week. "It's a nice balance with optometry," she says. **WO**



The Maui Optix web site features engaging photos that help make the practice approachable and welcoming.

Practice Model, Duplicated

Ownership: Buy-in

AnneMarie Newcomer, OD, found an ideal work situation in 1989. What's most remarkable is that opportunity knocked twice. Her husband, Jay Newcomer, OD, found the exact same path to practice ownership at the same time, 20 miles away. A pair of practice owners had two vacant offices on opposite sides of Citrus County, on Florida's west coast. Each doctor became an associate



Dr. Newcomer

in one of the locations—Dr. AnneMarie Newcomer in Homosassa and Dr. Jay Newcomer in Beverly Hills. A year later, each purchased a 49 percent share of his or her location. At that point, they were relatively new graduates starting off in practice with silent partners.

Later, they purchased the remaining halves of the practices with bank loans. The agreements were crafted, with help from an attorney and an accountant, so that a large portion of the loan payments were deductible as office expenses. "It was a win-win situation for everyone," she says.

Throughout the process, the two taught themselves about practice management. They learned they could negotiate with labs together to keep expenses down. It's a method that allows each practice to net about 36 percent.

Dr. AnneMarie Newcomer stresses the practices' independence: each practice has filed with the state as a separate corporation. But they lean on each other when it makes sense. For example, the couple does share a web site for the practices and often negotiates with vendors together. And she often sends patients who need testing with the optical coherence tomography unit to her husband, since Dr. Jay Newcomer is just 20 minutes away. But the two have never practiced in the same location. She laughs, adding that having two chiefs under one roof would have caused many disagreements over the years.

The area was hit hard by the economy, and Dr. Newcomer says that both practices had their best year in 2007, generating nearly \$650,000 in each office. "That's with working 4.5 days a week, with no evening hours and no weekends," Dr. Newcomer says. Dr. Newcomer says much of their profits comes from their medically focused visits or from the optical. Each office has an in-office lab and edger.

To stay on track and motivated, Dr. Newcomer and her practice staff complete a thorough report

The Five-Year Plan

Dr. AnneMarie Newcomer has a rolling five-year plan that enables her to keep short- and long-term goals in focus. In 1997, for example, she constructed a new building with four exam rooms. Two years ago, she remodeled. "We added cherrywood cabinets and tried to get everything in the office up to date so a young graduate would want to come here," she says. In reality, Dr. Newcomer had hoped to add an associate by now. But with the down economy and two children in college and another heading there soon, she and her husband weren't ready to give up the income just yet. "Both my husband and I want to fade out together—I don't want him golfing four days a week while I'm still in the office," she says, laughing.



Dr. Newcomer continues to update the building she had constructed in 1997.

Ideally, Dr. Newcomer would love to have another husband-and-wife OD team step into the two practices she and her husband have built. The transition would be easy, as an associate could start seeing patients in her fourth exam room to build up a patient base. **WO**



The dispensary was recently updated.

each year to analyze important metrics. They crunch the data to determine the number of comprehensive exams, vision insurance plan exams and more. When the report is complete, they gather to discuss marketing strategies. They revisit their ideas once a quarter so they can scrap what doesn't work and continue doing what does. "I like to get the staff involved on what we should do differently," she says.

Dr. Newcomer motivates the staff by setting collective goals toward which everyone contributes. If the office reaches a goal for an increased number of deposits or a higher frame capture rate, the staff members receive a bonus.

The report also includes goals for the next year. Dr. Newcomer had planned to add an optical topography unit to her office so patients don't have to travel to her husband's practice for a scan, and she accomplished this 2012 goal in late 2011 by taking advantage of the tax break. She is also certified for corneal refractive therapy, and Dr. Newcomer hopes to market that skill more through social media. **WO**

Motherhood and Ownership Can Coexist

Dr. AnneMarie Newcomer had three children in the first 10 years she became an independent practice owner. So she feels qualified telling other young women ODs that motherhood and practice ownership can work. "A lot of women think that they can't do full-time ownership if they have children, but that's not the case," she says. "It's completely possible, and I never missed a beat." She was there at every volleyball and soccer game.

In solo practice, Dr. Newcomer found that she didn't need to find coverage if her children had an event at elementary school or a sports game—she just scheduled around it. "I could block out the three hours I needed for the school play," she says.

Her practice is open four full days each week, Monday through Thursday. Friday afternoons are reserved for completing paperwork, a strategy that allows her to leave work in the office. "I went through too much schooling to work only part time," she says. "This is how it's been for 20 years, and I never take any work home." **WO**

Practice Ownership Opportunity Finds OD

Ownership: Buy-in

Kelly de Simone, OD, FCOVD, grew up in a family with many strong, female role models. Her grandmother owned a bar and restaurant and many apartment buildings—but Dr. de Simone didn't necessarily expect to become a business owner herself. In the three months following her optometry school graduation, life seemed pretty hectic. She got married, became pregnant and moved across the country from Pennsylvania to Arizona. She spent her first six years in Arizona working in a full-scope practice while continuing to expand her vision therapy skills. It wasn't until 1999, when she was pregnant with her third child, that a business opportunity arose. A former vision therapist suggested that Dr. de Simone apply for an opening in a practice closer to her home. The



Dr. de Simone

salaries during this time. The first year was a success. "I could make a change as a manager and

see some growth because I was present in the office. I also knew the community since I was just 10 minutes from home."

After the first year, Dr. de Simone worked with a bank to finance the remaining lump sum. She paid off that loan in just five years. In 2007, she moved the practice one mile from its former strip mall location to an office condo building that Dr. de Simone designed from the ground up. It was a smart financial decision after determining that the original landlord would not negotiate a better contract. "I doubled my space when we moved, and at the three-year mark, we are paying less than I would be if I stayed in the old location," she says.

One major change in this office was the incorporation of vision therapy. The practice, now called Eye Priority, was formerly a general optometry practice. Dr. de Simone was excited to bring her therapy skills to the business. "I've been a vision therapist for 25 years, as a student and now as an optometrist, and it's truly my passion," she says. Her vision



The staff members in Dr. de Simone's practice call themselves "lifers."

position was flexible, which would allow Dr. de Simone to work just a few days a week so she could be at home with her children. When she called to inquire more about the job, Dr. de Simone was stunned when the owner asked her if she would like to buy the practice just 10 minutes into the call. "I said, 'Wow, let me think about that. Let's talk about the terms,'" she remembers.

The practice was owned by a couple who lived about two hours away and employed part-time doctors to keep the office open. All management was done remotely. Dr. de Simone was interested in the opportunity, so the owners leased the practice to her for the first year as a trial run. Dr. de Simone paid them a monthly fee and covered all the bills and employee

Finding Optometry

When Dr. Kelly de Simone completed her undergraduate studies in anthropology, she struggled finding a job in her field. So she applied for a receptionist position at the King of Prussia, Pa., optometry office of Steven Marcus, OD. The interview took a surprising turn when Dr. Marcus, the co-author of the vision therapy book, *20/20 Is Not Enough: The New World of Vision*, asked her if she liked children. "When I said yes, he said, 'You're going to be a vision therapist,'" she recalls. He trained her for the role.

Six months later, a visiting college friend was exploring optometry as a career. "The more I talked about it with my friend, the more I discovered how much I loved it," Dr. de Simone says. Her friend suggested they attend optometry school together, and initially, Dr. de Simone declined. But a few months later, she was back in school completing her prerequisites and continuing to work in Dr. Marcus' office. **WO**



Dr. de Simone has enjoyed her focus on vision therapy.

therapy patients range in age from 2-80. "I enjoy keeping track of their lives and their stories," she says. She works with head trauma patients, stroke victims and those with other conditions.

Dr. de Simone loves the challenge that each case brings. She appreciates the genuine gratitude that patients offer after she solves their vision problem. But they wonder why they hadn't heard of it before and often say that they wish they had known about it 15 years before. "That's why I'm determined to get out there and spread the word that this service exists in our community," she says. Her vision therapy services account for about 25 percent of her revenue, and she hopes that percentage will increase in the future.

Dr. de Simone attributes two other factors to the practice's growing success: her terrific employees who call themselves "lifers" in the practice and a scheduling change made when the economy began to sour. In 2008, the practice restructured to be open four days a week from 7 a.m. to 6 p.m. with the whole staff on board. On other days, a partial staff allows the office to be open for dispensing or specially arranged appointments. It provides employees with more time for their families and creates built-in administrative time for Dr. de Simone. **WO**

Award-winning Service

Dr. Kelly de Simone has established quite a reputation over her time in practice ownership. For the past three years, her practice, Eye Priority, was named Best Place for an Eye Exam in the local *Best of Ahwatukee* award program. Dr. de Simone also received the Ahwatukee Foothills Chamber of Commerce's 2011 Women in Business Palo Verde Award, an honor given to a local businesswoman who impacts the community. "I'm delighted. I love what I do and where I live," she says. **WO**



Dr. de Simone shows off her new award.

Writing a New Chapter for Patients through PROSE

Doctor undertakes the training to help patients who have few other options

Before the introduction of prosthetic replacement of the ocular surface ecosystem (PROSE) treatment, patients with ocular surface disease, dry eye or corneal ectasias such as keratoconus or pellucid marginal degeneration (PMD) were left with limited and not always satisfying options. "The goal was to keep the patient as comfortable as possible," says **Michelle Hessen, OD**, of Baltimore, Md.

Standard treatments for ocular surface disease include lubrication, punctal plugs or cauterization, immunosuppressants, bandage contact lenses and tarsorrhaphy, and these options may have provided some relief. Patients suffering from corneal ectasias found treatment through commercially available rigid gas permeable contact lenses. "If the physician was unable to get an ideal fit or the patient was unable to tolerate the lenses due to discomfort, the patient was encouraged to wear the lens as many hours as was considered safe for the ocular health," she explains.

Dr. Hessen, who is an instructor of ophthalmology at the Ocular Surface Diseases and Dry Eye Clinic Division of Cornea and External Diseases at the Wilmer Eye Institute at The Johns Hopkins Hospital, is passionate about providing the best care possible for her patients with ocular surface diseases and dry eye. Under the mentorship of **Esen Akpek, MD**, she decided to continue her education, building up her experiences from an ocular disease



Dr. Hessen

residency at the Baltimore Veterans Affairs Medical Center and working at the Ludwick Eye Center, an ophthalmology/optometry practice. Dr. Hessen completed a nine-week fellowship in PROSE treatment at the Boston Foundation for Sight.

To become proficient at fitting the PROSE devices, Dr. Hessen's first learned how to evaluate patients to determine if they could benefit from PROSE treatment. Next, she was trained to fit the devices on a patient properly, which required use of a proprietary DTF™ CAD/CAM system to control the design. Each prosthetic device must fit precisely to the patient's eye shape to increase ocular surface function. Dr. Hessen also was educated on the appropriate follow-up care so she can continue to monitor her patients' devices.

Dr. Hessen says patients are referred for PROSE treatment from all across the U.S. and around the world. For patients with conditions such as Stevens-Johnson syndrome, chronic ocular graft-versus-host disease, Sjogren's syndrome, keratoconus, dry eye, PMD, ocular trauma, complications of LASIK or complications of cornea transplantation, PROSE is often the only treatment capable of restoring vision, in addition to reducing eye pain and light sensitivity significantly. Patients are referred for a PROSE device when their conditions are unable to be controlled by all other available treatments.

The PROSE process requires extensive time for evaluation, fit and treatment, and though the cost may be higher than other options, patients are highly successful. "Once candidacy has been established, the success rate with the

PROSE device is more than 95 percent after six months of wearing. It provides a vision-restoring result for patients with otherwise limited options," Dr. Hessen says.

Dr. Hessen began working with patients for PROSE treatment this past January, and she quickly felt she made the right decision to pursue education in this specialty treatment. "My experience in fitting patients with the PROSE device has been tremendously rewarding,"

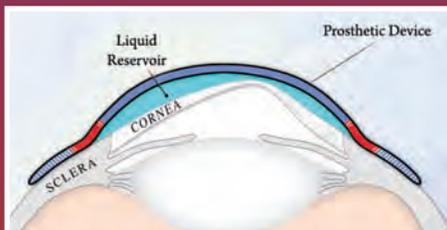
she says. She's met patients who were unable to perform activities of daily living such as driving, reading and walking outside on a windy day prior to PROSE treatment. "These patients often were left feeling depressed due to their eye condition." Dr. Hessen says there is nothing quite like the moment when the PROSE device is inserted in a patient's eye for the first time. "They are able to see without being in pain or experiencing light sensitivity. It is an amazing experience for them," she says. "For many patients this treatment may be life-changing, offering them an improved quality of life." **WO**

This treatment "provides a vision-restoring result for patients with otherwise limited options."

Learn More about PROSE Treatment

Prothetic replacement of the ocular surface ecosystem (PROSE) treatment involves using prosthetic devices made of gas permeable plastic designed to permit oxygen flow. These transparent domes are about the size of a nickel and fit under the eyelids to rest on the sclera. This creates a smooth optical surface over the damaged cornea, protecting the eye from environmental and blink trauma, while also creating an expanded artificial tear reservoir for constant lubrication.

PROSE treatment is available for patients with severe ocular surface diseases, dry eye and corneal ectasia when all other treatment options have been exhausted, says **Dr. Michelle Hessen**. "Provide information and educate candidates, and refer these patients when necessary." For more information on PROSE treatment and devices, visit bostonsight.org/for-doctors or call 410-955-5257. **WO**



The PROSE prosthetic device is about the size of a nickel. *Image courtesy of the Boston Foundation for Sight, bostonsight.org*

In Search of Great Ideas

Doctor conducts dispensary research wherever she goes

When **Kristina Wittrock, OD**, travels, she finds a local optical shop so she can browse its frame selection. She explains that she's looking for insight. "People are open and honest about how the lines sell and what they love," Dr. Wittrock says.

This informal research contributes to Dr. Wittrock's decisions on what frames to add to her StylEyes practice in West Des Moines, Iowa. The unique dispensary, which incorporates warm oranges, browns and greens and displays frames on glass shelves and cases, looks unlike any other in the area. "We offer tons of products that patients can't get anywhere else in Central Iowa," Dr. Wittrock says. The dispensary is one of her areas of oversight in a practice partnership she has with her brother, **Heath Eckhart, OD**.

Dr. Wittrock follows this routine when deciding what frames to bring into the practice.



Dr. Wittrock and Dr. Eckhart

Sibling Accord

The week after her optometry school graduation, **Kristina Wittrock, OD**, left Iowa and moved with her husband to Michigan for his career in the auto industry. She spent time working in a corporate-affiliated practice and then a boutique optical. Dr. Wittrock's younger brother, **Heath Eckhart, OD**, was taking off a few years before graduate school and came to work with Dr. Wittrock as he was trying to determine what part of the medical field he wanted to enter. "After a summer working with me, he decided he wanted to go to optometry school," she says.

Dr. Eckhart went back to school, graduated in 2001 and settled with his wife in Indiana. While brother and sister thought about practicing together, they were too far apart geographically to make it work. But in early 2008, as the auto industry was showing signs of decline, Dr. Wittrock and her husband moved back to Iowa. Dr. Eckhart's wife is also from Iowa, so that couple decided to move as well, allowing brother and sister to open their practice together.

The summer of 2008 was filled with planning and preparation, and StylEyes' doors opened in December. "We get along great," Dr. Wittrock says. Since the office has only one exam room, they alternate days seeing patients. This flexibility will be convenient now that they opened their second location, so each doctor can take the 50-minute drive once a week to meet their new clientele and build their new patient base.

Dr. Wittrock and Dr. Eckhart's strengths and weaknesses complement each other in their business partnership. "He pays all the bills, and I handle frame selection, buying and medical insurance billing," she says. But for some important aspects of the practice, such as staff, both doctors want to be involved. **WO**

✔ **Know your patient demographic.** Her primary customers are women ages 30 to 65 who want exclusive, stylish frames. But individual tastes differ, so she likes to offer a wide variety. "We offer plastic or metal, classic or clean or crazy and funky," Dr. Wittrock says. Whether a patient wants a rimless frame or a chunky one, she has it. "The big chunky plastic has really picked up for us, and we couldn't even give those away in 2009," she says, laughing.

✔ **Always take a second look.** "I won't buy a line the first time I look at it," Dr. Wittrock says. She sticks to this rule, observing the way the line evolves over a few seasons before investing in it. She wants to see that the offerings in the line match what her patients want from season to season.

✔ **Get out and meet with frame**

vendors. Dr. Wittrock attends at least one of two annual Vision Expo events to make connections with companies that interest her. Since her practice isn't near any major cities, she reminds sales representatives that her practice is just a few minutes away from a few interstate highways. She encourages them to stop by when they are in the area. Their response and willingness to seek her out provides a hint on the level of customer service she'll receive.

✔ **Pick the right numbers.**

The practice showcases frames by designer or collection, so when Dr. Wittrock buys into a line, she doesn't pick just a few frames. She generally displays around 25-30 pieces per collection, but she'll showcase as many as 50 frames in popular lines, including a variety of color options for a few frames. "We will even order a new color on patient approval so the patient can take a closer look," she says.

When Dr. Wittrock spoke with **WO**, she was in the midst of preparing the opening for the second StylEyes location in Ames, Iowa. It's a corner shop



The uncommon design of the West Des Moines location sets the practice apart.



The optical offers a wide selection of frames.



The new downtown Ames office opened earlier this year.

on a main street in the college town, and Dr. Wittrock has wanted to open a shop there for years. "We want our frames to match the demographic there, which will sway a little bit younger and a little bit older than our West Des Moines location," she says. "The Ames location will play to the university students and the faculty and staff."

Coincidentally, the store location was once an optical shop in the 1950s. Dr. Wittrock has recreated the downtown feel by incorporating terrazzo floors and refurbishing the windows to their original early 1900s appeal. **WO**

Women in the NEWS



Dr. Dingley Gurney

Kathryn Dingley Gurney, OD, of Farmington, is the new president of the Maine Optometric Association.

Dr. Reiss & Dr. Moll

The American Board of Optometry elected **Barbara L. Reiss, OD**, of Huntington, N.Y., as its secretary, and **Megan N. Moll, OD**, of Denver, Colo., as director representing the American Optometric Student Association. New officers were elected during the 2011 Annual Meeting held in Boston in October.



Dr. Reiss



Dr. Moll



Dr. King

Tracie King, OD, of Elkridge, was honored as the Optometrist of the Year by the Maryland Optometric Association.

Dr. Richman

Maria Richman, OD, of Manasquan, became vice president of the New Jersey Society of Optometric Physicians.



Dr. Winters



Dr. Bodack

Dr. Winters & Dr. Bodack

Optometry & Vision Development featured research by two women ODs. **Janis Winters, OD**, associate professor of optometry for the Illinois College of Optometry, explains the findings from her paper, "Vision Related Quality of Life among Urban Low-Income Black Seniors Participating in an Eye Care Program: Effect after New Spectacles."

Marie I. Bodack, OD, FAAO, FCOVD, a clinical instructor in ophthalmology at Cincinnati Children's Hospital Medical Center, wrote "Eye and Vision Assessment of Children with Special Needs in an Interdisciplinary School Setting."

Photo courtesy of Cincinnati Children's Hospital Medical Center



Building Relationships

Tonyatta Hairston, OD, frequently reminds her staff at their monthly meetings that there are 50 optometrists, ophthalmologists, hospitals and clinics within a two-mile radius of her practice. "People have lots of choices, but I built my practice with a focus on service, attitude and building relationships with patients. The way we treat our patients is second to none," she says. That attitude may be what earned her the Mississippi Optometric Association's 2011 Young Optometrist of the Year award.



Dr. Hairston

Dr. Hairston is the owner of Envision Eye Care and Optical Boutique, a three-location practice that includes one in a Walmart setting in Magee and two independent locations in Jackson. Despite the different settings, the environment in each location is very similar. A visitor hears upbeat, classical jazz music, feels welcomed by the homey furnishings and senses the staff members' positive energy. "I want my patients to feel good about being here," she says. "My staff members, my patients and I form a family."

Dr. Hairston had to learn to share the responsibilities of running her business. On those days when she must wear the shoes of an accountant, bookkeeper, lawyer or interior designer—roles for which she has never been formally trained—she is thankful she has sur-



Dr. Hairston and the Envision staff

rounded herself with those who have different knowledge and education. "I'm very independent, and it can be a challenge just to reach out and say, 'I don't know the answer.'" Her 15 staff members look to her for the answers, but she leans on them as well. "I see 15 brains to my one. Without them, this journey would certainly be tougher."

Dr. Hairston hires employees "for attitude, not skill set. If you have a great attitude, I can teach you about optometry and billing and coding." She's tried staffing agencies before, but her best team members were the result of referrals. To keep the lines of communication open, she maintains an open-door policy. If an unfavorable situation occurs, staff members sit down with Dr. Hairston to discuss the issue and help determine a solution. "It makes the staff members accountable for their own mistakes, and I want them to know I'm not too busy for their concerns." As a result, her staff retention is high, and patients come back to the office

Continued from page 16



Dr. Hairston held the ribbon-cutting ceremony for her third office last year.

Destination: Optometry

From the time Dr. Tonyatta Hairston got her first pair of eyeglasses at age 6, she knew she wanted to be an optometrist. "My first eye exam sparked my interest," she says, recalling her amazement as the doctor used the instrumentation and lights to determine the prescription that would help her see.



Dr. Hairston, Mississippi Optometric Association's Young OD of the Year

School counselors encouraged her to look at other health care professions during high school and college, but after Dr. Hairston completed two health care summer programs, optometry was still first in her mind. Dr. Hairston returns frequently to her alma mater, Southern College of Optometry, to speak with current students. "I had a very good experience there, so I share my career and experiences to help students get going in the right direction so they can practice the way they want to," she says. ^{WO}

asking for the staff members by name.

The level of service makes an impression on patients. Her staff has been known to deliver a pair of eyeglasses to a patient or conduct a glaucoma screening in a patient's home if the patient can't travel into the office. Her optician frequently travels to repair eyeglasses for bedridden patients. "My patients are spoiled," she says, laughing. But it reflects her overall mission. "Every patient has a voice and is treated like family."

In addition to seeing her regular patients, Dr. Hairston provides free eye exams to those who cannot afford their own care, participates in health fairs and supports causes and charities in her community. "I feel very humbled giving back," she says. That aspect has been so important to her that it was the impetus of striking out on her own. She graduated from Southern College of Optometry in 2001 and worked for a year as an associate OD. Seeing people in need and not being able to offer *pro bono* exams or help made her realize that having her own practice would allow her greater leeway. "When you have your own practice, you can be more of an activist," she says.

She began practicing in the Walmart location in 2002, and in 2005, she opened her first independent location in Jackson. She moved into a larger office nearby in 2009, and in 2011, opened a third location in downtown West Jackson, near the Jackson State University college campus.

Many of her OD friends come to her for their own eye care—a true sign of respect from the colleagues she admires. Dr. Hairston appreciates the camaraderie she's shared with her two current associate ODs, as well as the other optometrists who have covered office hours or who have turned to her for mentorship. Dr. Hairston's colleagues often refer to her as a trailblazer in the profession. "I'm not afraid to take a chance at what I believe in, and I hope I can help others realize that their dreams can be accomplished, too." ^{WO}



Dr. St. Jean



Dr. Leoni

Dr. St. Jean & Dr. Leoni

The West Virginia Association of Optometric Physicians recognized two women ODs for top honors. Rebecca St. Jean, OD, of Charleston, was honored as Optometrist of the Year, and Melissa Leoni, OD, of Barboursville, received the Young Optometrist of the Year award.

Dr. Hendricks

Polly Hendricks, OD, of Lexington, Ky., and Clarksville, Ind., is scheduled to become the president of the Indiana Optometric Association in April.



Dr. Frazier

Marcela Frazier, OD, of Birmingham, was named the Alabama Optometric Association's Young OD of the Year. Dr. Frazier is currently an assistant professor in Pediatric Services at the University of Alabama School of Optometry, and she was recognized for her dedication to the members of the Hispanic community in her area by providing free screenings and education to parents.

Dr. Lewis Polec

Tanya Lewis Polec, OD, of Tucson, was featured in the *Eastern Arizona Courier* for providing sports vision therapy to members of the Arizona Wildcats Softball Team to help improve their precision and reaction time.



Dr. Lewis Polec and the softball coach

Dr. LaFata & Dr. Friedman



Dr. LaFata



Rachael Ray with Dr. Friedman

Allison LaFata, OD, BPSOP, of West Orange, was honored as Young Optometrist of the Year by the New Jersey Society of Optometric Physicians, and Kimberly K. Friedman OD, FAAO, of Moorestown, received the Communication Award for her appearance on *The Rachael Ray Show*.



Foster High-Level Career Aspirations

By Melissa Bailey, OD, PhD, FAAO

Women are increasing their representation in the profession of optometry continually, which may be a little unsettling to some in the optometric community. Some practitioners wonder if women aren't committed to the profession, or if they don't find Fellowship to be useful, then organizations like the American Academy of Optometry (AAO) or even the profession itself could be in jeopardy. As chair of the AAO's membership committee, I found myself wondering if we were doing enough to bring in new women members or whether we were lagging behind the changing demographics.

When we examined the data, we were happily surprised to find that the women entering the profession mirror the high-level career aspirations of ODs of both genders who have gone before.

For the past 10 years, Fellowship in the AAO has stayed relatively level at just more than 10 percent of the OD U.S. population, even as a majority of graduates over this period were women. In 2009, the AAO membership committee compared the gender makeup of Fellows in the AAO and found that the percentage of female Fellows is similar to the percentage of female practicing optometrists. In 2009, women ODs accounted for 34.2 percent of the OD population and 29.5 percent of the Fellows.

As a result, the overall percentage of women in the AAO has grown. In 1996, 11 percent of the Fellows were female. In 2005, it was just over 20 percent, and now it is nearly 30 percent.

The good news is that these trends show that new women Fellows are joining each year, either at or above the rate of growth of females in the profession. That's encouraging to me as an academician, but it is important for practitioners to know that Fellowship is not limited to academicians or researchers alone. Indeed, far more AAO members are clinicians than academicians. At last count, 86 percent of Fellows reported that they see patients on a regular basis. In general, Fellowship and the activities of the

AAO can complement everyone's career development. Many clinicians have told me that the process of becoming a Fellow has improved their patient care skills and the way they think about practice. The annual meeting of the AAO is a fantastic place to network with a community of people who have set big professional goals for themselves.

To become a Fellow, a candidate meets rigorous written requirements before taking and passing an oral exam at the annual AAO meeting. Fellowship is open to independent practice ODs, scientists and educators in vision science. The AAO has seven sections: Binocular Vision, Perception and Pediatric Optometry; Cornea, Contact Lenses and Refractive Technologies; Low Vision; Optometric Education; Primary Care; Public Health and Environmental Vision; and Vision Science. It also has five Special Interest Groups (SIGs): Fellows Doing Research, Anterior Segment, Glaucoma, Vision and Aging, and Ocular Nutrition.

Earning a Fellowship isn't easy, but neither is it as difficult as some people think. Think of the process not so much as a test but as a growth process. Writing that first case report can be intimidating, but once one understands what's expected, writing the others is easier. Working on Fellowship

is an excellent way to improve optometric skills after graduation. As an academician, that's something I encourage strongly. The more we learn, the more we help the profession and our patients. 



Dr. Bailey

The AAO Meeting

The 2012 American Academy of Optometry meeting will be held Oct. 24-27 in Phoenix. Visit aao.org for more information.

Dr. Bailey is chair of the membership committee of the American Academy of Optometry and is an assistant professor at The Ohio State University College of Optometry. Her specialty research area is the development of the ciliary muscle.

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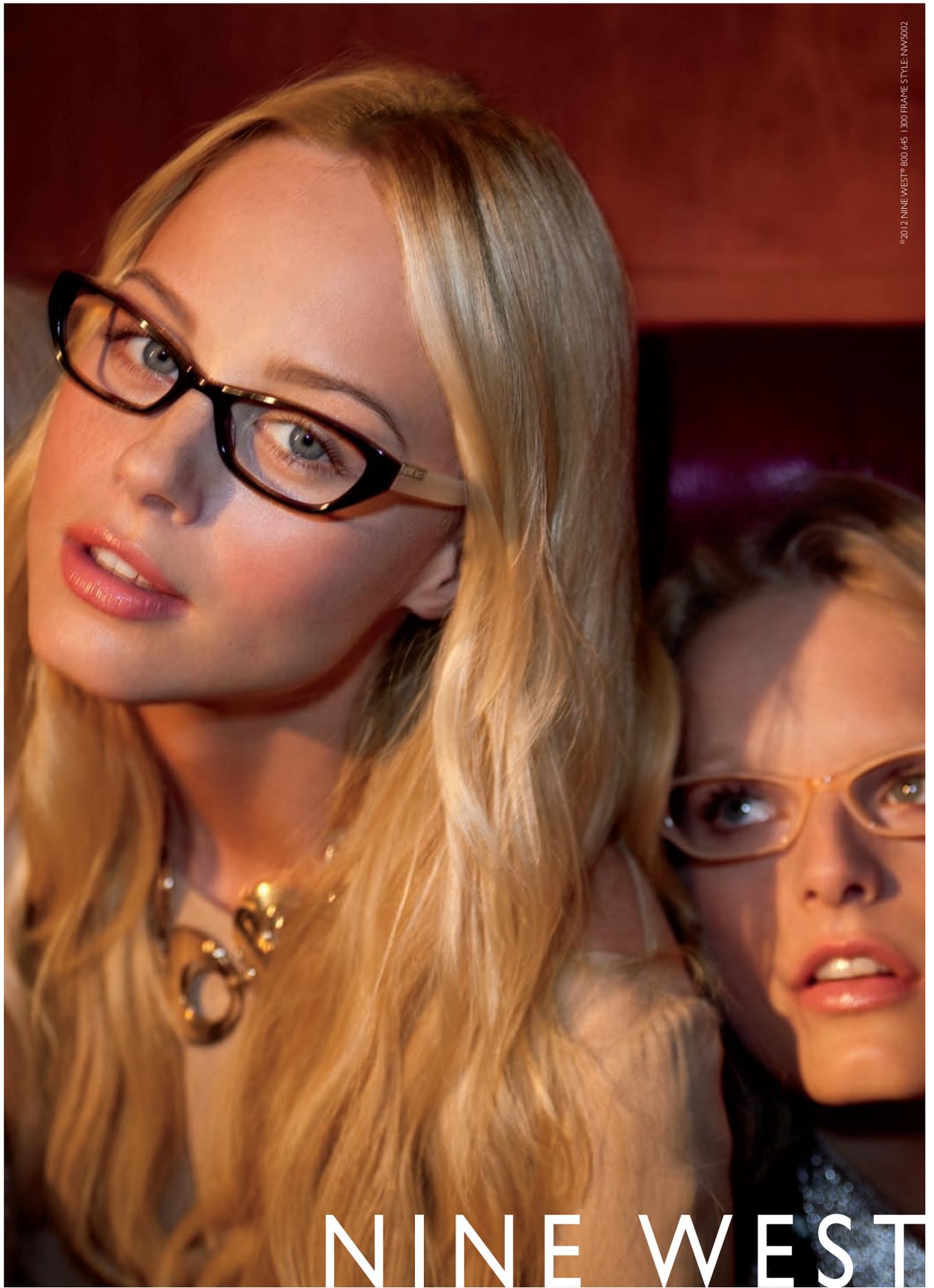
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