

JUNE 2012

**WIO**  
Women In Optometry

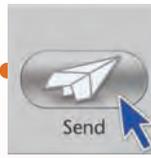
Dedicated to the interests of women ODs

# *A Family of Practices*

*Dr. Katie Gilbert-Spear  
nurtures growth in  
multiple practices*

SUPPLEMENT TO  
**REVIEW**  
OF OPTOMETRY

**Also Inside:**  
*Special report  
on pay equity*



## Email to the Editor

**Note:** Practice management consultant **Thomas Lecoq** read about the *Women In Optometry* income equity survey on [facebook.com/womagazine](http://facebook.com/womagazine). He responded with the following letter.

## Consider VT, Says Consultant

**A**s a practice consultant specializing in vision therapy, I have worked with many women optometrists over the years. I believe [lower pay for women ODs] is at least, in part, an artifact of the fact that more women than men are graduating from optometry programs. After speaking with many people who have a career in optometry management, I've learned that people offer lower salaries to women because they think women are just going to start families and leave at about the time they become valuable, according to these individuals.

I'm not excusing this—it is unfair and discriminates against women—but I keep encountering this thinking in management people. It only takes an occasional case where this is true to reinforce the stereotype, even though the female OD in question actually may have left for an increase in pay or better benefits.

While I don't have a solution to offer for the pay differential problem, I do believe that women have a special advantage over men in the realm of vision therapy, where setting up a specialty therapy-only practice can cost a third of a primary care office. Set up and operated correctly, a private vision therapy-only practice can often break even within six-to-nine months. And for a doctor with small children, there is no reason not to have the child in the office up to kindergarten and after school while the doctor finishes up the day. This is less likely to work in a primary care setting where space is at a premium or if the office is dependent on third-party plans, which demand more time that the doctor would prefer to invest in family.

*Thomas Lecoq, Idealvt.com  
Apple Valley, Calif.*

## Shout Out

### Fresh Start



Marjolijn Bijlefeld

**T**rying to pin down how significant the gender pay gap is, why it exists and how to fix it is an exercise in frustration. Statistically, the gap exists, even in studies that try to account for similar work, full-time hours and years in the workforce. Women's fair-pay advocates says it's a long-held discrimination based on the perception that women are perhaps less committed because they want to or must focus on childrearing. Others, including Kay Hymowitz who wrote in the April

26 issue of the *Wall Street Journal*, say that the numbers don't take into account that while full-time is defined as 35 hours a week, 55 percent of workers working more than 35 hours a week are men. The *Wall Street Journal* convened a *Women in the Economy* conference in May, where leaders in industry, academia and government worked on ideas to advance and retain women. A McKinsey & Co. study found that 53 percent of entry-level jobs are filled by women, but women account for only 35 percent of directors, 24 percent of senior vice presidents and 19 percent of top-level corporate positions.

*Women In Optometry* tackled the pay equity question in our most recent survey, and while the responses are interesting and represent a wide range of views, they don't bring us closer to a definitive answer. Even so, I hope that the special report can serve to bring you closer to a discussion. Feelings on this topic run deep, and it seems that many ODs have kept their views to themselves to avoid being seen as bitter or chauvinistic or even to protect their jobs.

However, that report and other stories in this issue show that income is only one factor in overall career satisfaction. In this issue's Pink Ink column, **Dr. Shefali Miglani** describes the measuring stick that she uses to determine her practice success—and it's not entirely financial. The cover story with **Dr. Katie Gilbert-Spear** details the way she and her husband have nurtured a family of practices and, just like they do with their children, encourage them to grow to their full potential. This issue includes stories of start-ups, expansions, new directions and special interests. The collection represents an interesting perspective of what women ODs want and value.

We hope you enjoy reading this issue, and we encourage readers to join the discussion on our Facebook page—[facebook.com/womagazine](http://facebook.com/womagazine).

*Marjolijn Bijlefeld*

Marjolijn Bijlefeld, Director of Custom Publications  
Practice Advancement Associates

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Address advertising inquiries to Scott Tobin, advertising production manager, Jobson Professional Publications Group, 11 Campus Blvd., Suite 100, Newtown Square, PA 19073, at [stobin@jobson.com](mailto:stobin@jobson.com) or call 610-492-1011.

Publisher: Al Greco

Executive Editor: Roger Mummert

Director of Custom Publications, Practice Advancement Associates: Marjolijn Bijlefeld

Associate Editor: Maggie Biunno

Creative Director: Stephanie Kloos Donoghue

Graphic Designer: Barbara W. Gallois

Comments on *Women In Optometry* can be sent to [mbijlefeld@jobson.com](mailto:mbijlefeld@jobson.com)  
540-899-1761 or fax 540-242-3438

WO Advisory Panel



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# It's Your Business

## Don't Just Believe—Follow Through

By Kellan Barfield, MBA

**“I** believe most of my patients buy an annual supply of contact lenses.”  
“I believe my long-time contact lens wearers know my recommendations for care and compliance.”

“I believe my staff follows through on my recommendations.”

Providing patients and your staff with a solid education about your recommendations and the goals you want to achieve is the first vital step in communication. But it's only a first step. Believing in something doesn't necessarily make it so.

Here's an illustration of that gap. Some doctors probably consider the fact that they or their staff provide patients with a sample bottle of multipurpose disinfecting solution (MPDS) is akin to giving a recommendation. Match it with a coupon for future purchases, and perhaps you feel like your office has given the patient all the information he or she needs. But here's how patients see it: only 19 percent of patients feel like they were provided with a recommendation for an MPDS.<sup>1</sup> Thirty percent say they received a starter kit, and 17 percent say they received a starter kit and coupon.<sup>1</sup> Patients don't consider a starter kit, even when it's coupled with a coupon, to be a recommendation. What's missing to the vast majority of these patients is the *why*. *Why* is the doctor recommending this particular solution?

Similarly, doctors need to make sure the staff is following through on all the recommendations made in the exam room. Just as patients need to know why a recommendation is made, staff needs that information, as well. So explain why you feel it is important for patients to purchase an annual supply of contact lenses or come in for a comprehensive eye exam each year. Making sure your staff knows and can articulate your reasoning will make the communication coming from your office more consistent.

In fact, doctors need to be consistent with making patient recommendations throughout the patient's lifespan in the office. Longtime contact lens wearers may be the ones who have developed less-than-perfect compliance regimens precisely because they haven't run into problems before. Since any shortcuts they've taken haven't had consequences, they may begin to believe that steps like rinsing and air-drying the contact lens case or using fresh solution each night are optional. It's important that they be reminded that these are key steps. Patients



are not determined to be disobedient; indeed, one study found that only 0.4 percent of contact lens patients were truly compliant with their contact lens regimen, but 85 percent thought they were.<sup>2</sup> Compliance messages are worth repeating.

Longtime and older contact lens wearers appreciate your recommendation just as much as first-time contact lens wearers do. However, data suggests that recommendations for contact lens solution decrease as patients get older.<sup>3</sup> These patients also have a greater tendency to buy private-label brands.<sup>4</sup> With the advancements in multifocal contact lenses, it is possible to keep patients in contact lenses longer.

Having good conversations about using the right contact lens solution to optimize their experience should happen during every exam.

Follow up with patients, too. Don't just believe that all is going well because the patient left the office happy after dispensing. A patient remembers receiving a phone call a week or two after the visit and will appreciate that the office staff and doctors followed up. It will reinforce a positive impression and could even offset a negative or lukewarm one. For example, I received a text message from my new optometrist's office wishing me a happy birthday. A small detail? Of course, but it made a big enough impression on me that when I suddenly developed symptoms of ocular allergies, I made the call to that office—even though there were aspects of my first visit that didn't thrill me.

What opportunities are you taking to reach out to your patients, both while they're in the office and again later? Are you using social media, such as Facebook and Twitter, to let patients know about exam oppor-

tunities, new products or special events? Are you reaching out to patients via email and text messaging to remind them about appointments or to check in with them after their visits? Most of all, are you and your staff letting the patients know why it's important to follow your recommendations?

Help patients realize that your recommendations are supported by science and your clinical expertise and experience. Sharing why you've made your recommendation is a powerful message and one that can be incorporated into every discussion.

<sup>1</sup> MSW Research Brand Insights & Consulting, June 2011 (650 patients).

<sup>2</sup> Robertson DM and Cavanagh HD. Non-Compliance with Contact Lens Wear and Care Practices: A Comparative Analysis. *Optom Vis Sci*, 2011; 88 12, 1402–1408.

<sup>3</sup> Alcon data on file, January 2012 (Trig Omnibus Study).

<sup>4</sup> 2010 Market Performance Group.

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



On [www.wovonline.org](http://www.wovonline.org)

**“It's Your Business” also appears on the web site of Women of Vision. Check it out at [wovonline.org](http://wovonline.org).**





# Room to GROW

*OD learned that the next step for practice growth was to have space that allows it*

This year on Leap Day, **Malinda Pence, OD**, took advantage of February's extra day by doing something special: opening the doors to the new location of Madeira Optical in Cincinnati.

The new building brings the practice far ahead, even though it is only footsteps away from the old building that has been the practice home since 1956.

Gaining additional space was an essential part of the move. Dr. Pence brought on **Jennifer Kritzer, OD**, last year, and the duo has been alternating days in the practice because the previous office just wasn't big enough. After looking at several spots, Dr. Pence signed the lease on the new office in early December 2011, and renovations and the move took just about three months. With nearly double the space, the new 1,600-square-foot office is large enough for two exam lanes and a dedicated contact lens area. "We barely had a pretesting 'closet' in the old office," Dr. Pence says, laughing. The dispensary area has doubled, and she has upgraded



Dr. Pence

technology by adding an autorefractor, autokeratometer and large monitors in the exam room so that the doctor can display and explain the images and findings to patients. The new instrumentation is hard-wired to her computer system, transmitting data automatically into the patients' records, reducing errors and improving patient flow, and iPads are used in addition to computers in the optical area and during exams. Even arriving at the office is a more pleasant experience. The previous building had only eight parking spaces; this one has more than 50. Beyond the luxury of elbow room, there are practical benefits. Two doctors can work at once, allowing Dr. Kritzer to pick up additional hours when demand increases. Even on days when just one doctor is working, she can use the second exam lane, minimizing patient wait time in the reception area.



Dr. Kritzer

Dr. Pence studied her own home's color scheme to develop a welcoming interior. She selected a sage blue-green color from her own family room to use in much of the office. "It's a calming color, something you might see in a spa," she says, adding that it complements the grays and other colors and works well with the custom, stone reception desk that she had always wanted. "It looks professional, but you can be very relaxed sitting in one of our armchairs with a cup of joe from our new Keurig coffee maker. We are cozy but no longer cramped."

Dr. Pence visited boutique opticals for ideas and worked with her architect to design her dream dispensary that included custom bookshelves and displays. A local woodworker built all of the pieces she needed. "It saved us so much money, and now I can go in and customize the dispensary to make it look more finished," she says. She likes to add logo plaques, promotional artwork and other personal touches to her displays to make the brand names prominent to customers. There's enough display space to bring in additional high-end frame options that she expects will do well.

Early in March, Dr. Pence and Dr. Kritzer celebrated the new office with an official grand opening event and trunk show. **WO**

## The Beginning

**Dr. Malinda Pence** knew she had a lot of work to do when she purchased Madeira Optical in 2002. The practice, founded in 1956, was run by an optometrist and his wife, and Dr. Pence was among many suitors interested in purchasing the practice. "He went back and forth for years about whom to sell it to," Dr. Pence says. It was important to the former owner that the practice kept its hometown feel, and Dr. Pence agreed. She believes that her combined optometry and optical experience, which she gained while working as an optician during school, made her a top candidate to purchase the practice.

The practice needed updates, though. The former owner saw only five or six patients each day, often spending an hour or more with each. The tiny dispensary had only 250 frames, and there was not one computer in the office. In the first 18 months, Dr. Pence entered all patients into a computer system so she could streamline recalls. She created a web site for Madeira Optical and began the process toward online insurance billing. She called patients of the former doctor to introduce herself, joined the Chamber of Commerce and began networking in the community.

She renovated, knocking down some interior walls to restructure the space. "He had a big exam lane and a tiny optical, so we reversed that and doubled the number of frames," Dr. Pence says.

Her work paid off, and after two years, the practice grew enough so that she was able to drop her part-time, corporate-affiliated practice. In 2011, **Dr. Jennifer Kritzer** joined her. Both doctors are mothers, and Dr. Kritzer homeschools her four children. "It has worked out great for both of us," Dr. Pence says. "I was working almost every Saturday, but now we rotate and each get days off during the week." **WO**



Dispensary is cozy but not crowded.



# SPECIAL REPORT

## The Income Gap Why Are Women Earning Less?

**Y**ou've come a long way, baby? In 1979, women working year round and full time earned 59 percent of what men did, doing equal work, on average. By 2010, that was up to 77 percent, according to data compiled from various government and economic sources. It seems logical to think that the gap would shrink even more when comparing women's income to men's income within one profession, such as medical providers. But a study published in February 2011 in *Health Affairs* showed that in New York, the gender pay gap among doctors was actually increasing. In 1999, the study found that there was a 12.5 percent difference in average salaries, but in 2008, that had increased to nearly 17 percent.

Advocates for women's pay equity say it cannot all be explained away by lifestyle issues. Even when variables are identical—such as comparing workers in a region or state, by dates of graduation or in a certain profession or subsection of it—surveys come up with the same result: women earn less.

### The pay gap in optometry

Among optometrists, there's a gender pay gap, too. Earlier this year, Jobson Optical Research in conjunction with Local Eye Site released its *2011 ECP Compensation Study*. Among employed ODs, men reported an average compensation of \$114,025. Women reported an average compensation of \$93,114—a pay gap of more than 18 percent.

### The Pay Gap Defined

$$\text{Pay gap} = \frac{\text{men's earnings minus women's earnings}}{\text{men's earnings}}$$

Among ODs who are owners or partners, the gap was more dramatic, with men reporting an average \$159,449 and women reporting an average of \$117,611, a pay gap of more than 26 percent. All ODs surveyed were full-time practitioners.

The researchers shared the results in greater detail with *Women In Optometry* to see whether this gap could be explained by factors such as years in practice. By segmenting the data, the numbers in each category become smaller—but the results are interesting, nonetheless.

### Optometric practice owners

Responding to the compensation study were 72 women ODs who are practice partners or owners. The average age of these respondents was 45, and 60 percent had been in their ownership position for 10 years or more. In comparison, 163 men owners or partners responded; their average age was 50, and 74 percent had held an ownership stake for 10 years or more. ODs who are partners or owners reported two categories: income and salary, if applicable. The income represents salary supplemented with commissions, bonuses and/or other payments. All income numbers are before taxes. Of note is that the salary gap among full-time women partners or owners who had been in that role for 10 or more years was more than 23 percent.

### Employed ODs

Among employed ODs, the salary gap tends to be smaller. The average age of the employed male OD was 43, and the average age of the employed female OD was 36. The salary gap was smallest, 8 percent, among those ODs who had been in their position for 10 years or longer. Among newer ODs—those in the position fewer than five years—the salary gap was 10 percent. It's not understood why the salary gap among those who had been at their position for 5-10 years jumped to 19 percent. Similar numbers of men and women reported in each category. 

### Owners or Partners

Years at position	Average income
<5	F \$64,294
	M \$98,400
5-<10	F \$125,000
	M \$165,536
10+	F \$136,628
	M \$165,660

### Average salary

<5	F \$59,333
	M \$95,300
5-<10	F \$79,600
	M \$139,048
10+	F \$95,310
	M \$124,089

### Employed ODs

Years at position	Average salary
<5	F \$88,266
	M \$98,264
5-<10	F \$95,714
	M \$117,548
10+	F \$103,909
	M \$113,132

*Among ODs who are owners or partners, the gap was more dramatic, with men reporting an average \$159,449 and women reporting an average of \$117,611.*

# WO Survey Finds That Salary and Income Are Not Discussed Often

There's an ad running these days in business magazines for negotiation seminars, showing a woman in a gray business suit, hair pulled back tightly and smoking a cigar. The implied message is that if you don't negotiate like a man, you're not going to get what you deserve. One of the findings of the *Women In Optometry* survey on salary and compensation seems to indicate that women are not very likely to negotiate for and even discuss salary. In fact, among employed women ODs who participated in the survey, 39 percent said they have never negotiated or asked for a higher salary. Twenty-eight percent said they do so occasionally, and 20 percent said they negotiated their salary upon hire. Only 14 percent said they try to negotiate their salary every year.

## Seeking comparisons

Indeed, a majority, 55 percent, of the employed women ODs said that they have never asked their friends or colleagues about salary. The other 45 percent

reported that they have asked how their compensation compares to that of colleagues. Overall, among employed women ODs, 60 percent said that when they discovered their salary differed from that of their colleagues, they did nothing about it. Twenty-four percent of women ODs mentioned it at their next review, and 8 percent brought it up to their boss right away.

Those women who have sought to find out what their colleagues earn showed an increased level in using that information, with 33 percent of them mentioning it at their next review and 9 percent bringing it up right away. Although far fewer employed men ODs responded to the survey, every single one of them said they wanted to know what their colleagues earned and a majority used that information, with 44 percent bringing it up at their next review and 11 percent talking to their bosses right away.

Among employed ODs, 51 percent of the women said they are satisfied with their compensation package, and 61 percent of the men said they are.

## Where Women Work

Sixty-three percent of the women who responded to the *WO* survey are employed. Thirty-nine percent are owners or partners in their practice. That adds up to more than 100 percent since some are employed and own their own practices.

### Employed women ODs who responded work in the following settings:

For an independent OD	39%
For an ophthalmologist	22%
For a corporation	14%
For a multidisciplinary practice or clinic	10%
In academia/research	10%
For a government entity (public health, VA, etc.)	7%
For a leaseholding/franchise OD	6%

Totals add up to more than 100 percent because some respondents work in more than one setting.

### How long have you been an owner or partner?

Less than 5 years	25%
5-10 years	24%
More than 10 years	51%

### Has independent practice met income expectations?

Owners and partners of their own practices reported that their compensation:

Exceeds expectations	22%
Is essentially what I planned	32%
Fell short, but is improving	31%
Is not what I expected	15%

### Three-quarters Work Full Time

68% work full time  
9% work full time, combining more than one paid position  
23% percent work part time

## Understanding their worth

A 1999 graduate, now working full-time for a corporation, said she wishes her optometry school had provided more tools to determine the monetary value of a patient, especially in terms of revenue for medical services. "My school emphasized free clinics, free inner city care and free every billable code out there." Teaching students a simple formula, such as average revenue per patient times patients seen per hour times billable hours, would help them help estimate their worth to a practice. However, she said that even knowing what she knows now, she doesn't try to renegotiate her salary out of fear that a younger graduate will replace her at a lower salary.

## Autonomy, finances and flexibility motivate owners and partners

Thirty-nine percent of the women ODs who responded to the survey are owners or partners in their practices, and of them, 83 percent are solo owners

*Continued on page 8*

## Continuous Career

The majority of women ODs who responded to the *WO* survey don't seem to be on the "mommy track."

56% have worked continuously and full time.  
12% have worked continuously except for short periods of leave.  
26% have worked continuously, combining full-time and part-time positions as needed.  
3% have taken an absence of longer than one year.  
3% have not worked continuously or full time.

## When did you graduate?

40% of the ODs who responded graduated since 2002.  
29% graduated between 1992 and 2001.  
25% graduated between 1982 and 1991.  
6% graduated before 1981.

Source: *WO* survey, spring 2012

# Empowering Women in the Workplace

**L**ori L. Grover, OD, FAAO, an assistant professor of ophthalmology at the Johns Hopkins University School of Medicine, was among the first 50 participants in a Leadership Program for Women Faculty (LPWF) at the Baltimore medical campus. Trends in gender inequity were apparent across the university, and the LPWF specifically targeted women faculty in the School of Medicine. Historically, salary disparity between women and men faculty in similar positions was between 4 percent and 5 percent across departments.



Dr. Grover

The school established an Office of Women in Science and Medicine, complete with funding to address the issue of retaining and advancing women. The resulting LPWF program involved selected women faculty who met once a month to gain education and engage each other in a particular topic, such as negotiating, mentoring or public speaking, Dr. Grover says. "The women who have participated have had more effective negotiations, whether for salary, more lab space or clinical release time. And the school has been able to document a reduced salary gap closing in on 2 percent overall," she says.

For a program that started just three years ago, that's an impressive reduction. During each subsequent year, a few more ophthalmology faculty members have been involved, too. A second initiative has launched a more informal emerging women's leadership program for instructors and assistant professors. Those lunchtime meetings cover professional development issues but are as likely to encompass other hot-topic issues, such as child care, juggling professional and home demands and more.

The entire initiative is trying to shine a light on pervasive gender bias—examples of which include telling young women trainees they'd be

great pediatricians or family physicians while encouraging men to consider surgical specialties. "Gender bias is also persistent in how evaluations are written and grant proposals are evaluated. There's a need for education from the top down," Dr. Grover says.

Dr. Grover, who had been an independent practitioner and educator for nearly 20 years before joining Johns Hopkins, says the year-long program gave her perspective. "We tend to become isolated in our own areas, and we think of our problems as affecting us individually and not as a population. When I was able to join with 50 women from every area of health care and research and started hearing their personal stories of being one of the only female faculty members in their area in a leadership position or facing the challenges of competing with male colleagues for projects and office space, it's easy to realize these issues are pervasive." That same kind of support can come from practitioners discussing these issues together. "It's a similar story, but different setting."

Dr. Grover says that having gone through the program changed the way she works. "Almost everyone has moments of self-doubt, wondering if he or she is good enough. I think that being in a group where you can see the incredible amount of talent, expertise, drive and visionary thinking helps you understand your own skills better. And fortunately, the support from my fellow female colleagues—and my own personal growth—extends beyond the program." **WO**

Continued from page 7

## SPECIAL REPORT The Income Gap

and 17 percent were partners. They said they chose these reasons to become an owner or partner in the practice.

<b>For the control over the practice</b>	<b>72%</b>
<b>For the financial opportunity</b>	<b>58%</b>
<b>For the flexible work schedule</b>	<b>58%</b>
<b>Wasn't planning on it but the opportunity was too good</b>	<b>20%</b>
<b>A family connection</b>	<b>9%</b>
<b>Anticipation of partnership agreement</b>	<b>9%</b>

Fifty-eight percent of the men who responded to the survey are partners or owners, citing the same three top priorities; 86 percent said it was control over the practice, 68 percent said it was for the financial opportunity and 45 percent said they wanted the flexible work schedule.

Several men and women ODs alike commented that one factor in choosing to become an owner was some level of dissatisfaction with an employed situation. For example, one practice owner, a 1991 graduate, wrote, "Two different times in my career I was employed. Both times, male associates were hired in at more 40 percent higher pay than I was currently making (and felt the need to tell me) without the experience or the loyal patient following. Rather than fight in a small community, I took that as a sign it was time to open my own practice," which she did 15 years ago.

### More important than income

The *WO* survey asked if owners or partners had ever adjusted their own compensation package downward and why. The primary reason for doing so was not a so-called lifestyle issue but it was to reinvest in the practice.

<b>To invest in practice equipment or inventory</b>	<b>69%</b>
<b>To gain a flexible work schedule</b>	<b>42%</b>
<b>To invest in additional practice staff</b>	<b>35%</b>
<b>To save for major capital expenditure (construction/remodeling)</b>	<b>32%</b>
<b>To allow more vacation/time off</b>	<b>26%</b>
<b>To add an associate</b>	<b>21%</b>
<b>To have a shorter commute</b>	<b>6%</b>

Men ODs who are owners or partners responded very similarly. Their top response was to invest in practice equipment or inventory (74 percent); gaining a flexible work schedule, allowing for more vacation time and saving for a capital expenditure all came in at 37 percent. **WO**

## Changing Dynamics

**I**n 2010, the Pew Research Center released a study about the economic rise of wives. In 1970, for example, only 4 percent of women earned more than their husbands. By 2007, that number was 22 percent. Another shift that occurred at the same time is that the percentage of women who have more education than their husbands also increased, from 20 percent to 28 percent. The percentage of husbands and wives who have essentially equal education saw just a slight uptick from 52 percent to 53 percent.

Among women ODs who answered the *WO* survey, 57 percent said they earned more than their spouse or significant other. Seventy-three percent of men said they were the primary breadwinner. Several ODs responded that their spouse was their practice partner and their compensation packages were different. For example, the husband might collect a salary while the practice paid the wife's student loans.

You can read the Pew Research Report, titled *Women, Men and the New Economics of Marriage* at [pewsocialtrends.org](http://pewsocialtrends.org). **WO**

# Practice Purls

*Doctor finds similarities in her hobby and her vision therapy practices*

**D**edication and focus are the primary stitches to keep a vision therapy practice together, says seasoned knitter, **Chaya Herzberg, OD, FCOVD**. She often sees ways that her professional and personal interests are woven together. Both require a journey toward achieving the best results. Both provide her with an opportunity to get to know people in her community in an unhurried way, whether at the Mt. Airy Learning Tree center where she is a knitting instructor or by overseeing the vision therapy services in her two offices in Bryn Mawr, Pa., and Princeton, N.J.



**Dr. Herzberg**

“Knitting is a tradition in my family,” Dr. Herzberg says. “It’s a neat way to gather together with adults and children and enjoy conversation.” Dr. Herzberg has taught knitting for the past seven years, and it’s a rewarding experience to see her students create a three-dimensional knitted masterpiece from essentially a strand of rope. It is detail-oriented work that requires an understanding of logic and patterns. “Some schools plan lessons with crafts such as weaving, knitting and crocheting,” she says, explaining that knitting also teaches mathematics and spatial reasoning. “When patients and I find we have that hobby in common, they will show me what they have made.” Dr. Herzberg

proudly displays her patients’ artwork in the office, as well.

Dr. Herzberg’s two offices are the result of a labor of love, not unlike a hand-knit sweater. Nearly a decade ago, Dr. Herzberg decided to start out on her own in Pennsylvania, where she had spent the previous few years teaching in the pediatric unit at the Pennsylvania College of Optometry. She also rented space in a colleague’s office to offer vision therapy. Although she was hesitant about the responsibility of business ownership at first, she had already developed a group of patients with whom she worked regularly. Open-

ing her own practice meant she could provide services to more patients.

Four years ago, Dr. Herzberg opened a second office in New Jersey. She picked her locations with purpose, finding spaces near the communities where many of her patients live to make their vision therapy more accessible. “When patients travel a long distance, they arrive exhausted and not in the mood for their visit,” she says.

She and her vision therapists collaborate with occupational, physical and speech therapists to monitor patients’ progress. “Providing

consistent care is easier when you are part of a team,” she says. The practice also provides routine eye care, and Dr. Herzberg frequently works with patients with head trauma or individuals in post-stroke rehabilitation. But she doesn’t sell contact lenses or eyeglasses, and she directs patients to her optometric colleagues for those products. They return the favor, sending a good number of referrals her way for vision therapy. “It’s a good community,” she says.

Dr. Herzberg will be relocating her Princeton office to a larger space in the same complex to accommodate her volume of patients. It may also expand the number of vision therapists whom she can mentor. One of her staff members, for example, will be leaving to start optometry school. “Like anyone in private practice, I look forward to having someone join the practice so that I can

take a vacation,” she says, laughing. In her management role, she can oversee the work of her therapists and still find time to teach knitting twice monthly. “I like helping people as they learn and feel good about their abilities,” Dr. Herzberg says. With handcrafters or vision therapy patients, that’s what creates a tight-knit community. **WO**

*Providing consistent care is easier when you are part of a team.*

## Leadership Strategy

*Former assistant to the President and chief of staff to First Lady Michelle Obama*

**W**omen of Vision (WOV) invites American Optometric Association attendees to hear **Susan Sher**, former chief of staff to First Lady Michelle Obama, discuss leadership and her past roles. Sher is the executive vice president for corporate strategy and public affairs at the University of Chicago Medical Center and senior adviser to the president of the university. Previously, Sher served in the White House as assistant to the President, associate White House counsel and liaison to the Jewish community.

“WOV is honored to bring such a prestigious speaker to its members,” says WOV President **Gretchyn M. Bailey, NCLC, FAAO**. WOV Vice President **Louise Sclafani, OD, FAAO**, says, “We are thrilled to invite all aspiring leaders in the optometric community to gain inspiration and guidance from the insights of Susan Sher.”

The event is open to WOV members and others on Thursday, June 28 from 7-9 p.m. at the Chicago Hilton, Marquette Room. Please RSVP to gretchyn@me.com. **WO**



**Susan Sher**



# A Family of Practices

Five practices have different personalities—just like children

**K**atie Gilbert-Spear, OD, MPH, and her husband, Carl Spear, OD, FAAO, decided in 2011 that they would slow down their practice acquisition. Since they became practice partners in 2004, opening a practice together in Perdido, Fla., and getting married five years ago, the pair owned four practices. So they decided that 2012 would be the year that they brought those four practices up to maximum performance and efficiency. “Let’s really perfect what we have,” they told each other. That resolution lasted... oh, about two days. That’s when Dr. Katie Gilbert-Spear fielded a phone call from Edward Walker, OD, FAAO, who was interested in selling his Tallahassee practice—and the opportunity was too good to pass up.

But that’s how it goes with families, too. Families grow in a variety of ways, and some aren’t expected. The Spears know that. Their blended family has five children: ages 18 and 16 (his), age 7 (hers) and ages 4 and 1 (theirs). In their hearts, of course, all five are “theirs.” And that’s how they feel about the five practices—whether they were brought into the world from the ground up or fostered in. “I do feel like my practices are like children—and I can’t stand to hear criticism about the Perdido office because that’s my first-born,” she says, laughing.

## Meet the family

Dr. Gilbert-Spear is happy to introduce her family of Sight & Sun Eyeworks practices, a competitive yet supportive bunch of siblings identified by the towns in which they’re located. They are Vision Source-affiliated practices. Navarre, the oldest, is the one Dr. Carl Spear started and now shares with two partners, Dustin Grubbs, OD, and Neil Hook, OD. It is the typical independent oldest child. It’s well-organized, and the other siblings try to match its

impressive productivity. The beach-town location allows an easygoing feel, but the staff and management know the mission. Perdido, the 2004 startup, takes its laid-back ease from the beach town. “There are a lot of retired military families, and I feel I could go to work in flip flops and cutoffs and no one would raise an eyebrow,” she says. Kelly Martin, OD, works with her in that location.

Gulf Breeze, in contrast, is the inquisitive and earnest middle child, reflecting its demographic of engineers, physicians and scientists. “When we first acquired Gulf Breeze in 2007, the doctor kept saying her patients are ‘different,’ but I didn’t believe it,” Dr. Gilbert-Spear recalls. Now she does. “In our other practices, we can tell patients, I’m prescribing antiglare lenses because they can help with the glare off your computer screen. In Gulf Breeze, I have to be prepared to answer the question of how the technology works.”

In 2009, the couple created a new practice, Pensacola, an ambitious one with its roots in an ophthalmology office located near a hospital. “It wasn’t big enough, and it didn’t have enough visibility,” Dr. Gilbert-Spear recalls. “Plus, I had always wanted a primary care optometry location in Pensacola,” she says. So they built a new facility, and after about a year of having an optometry and ophthalmology practice share space, the couple acquired a 15-year-old optometry practice in town. That doctor joined the group, bringing all her patients with her. “Overnight, we tripled our numbers,”



Pensacola practice



## Exploring Her Interest in Vision Therapy

**D**r. Katie Gilbert-Spear has always been interested in vision rehabilitation. She serves as chair of the Florida Optometric Association Vision Rehabilitation Committee. “It’s a sector of optometry that I love,” she says. So when the group of Sight & Sun Eyeworks practices became large enough to sustain a vision therapy practice, she started one. Now the Visual Performance Center operates in two of the practices—Pensacola, where Dr. Gilbert-Spear sees most of the patients, and Gulf Breeze, where Suzanne Day, OD, provides the services. They anticipate adding a low vision OD and an occupational therapist who can handle home visits later this year.

The center offers low vision services, sports vision and vision rehabilitation to injury or stroke patients. “It’s full-scope vision therapy for all ages,” she says. It’s also highly in demand. “We have referrals from all over the Florida Panhandle and lower Alabama.” She understands that many ODs don’t want to take the time or effort to work with low vision and vision therapy patients since they typically demand long appointment times for lower financial rewards. But working with special needs children, injured adults and even young athletes adds a rich dimension to her practice.



Web site explains the vision therapy services offered.

Currently, that practice is gearing up to provide implantable macular telescopes (IMTs). Dr. Gilbert-Spear’s practice is one of only two sites in Florida, and only about 10 nationally, that has been approved to provide IMT co-management and follow-up services. The IMT, roughly the size of an eraser at the end of a pencil, can expand the field of vision in that patient’s worst eye, as long as that eye has not had previous cataract surgery.

The practice informs the public of its vision therapy services through a dedicated page on the web site. **WO**

Tallahassee location is newest addition.

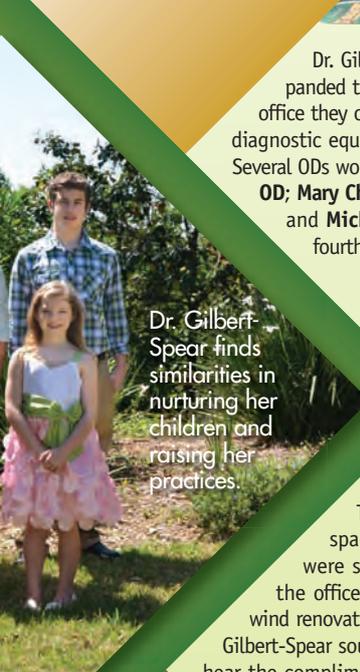
**Sight & Sun**  
EYEWORKS  
of Tallahassee  
Opening April 9th



Dr. Gilbert-Spear has a role in managing the practices she co-owns with her husband, Dr. Carl Spear (below).



Perdido location



Dr. Gilbert-Spear finds similarities in nurturing her children and raising her practices.

Dr. Gilbert-Spear says. As a result, they expanded the facility, moving the ophthalmology office they own next door but still sharing some diagnostic equipment between the two practices. Several ODs work there: **Jill Anderson, OD**; **Troy Bell, OD**; **Mary Charbonneau, OD**; **April Gerhard, OD**; and **Micki Lopez, OD**. Despite its status as fourth child, it's the second-largest location.

And in 2012, Tallahassee joined the family as a surprise acquisition. The couple closed the office for just two weeks in late March for a complete overhaul of the interior. "Dr. Walker had the latest diagnostic technology, but we came in with a lot of cosmetic improvements," she says. The team of contractors gutted the space from floor to ceiling, and workers were still retrieving their last tools when the office opened for business after the whirlwind renovation. In the first days it was open, Dr. Gilbert-Spear sounded like a proud mama, happy to hear the compliments and adoration from everyone who was being reintroduced to the space. She has big hopes for it, realizing its potential to draw from the neighboring universities on one side and the Florida State Capitol and its affiliated businesses a quick walk away.

### Managing multiple practices

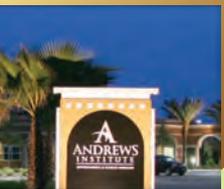
Dr. Gilbert-Spear has taken on most of the day-to-day operations for four of the optometry practices and the ophthalmology practice as Dr. Carl Spear spends more time traveling in his professional development role for Alcon. She finds that even though the five practices have divergent personalities, there are a lot of efficiencies in running five locations. "We have purchased offices, renovated offices and started them from the ground up. We've done that so many times, we know what to do," she says.

Shared key staff members understand the infrastructure of the organization as well as the nuance of each practice location.

One information technology staff member knows how to expand the computer system each time an office is added, and an optical buyer can train staff on the Sight & Sun Eyeworks way of pricing and sales. A credentialing director handles all the necessary insurance credentialing for all the



Gulf Breeze location



## Research Keeps Practice Fresh

**D**r. Katie Gilbert-Spear had always been interested in research. After she finished her undergraduate work at Auburn University, she decided to follow her many friends who were pursuing their doctorates at University of Alabama at Birmingham (UAB). She wasn't sure what field of medicine intrigued her, and the idea of late nights on call didn't thrill her at all. Being a healthy emmetrope herself, she thought eye care might be dull.

So an adviser suggested that she take a year to pursue her MPH degree. The lab where she worked happened to be right next to UAB's optometry clinic, so she started watching what was happening there. She arranged to shadow **Catherine Amos, OD**, who taught at the school. She soon recognized that optometry was a far more vibrant field than she originally thought, and at the same time, she began to have doubts that a desk-based research job was for her. Even so, she completed her MPH in epidemiology as she started her optometry school career.

Her husband, **Dr. Carl Spear**, later encouraged her to pursue her interest in research in their practice. They began by having him serve as principle investigator and she was the study coordinator. As she was able to train a key staff person to serve in the role of coordinator, she took over the principle investigator role. The practice has been involved in clinical trials for contact lenses, solutions, dry eye therapies and visual performance aids.

"The advantages are that I think it's interesting and it's a good practice-builder," she says. With the computerized patient records, she and the study coordinator are able to pull patients who fit the parameters of a study. Or they advertise for them. "We're in a college town, so students are often happy to be part of a trial," she says. By now, the practice has developed quite a database of patients who have asked to be contacted again to participate. Many of those patients who have come to the practice as participants in a clinical trial have since made the practice their home for eye care, too. **WO**

locations and the 12 associate ODs and two ophthalmologists who work there.

Dr. Gilbert-Spear manages the OD scheduling, while each of the office managers takes care of scheduling the approximately 70 staff members. The office managers and both owners meet at least once a month to share production goals. "I'm very goal-oriented," she says. She helps each office devise its goals to achieve and in advance of these monthly meetings, generates spreadsheets that show major production numbers, such as number of exams, contact lens sales, revenue and comparisons to the same period the year before. "It's good to get all of these managers in the room together because one may have started doing something that's working in an office, and we can spread that idea much more quickly," she says.

She doesn't try to squelch the sibling rivalry among the office managers. "I'm very competitive. So are the office managers. But they also want to see each other succeed," she says. The sense of accomplishment and friendly competition intensifies every month or two when the entire staff gathers for a meeting. While one office may get called out for special recognition for improved capture rate or fastest growth, the staff and managers at the other locations are happy for the winners—and start plotting how to best them the next time around. "A little competition is healthy," Dr. Gilbert-Spear says.

The sibling practices aren't done growing. Dr. Gilbert-Spear is on the lookout for new ideas to try and new services to add to keep her family of practices growing strong and healthy. **WO**

# Communication Is Key

*Dry eye education and follow-up conversation improve relief and success*

Millions of Americans suffer from dry eye symptoms every year, but “they don’t necessarily complain about them,” says **Kimberly Dunagan, OD**, of Fairhope, Ala. They may think that their contact lens experience is as good as it gets, or that their eyes are uncomfortable because of allergies, but often the real cause of the problem is that their tears are not providing sufficient moisture and lubrication. Dr. Dunagan wants to set the record straight and break down common misconceptions. By opening the lines of communication and asking the right questions, she’s treating more ocular conditions and building trusting relationships with her patients.

Dr. Dunagan has had an interest in this ocular condition since she graduated from the University of Alabama at Birmingham School of Optometry in 1996. She hopes to treat and diagnose many patients with dry eye in her new office, Fairhope Eye and Laser Center, which opened earlier this year on the eastern shore of Alabama. It’s the second office in the area where Dr. Dunagan has worked over the past 11 years. Dr. Dunagan is a partner at Baldwin Eye Clinic in Bay Minette, and Fairhope Eye and Laser Center is about 30 miles away. Cases of dry eye arise throughout the year, even in the humid summer months and especially in windy climates. She’s seen men and women, especially those over 40, with symptoms. Other patients prone to complaints include contact lens wearers and those who have had refractive surgery. Many health conditions, especially autoimmune disorders, cause chronic dry eye. Dr. Dunagan doesn’t want to miss any opportunity to help her patients, so each patient is screened for dry eye through the following steps.

**1Expand patient questionnaire.** The history form for patients includes questions about visual symptoms, including blurred vision, excessive watering and burning, itching or gritty eyes. It’s important to follow up in the exam room on any symptoms that patients checked. “Patients think it is just allergies, but it can be a combination of dry eye and allergies, where the dry eye exacerbates the allergies,” Dr. Dunagan says. During the patient’s eye exam and in addition to a thorough retina exam, Dr. Dunagan carefully examines

the eye-lids, cornea and conjunctiva to pinpoint the true cause of the patient’s symptoms.

**1Ask the right questions.**

Questions that allow yes and no responses will get you nowhere fast, she says. So phrase questions to demand more than a

one-word answer. Dr. Dunagan asks contact lenses wearers, “How do your eyes feel at the middle of the day and at the end of the day when you remove your contact lenses?” If patients respond that their eyes feel dry and their lenses are difficult to remove, these could be signs of dry eye. She also asks patients about their medication routine, including prescription and over the counter. “Some patients may use over-the-counter eye drops if their eyes are red, but they won’t necessarily mention it unless you ask,” Dr. Dunagan says. “We try to find out exactly what they are using.”

Systemic medications can affect tear production. “Some medications, including antihistamines, antidepressants and many more can make a patient’s eyes even drier.” Medical conditions such as arthritis, diabetes, Sjögren’s syndrome and thyroid problems can also cause patients to experience dry eyes.

**1Make recommendations.** Talk to patients about their water intake and encourage proper hydration throughout the day. Often, Dr. Dunagan can recommend a supplement of omega-3 fatty acids, which some studies have shown to be beneficial to dry eye symptoms, she says. Provide information on better nutrition, and depending on the severity of the case, discuss options for medication or punctal occlusion.

**1Monitor follow-up progress.** Good education can go a long way, but even the most well-meaning patients can slip up on compliance as months pass. “Patients may have an immediate result, gain relief and stop what they were doing,” Dr. Dunagan says. They may think the issue is resolved, not recognizing that dry eye can be a perpetual problem. “It all goes back to communication and talking about compliance during follow-up visits.” Depending on their symptoms, patients are asked to return to the office as often as every three months so Dr. Dunagan can check their progress.

**1Be available for referrals.** Current patients are a great source of referrals, but consider other places in your community that can be referral sources, too. Dr. Dunagan’s new office is located in a medical complex with both a women’s health and a plastic surgery center, and the offices have referred patients to each other. “It’s a perfect setting because women’s health, hormones and age-related changes can play a part in dry eye,” she says.

Because there are many factors that can contribute to dry eye, Dr. Dunagan uses her expertise to provide the most relief possible and the best solution for each patient, enhancing patient loyalty. The Alabama Optometric Association recently reached out to Dr. Dunagan for her expertise on dry eye, as the association works with the media to spread the word on the dry eye symptoms and solutions. She recommends that doctors send patients to [aoa.org](http://aoa.org) and [allaboutvision.com](http://allaboutvision.com) if they would like to further research information on dry eye. **WU**



Dr. Dunagan

## In Search of Sunglasses



The Vision Council released a consumer media report in May outlining trends in UV-protective behaviors to increase public understanding of UV radiation and its harmful effects on vision health. The report, *Finding Your Shades, Protecting Your Vision*, deals with the health effects that can occur as a result of cumulative UV exposure. The report is just one component of The Vision Council’s refreshed UV-protection campaign, *Bureau of Missing Sunglasses*, designed to increase eye protection purchases by promoting the importance of year-round UV protection to consumers. Learn more at [missingsunglasses.com](http://missingsunglasses.com). **WU**



# Family Eye Center

## OPTOMETRY

# Breaking New Ground in a Small Town



Dr. Fialka

*Even today, women ODs may be first female providers in rural communities*

**F**or the first few weeks that **Gabrielle Fialka, OD**, arrived at Family Eye Center, she felt a little like a goldfish in a bowl. She was the first woman OD ever to be hired in the 70-year-old practice—and one of only very few women medical providers in the rural region north of Raleigh, N.C. Now that she's been part of the practice and patients' lives for nearly two years, rotating her schedule among the three practice locations in Henderson, Warrenton and Louisburg, the novelty has worn off. Even more importantly, she's been able to prove her mettle with her clinical and practice management skills.

The practice uses an interesting model to keep itself vibrant. It's a four-OD office, and every decade, a young practitioner is added as an associate with a plan toward partnership. As the fourth OD becomes the partner, the oldest one cuts back on his or her hours. Ten

her first year out of school in a corporate-affiliated practice in Raleigh, but she found she wasn't offering as much medical eye care as she wanted. She had completed an internship with an ophthalmology group in Louisville and had worked in a heavily medical optometric practice in San Diego. She was searching for that setting closer to Henderson, her boyfriend's hometown.

The doctors at Family Eye Center had heard of her and invited her to come to the practice a few days a week. That offer soon blossomed into a full-time position. Since it is a medically focused practice, Dr. Fialka felt she had a lot to offer both because of her clinical background and her comfort level with technology. She's handling some of the practice's web-based marketing, including developing a web page and a Facebook presence.

However, she was a little surprised by the level of trepidation with which some patients approached her initially. "The optometry schools are all in larger cities where female practitioners are more common. So I hadn't expected to learn that a lot of these patients have never seen a woman in any health care field," she says. Although there was a large contingent of women patients who were delighted with the addition of a female OD, "a lot of the male patients called me 'young lady' when I started," she says. She wasn't offended by the moniker, but she also wanted to put herself on equal footing with the established doctors as quickly as possible. That needed to start with the staff, who were calling her and introducing her as "Dr. Gabi." She gently pointed out that none of the others were using that format in their names, insisting that she be called Dr. Fialka. She also created a protocol form, explaining how she wanted

### An Owner's Perspective

**W**hired **Dr. Gabrielle Fialka**, says he's thrilled with the addition. "I believe that all optometrists should practice medical optometry to the fullest extent allowed by law. I enjoy treating glaucoma and other eye diseases and injuries. My partners and I are on the medical staff at a local hospital and regularly see patients in the emergency department." Dr. Fialka has fit into this model very well, he says. "I was afraid that new ODs would want a retail or commercial practice instead of a professional independent practice. I am so impressed with Dr. Fialka's knowledge base and her eagerness to treat ocular disease. She has taught me a lot, and I'm pleased that she'll be bringing this practice into the era of electronic medical records and advanced technology in the future. Plus, the patients love her." **WO**

her patients worked up and what she needed from the staff before entering the exam room.

Dr. Fialka realizes that as a young woman doctor among a primarily female staff of 44, her interaction with the staff might be a little different than the partners'. She tries to maintain some boundaries while recognizing that the staff may be more willing to share some of their ideas and frustrations with her. "I'm able to kind of bridge the gap between employees and employers," she says. But she feels it's important for doctors to maintain some professional separation from the staff. For example, although she's received numerous invitations to functions or parties thrown by staff members, she has only just accepted her first invitation to attend a birthday party. Typically, the partners don't receive similar invitations.

Finding your authoritative voice as a new associate in a practice where you don't hire the staff can be difficult. "I didn't want to step on anyone's toes, so I had to learn how to set my foot down without doing that. It was a matter of earning the staff's respect without demanding it." **WO**



Patients are drawn to Dr. Fialka for her caring attitude.

years later, the cycle is repeated, leaving the demographic makeup of the doctor team essentially unchanged.

Dr. Fialka, who graduated from Southern College of Optometry in 2009, spent much of

# Women in the NEWS



Dr. David

Ashley David, OD, of San Angelo, Texas, was named to the West Texas Rehabilitation of San Angelo board of directors.



Drs. Harper, Enyart & Kneuppel

The Wisconsin Optometric Association (WOA) honored Michelle Harper, OD, of Sturgeon Bay, as Optometrists of the Year, and Callie Enyart, OD, of Oregon, as Young OD of the Year. Kellye Kneuppel, OD, of Brookfield, became president-elect of the WOA.



Dr. Messing

Rita Messing, OD, of Bad Axe, Mich., was featured in the *Huron Daily Tribune* for her work with Volunteer Optometric Services to Humanity in Peru.



Dr. Roddy

Denise Roddy, OD, of Tulsa, was named the Oklahoma Optometric Physician of the Year in February.

At the Texas Optometric Association's annual convention, Kathleen Goff, OD, of El Paso, was awarded the Mollie Armstrong Award.

(l-r): Dr. Goff and Stacie Layne Virden, OD, FAAO, last year's Mollie Armstrong Award recipient



Dr. Enyart



Dr. Kneuppel



Dr. Kattouf

Chief of pediatric optometry at the Illinois Eye Institute Valerie Kattouf, OD, discussed the increasing number of younger people who experience farsightedness due to close-focus reading and activities on CBS WBBM Newsradio in Chicago.



## Create Connections, Not Competition

*Texas ODs connect and find success with TOWN*

Several years ago, **Monica Allison, OD**, of San Antonio, noticed she was one of only a few women in the room at meetings for the Texas Optometric Association (TOA). **Erin Nevelow, OD**, then a student at the Houston College of Optometry, saw it, too, while working as a staff member in her father's practice and attending the TOA meetings to help her prepare for her future career. What was it that was keeping women ODs away from the TOA meetings? Were women's issues being overlooked or was something about the format not inviting? The two doctors decided that a local chapter of the TOA's Texas Optometric Women's Network (TOWN) could help connect local ODs around the state. They serve as co-chairs of the chapter. "The TOWN organization was started to provide a less formal meeting with networking opportunities and reach the women who were not at TOA meetings," says Dr. Allison.

Dr. Nevelow, who had heard of TOWN from **Mindy Huynh, OD**, former chairperson of the Dallas TOWN, still practices with her father across the street from Dr. Allison. In many professions, that would make them fierce competitors. But TOWN has helped build a camaraderie that encourages connections. Dr. Nevelow says that TOWN attracts women ODs in all types of practice settings, providing a great mix of professionals to learn from each other. "Every woman optometrist in the city is welcome," Dr. Nevelow says. The two chairs and others in the group find great value in their time together, networking while discussing issues relevant to their career and practices. Dr. Nevelow says she often discusses *Women In Optometry* magazine surveys with the group. "From practice management tips to dealing with family/work balance or finding an associate doctor, by knowing each other, we can help each other out," Dr. Allison says.

That's often in the form of providing coverage for vacations or family leave or by giving referrals. Dr. Nevelow and Dr. Allison appreciate the opportunity to meet women ODs whose strengths may complement the areas where they have less experience. "My specialty is orthokeratology," Dr. Allison explains, adding that she's met with women who work in low vision and vision therapy. She's expanded her knowledge on these topics, but also has the option of referring to another local OD. "We can send people to each other's offices, but we don't feel like we are competing."

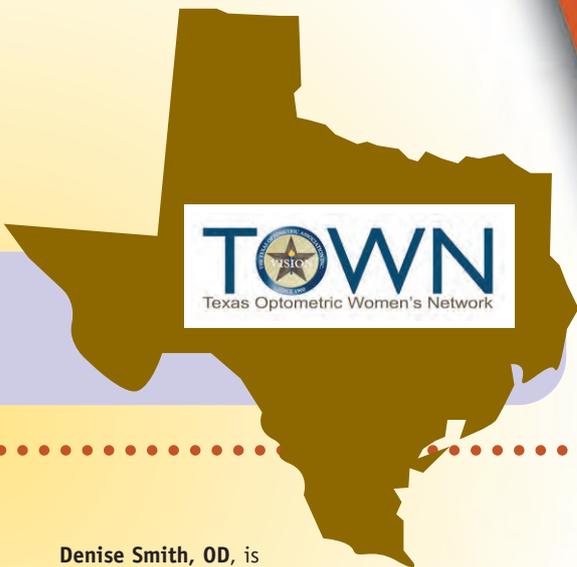


Dr. Allison



Dr. Nevelow

Continued from page 14



**Denise Smith, OD**, is new in her role as chair of her Austin TOWN chapter, and she saw the value in the network for referrals, too. "During our first meeting, we gained a sense of who likes what and who we could refer to when we had patients who needed services beyond our scope of care." A solo practitioner and owner of a vision therapy practice, Dr. Smith saw that TOWN could create opportunities to interact with women optometrists in Austin whom she had not met before. "We wanted TOWN to be different and not just another hour of CE," Dr. Smith says.



**Dr. Smith**

In fact, it's almost nothing like traditional CE. When Dr. Smith realized that the speaker whom she had originally invited, a retinal surgeon who would talk about his mission work and clinics overseas, was already familiar to most of the doctors, she changed course. The doctor's wife, also an MD, specializes in skin care and nonsurgical cosmetic procedures, and she stepped up to present a

session on nutritional supplements for the skin and specialized skin care products. Some doctors even took part in special DNA testing through the Human Genome Project, which uses gene testing to determine the best skin care products for their specific skin type. It was a success, as Dr. Smith knows most women are interested in keeping their skin safe. "This event was something totally different,

not optometry-based," she says. "Because CE credits were not offered, we knew that the people who attended really wanted to be there and weren't just there to satisfy a state board requirement."

Dr. Nevelow also challenges herself to develop creative meetings. One meeting was

hosted at a restaurant that offers salsa dancing lessons. After the business portion concluded, the private room allowed interested attendees to twirl and shimmy. "We like to find interesting places to hold our meetings, and this location offered a good mesh of all the things we needed," Dr. Nevelow says.

The Austin and San Antonio chapters of TOWN meet about once per quarter and often hold their own gatherings at TOA and other state optometry events. Assistance is needed with TOWN leadership roles in the Houston and Dallas areas. Contact Dr. Allison at [drmonicaallison@sbcglobal.net](mailto:drmonicaallison@sbcglobal.net) for more information on becoming a part of TOWN. **WD**

*By knowing each other, we can help each other out.*  
—Dr. Monica Allison



**Dr. Wianecka**

**Aleksandra Wianecka, OD**, of Babylon, N.Y., created publicity for free infant vision screenings through the American Optometric Association's InfantSEE program on the local *Lindenhurst Patch* web site.



**Dr. Theobald**

**Teresa Theobald, OD**, of Duluth, was elected president of the Minnesota Optometric Association in February.



**Dr. Marshall-Underwood**

In April, **Tracey Marshall-Underwood, OD**, of Dover, presented the keynote speech at the American Association of University Women's Awards for Excellence in Science for Outstanding High School Junior Women in Delaware.



**Dr. Winters**

**Karen Winters, OD**, of Syracuse, N.Y., released her second novel in May. *Reis's Pieces: Love, Loss and Schizophrenia* explores the impact of a schizophrenia diagnosis in a heartfelt way. Her first novel was titled *Where Are the Cocoa Puffs?: A Family's Journey Through Bipolar Disorder*.



**Dr. Moon**

**Marla L. Moon, OD**, of State College, has been re-elected as chairwoman of the Pennsylvania State Board of Optometry for 2012.

## Vision Source Honorees

Several women optometrists were honored with the 2011 Practice of the Year Award at the 2012 Vision Source North American Meeting in Orlando. **Joanne Reed, OD**, of St. Augustine, Fla., was recognized for the largest percentage increase in the network. **Marcella Bauman, OD**, and **Christina Schropp, OD**, of London, Ontario, were honored for their dollar and percentage growth in Vision Source Canada.



**Dr. Reed**



**Dr. Schropp**



**Dr. Bauman**

# One Door Closes and Window Opens on a Fresh Start

*Faced with a challenge, OD is determined to build a successful practice*

**M**arcie Lerner, OD, had been practicing for nearly three years as an associate in an optometry office next to For Eyes Optical in Bethesda, Md., when her practice life took an unexpected twist. Dr. Lerner's employer sold the practice to a different corporation, taking all his records with him in December 2010. Dr. Lerner, refusing to feel defeated, started to rebuild the practice from scratch in January 2011.

First, she wanted to continue to nurture the relationship that she had created with patients by letting them know she was still there. As it turned out, many dedicated patients chose to stay with her and have helped spread the word about her services. While these were well-known patients to her, she didn't have the documentation anymore, as their records were sold.

She placed an ad in the local military newspaper so that her former patients could contact her, and she reached out to the community she formerly served in the decade she spent working in an optical location in the nearby Navy Exchange. She thoroughly enjoyed working with her active duty patients, and she left the office only because her contract was up and the location was in the middle of active construction.

One way she reconnected with former patients and is reaching out to new ones is through a practice web site, [lernervision-care.com](http://lernervision-care.com), and a Facebook page. Sometimes the simplest promotions are most successful. The practice is right on Wisconsin Avenue, a major thoroughfare into Washington, D.C., and only two blocks from a Metro station. Dr. Lerner keeps a sidewalk sign with her name and photo outside her practice when the weather allows so passersby can see it. Around Halloween last year, she tied a giant eyeball balloon to the sign, and the reaction was impressive. People stopped in to comment and had the opportunity to meet Dr. Lerner and learn more about her. "That brought in more business than many other efforts," she says.

After discovering the potential in the foot traffic outside her office, Dr. Lerner has



**After initial plans fell through, Dr. Lerner came up with a new plan for practice success.**

connected with other local businesses in hopes of generating a buzz. A future partnership opportunity is with the movie theater across the courtyard from her practice. The area is often busy and is a great place to advertise her services, which include helping patients who have trouble viewing 3-D technology.

Dr. Lerner upgraded the office's electronic medical record system to OfficeMate when she took over, hoping to gain more efficiency as she built up her patient base. She tracks her progress in a spreadsheet, monitoring her number of new versus existing patients. New patients are up 20 percent. She's on her first round of recalls for annual visits now since starting over.

In the next few months, Dr. Lerner hopes to analyze her insurance company relationships. "Some companies are paying me half of what I charge for an eye exam, so I need to know if there is enough patient volume to balance that out," she says, noting she also tracks how quickly these companies issue payments.

Dr. Lerner has worked in corporate-affiliated offices since her 1995 graduation from the Pennsylvania College of Optometry. "It's a great opportunity to be an independent optometrist without worrying about the retail optical responsibilities," Dr. Lerner says. "But you still deal with the business side of eye care, so it's important to gain practice management skills."

A liaison to the corporate office can provide advice and recommendations, which grants Dr. Lerner a sense of security as she's learning. "It is helpful and rewarding to work as a partner with For Eyes as opposed to opening a practice cold," she says.

Her patients pass through the For Eyes optical area before traveling upstairs to her office located on the mezzanine. Dr. Lerner appreciates this convenience for her patients. "It's advantageous for our staff members to work in concert with the For Eyes retail team because we help with their business, and their business helps ours." **WO**

## Great Office Manager Goes a Long Way

**D**r. Marcie Lerner is quick to give credit to the outstanding office manager who stayed on board with her even when her former employer relocated his office. The office manager was vital during the transition period, and he continued to help the practice grow during Dr. Lerner's first year in charge. One of his greatest contributions was helping her find a reliable staff of one full-time and two part-time technicians. "I didn't want to hire staff members who didn't have their heart and soul in it," Dr. Lerner says. The office manager's enthusiasm and business-minded approach led them to the right candidates. The office manager recently left to pursue his MBA degree, but by then, Dr. Lerner had reconnected with a colleague from the Navy Exchange optical who has joined the Lerner Vision Care family. **WO**

# There's No Place Like Home

*Doctor returns to her roots in a Southern town after a stint practicing abroad*

Dr. Valarie Simpson Jerome spent 2.5 years in England practicing optometry.

When **Valarie Simpson Jerome, OD**, left her corporate-affiliated position in Richmond, Va., she imagined herself in an oceanside Florida town building a career-long practice. Little did she realize her trek south would end in her own hometown of Waycross, Ga., via England.

During a trip with friends to tour California's wine country, she met her future husband, **James Jerome**, who was cycling through the area with his friends. "It was love at first sight," she says. The challenge for the new couple was that he was British, with two young children back home in Newbury, an hour and a half west of London. "Immigration-wise, it was easier for us to get married and start our life together in England than to have him come here," she says.

While waiting for that transition, she returned to her parents' house and began doing some fill-in work for **John Zechmann, OD**, at Eye Care 1, where she received her eye care growing up. After that, she spent the next two-and-a-half years settling into life as what the British call an optician. "Optometry as a profession is not as far advanced as in the U.S. The scope of practice and training is different. They use the word optician, and for a long time, I referred to myself as an optometrist, but the public didn't understand."

Dr. Simpson Jerome says that the process was a little disheartening. "I had to take a non-EU qualifying exam because my American degree didn't count. I sat for the course with people who had never seen a contact lens," she says. Even with her training, it took her a second run to pass the exam since so much of it focused on dispensing.

Once she began practicing, she enjoyed the patient interaction. "The vast majority of my patients had never seen a phoropter. They'd ask me, 'What is this advanced technology?' Many of the practitioners don't use slit lamps, examining only with a direct ophthalmoscope." She worked in a practice connected with a large British supermarket chain, at about half the salary she was making as an employed OD in the U.S. "In my little town, there was not a single independent practitioner," she says.

After a while, the more limited scope of practice began to wear on her. "Every day, I felt like I was missing opportunities. All that education that I paid for seemed to be for naught, and I felt out of touch with optometry," she says. She met native U.K. practitioners who had earned their optometry degrees in the U.S., but they understood the system to

which they were returning. She was impressed by their motivation to work within the system to improve it. But in the end, "I didn't feel like I fit in," she says.

So the couple made the difficult choice to return to the U.S.

They'll miss the children terribly, who will stay with their mother in England for much of the year. But Dr. Simpson Jerome says

she hopes they understand her choice to follow through on her professional training and a fulfilling career. Her husband owns a flooring business, which he

can manage from anywhere. However, she couldn't find the work in England that would allow her to be, as her husband calls it, "a proper eye doctor."

Back in the U.S., "I feel like I can help provide a future for myself and my stepchildren. It's a better career for me," she says. She's back now at Eye Care 1, building a patient base for herself. "It's a great practice," she adds, noting that when she felt her career calling her back, this was the practice where she wanted to be. She's been bringing herself back up to speed on new drugs, coding and billing matters and "the ever-changing insurance plans," but she enjoys the stimulation of American-style optometry.

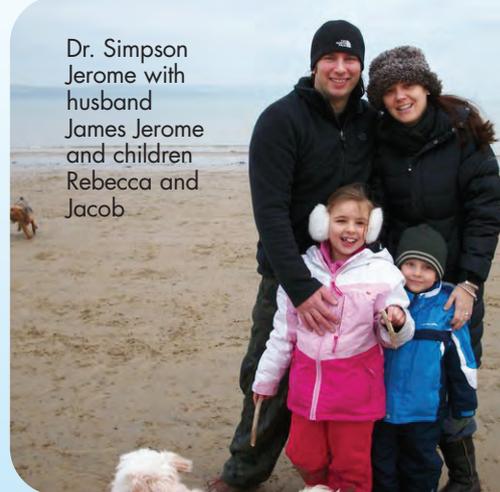
It's funny how life interferes with the best-laid plans. "I spent my childhood saying I couldn't wait to get out of Waycross. Now I'm ready to settle down here in this nice, peaceful place." **WO**



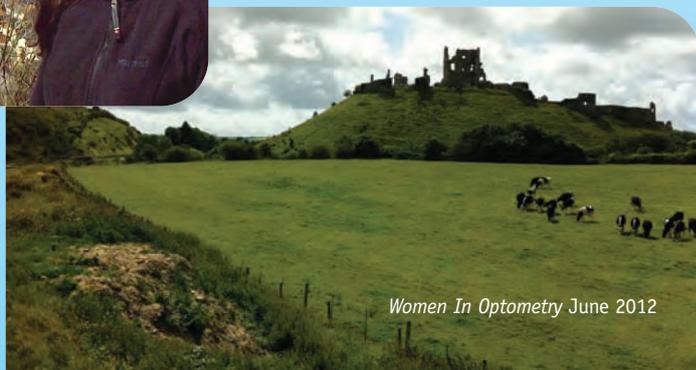
Dr. Simpson Jerome



Dr. Simpson Jerome appreciates being back in the U.S. but enjoyed the opportunities she had in England.



Dr. Simpson Jerome with husband James Jerome and children Rebecca and Jacob



# Pink Ink

## Define Success on Your Own Terms

By Shefali Miglani, OD

Once in a while, I'll read or hear about a super-practice, the kind that nets incredibly high numbers, is run by a dynamo or has a marketing plan that could have been devised on Madison Avenue. For a moment, I'm envious and a little intimidated because that appears as a definition of success. But then I remember that the practice I have created supports the situation and the lifestyle I chose for myself. My motivation and drive to improve and grow are both strong, but something would have to give, and I am not ready to do that just yet.

For now, I want to be home at 5 p.m. three nights a week so I can pick up my 7- and 4-year old daughters. I want to be able to take them to school in the morning. I want to be in the office four days a week, but I will see patients for scheduled appointments on most Saturdays. My husband travels often for his work, which increases the demand on my mom time. And I don't want to work for someone else. In the end, it comes down to knowing what you want. You can't chase someone else's definition of success.

Here are the benchmarks by which I measure professional success.

**My patients thank me; many hug me.** I'm proud of the connection I make with patients, and that generates referrals to the practice. Patients believe they are receiving quality eye care at a good value. I delight in having created a warm and welcoming environment for patients.

**I am accessible.** I offer patients guaranteed same-day or next-day appointment slots, if requested. And I am always available for a walk-in patient.



Dr. Miglani

**I provide comprehensive eye care,** including medical services and sometimes even in an emergency setting on weekends.

**I enjoy what I do.** I enjoy it so much, I'm my own optician. I like spending time with patients as they select the eyewear that they'll enjoy wearing. That reflects well on my practice.

It's nice of course, when overall revenues increase, but seeing profits increase means I'm working more efficiently, not wasting money and making the most of every opportunity.

I'm also proud of having created my practice from scratch three years ago. I'd pack my then-6-month-old baby in the car seat and meet with architects, manage contractors and watch the progress as the practice was coming together. I spent hours on the Internet figuring out the fundamentals. I had no idea how to order frames; I didn't even know whom to call to get started!

I knew how to be an optometrist, but I didn't know how to be a business owner. That's something I've learned along the way. I am not the largest practice in town, but that's OK with me. I think many women—and maybe any OD who crafts a practice designed to balance work and family—will have the same moments of self-doubt that I described. Should I be more aggressive? Should I be open six days a week, hire associates, launch a marketing campaign or aim for significant growth every year?

Every time I ask that question, the answer is the same: I don't need to. I find comfort in looking back at what I've been able to accomplish in the past three years, and I have time to adjust the business plan later. I'm meeting my benchmarks for success: growth, time with my family and hugs from my patients. <sup>WO</sup>

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