



DEDICATED TO THE INTERESTS
OF WOMEN ODs



Dr. Jenn Sowers



Dr. Nina Doyle



Dr. Adriana Palumbo

Transfer of Ownership

As more men reach retirement age, stories like these shared by three women ODs will become more common

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What's New on the Web

The storm stories posted on womeninoptometry.com during Hurricane Matthew also serve to share some strategies for preparing a practice for a weather-related emergency. Make your preparedness list while you can so that you're not making last-minute decisions. **WO**

Dr. Jasper shared photos before, during and after the storm.



Marjolijn Bijlefeld

Building a Community

Ever since its inception, *Women In Optometry*® (WO) has been working to build a community of women ODs by providing them with a platform to share their perspectives, successes and struggles. Through womeninoptometry.com, we now have faster response and reaction to the articles posted. The strength of that network became very obvious when Hurricane Matthew was moving closer to the U.S. eastern shoreline.

WO Professional Co-editor **April Jasper, OD, FAAO**, has her practice in West Palm Beach, Florida, where early predictions showed Matthew was headed. She began to send messages and photos, updating WO readers on what she was doing to prepare her home and office while she and her family waited for the storm. WO also began talking to other ODs in the region, some of whom, like **Kerry Giedd, OD, MS, FAAO**, in Orlando, had been through a destructive hurricane before and shared some tips on preparing for a storm.

We posted these stories on our website, providing readers all across the country with the reminder that emergencies can crop up quickly, by fire, flood or storm. Practitioners in the path of Hurricane Matthew had time to prepare, but even the best preparation doesn't guarantee a great outcome.

Sarah "Sally" Freeman, OD, who owns Effingham Eye Care & Optical in Savannah, Georgia, with her husband **Kerry Freeman, OD**, first contacted us as the storm was bearing down on the coastal city on Friday evening. She and her family were gathered in the bedroom listening to tornado sirens as she texted. The following Monday, she followed up. "We have no phones or internet, and my cell phone service is very sporadic. I can send and receive texts and emails, but it's in and out, and I can't make calls. We actually decided to open the office today because we have power there (no phone or internet). [Phone and internet service was restored two days later.] We had no way of letting patients know that we would be open, so we didn't expect many people to show. We actually had 18 who did, though. Many of those who came still

don't have power. We can't run credit cards, make calls, order contacts or check authorizations, but we could do exams, so that was enough."

Indeed. So many of the ODs we talked with during and after the storm reaffirmed their goal to reopen as soon as possible, recognizing that the need in the community could be dire. At presstime, we were still waiting to hear from some other ODs whose practices are located in some of the hardest-hit areas. We hope that they know that a community of ODs are standing with them. WO is glad to be a small part of bringing the community together—during the storm, during the past 10 years and into the future. **WO**

Marjolijn Bijlefeld

Marjolijn Bijlefeld,
Director of Custom Publications
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Don't Overlook Gender Issues in Your Own Workplace

By April Jasper, OD, FAAO, and Katie Gilbert-Spear, OD, MPH, *WO* Professional Co-editors and Co-founders, Distinctive Strategies and Leadership

A few weeks ago at Vision Expo West, we had the opportunity to present *Gender Issues Are Business Issues* at the biannual Corporate Optometry Reports meeting, sponsored by Alcon. We addressed some of the most current research reports from *Women In Optometry (WO)*, sharing the findings that detail women's perspectives



Dr. Jasper



Dr. Gilbert-Spear

women were looking for from their careers at 29 percent of respondents, followed by location at 21 percent, schedule flexibility and salary (both at 18 percent), experience to be gained at 10 percent and paid benefits at 3 percent. Yet while it wasn't always a first choice, schedule flexibility was in the top three considerations for 65 percent of respondents.

Those survey findings were corroborated by a parallel survey conducted at State University of New York College of Optometry, where optometry school students said that independence, practicing to full scope and work-life balance topped their list of factors in making job decisions.

Gender equity issues continue to make headlines. See page 24 in this issue to read a compilation of recent studies that address these issues. In our offices,

we have developed an action plan (see sidebar) to include these considerations. These steps incorporate what we've learned through our own experience, and also *WO* data about what women in the workplace want. This is important for all of us to remember—even if we're women who own the businesses. Simply being a woman doesn't necessarily make you a good boss to other women. **WO**

Action Plan

- 1) Create equal salary opportunities for all ODs and employees.
- 2) Find ways to support the desire for flexible schedules.
- 3) Create opportunities for experience in areas that are desired.
- 4) Be mindful of the need for an ideal location.
- 5) Remember that frequent and effective communication is key. **WO**

Independence was rated as the top factor women were looking for from their careers, followed by location, schedule flexibility, salary, experience to be gained and paid benefits.

about where they work and what they are looking for in their careers.

It was a pleasure to speak to these leaders in the profession and industry who share our belief system on the value of a strong team. From a major corporation to a private practice and everywhere in between, a key to having a successful team is understanding the team and the people who are in it. Your team may be growing and expanding with more women and Millennials. Note that 19

women graduated at the top of their optometry classes at schools and colleges this year, another indicator of the changing demographics of the profession. As you learn what is important to the team, you can choose whether it's time to make appropriate changes.

In a recent *WO* survey, independence was rated as the top factor

WO Advisory Panel



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FOCUS on OUTCOMES



Innovation That Goes Beyond Product Development **By Carla Mack, OD, MBA, FAAO**



**Carla Mack, OD, MBA,
Director of Professional
and Clinical Support,
Alcon**

At Alcon, our passion is to help people see, look and feel their best. Because no two patients are alike, we strive to provide a robust portfolio of differentiated products for your patients' unique needs. It also means building on our strong partnerships with patients, practitioners, students and organizations that share our values, particularly those that educate about the importance of proactive eye care.

We feel strongly that innovation goes beyond product development and extends to programs and educational efforts that will directly impact the quality of life of your patients, allowing access to products and care that may previously have been unattainable.

While we have taken on our most aggressive direct-to-consumer campaigns in 2016 to help drive patients to your practice, we also stand committed to helping educate consumers of all ages about the importance of comprehensive eye exams and proactive eye care. Alcon became the first major contact lens company to provide support to *Think About Your Eyes*, committing \$4 million to date to the education campaign. We are proud to partner with The Vision Council and the American Optometric Association through their national consumer advocacy campaign. Please visit ThinkAboutYourEyes.com to learn more or if you'd like to join us and personally become more involved.

Here are stories shared by two practitioners who have seen the impact of *Think About Your Eyes* in their communities. ●

Program Benefits All Practitioners

Harue J. Marsden, OD, MS, FAAO, Fullerton, California

"In the greater Los Angeles area, individuals or even networks of optometrists cannot afford radio and television spots to educate patients about the importance of annual eye exams. It's expensive. I remember I first saw a *Think About Your Eyes* advertisement while I was sitting in the Denver airport, and I was so excited to see it on a national level. Even though it didn't benefit my practice directly, I knew that patients and potential patients in my community were going to see it.

"Sure enough, I started to hear about it. My brother drives a lot, and he called me to tell me he heard a *Think About Your Eyes* promotion on the radio. I began to realize that I needed to support the program and join as a participating provider. Doing so lists my practice on the thinkaboutyoureyes.com, and it's a low-cost way to be accessible to the millions of people who hear and see the promotional materials.

"Even if I were to gain only one or two patients a year from the doctor



Dr. Marsden

listing, it would still be worthwhile. My practice name shows up whenever a consumer does a ZIP code search in my area. Plus, the campaign provides material for social media postings. It supports me and our profession, and most importantly, it makes it easier for patients to recognize the value of an annual comprehensive eye exam.

"Marketing is expensive. We once ran a cable TV ad for the practice; air time and production costs added up. *Think About Your Eyes*, in contrast, is low-cost while providing excellent, professional-quality patient education. We all benefit from the exposure to the message, but only those of us who support the program by being enrolled in it benefit more directly by being listed in the doctor directory. If you're not listed, you're missing an opportunity to reach beyond your patient base.

"I'm grateful that Alcon was the first major contact lens manufacturer to partner with *Think About Your Eyes*. That kind of corporate support helps spread the message even wider." ●

A Reliable Source for Patient Education

Jennifer Turano, OD, Wilmington, Delaware

"I have directed patients to the *Think About Your Eyes* website for the patient information, which is very helpful. A common question I get asked is, 'When should my child get an eye exam?' Or patients tell me, 'My child isn't complaining, so he or she does not need an exam, right?' I answer the questions, but for added reinforcement, I often refer parents to the Kid's Vision section of the *Think About Your Eyes* site.



Dr. Turano

"It provides a simple yet detailed explanation of the importance of annual eye exams for kids and how a comprehensive eye exam can help detect vision problems other than 'blur.'

"I am very pleased with the campaign and think the message is important and valuable. I am also impressed with the commitment that Alcon has for education of both professionals and the general public with respect to ocular health. Alcon's generous support of the *Think About Your Eyes* campaign is one example of this commitment." ●



\$320 Million

Eye exam and eyewear revenue attributed to *Think About Your Eyes*

>820,000

Number of eye exams driven by *Think About Your Eyes* in 2015

20% more likely to purchase contact lenses

For patients who took action because of *Think About Your Eyes*

45% reduction in time between eye exams

For patients who took action because of *Think About Your Eyes*

Source: *Think About Your Eyes. Fact Sheet. 2016.*

Planning for the Year Ahead

Women In Optometry advisory panel members' goals for 2017 reflect tremendous variety



Dr. Sclafani

◆ **Embrace what comes:** For nearly 24 years—essentially her entire working career—**Louise Sclafani, OD, FAAO**, has been at the University of Chicago in Illinois. She's currently clinical associate professor of ophthalmology and visual science and the director of optometric services; however, she anticipates that her role may be different in 2017. "In academia, you are required to follow the direction of new leadership, and this usually involves change. Having the resolve to do this over

the years has brought me great opportunities to become a leader in the contact lens and dry eye specialties and to develop new skill sets in areas such as glaucoma. As I encounter these changes in my career, harnessing my strengths and experiences to embrace the future is my biggest priority."

◆ **Rebrand:** **Jennifer Hidalgo Ong, OD**, of Alameda, California, says that her office's highest priority for the year ahead is reinvigorating the identity of the 45+-year-old practice, which she has owned for the past 17 years. "Fortunately, we inherited a loyal following of generations of patients. But with the changing demographics of the area and our patient population, it's time to tie in my passion in community work (the environment, women's issues and equity) with the identity of the office. Changes like identifying and promoting products and companies that are environmentally friendly, highlighting companies that give back to the community and featuring POPs for frames and lenses that depict people of diverse backgrounds will be some of the tangible changes that will help reinvigorate our office's identity in 2017."



Dr. Hidalgo Ong

◆ **Create new models:** Over the years, **Ann Hoscheit, OD, FAAO, FAARM**, of Gastonia, North Carolina, has enjoyed developing financial models or unique practice modalities. In 1994, she helped found an optometry/ophthalmology partnership that was a shared ownership model vs. the usual where the OD is an employee of the MD. "In 2003, I founded a practice that tested theories about the best way to integrate female associates and as partners throughout their childbearing years. This spring I will launch a referral-based, concierge-type practice. Initially, there will be a practice enrollment fee and care will be delivered on a 'fee for service' model. Presently there are no plans to accept vision plans or medical insurance."



Dr. Hoscheit

◆ **Advocate for kids:** **Tamara Petrosyan, OD**, of New York, New York, says that her goal for next year is continued community education and outreach among parents, optometrists and other health care providers for the pediatric population. This covers infants, who need a well visit starting at six months; children struggling in school and being told

they are 'lazy' when they can't see—and where the fix can be as easy as a pair of eyeglasses to as complicated as needing interprofessional intervention and therapy; and post-concussion kids who may struggle to perform academically and need vision therapy intervention, but they are being told that everything is 'fine.' These are all patients who decidedly need our help and rarely have someone to advocate for them and send them to the right place to receive the proper treatment."



Dr. Petrosyan



Dr. Carlson

◆ **Gain some elbow room:** **Dori Carlson, OD, FAAO**, and her husband and practice partner **Mark Helgeson, OD, FAAO**, have purchased a building that will serve as the new home for Heartland Eye Care—Park River in Park River, North Dakota. "We'll be going from 1,900 square feet to 3,100 square feet. Much of the technology we have today didn't even exist when we moved into our current location," she says. The demo on the building shell has been done. "It had once been a funeral home and then turned into an event center. Doctors, staff and contractors are eager to get in to start on the remodeling."

◆ **Redefine the marketing:** "Our goal for 2017 is to focus on rebranding and marketing," says **Lauretta Justin, OD**, of Orlando, Florida. "We're focusing our entire internal and external marketing efforts on reaching our desired target patient. We drafted a complete marketing plan and have assigned tasks to different members of our team and created timelines for each task. The whole marketing plan revolves around the following three stages of patient contact with our practice: before, during and after. Our plan lists the steps of how we're going to create a refined atmosphere that will invoke an esoteric experience for our ideal patient in each of the contact stages. We're extremely excited as we enter into a new era in our practice."



Dr. Justin



Dr. Gutierrez

◆ **Sound the alert:** **Mario Gutierrez, OD, FAAO**, of San Antonio, Texas, is a little concerned that optometrists have become complacent. "I think ODs, on average, are doing fairly well financially. This can cause us to 'coast along.' Plus, we have had so many 'sky is falling' scenarios (ICD10, Warby Parker, etc.), so I think we have become a little numb to talk of changes," he says. There are other factors: some ODs may feel like others are fighting the battles, so they don't need to; or they look at the political stalemate in Washington, DC, and assume nothing will happen. But Dr. Gutierrez says it's important to stay alert as "there are significant changes coming and significant potential threats to our practices and profession." **WO**

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The Class of 2020 Is 70 Percent Women

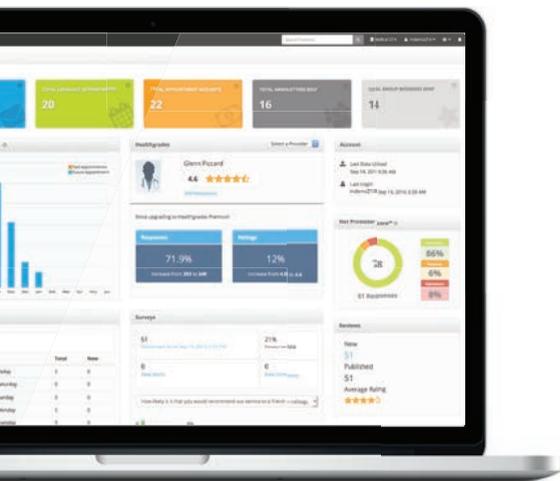
Seventy percent of incoming first-year students in North American schools and colleges of optometry are female. That's the highest percentage seen in the 11 years that *Women In Optometry* has been publishing this chart. Nearly 100 more

students enrolled in optometry school this fall compared to the fall of 2015. About two-thirds of that number can be traced to the first incoming class at University of Pikeville-Kentucky College of Optometry. **WO**

School	2016 total	# of women	% of women		
 ILLINOIS COLLEGE of OPTOMETRY	Illinois College of Optometry	174	130	75%	
 INDIANA UNIVERSITY	Indiana University School of Optometry	74	55	74%	
	Inter American University of Puerto Rico School of Optometry	55	37	67%	
	Marshall B. Ketchum University	101	77	76%	
 MCPHS UNIVERSITY	MCPHS University School of Optometry	71	49	69%	
 MICHIGAN COLLEGE of OPTOMETRY	Michigan College of Optometry, Ferris State University	38	25	66%	
	Midwestern University Arizona College of Optometry	53	29	55%	
	New England College of Optometry	148	112	76%	
 NSU OCO	Northeastern State University College of Optometry	28	14	50%	
 NOVA SOUTHEASTERN UNIVERSITY College of Optometry	Nova Southeastern University College of Optometry	106	79	75%	
 OHIO STATE UNIVERSITY College of OPTOMETRY	The Ohio State University College of Optometry	66	39	59%	
 Pacific University of Oregon	Pacific University College of Optometry	94	62	66%	
 UNIVERSITY OF THE INCARNATE WORD BERENSON SCHOOL OF OPTOMETRY	Rosenberg School of Optometry, University of the Incarnate Word	69	58	84%	
 SALUS UNIVERSITY Pennsylvania College of Optometry	Salus University Pennsylvania College of Optometry* <i>Not including Scholars Program</i>	158	106	67%	
	Southern College of Optometry	136	85	63%	
	State University of New York College of Optometry	100	78	78%	
	University of Alabama at Birmingham School of Optometry	50	35	70%	
	University of California, Berkeley, School of Optometry	73	58	79%	
 UNIVERSITY OF HOUSTON COLLEGE of OPTOMETRY	University of Houston College of Optometry	106	73	69%	
 College of Optometry	University of Missouri, St. Louis, College of Optometry	45	28	62%	
 Université de Montréal École d'optométrie	University of Montreal School of Optometry	46	37	80%	
 UNIVERSITY OF PIKEVILLE KENTUCKY COLLEGE OF OPTOMETRY	University of Pikeville-Kentucky College of Optometry	65	38	58%	
 UNIVERSITY OF WATERLOO Optometry	University of Waterloo School of Optometry	90	63	70%	
 College of Optometry	Western University of Health Sciences' College of Optometry	89	67	75%	
Source: North American schools and colleges of optometry as of September 2016		TOTAL:	2,035	1,434	70%

* The Scholars Program had an entering class of 12, nine of whom are women. These students are expected to graduate in 2019.

NO-SHOWS NO MORE



PATIENT RELATIONSHIP MANAGEMENT

- Email, text and voice appointment reminders
- Wait list messaging to cover last-minute cancellations
- Patient mobile app to view appointment schedules
- Uber integrations to ensure on-time arrivals

Vision, Beauty and Health Are Intertwined

To do the most for your patients, address their concerns on all of these topics

Aesthetics and beauty discussions have become more prevalent at Vision Optique, the Houston practice of **Bridgitte Shen Lee, OD**, and her business partner, **Bradley Owens, OD**. “Part



Dr. Shen Lee

of it is driven by consumer demand in our society, and part of it is driven by doctors who are more comfortable with the discussion and who have more solutions and products to offer patients,” she says. “People—young and old, men and women—are sharing more photos of themselves on social media. They want to look their best in these photos, so I’m hearing more questions about red and dry eyes, more dramatic eyelashes and ways to get rid of bags and wrinkles under and around the eyes,” she says. For Dr. Shen Lee, a woman OD interested in fashion herself, it’s a natural topic of conversation. It’s important to be comfortable with the discussion and to have solutions for patients, she says. “I am a GenX early presbyope who has meibomian gland dysfunction (MGD), dry eyes, digital eye strain and short eye lashes. I’m researching these products for myself, so when I find something that works and that I can either prescribe and/or retail, why not bring it into the practice? It’s a natural fit.”

The conversation has three important parts: vision, health and beauty. There’s overlap among them, but each should be addressed. “We want patients to know that we have options to help them see and look their best. In addition to progressive ophthalmic lenses in stylish eyewear, we now have daily disposable multifocal contact lenses and new refractive surgery options,” she says.

Dry eye is a multifactorial disease that is becoming more commonly observed in primary

care optometric practices. One of the symptoms is red eyes. “Patients want their eyes to look white and healthy, but with the increasing use of digital devices in our daily lives, we have more patients complaining about red and dry eyes and fluctuating vision,” she says. “Being able to measure dry eye and track the treatment results is exciting.” This year, the practice brought in the LipiFlow system from TearScience and other diagnostic testings for dry eyes, such as TearLab and Inflammadry, and has had good early success with Lifitegrast 5% (Shire Xiidra) to treat the signs and symptoms of dry eyes, in addition to Cyclosporine A 0.05% (Allergan Restasis) treatment.

OCuSOFT is one of the ophthalmic companies that has a family of products to address various ocular surface disease conditions and beauty. “For blepharitis, we use its Lid Scrub Plus Platinum eyelid cleanser. The foam is convenient for patients to use, and we tell patients to use it in the shower,” she says.

“For patients suffering from the evaporative form of dry eyes, OCuSOFT’s Retaine MGD is a top-performing tear with a lipid-replenishing formula that helps stabilize the tear film and protect against moisture loss.” Since the practice

It’s Not Enough to Provide Samples

Dr. Bridgitte Shen Lee says simply handing patients a sample of Retaine MGD isn’t enough. “I put it in their eyes while they’re here. Almost everyone can feel the difference right away. I also tell them it’s what I use. I say, ‘When you come back next year, ask me what I’m using because I’m always going to give you what I think is best.’ And I’ll keep looking for those products that will help them see better and look great.” [WO](#)



brought in LipiFlow technology, Dr. Shen Lee is seeing a higher correlation between dry eyes and digital eye strain. “We can hardly keep Retaine MGD and Bruder moist-heat masks in stock now that we have better technology to help us diagnose dry eye and its related ocular surface disease.”

In the beauty category, ZORIA BOOST Lash-Intensifying Serum and ZORIA BOOST Mascara are very popular. “We display these at the front desk, and they’ve both done very well. I use both myself daily, and I can provide a testimonial that they work, even for Asian women who are genetically predisposed to short and sparse lashes,” she says.

Dr. Shen Lee adds that optometric practices have been in the beauty and fashion business for years, really. What she’s doing now is an extension of that, and it’s helping grow the practice and increase patient satisfaction. [WO](#)

OCuSOFT Inc. Celebrates 30 Years in Business

OCuSOFT Inc. is celebrating its 30th year providing technological solutions that optimize the delivery and performance of ophthalmic pharmaceutical products, particularly in the area of ocular surface disease.

OCuSOFT introduced the first eyelid cleanser, the first topical anesthetic gel; the first “leave-on” antibacterial eyelid cleaner; the first supplement to enhance botulinum toxin injections; and the first fourth-generation, preservative-free ophthalmic emulsion eye drop, according to a company press release. OCuSOFT has also been awarded the Top Workplaces honor by the *Houston Chronicle* for the past six consecutive years and has an outstanding reputation for good works in the community. [WO](#)



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Efficiencies Gained Result in Higher per Patient Revenue

Gina M. Wesley, OD, MS, FFAO, has had the benefit of technology implementation from Marco for the past year. She had been looking for a way to make her Medina, Minnesota,



Dr. Wesley

practice more efficient. She had a combination autorefractor/keratometer/topographer, but "it just seemed so basic compared to the level of technology I offer in every other facet of my practice. The reality is that our patients depend upon

us for solid, reliable refractions. Why not enrich the experience with enhanced data and efficiency, a win for both patients and doctors?" she says.

In 2015, she purchased an OPD-Scan III and two TRS systems, one for each of her exam lanes. In early July, the systems were installed, and she says that the additional equipment has brought her the efficiency she was hoping to gain.

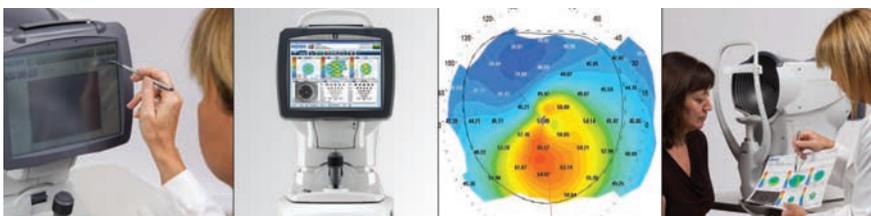
"Once I understood it—and that didn't take long—the refraction process was much faster. I had always thought I was very efficient with the refraction, but this cut my time in half," she says. She also found that she was able to increase her capture rate because she could show patients the difference between their current prescription and the new one with a touch of a button. That's true also of those patients who have not worn eyeglasses before. "I was spinning dials before, and it just wasn't easy to show patients what their difference in vision would be. Now they can see it instantly for themselves," she says.

The conversation in trying to explain a prescription update to a patient can understandably be difficult to communicate. Now, a demonstration does all the "talking" with patients, and they can confidently make a decision, along with a doctor recommendation. Verbalizing the degree of change is one thing; "seeing" it is another altogether, she says.

Her technicians appreciate the new technology, as well. There's no manual

transcription required, virtually eliminating any of those types of errors. Time spent with patients is of higher value now, as she is able to hold specific conversations about patient concerns and doctor/staff recommendations instead of transferring data.

In addition, the OPD-Scan III system has provided her with data of great value. "I easily see the root mean square number, which provides an aberration value/statistical likelihood of getting the patient to 20/20. Basically, it shows me if there is some pathology or limiting factor within the patient's optical path that would likely prevent us from getting to 20/20. I know in a moment



The OPD-Scan III provides practitioners with a greater variety of clinical data.

whether I should spend a lot more time on that refraction," she says. It also helps her adjust her patients' expectation. "I can explain the topographical information and condition of the cornea or even point spread function limitations that might explain why that impacts the quality of vision."

The OPD-Scan III also includes a retro image function, allowing her to not only detect a cataract but also help track the changes over time. But one of her favorite functions of the system is the diagnostic scene that correlates

uncorrected refraction into a simulated picture.

"It's one thing to explain to adults what line their child is reading on the chart, but it's another for them to see side-by-side the pictures that approximate what their child's vision is now and what it could be with eyeglasses or contact lenses. It's good to be able to show that to parents who have never required vision correction. Even adults who need correction appreciate seeing the images. It helps them get a better understanding and place a value on the vision correction."

With the new efficiencies and the ability to demonstrate refractive options, Dr. Wesley says

the payoff has been with increased per-patient revenue. Her goal was never to increase vastly the number of patients she saw per day, but to concentrate on the quality of her patient experience. Fortunately, she can have both benefits of increased time and the ability to add more patients per day to her schedule. "Now that I have the Marco technology, the time I gain in quicker refractions is time I can spend discussing upgraded products and the need for multiple pairs of eyewear," she says.

Her goal—and she's been achieving it routinely since the addition of the Marco technology—is to move patients from their entry into the practice through intake, pretesting and the exam and into the optical in 30 to 40 minutes. "Anything longer than 40 minutes begins to impact the success of the sale in the optical dispensary. Very few of our patients complain about our office timing," she says. "I feel that having the Marco technology in the office has changed the way I practice. I have a better understanding of the refractive capabilities of the patients." **WO**

Ergonomic Relief

Dr. Gina Wesley values the reduced strain and stress on her back, neck and shoulders with the desktop controls of the TRS system. "Because I see

patients only several days a week, my ergonomic stress and strain weren't too bad," she remembers thinking. But once she brought the Marco technology into her office, she says she realized that she was no longer experiencing the shoulder pain and neck pain that she often felt after a long day of spinning dials. **WO**



Dr. Wesley appreciates the ease of completing refractions at desk level instead of standing up.

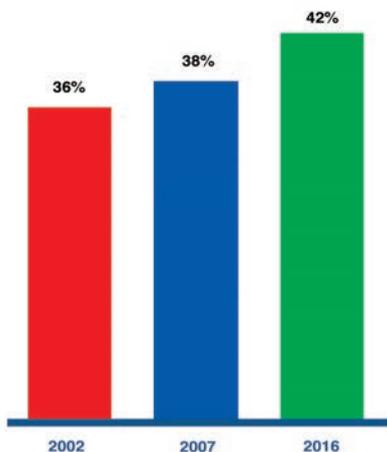
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OD Helps Others Find the Career Satisfaction She Found in a Corporate Practice

When **Lauren Peluso, OD**, first graduated from Salus University—at the time Pennsylvania College of Optometry—in 2005, she didn't anticipate a career in a corporate optometry setting. But she was offered a job as a float doctor with National Vision Inc., working in several America's Best Contacts & Eyeglasses locations. "It was full-time work with benefits," she says, noting that the initial draw was a practical one.



Dr. Peluso

Then the benefits blossomed even more when America's Best opened a store in Pittsburgh, Pennsylvania, closer to where she lived and where she was seriously dating the man she'd marry. She began to realize that the stability was what she wanted. "National Vision has been good to me. As my life changed, the company offered ways to let me continue to work," she says. After

her daughter was born, she took 12 weeks of leave. "It was nice to take time off knowing I would have a job to come back to," she says. "I like the balance National Vision provides. I come home and take care of our daughter, without having to worry about work."

Other doctors tell her that they appreciate the benefits, too. She's had doctors from Pittsburgh move to other America's Best locations, while other National Vision doctors from other states have come to work in Pittsburgh. "You keep your vacation time and accrued benefits. It's not like you're starting over as the new person with every move; having options that fit your needs within the same company is huge."

In the 11 years that she has been with National Vision, Dr. Peluso has taken on roles beyond patient care. She holds a leadership role as an Area Doctor, providing support and guidance to doctors in her area as well as being a sort of

liaison between them and the corporate support team. She typically works in her primary location, but as an Area Doctor, she is in regular contact with the other Pittsburgh ODs. "We have a good group of optometrists; we're not just colleagues, we're friends, and this feels like home," she says.

Dr. Peluso also assists in the company's onboarding and mentorship program for new doctors. She appreciates National Vision's approach to introducing new doctors to the company's culture. "When we have doctors start, we encourage them to spend a few days getting acclimated by working alongside another OD. It's not that the work is different here, but the pace is different and it helps to see how another OD manages that," she says. New doctors are also brought in small groups to the company's retail support center for a more formalized mentorship program. She travels a few times a year to participate in

these three-day sessions. During that time, the doctors learn more about the company's mission and vision, share best practices, network with peers and meet with the company's leaders. "It's designed to provide new ODs with resources so they don't feel like they're out there all alone."

She enjoys the process, too, because it allows her to meet ODs with a variety of backgrounds, such as new graduates, those who are making mid-career transitions and those who want to finish out their careers in this setting. "I've met a lot of doctors from a lot of different states, and some of us keep in touch via email. I always tell them that if they need another opinion or even if they want to vent, they can call me."

The idea that National Vision doctors cultivate a network of colleagues is a surprise to some people, she says. But there are several other elements of her career that she says might be unexpected.

"We see more disease than people would imagine. Patients come here because we're easy to reach and affordable. As a result of this, many times we're the only doctor they've seen," she says.

To Dr. Peluso, working at America's Best

means that she's filling a strong need among underserved patients. "I can't tell you how many patients I see who have serious financial challenges. I recently had a grandmother in who was trying to decide which was more important to getting her grandchildren around safely: new tires or new eyeglasses. She felt like she couldn't afford both."

She spends time connecting these patients with community services that help them get where they need to be—whether that's with an agency, volunteer group or other medical providers.

Dr. Peluso has developed a loyal patient following over the years. "I've had patients who have followed me from other locations to continue to see me and whose families I've gotten to know over the years," she says. "There's a misperception that corporate doctors can't cultivate patient loyalty, but that isn't so." **WO**

*"There's a misperception that corporate doctors can't cultivate patient loyalty, but that isn't so."
—Dr. Peluso*

Juggling 21 Schedules

Laurie Lesser, OD, of Weston, Florida, an Area Doctor for South Florida Regional Eye Associates, affiliated with 21 America's Best Contacts & Eyeglasses stores in southern



Dr. Lesser

Florida, was juggling the schedules for doctor coverage in all of the locations as Hurricane Matthew threatened the region. "As we watched the storm track, there were a lot of quick decisions being made about which of the 30 doctors with South Florida Regional Eye Associates, which handles the professional services, could be available to work in which offices. Initially, we thought we'd be closing all the offices for two days, but as it became apparent that the storm was going east and north of us, we were scrambling to see who could work where."

Dr. Lesser took time in the midst of the Friday morning aftermath to tell *Women In Optometry* what went into the decisions. Her story can be found on the National Vision's page under Growth Strategies on the web at womeninoptometry.com. **WO**

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Natural Ophthalmics Creates Reception Room Publication

to Help Doctors Spread the Word

Natural Eye Care and You is a 16-page publication developed by Natural Ophthalmics to share information about natural eye care for the whole family. It is designed as a visually appealing waiting room publication that encourages patients to ask questions of their eye care providers about

any dry eye symptoms with their eye care provider. The publication recommends Natural Ophthalmics' line of Tear Stimulation Drops as an ideal first line of treatment, especially before taking prescription anti-inflammatory drugs, which can suppress the immune system and cause side effects. "Natural Ophthalmics Drops are preservative-free and professional quality. They're not available in drug stores because they are symptom-specific formulas and potencies," says the publication.

A spread on allergies similarly encourages patients to recognize those symptoms that might be related to ocular allergies. It explains how Natural Ophthalmics' Allergy Desensitization Drops work differently from conventional therapies,



Natural Eye Care and You is a consumer publication designed for optometrists' reception areas.

range of treatment options in her own integrative medicine practice in Hollywood, California.

In addition to describing the role of a variety of Natural Ophthalmics products, *Natural Eye Care and You* also provides useful eye health information to patients. Topics include myopia progression and the importance of outdoor play for children and taking breaks from digital screens. It emphasizes the importance of protecting eyes of all ages from the harmful effects of the sun's ultraviolet rays. It even covers topics such as presbyopia and a healthy diet to provide readers with interesting and varied topics.

Natural Eye Care and You was distributed with the October 2016 issue of *Review of Optometry*. For ODs who did not receive a copy or would like replacements for their offices, call 877-220-9710 or email info@natoph.com. **WO**

Itching for Relief

Here's good news for allergy sufferers

Suffering from itchy eyes, a runny nose, a sore throat, or a cough? These are all symptoms of allergies. But did you know that there are natural ways to help you feel better? This publication provides information on natural eye care for the whole family.

Wear Your Contact Lenses All Year Long

Most contact lens wearers find that their allergy symptoms are not what they are used to when they wear their contact lenses. This publication provides information on how to wear your contact lenses all year long.

80 Percent of My Patients Use Homeopathic Products

Homeopathic products are a natural way to help you feel better. This publication provides information on how to use homeopathic products for your eye health.

Feature stories on ocular allergies encourage patients to discuss their symptoms with their eye care provider.

how natural eye care treatments can help them with a variety of conditions, such as dry eyes, allergies and more.

The publication introduces the concepts of natural eye care, explaining how natural eye care, such as homeopathy and herbs, is different from conventional eye treatments. The publication also emphasizes that the two are not mutually exclusive, and a number of optometrists are quoted in the publication talking about how they've integrated natural eye care into their more traditional eye care practices.

Dry eye symptoms and treatments are covered in some detail in this publication. The two-page spread on dry eye includes a self-assessment quiz that encourages patients to discuss

as these drops stimulate the body's own ability to eliminate symptoms of ocular allergies.

The cover story is an extended interview with **Elise Brisco, OD, FAAO, FCOVD, CCH**, who describes how her own interest in complementary and alternative medicines has grown and how she has incorporated a wider

Tear Stimulation Drops Do More Than Mask Symptoms

Over-the-counter drops may mask the symptoms, but they're not making you better.

Symptoms of Dry Eye

- Tired eyes
- Red eyes
- Itchy eyes
- Gritty, scratchy or dry eyes
- Eyes that water or become blurry
- Stare or chalazion
- Styes
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- Do you often get eye irritation?
- Do your eyes feel gritty or irritated?
- Do you use artificial tears frequently?
- Do you wear contact lenses, do you sometimes have them in the end of the day because your eyes are uncomfortable?

Dry eye symptoms as well as other ocular conditions and preventive health tips for the eyes are shared inside the 16-page publication.

Drive Growth

Natural Ophthalmics products can only be purchased through health care providers. Order an in-office inventory. Promote the products in office; *Natural Eye Care and You* can help. Sell from your inventory to improve patient satisfaction and keep the profits in house. **WO**

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A Career in Industry Allows OD to Bring Perspective to Major Programs

When **Janelle Routhier, OD**, was in optometry school, she assumed she would go into private practice after graduation. After a visit to The Vision Care Institute™ and during a residency in cornea and contact lenses, though, she was exposed to optometry careers beyond private practice, and that changed everything for her. “I hadn’t even realized it was a

possibility to use my optometric education in a way that could impact the industry and patients at a macro level,” she says. This realization led to a career path that ultimately brought her to her current role as senior director of customer development at Essilor.

After graduation, Dr. Routhier did get experience in private practice and teaching at



Martha Mijares (at right), director of optical services for Marshall B. Ketchum University in Fullerton, California, chats with Dr. Routhier and others at a Management Development Program event.

Michigan College of Optometry. But she never forgot what she had learned about a career in the industry and decided to pursue it. “I tried to connect with as many people as possible,” she says. The more doors she knocked on, the more that opened for her. She soon landed a position with Johnson & Johnson Vision Care Inc., where she was able to explore a number of areas including sales training, marketing, product launches and even some R&D, first in the U.S. and eventually globally.

Dr. Routhier found an area where she believed she could really bring a lot of value when an opportunity opened at Essilor. “I started as the director of ECP education, a role that had not been held by an OD. It allowed me to tailor our educational programs to better meet the needs of eye care professionals.” The role ended up being a good fit, and after a year, she was promoted to her current role. Her team’s



Dr. Routhier

main focus is supporting independent ECPs by educating practice owners about how to optimize their businesses so they can better serve their patients.

“I lead a team that focuses on engaging, developing and advancing optical industry professionals. We do this through partnerships with industry organizations and education, as well as through training programs

designed to bring optometrists and their staff value that helps strengthen their businesses,” Dr. Routhier explains.

Dr. Routhier has a wide range of responsibilities within Essilor, but she concentrates primarily on two main areas: professional relations, which includes schools and colleges of optometry and opticianry, as well as industry organizations including the

American Optometric Association, American Academy of Optometry and other regional, state and local groups; and customer education, such as what is provided through Essilor’s ECP University™. “This is one of the many areas where it’s beneficial to have an optometrist involved. I know how optometrists are taught to think, so I can bring that perspective to the planning. I become a bridge between the ideas and practice of marketing, finance and execution within an office, assisting in making them practical, relevant and feasible for an optometric office.”

ECP University was developed with the purpose of elevating the level of training and education within the industry and to meet the needs across an optometric practice. Dr. Routhier’s favorite ECP University program is the Management Development Program (MDP). This

six-month course is geared towards someone in a managerial position within the practice and is a combination of live and distance learning. It’s structured that way so attendees can immediately implement what they are learning in the program in their practice. The core topics are on the operations of a practice, covering subjects that are not typically taught in depth in optometry school, like merchandising, HR and creating a culture for your business. Although the program predates her arrival at Essilor, she’s



Graduates of the 22nd Management Development Program honed their managerial skills during the training program.

been highly involved in its evolution, including a new program that ECP University will launch in 2017 focused on helping educate the doctor/owner of the practice. The program is based on the principles of Essilor’s current Management and Business Academy, commonly known as the MBA program.

Dr. Routhier says being in the industry has provided such a fulfilling career that she wants to help develop more ODs and students to enter industry roles. “Three years ago, we started an internship program at Essilor for optometry students, and in 2016, we expanded it to include recently graduated ODs. Interns spend 10 weeks with us in the summer. Through this program, we’re helping to develop a candidate pool of ODs who are energized to participate in industry careers.”

She knows that the curiosity is out there because of the interest in the internship program and the questions she hears from other ODs, especially students. “To me, working within industry creates a bigger impact. I bring the perspective of independent optometry—and what it’s like to practice—to our programs and leadership. I believe this perspective truly makes a difference in the quality of education we’re able to offer to ECPs.” 



(l-r): Geena Wichryk, a recent MDP participant and co-owner of Wichryk Eye Associates in Macungie, Pennsylvania, with Dr. Routhier

3 New Solo Owners. 3 Different Paths. Here Is 1 Thing They Had in Common...

All Purchased Their Practices From a Retiring Male OD

More of the retiring ODs today are men. More of those coming into the profession are women. So it seems inevitable that scenarios like these are going to play out more often. While practice ownership can take many forms, in this issue, *Women In Optometry* features three women who purchased a solo practice from a retiring male solo practitioner.

New Graduate's First Job Leads to Fast Practice Purchase

Jenn Sowers, OD, bought a practice last July, barely a year after she graduated from optometry school. Her original career plan didn't include taking that big step so soon, or even taking it at all. It happened anyway. "I was planning to work for a group practice," she says. "I never had an intention of owning."

How it came about is a good lesson in what was mostly serendipity. She enrolled in the Michigan College of Optometry (MCO) in 2011,



Dr. Sowers and Dr. Choryan

So she knew the business side.

She was expecting to be hired at the ophthalmology practice after earning her degree. But while she was approaching her 2015 graduation, her ophthalmology boss called to tell her: change

in large part because of encouragement she got from doctors at the ophthalmology practice where she worked.

Plus, she had earned her bachelor's degree in 2008 and had already spent a few years as a manager at an optometry practice.

of plans; we actually can't hire you. "I said, 'Are you kidding me? What am I going to do?'"

As it happened, MCO was hosting an event in April 2015 where its soon-to-be graduates could meet planning-to-retire ODs. That's where she met **Richard Choryan, OD**, founder of Caledonia Vision Center in Caledonia, Michigan. "He said, 'I'm getting ready to sell my practice,' and it was right along the same time as I was getting ready to graduate," she says.

They discussed a possible sale over several meetings and decided they had similar philosophies. Dr. Choryan, who has been in practice more than 35 years, had turned away offers to sell his small practice to larger groups, she says. Plus, Dr. Sowers had some

Practice Brokers, Consultants Say Opportunities Are Plentiful and Varied

Glance through the listings of practices for sale these days and the majority of the solo practices being sold are currently owned by men. That's not surprising, says **Scott Daniels**, a practice broker with Practice Concepts in Newport Beach, California. "Historically this had been a male-dominated profession," he says. Even as women comprise the majority of graduates, it will take years for practice ownership parity to even out.

Although ODs today face a more regulated and complex practice environment than they did decades ago, ownership still makes sense. "If you look at Small Business Administration and various research, most entrepreneurs purchase or start a business to have more control and independence. Making more money isn't the number one reason," Daniels says.

While the recession slowed practice transfers, it also laid the groundwork for entrepreneurial drive. "Some optometrists were being laid off by their employers at the height of the recession. Others were working harder and not getting raises. Being an employee was no longer

viewed as secure and stable," Daniels explains. In recent years, he says that the majority of the practice sales he has handled were between

retiring male ODs and women ODs, either working on their own or in partnership with their husbands. The husbands were either ODs as well, opticians, practice managers or even stay-at-home dads. This combination provides a couple with the desired balance of work and personal life and affords a good flexible work schedule, good income and ability to vacation or take time off together, he says.

Cheryl Engels, OD, MBA, a senior consultant with the Power Practice and director of its Practice Made Perfect program designed for first-time buyers, says she's seeing more women buying practices outright from retiring male ODs rather than going into partnership with them. The age and gender differences might be a factor in making a swifter transition of ownership rather than working through shared decision-making if there are differences in personality or leadership style. "I see even more opening cold. It could be



Scott Daniels



roots in Caledonia. Her family moved there when she was in high school.

They struck a deal that came to fruition in July. Today, Dr. Choryan continues seeing patients at the practice, with plans to retire in the near future. Dr. Sowers is making plans for what she wants her new practice to be. That will include expanding its medical services along with pediatric care. She also plans to expand the practice. Someday she'd like to add a third OD as well. "I'm a very social person, and I like to

work as a team," she says.

Here's another bit of luck in her favor: her past experience as a manager with an optometry practice and her time with the ophthalmology practice helped her secure a larger bank loan than a freshly graduated OD would get. The bank looked at her previous work as management training.

She didn't wait long after the purchase to make changes. She's turned an exam room into a special testing room and created smaller exam rooms instead of one larger room. She's also going to knock out some walls in the patient entrance and get rid of the sliding glass window design "to open it up and make it more welcoming," she says.

Adding medical care is a big step. "For

example, we're treating glaucoma now instead of referring it out," she says. Patients previously would often go to nearby Grand Rapids for that level of care, "but now

we're able to provide all those things." She's also hired three more people to help with the extra patient flow that the two doctors produce, and one of the new employees is experienced with medical billing.

Her expanded pediatric care comes

in part from personal experience. She has two children, and her oldest, **Cohen**, got his first pair of glasses just past his first birthday. He'll be 3 in December. "I saw the improvement in his confidence and motor skills," she says. "I could see the difference you make in a child's life." **WO**

When Dr. Sowers' post-graduation job fell through, she thought, "Are you kidding me? What am I going to do?"

Six-year Buy/Sell Agreement Creates Extended Transition

In a way, it has been a very straight line for **Nina Doyle, OD**, between finishing optometry school and owning a practice. She graduated from the New England College of Optometry in 2003, did a year-long residency in San Francisco, California, and



Dr. Doyle

moved to Crofton, Maryland, in 2004 to join Crofton Family Eye Care.

Then in 2010, she signed a deal to buy the Crofton practice from her boss, **Elliott Klonsky, OD**. "I graduated from my residency program, got a job working for a doctor and pretty much stayed," she says.

But the sale didn't close for six years. This was a buy/sell agreement. "What we did was a little different," she says. In a buy/sell agreement each side makes commitments to make the transition worthwhile for both. He was not

ready to retire immediately, so a deferred buy/sell ensured a future for both of them. "He agreed he would sell me the practice in six years, at the price at which it was valued at the time. So the idea is the value of the practice would grow because I was there, but I would pay what it was worth in 2009," she says. "It was sort of a leap of faith for both of us."

The sale closed June 30 of this year. But the awareness of that timetable was a major factor in how the practice was run in the

Continued on page 23

that those opening cold feel they need more help and that is why they seek me out," she says.

Robert Schultz, president and CEO of Vision One Credit Union, which offers banking services to independent ODs, says that about 50 percent of the company's practice-purchase financing is for women. Many of the transactions he's involved with are larger. "Optometric practices work well with multiple-OD owners and can allow full-time or part-time work in a practice. We finance multiple ODs in ownership to help in the formation of larger practices, which are more able to compete against corporate optometry and achieve better cash flow through economies of scale. Many are a mix of male and female ODs," he says.

In Daniels' experience, most practice transfers are still occurring between one solo owner and another. "I see activity with investors on the larger grossing offices," he says. But the finances of many practices today aren't high enough to support more than one doctor or an investor. "With the average practice grossing \$600,000–\$700,000 per year, half of the practices simply can't afford to pay for more than one doctor's full-time salary. These are great for a solo doctor looking to make a good income."



Dr. Engels

Most buyers rely on financing 100 percent of the purchase price, and loans are readily available for buyers based on the profit of the practice. However, it can be challenging to obtain financing for practices that are either significantly larger or smaller than that average. The very large practices grossing over \$2 million may be attractive to doctor alliances or venture capitalists but more difficult for first-time buyers. And the very small practices (under \$300,000) have little to no profit, which makes it harder for buyers and lenders. Buyers often need an immediate income unless they have a spouse or second job.

These smaller-grossing practices are great values for buyers willing to take the time to grow and who can afford to earn less in the first few years. Buyers can often get these at great values, and the purchase price might be financed by the seller. Once the buyers become profitable, they can refinance with a lender and pay off the seller within a few years. Daniels knows that first-hand. His wife, **Allisa Wald, OD**, bought her practice 26 years ago when her parents lent her \$40,000. The first couple of years she worked part time outside the office. Each year, the practice grew, and today it is generating almost \$1.4 million in revenue. **WO**

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Dr. Jenn Sowers



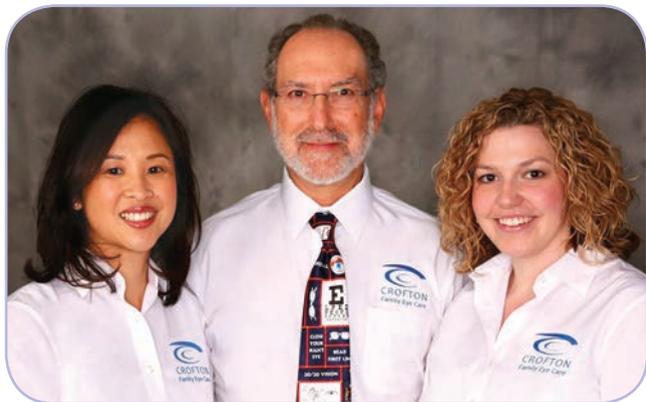
Dr. Nina Doyle



Dr. Adriana Palumbo

Continued from page 21

months leading up to that day. For example, knowing that date was coming, Dr. Klonsky decided last year to end his lease with his current landlord, so Dr. Doyle needed to scout other locations. She ended up choosing a



(l-r): Dr. Doyle, Dr. Klonsky and Dana R. Greiss, OD, FCOVD

location just a few miles away.

"It was interesting because I was an employee, but I knew I was going to need to make this transition," she says. "The new space is modern, updated and has a new energy to it."

In a sense, the new location "gave everybody a needed change" as they adjusted to a new owner and a new way of doing things. Staff members were understandably confused about who was in charge during the months prior to the ownership change. It was awkward at times. "We ran into some tricky ground, because neither of us had done this before. Like, when a piece of equipment

Dr. Doyle called the six-year agreement "sort of a leap of faith for both of us."

broke down, the question was, who pays for it?" Dr. Doyle says.

An agreement like this requires a lot of attention to detail. There are decisions leading up to the sale that will affect the new owner, and each side needs to anticipate those events, she adds.

Dr. Klonsky has stayed on at the practice, working a few days a week. "He was, and still is, my mentor," Dr. Doyle says. "I think it worked out pretty well." **WO**

After 15 Years as Employee, OD Was Ready for a Change of Pace

Adriana Palumbo, OD, spent many years on a steady career path. She graduated from the New England College of Optometry in 1999, and, after an ocular disease residency, joined an ophthalmology practice in northern New Jersey.

One of the practice locations was in St. Michael's Medical Center in Newark, and Dr. Palumbo worked there nearly four days a week. "I was the go-to eye doctor for the hospital; I was even seeing patients in the ICU," she says. "I really did enjoy it there, and I learned so much."

But after being a part of a bigger operation for so many years, "I was ready for a change," she says. "The next step was finding a practice of my own" and taking more control of her own life. She and her husband have three children.

"I started a search and waited until I found something that was a perfect fit. I wanted to be close to home [in Wayne, New Jersey], and I wanted to buy an established practice.

And that was it. I just waited for something to come my way," she says.

Dr. Palumbo put word out to others in the profession that she was looking for a practice and found what she wanted: West Milford Vision Center, a solo practice established by **Ken Bair, OD**, who was ready to retire. They closed the sale at the end of June.

She started that career shift with a makeover of the practice itself. It's in a small house that had been turned into an optometry office. Dr. Palumbo bought that property along with the practice. "We ripped up the carpet, installed tile and new cabinets, and gutted the optical space and removed a couple of walls." The practice was closed for a month.

It was a big change, too, for the practice's four staff members. "They were wonderful," she says. They worked from their homes to

handle patient requests for contact lenses and would meet patients in the practice parking lot to hand them the supplies. Sometimes they'd deliver to the patient's home. Staff meetings were held on the practice's back porch or at the local Dunkin' Donuts.

Another immediate change is the addition of Saturday hours, something the practice had not previously offered. A lot of people in West Milford commute more than an hour into Manhattan. The practice has evening hours on Tuesdays and Wednesdays,

but sometimes it's not late enough for those patients, she says.

Her long-term plans include a possible expansion of the practice building; there's a room behind the main building for an addition, so if she gets busy enough, she may one day hire an associate. "It's a work in progress," she says. **WO**

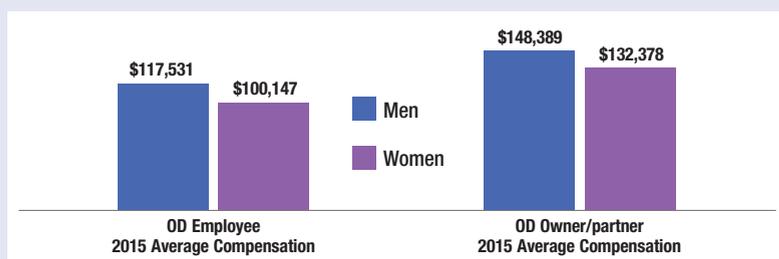
*"I was ready for a change. The next step was finding a practice of my own."
—Dr. Palumbo*

Pay Gap Remains Stubbornly Consistent

According to the *2016 ECP Compensation Study*, an annual report produced by Jobson Optical Research in conjunction with Local Eye Site, showed that the average compensation reported for employed ODs was \$108,673 in 2015. The average total compensation of optometrists who are owners/partners for 2015 was reported as \$142,136. The U.S. Bureau of Labor Statistics reported that the median income for optometrists in 2015 was \$103,900.

The annual compensation report also shows that the pay gap between male and female ODs continues. Male optometrists who were employees reported an average compensation of \$117,531 compared to \$100,147 for females, meaning that women earned 85 percent of men's average compensation. The 2015 compensation reported that women ODs who were owners/partners earned 89 percent of the average men's compensation—\$148,389 for males and \$132,378 for females. **WO**

2015 Average OD Compensation



Earnings Over Time for Employed Women ODs

Report Published	Men	Women	Women's % of earnings
2016	\$117,531	\$100,147	85%
2015	\$115,550	\$99,914	86%
2014	\$114,078	\$100,536	88%
2013	\$113,245	\$101,000	89%
2012	\$117,207	\$100,295	86%
2011	\$114,025	\$93,114	82%

Earnings Over Time for Women Owners/Partners

Report Published	Men	Women	Women's % of earnings
2016	\$148,389	\$132,378	89%
2015	\$147,332	\$137,091	93%
2014	\$147,374	\$137,171	93%
2013	\$145,947	\$132,605	91%
2012	\$139,141	\$119,071	86%
2011	\$159,449	\$117,611	74%

Source: *ECP Compensation Study* annual reports

Order a copy of the study at jobsonresearch.com/ecpcompensation.

Can Women Wait Until 2152?

The American Association of University Women recently released its fall 2016 edition of *The Simple Truth about the Gender Pay Gap*. It notes that the gender pay gap has decreased just barely since 2007, according to U.S. Census Bureau data. "The gap has narrowed since the 1970s, due largely to women's progress in education and workforce participation and to men's wages rising at a slower rate. Still, the pay gap does not appear likely to go away on its own. At the rate of change between 1960 and 2015, women are expected to reach pay equity with men in 2059. But even that slow progress has stalled in recent years. If change continues at the slower rate seen since 2001, women will not reach pay equity with men until 2152."

Read the report at aauw.org/research/the-simple-truth-about-the-gender-pay-gap. **WO**

Uneven Playing Field Between Men and Women Starts Early

Women in the Workplace 2016 study shows leadership pipeline lags for women

For every 100 women promoted to manager, 130 men are promoted, according to *Women in the Workplace 2016*, a comprehensive study of the state of women in corporate America. While women and men enter the workforce fairly evenly (54 percent men and 46 percent women in entry-level positions), women become increasingly underrepresented in each higher level of management. As a result, very few women are in line for senior management positions.

The study found that women are negotiating as often as men—but face pushback when they do. "Women who negotiate for a promotion or compensation increase are 30 percent more likely than men who negotiate to receive feedback that they are 'bossy,' 'too aggressive' or 'intimidating,'" the report says. It also notes that women have limited access to leadership, and the response to women in the workplace also seems

more limited. "Women ask for feedback as often as men—but are less likely to receive it. Despite asking for informal feedback as often as men do, women report they receive it less frequently. Moreover, there appears to be a disconnect in the way managers convey difficult feedback. Most managers say they rarely hesitate to give difficult feedback to both women and men, but women report they receive it less frequently."

The report notes that Millennial women are facing similar obstacles as the women before them. Some solutions mentioned included formal policies on pay equity, confronting racism and sexism and providing on-site daycare.

The study is part of a long-term partnership between leanin.org and McKinsey & Company. The 2016 study ran in a 10-page special section of *The Wall Street Journal* in late September and is also online at womenintheworkplace.com. **WO**

New Position Offers Greater Impact for Thorough Care

Coordinated care approach allows OD to collaborate with many professional colleagues

Earlier this year, **Vandhana Sharda, OD, MSc, FAAO**, took on the role of chief of optometry for Atrius Health, a role that allows her to work with 28 optometrists at 16 Atrius Health practice sites across eastern Massachusetts, as well as the ophthalmologists and other clinical departments that have a connection to the visual system. "I'm a big fan of a multidisciplinary medical group like Atrius Health and being able to participate in patient-centered care, easily communicating with other specialties and having ready access to the patient's medical information," Dr. Sharda says. "Being able to coordinate care with so many specialties under one roof is more effective and thorough care for the patient."



Dr. Sharda

Dr. Sharda returned to NECO to start her career in academia. There, her experiences gave her a glimpse of many specialty areas from contact lenses to low vision, pediatrics and glaucoma. Dr. Sharda's time in an underserved neighborhood left a memorable impression, piquing an interest in community health. "The patients were very appreciative, and the cases were challenging," she says. "I liked how multifaceted it was and how it allowed me to use optometry in the broadest perspective."

After a decade with NECO, Dr. Sharda made a career move in 2013 to serve as chief of optometry at Harvard Vanguard Medical Associates in Massachusetts. When Harvard Vanguard and two other medical groups joined to form Atrius Health in 2015, Dr. Sharda stayed on board and was ultimately named to her current role. She oversees the optometry department and the

contact lens and optical services and has helped expand these services during her time there.

As chief of optometry for Atrius Health, Dr. Sharda continues to hone her clinical skills working with patients three days a week and working on administrative matters for the remainder of her time. She specializes in adult comprehensive eye care, although the practice is equipped to see anyone age newborn and up. "What I really like about this organization is that it is dynamic and innovative, and it has given me the space, trust and resources to help patients by improving processes through efficiency and collaboration."

Caring for patients with diabetes is one area where all medical professionals

Passion for Academia Pursued

Following her residency, **Dr. Vandhana Sharda** returned to her alma mater New England College of Optometry to start her career as a member of the clinical faculty. "It became a full-time position, primarily teaching students in clinic, as well as a few classes in basic skills and critical reasoning," she says.

Dr. Sharda also had the opportunity to complete her master's degree in vision science when the honors research program she enrolled in as a first-year optometry student became a master's degree program. Dr. Sharda was able to complete a few extra requirements through her research work on the temporal integration characteristics of induced myopia in baby chicks under the instruction of **Debora Nickla, PhD**.

"I loved academia and interacting with students and how eager they were as I passed on what I'd learned," Dr. Sharda says. She enjoyed helping them pick their own route and foster their personal interests and goals, adding that she was happy to introduce them to the academic, research and publishing side of optometry when they showed an interest. [WO](#)

November Is Diabetes Awareness Month

The Centers for Disease Control and Prevention offers a variety of resources to health care professionals in advance of Diabetes Awareness Month in November and World Diabetes Day on Nov. 14.

One of these is a special toolkit for optometry, as well as podiatry, pharmacy and dentistry, which includes patient fact

DIABETES AND YOU: Healthy Eyes Matter!

It is important to take good care of your eyes when you have diabetes. Did you know that diabetes can harm your eyes? The good news is that you can take steps to help keep your eyes healthy. The tips below will get you started.

Tips to Keep Your Eyes Healthy

1. Get a dilated eye exam at least once a year and share the results with your primary care doctor.
 - In this exam, you will get eye drops to make your pupils larger. Pupils are the black circles in the middle of your eyes. The drops are painless and help your eye doctor see inside your eyes to look for signs of health problems.
 - A dilated eye exam can help your eye doctor find and treat problems to keep you from losing your vision from diabetes.
 - Your eye doctor may take pictures of your eyes with a tool called retinal photography. This helps to see the retina, which is at the back part of your eyes.
 - Be sure to keep your next eye doctor appointment!
2. Wipe your eye doctor's light away if you:
 - See thick black lines or spots that don't go away.
 - See eye red spots.
 - See red fog.
 - Have a sudden change in how clearly you see.
 - Take longer than usual to adjust to darkness.

How Can Diabetes Harm Your Eyes?

- Diabetes is the main cause of blindness among people younger than 74 years.
- Serious eye problems happen more often among people with diabetes.
- It is important to find and treat eye problems early to protect your vision.

Where Do I Get a Dilated Eye Exam?

- You should schedule an appointment with an ophthalmologist or an optometrist for your yearly dilated exam. Both of these eye doctors can give you a dilated eye exam and check your eyes.

NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Download materials for your practice.

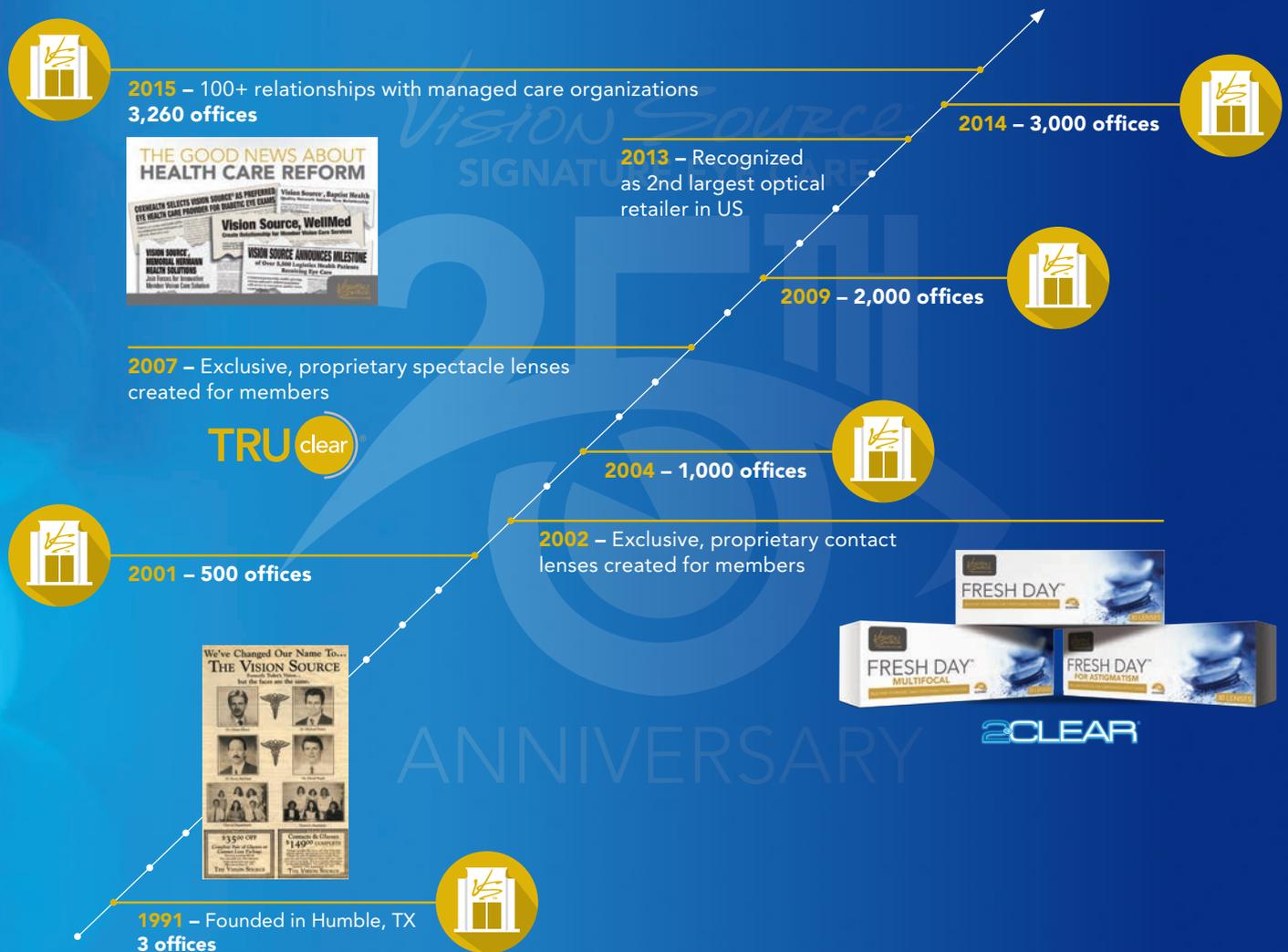
sheets, patient education sheets and care checklists, tips on talking with patients about diabetes and professional references. It is available online at cdc.gov/diabetes/ndep/toolkits/ppod.html. [WO](#)

at Atrius Health are passionate, Dr. Sharda says. She helps coordinate the visual aspect of the care, working to ensure that patients with diabetes receive the retinal exams that they need. "It has been so interesting, professionally challenging and motivating to work here," she says. "We have a strong team, and I'm proud of the work we do together between the ODs, MDs, opticians and support staff in all the sites." [WO](#)

THE POWER OF VISION

Since our inception a quarter of a century ago, Vision Source® has remained focused on unlocking the full power of vision — **for network members and patients alike**. And it all began with this insight — by forming a collaborative network, independent ODs will enjoy the economies and buying power of national chains, while still preserving their independence and relationships with their patients.

Vision Meets Potential — for 25 Years and Counting



For more information on joining Vision Source®, go to www.VisionSourcePlan.com





Vision Source®
SIGNATURE EYE CARE™

TRUSTED COLLEAGUE

Tausha Barton, OD

drbarton@buckeyefamily.net

Practice Schedule Allows Time for Family and Community Outreach

Tausha Barton, OD, and her husband moved back to their hometown of Hillsboro, Ohio, following her graduation from the Illinois College of Optometry and her residency specializing in ocular disease and low vision rehabilitation. She decided to open her own practice after just a year of working for another doctor. Looking back, she says, the timing of it all was a bit crazy. When she opened her doors in the fall of 2004, "my first-born child was 10 months old, and I was starting a new office as a solo practitioner."

It was a lot of work, but it was worth it, particularly in the areas of designing her own patient care experience and her own schedule, says Dr. Barton. "We have cultivated a practice philosophy to treat our patients like family," Dr. Barton explains.

Dr. Barton began to consider joining Vision Source® seriously when a colleague told her that "when she joined Vision Source®, she no longer felt like she was out on an island," Dr. Barton recalls. She could relate. "You are so busy in private practice keeping things afloat that you can't keep up with everything going on in the sector of optometry. You can't have your thumb on the pulse all the time, and when we come together as Vision Source® members, we support each other in an environment where you can feel comfortable to express your ideas and get feedback." Dr. Barton joined Vision Source® shortly after attending a local meeting in 2014.

Dr. Barton and her staff focus their time in the office on personalized care. "We work our hardest to make sure any concerns are resolved, and patients can talk openly and get reliable information about eyes diseases as well as the cost of glasses and contact lenses," Dr. Barton says. "We never want our patients to feel like they need to shop elsewhere for products. We have something that will fit every budget." Dr. Barton says that this philosophy has resulted in many long-term relationships with patients, and now she's starting to see her original pediatric patients bring in their own children and ask Dr. Barton about her family, as well.

Patients regularly refer their friends, family members and colleagues because of that individualized attention. "We want our patients to know that we will see all of their family members from infants to geriatrics, patients with high anxiety or those who are nonverbal. If they need any further care, we will get them in the right hands."

While it was difficult to start cold with a young family, Dr. Barton says that she made her schedule work for her growing family. The office is open four days a week, Monday through Thursday, and opens at 7:30 a.m. three of the days. "We work really hard on those four days so the weekends can be for family time, not just for me but also for my staff," Dr. Barton says. "We try to have that balance to work hard and have a career, but we know that family is important because our kids are only little once."

Having Fridays free also gives her the opportunity to participate in community outreach, Dr. Barton has been involved with the Realeyes program through the Ohio Optometric Association (OOA) for several years. Just this past school year alone, Dr. Barton gave 47 presentations reaching more than 1,900 students. The OOA has "tailored the information really well and developed a specific curriculum for each age group to teach them about eyes and eye safety," Dr. Barton says. The curriculum ranges from preschool through eighth grade, and she brings the presentations directly into the classroom. "Both kids and adults often think that because they can see great on the eye chart that they couldn't possibly have an eye disease, so we go into the classroom and connect with teachers, students and school nurses. I get great feedback, and it's my way of giving back to the community that has supported me for all of these years." The OOA sends letters to schools to see if there is an interest and often contacts Dr. Barton to schedule a Realeyes session at a nearby school. Through her own community connections, she arranges many schools visits herself.



Tausha Barton, OD



Realeyes program classroom presentation

For more information go to VisionSourcePlan.com

◆ **Christine Allison, OD, FAAO, FCOVD**, professor and coordinator of the pediatric residency program at Illinois College of Optometry, became president of the Illinois Optometric Association.



Dr. Allison

◆ **Jennifer Zolman, OD, FCOVD**, of Charleston, became 2016-2017 president of the South Carolina



Dr. Zolman **Dr. McNeely**

Optometric Physicians Association (SCOPA). **Johndra McNeely, OD**, of Greenville, became president-elect and received the SCOPA Young OD of the Year award.



Dr. Long **Dr. K. Davis**

Debra Long, OD, of Fort Mill, was named SCOPA OD of the Year. The SCOPA Horizon Award was presented to **Katie Davis, OD**, of Charleston.



Dr. J. Davis

◆ Alcon appointed **JeanMarie Davis, OD, FAAO**, as director of Professional Relations and Practitioner Partnerships, as part of the U.S. Vision Care Professional Affairs team.

◆ **Christine W. Cook, OD**, of Virginia Beach, was named Virginia Optometric Association OD of the Year 2016. **Amber Hurley, OD**, of Marion and Cedar Bluff, was the recipient of the Vanguard of the Year award.



Dr. Cook **Dr. Hurley**



Dr. Gontarek

◆ **Lisa Gontarek, OD**, of Chesapeake, recently became president of the Tidewater Optometric Society, one of the larger state optometric societies affiliated with the Virginia Optometric

Women in the NEWS

These ODs have recently been awarded, acknowledged or recognized in their communities or by organizations



Dr. Koetting **Dr. Pennington** **Dr. Umlandt**

Association. **Amanda Umlandt, OD**, of Exmore, became vice president; **Mandy Pennington, OD**, of Chesapeake, began her second term as treasurer; and **Cecelia Koetting, OD**, of Norfolk, became secretary.

◆ Southern College of Optometry (SCO) Assistant Professor and Director of Academic Support Services



Dr. Lebowitz and Dr. Reich

Carrie Lebowitz, OD, received the President's Special Recognition Award for outstanding performance from SCO President **Lewis Reich, OD, PhD**.

◆ The American Optometric Foundation (AOF), an affiliate of the American Academy



Dr. Morrison **Dr. Leon**

of Optometry, announced the recipients of its 2016 awards. **Caitlin J. Morrison, OD**, cornea and



Dr. Biffi **Dr. Ablamowicz** **Dr. Labreche**

contact lens resident at the State University of New York College of Optometry, received the Bert C. & Lydia M. Corwin Residency Award. **Shannon K. Leon, OD**, primary care/ocular disease resident at the University of the Incarnate Word Rosenberg School of Optometry, was the recipient of the Douglas W. Hopkins Primary Care Residency Award. New England College of Optometry Assistant Professor **Elena Z. Biffi, OD, MSc, PhD, FAAO**, received the Johnson & Johnson Vision Care, Inc., Innovation in Education Award. **Anna F. Ablamowicz, OD, FAAO**, clinical assistant professor at the University of Alabama at Birmingham School of Optometry, was named recipient of the Beta Sigma Kappa Research Fellowship. **Tammy Labreche, OD**, clinical associate professor at University of Waterloo School of Optometry and Vision Science, was a recipient of the Rosemore Low Vision Educational Grant.

◆ The Wisconsin Optometric Association recently announced leadership changes, which will take effect on January 1, 2017. **Ann Wonderling, OD, FCOVD**, of La Crosse,



Dr. Wonderling **Dr. Renner** **Dr. Dentz**



Dr. Frazer **Dr. Sokol**

will become vice president; **Christine Renner, OD**, of Mauston, will be secretary; and **Amber Dentz, OD**, of Hartland,

will be treasurer. Also beginning in 2017, director-at-large changes include **Valerie Frazer, OD, COVD**, of Waunakee, who was elected to a two-year director position; and **Tessa Sokol, OD**, of Madison, who was elected to a three-year director position. **WO**

Don't Let Patient Communications Fall to the Back Burner

Outreach needs to be consistent and reliable

Amy Lin, OD, recalls the tremendous impact her family optometrist made on her when she was a young girl. From third grade on, her annual visits to the optometrist ended in a similar way: a prescription for stronger eyeglasses that also relieved the eye strain that she was feeling in school and while studying. She became even more enthusiastic about the field as a sixth grader during a cow eye dissection. While her other classmates were disgusted, she thought the procedure was amazing.



Dr. Lin

Excited as she was to learn about eyes and eye care, her personal interactions with her optometrist were limited to her annual exams. She admired her doctor—a woman, a role model—but healthy patients and doctors just didn't cross paths often.

However, that's different today, and Dr. Lin believes it's important to be in regular contact with her patients. After working as an associate and managing the same office for more than 10 years, Dr. Lin took ownership of Vision Dynamic Optometric Center in Danville, California, in 2012. "I want to help people see well and keep them healthy," she says, "There are many factors involved in that process, including preventive care, eyelid hygiene, contact lens compliance and blue-light protection. However, I believe that keeping patients healthy starts with education, which needs to happen both inside and outside of the office."

During the early years of ownership, Dr. Lin built the practice one patient at a time; now, using Solutionreach patient relationship management system, she is able to reach more patients more quickly and with messages that carry more professional weight. Even when she moved to Crystal Practice Management after she became owner, Dr. Lin continued with the Solutionreach platform. "It seemed customizable and ready to use," she says.

She thinks back on how patient communication was handled prior to Solutionreach and realizes how much staff and doctor time that was required. "We sent handwritten letters and we had preprinted postcards with ugly labels

for recalls," she says. Now, recalls, reminders and even newsletters are sent to patients via email, text message or voicemail through Solutionreach.

Patients who prefer a phone call can opt out of the text or email messages, but Dr. Lin estimates about 60 to 70 percent of her patients want to be contacted this way. "Even 10 years ago, most of us would never have thought that smartphones would be so essential in our lives. It's a totally different world," she says, and it's often the most reliable way to reach patients since many people keep their cell phone numbers even if they move. "With Solutionreach, we can see the confirmation that the patient received the message, too," she

for nearly 50 hours a week. The practice added an in-house lab this year and has been emphasizing Dr. Lin's 20-year experience in orthokeratology.

"When we can simply send a reminder that a patient's eyeglasses are ready, that's much faster than stopping to make a phone call. We are able to communicate with patients more often and more consistently," she says. Even the birthday video messages that are sent automatically are a big hit with patients, she says.

Taking those routine communications tasks out of the hands of staff allows her to focus more on how patients are treated inside the office. "We are finally fully staffed, and now we can work on customer service train-

Patient Reviews Posted to Practice Website

Through Solutionreach, patient reviews are posted directly to the practice website. Patients can also click through to Yelp to leave reviews there, if they choose. It's a great way of letting the community know of the practice's reputation. [WO](#)

★★★★★ "Vision Dynamics is Highly Recommended" — **Cyrus K.** (Patient since 2014)
Dr. Lin is a pleasure to visit. She is very knowledgeable, makes excellent recommendations and is very personable too. Her goal is to make the patient comfortable and provide the best service possible with an engaging presence. Also, everyone on the support staff is welcoming and pleasant to deal with.

Sep 22, 2016

★★★★★ "Dr. Nassef was so sweet and thorough with my 10 y..." — **Charlie O.** (Patient since 2016)
Dr. Nassef was so sweet and thorough with my 10 year old son Charlie. We are so happy we found Vision Dynamics to support our whole family's eye care needs. :)

Sep 13, 2016

★★★★★ "Great service and friendly staff!" — **Joe C.** (Patient since 2016)
As always, great service from friendly staff at Vision Dynamics. Both my wife and I were very satisfied.

Sep 11, 2016

★★★★★ "" — **Karin K. G.** (Patient since 2015)
While at my last appointment at Vision Dynamics, the two young women at the front desk were absolutely wonderfully friendly! Dr. Amy Lin spent lots of time with me, explaining what I will need to go through when I have cataracts removed from both my eyes. She could not have been nicer nor more helpful. Vision Dynamics earns FIVE STARS for sure!

Aug 28, 2016

Solutionreach reviews are posted right to Dr. Lin's website page where patients can request appointment times.

says, which is better than wondering if a voice-mail is ever listened to or whether a postcard is sitting abandoned in a mailbox.

Patients can call the office or send an email to request a time frame for an exam, which is confirmed by a telephone call. It's also easier to connect with patients who miss their appointments or need to reschedule them, she says.

Solutionreach sends patients a survey a day or so after their completed exams; Dr. Lin wrote the six-question survey that helps her track her Net Promoter Score and the patients' impression of their experience. That's important because the practice is in a growth phase. Dr. Lin and two associates cover patient care

ing. Not having to make these phone calls or prepare mailings frees up our time to focus on the patient who is in the office," she says.

Even if she and her staff had the capability to send emails or texts to patients on their own, it's not a good idea to take on that task, she says. "It's not worth it. Let the pros do what they do," she notes, so the practice staff can focus on its core competencies. "I think that if a practice were going to try to do its own electronic communications, it would soon resemble what happens when we were doing our own paper-based communications. We'd do it when we could—in chunks, but not reliably or consistently." With Solutionreach, that's no longer a worry. [WO](#)



Well this
CHANGES

Xiidra is a lymphocyte function-associated antigen-1 (LFA-1) antagonist, the first medication in a new class of drugs.¹

Check it out at Xiidra-ECP.com

THIINGS

The first prescription eye drop FDA-approved to treat both the signs and symptoms of Dry Eye Disease

Indication

Xiidra™ (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.

Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

For additional safety information, see accompanying Brief Summary of Safety Information on the following page and Full Prescribing Information on Xiidra-ECP.com.



BRIEF SUMMARY:

Consult the Full Prescribing Information for complete product information.

INDICATIONS AND USAGE

Xiidra™ (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED).

DOSAGE AND ADMINISTRATION

Instill one drop of Xiidra twice daily (approximately 12 hours apart) into each eye using a single use container. Discard the single use container immediately after using in each eye. Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In five clinical studies of dry eye disease conducted with lifitegrast ophthalmic solution, 1401 patients received at least 1 dose of lifitegrast (1287 of which received lifitegrast 5%). The majority of patients (84%) had ≤ 3 months of treatment exposure. 170 patients were exposed to lifitegrast for approximately 12 months. The majority of the treated patients were female (77%). The most common adverse reactions reported in 5-25 % of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

USE IN SPECIFIC POPULATIONS

Pregnancy

There are no available data on Xiidra use in pregnant women to inform any drug associated risks. Intravenous (IV) administration of lifitegrast to pregnant rats, from pre-mating through gestation day 17, did not produce teratogenicity at clinically relevant systemic exposures. Intravenous administration of lifitegrast to pregnant rabbits during organogenesis produced an increased incidence of omphalocele at the lowest dose tested, 3 mg/kg/day (400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD], based on the area under the curve [AUC] level). Since human systemic exposure to lifitegrast following ocular administration of Xiidra at the RHOD is low, the applicability of animal findings to the risk of Xiidra use in humans during pregnancy is unclear.

Animal Data

Lifitegrast administered daily by intravenous (IV) injection to rats, from pre-mating through gestation day 17, caused an increase in mean preimplantation loss and an increased incidence of several minor skeletal anomalies at 30 mg /kg /day, representing 5,400-fold the human plasma exposure at the RHOD of Xiidra, based on AUC. No teratogenicity was observed in the rat at 10 mg /kg /day (460-fold the human plasma exposure at the RHOD, based on AUC). In the rabbit, an increased incidence of omphalocele was observed at the lowest dose tested, 3 mg /kg /day (400-fold the human plasma exposure at the RHOD, based on AUC), when administered by IV injection daily from gestation days 7 through 19. A fetal No Observed Adverse Effect Level (NOAEL) was not identified in the rabbit.

Lactation

There are no data on the presence of lifitegrast in human milk, the effects on the breastfed infant, or the effects on milk production. However, systemic exposure to lifitegrast from ocular administration is low. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for Xiidra and any potential adverse effects on the breastfed child from Xiidra.

Pediatric Use

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

Geriatric Use

No overall differences in safety or effectiveness have been observed between elderly and younger adult patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Animal studies have not been conducted to determine the carcinogenic potential of lifitegrast.

Mutagenesis: Lifitegrast was not mutagenic in the *in vitro* Ames assay. Lifitegrast was not clastogenic in the *in vivo* mouse micronucleus assay. In an *in vitro* chromosomal aberration assay using mammalian cells (Chinese hamster ovary cells), lifitegrast was positive at the highest concentration tested, without metabolic activation.

Impairment of fertility: Lifitegrast administered at intravenous (IV) doses of up to 30 mg/kg/day (5400-fold the human plasma exposure at the recommended human ophthalmic dose (RHOD) of lifitegrast ophthalmic solution, 5%) had no effect on fertility and reproductive performance in male and female treated rats.



Manufactured for: Shire US Inc., 300 Shire Way, Lexington, MA 02421.

For more information, go to www.Xiidra.com or call 1-800-828-2088.

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US Patents: 8367701; 9353088; 7314938; 7745460; 7790743; 7928122; 9216174; 8168655; 8084047; 8592450; 9085553 and pending patent applications.

Last Modified: 07/2016 S13681

Presbyopia Is Not Just a Blur Problem: Patients' Emotions Can Run High

Counter patients' feelings of denial and frustration, and exceed their expectations

Jessica Crooker, OD, of Scituate Harbor, Massachusetts, kept a list of patients whom she planned to contact as soon as she received DAILIES TOTAL1® Multifocal contact lenses in her office. The highest priority patients were those who had worn other multifocal contact lenses but found that they weren't getting a full day's wear with them. She had refit them as monovision wearers with DAILIES TOTAL1 contact lenses. "I



Dr. Crooker

couldn't wait for the multifocal lens to come out in the water gradient material," she says. "The demand is high."

Not only is the presbyopic population growing, it represents a tremendous opportunity for optometrists. On average, there will be approximately 1,800 presbyopes for each optometrist by 2020.¹ However, the majority of multifocal and monovision contact lenses currently are being fit by only 13 percent of optometrists.²

Having the discussion with patients about presbyopic correction requires a little finesse since the outward sign of aging can evoke an emotional reaction.

That's something that Dr. Crooker learned very quickly in her interactions with patients. When she mentioned that she was going to add some reading power to their contact lens or eyeglass prescriptions, "they'd say things like, 'I remember my dad wore eyeglasses like that.' They feel like it's the beginning of an inevitable decline," she says.

Current contact lens wearers are often very resistant to hearing that they need add power in their contact lenses because they might be unaware that there is a multifocal contact lens option. "Some think it's the end of the road for contact lens wear. So they are often excited to hear that there's a new contact lens that I want them to try," she says.

She also hears patients express frustration. "Patients will sit in the exam chair and

Scale Helps OD Gauge Comfort

Dr. Jessica Crooker uses an effective, subjective measure for patient comfort with contact lenses. The technicians ask two questions and note responses on the chart.

On a scale of 1-10, how comfortable are your contact lenses in the morning?

On a scale of 1-10, how comfortable are your contact lenses at the end of the day?

Dr. Crooker can see the trend and determine if the patient might benefit from a different material. She says that using this system to gauge patient comfort has helped push DAILIES TOTAL1® water gradient contact lenses to a top-selling contact lens in her practice. "If a patient isn't getting a full day of comfortable wear, that's a problem," she says. DAILIES TOTAL1 contact lenses have been found to increase comfortable wear time by 3.1 hours for patients with contact lens-related dryness vs. their habitual lenses.^{1*} 

*with DAILIES TOTAL1® sphere contact lenses

¹ Michaud L., Forcier P. Comparing two different daily disposable lenses for improving discomfort related to contact lens wear. *Contact Lens & Anterior Eye*. 2016;39(3):203-209.

say, 'These are the over-the-counter readers I use when working on my computer, and these are the ones I use for reading.' When I tell them that I want them to try a lens that can give them terrific vision at all distances—and that the material is so comfortable that they might be able to wear their contact lenses for longer each day—they get excited."

Dr. Crooker says that as she's doing the near-vision refraction, she will add some plus power in. "I have patients call out, 'What did you just do? It's so much better.'" Showing them the improved acuity first—before addressing what's happening to their eyes—is a way of putting the good news before the bad news. Now they're more eager to hear how she can help them see that well all the time. Many multifocal patients feel that wearing readers or bifocal eyeglasses makes them look older, and they're already taking steps to look younger by selecting younger-looking clothes and dyeing their hair.

"The fitting guidelines are the same as DAILIES® AquaComfort Plus® Multifocal and AIR OPTIX® AQUA Multifocal contact lenses, so there's nothing new to learn," she says.

Following the streamlined, initial two-step fitting process enhances fitting success and minimizes chair time.³

Dr. Crooker also loves that daily disposable contact lenses have the highest rate of replacement compliance.^{4,5} In addition, daily disposable wearers return more frequently for their annual eye exams.⁶ That's good for the patients, and it's good for the practice. 

References:

¹ The state of the optometric profession: 2013. Available at: https://www.aoa.org/Documents/news/state_of_optometry.pdf. Accessed September 8, 2016.

² Morgan P et al. International contact lens prescribing in 2015. *Contact Lens Spectrum*. January 2016.

³ Alcon data on file, 2011.

⁴ In a 2013 survey of 9,677 patients from 457 practitioners, wearers of silicone hydrogel (SiHy) and daily disposable contact lenses, Alcon data on file, 2013.

⁵ Dumbleton K Woods C et al., *Eye & Contact Lens* 2009.

⁶ Dumbleton K et al. Compliance with lens replacement and the interval between eye examinations. *Optom Vis Sci*. 2013;90:351358.

See product instructions for complete wear, care and safety information. 

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Offer the Option of Monthly Payments

CareCredit helps practice bring eyewear purchases within reach

Office manager **Jen Pankow** recalls that it was about four years ago when patients at Advanced Eye Care Professionals in Oak Lawn, Illinois, started asking her if the practice accepted CareCredit credit cards for payments. Pankow had heard of CareCredit before and so had



Jen Pankow



Dr. Hogan

practice owner, **Casey L. Hogan, OD, FAAO**. The two agreed it was a smart decision to work with CareCredit, as it would help alleviate the pressure patients feel when paying a bill upfront and make the process easier for

patients. "It was a no-brainer," Pankow says. "We will do anything that we can do to break up the final bill and make it more doable."

Pankow says that she likes that CareCredit offers special financing options, which allow patients to make more affordable payments. "It can be expensive," she says, particularly when patients have a higher prescription and want slimmer, high-tech lenses or for a family that needs multiples of eyewear and/or contact lenses.

Patients can apply and find out if they are approved at home online or in the office during their visit. "We have a link to CareCredit on our website, and patients can click and apply there," Pankow says. They also promote the payment option on social media. "When we have a sale, we announce it on Facebook and bundle it by saying we accept CareCredit," she adds. The practice has also gained new patients since accepting CareCredit; they mention that they use it at dental or veterinary offices.

There are point-of-purchase materials displayed around the office, and the doctors and staff know to bring up the option to all patients. Currently, Dr. Hogan's sister **Jamie Hogan, OD**; **Tiffany Polanek, OD**; and **Jessica Jose, OD**, are part-time associates in the practice, and they know that they can refer patients to CareCredit, as well.

Pankow says that accepting CareCredit credit card as a payment option has been

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- ◆ Learn about CareCredit
- ◆ Calculate payments
- ◆ Apply for and get an instant credit decision
- ◆ Make same-day transactions* 

*Subject to credit approval. For practices in New York, other than veterinary or vision care providers, patients/clients have the right to a refund to their CareCredit account for transaction amounts greater than \$1,000 that occur within three days of the application being submitted.

All other transactions are subject to the terms of the individual provider's refund policy.



Visit carecredit.com/direct to learn more and download this useful tool.

appreciated by patients or parents who need MiBo Thermoflo, orthokeratology or scleral lenses. "Some of these services and products are not covered by insurance; scleral lenses can cost \$2,000," she says. "Medically necessary scleral lenses can now be an option for patients who couldn't pay before, and it will enhance their lives and make their vision better."

Some patients who are CareCredit cardholders return each year and use their card at every visit, sometimes for copays or second pairs of eyewear like sunwear or computer glasses. Contact lens wearers may decide that they don't want to pick between contact lenses or eyeglasses. "When insurance covers either eyeglasses or contacts, and not the other, this is a good option for them," Pankow says. All cardholders can take advantage of the special financing option to finance the products and services that they need and want.

Pankow says that working with CareCredit is a simple process for both the practice and patients. "The support is excellent," she says, adding that they've welcomed the CareCredit support team to the office on several occasions

to provide guidance on integrating this payment option into the practice.

Advanced Eye Care Professionals started accepting CareCredit before the practice moved to its current location in January 2014. There had been just one hallway of eyeglasses to choose from in the 500-square-foot space, and now there's a much more expansive optical selection of choices for patients to consider. "Dr. Casey Hogan had practiced in the area before, and I joined her for her cold start in 2003," Pankow says. "Our practice has grown from word of mouth."

Many practitioners have found that a move to a new location breathes new life into the optical. Even if the frame inventory doesn't expand dramatically, often frames can be presented in more attractive and compelling displays.

And don't limit mentioning the CareCredit special financing only to patients whom staff thinks might "need" CareCredit special financing. After all, if the financing option allows more patients to walk out of the office with the eyeglasses, contact lenses and eye care services that they want or need, then everyone wins. 

Can Telemedicine Work for Low Vision Rehabilitation Patients?

The germ of an idea that sprouted four years ago at a summer research institute sponsored jointly by the American Optometric Association and the American

Academy of Optometry is now a pilot study—and could, one day, be even more. At that meeting, **Ava Bittner, OD, PhD, FFAO (Dipl.)**, from Nova Southeastern College of Optometry, and **Amy Nau, OD, FFAO**, who was using telerehabilitation in research involving totally blind patients, came up with the idea of a pilot study to conduct follow-up visits through telemedicine for low vision patients who receive a magnification device for reading. “Three years later, we collaborated on grant proposals, but we had little more than the idea and yet we had maintained our passion to pursue this study,” Dr. Bittner says. However, their pilot study was recently funded with a \$10,000 grant from Envision Research Institute. (See story below.) “That will allow us to get pilot data so that we can apply for larger grants.” Dr. Nau is on the team as a consultant.

“A major challenge and barrier for low vision rehabilitation providers is transportation for the patients. Providers can dispense a magnifier and encourage the patient to come

back, but those return visits are challenging. We wanted to see if videoconferencing with patients in their home situation allowed us to provide better feedback and guidance,” she



Dr. Bittner

says. There are technical hurdles to overcome: do patients in remote communities have the connectivity to participate and are providers able to use a videoconferencing portal to evaluate the patient’s reading ability? Different collaborators began working on the study—some to find the ideal hardware and software combination and others trying to identify commercially available videoconference portals that are HIPAA compliant, as well as loaner equipment that could be placed in the homes of patients who had no internet-connected cameras and computers.

Dr. Bittner presented her findings at the 2016 Envision conference held in Denver, Colorado, in September. “I’m really passionate about trying to pursue this. It’s an ambitious project, and we’re also developing the prototype of the system and the components,” she says. She’s grateful for the grant she received. “The beauty of having a little money or support is that we can collect some data for a larger grant. We can show feasibility and potential for success.”

Dr. Bittner’s own interest in low vision took hold when she was a fourth-year optometry school student. “The patients’ reactions to being able to improve their visual functioning with magnifiers and assistive devices were unlike anything else I experienced,” she recalls. “Sometimes even the most basic intervention can transform their ability to read and complete daily activities.”

Many ODs could provide low vision services to people with early vision loss easily, she says. “Patients with vision better than 20/70, for example, could be managed without referral by prescribing high add power in eyeglasses with a good reading light and/or an illuminated low-power handheld magnifier,” she says. “There are simple strategies that can make your patients with minimally reduced vision very happy, such as when applied to a 96-year-old patient with early age-related macular degeneration who can be corrected to 20/25 but complains of being unable to read the newspaper. This is a growing segment of our population who can be helped by any OD. We hope that one day telerehabilitation can be useful to help follow up with these patients to determine if the intervention was successful to meet the patient’s reading needs in their home environment.” [WO](#)

Bringing the Study to the Patients

Dr. Ava Bittner’s initial research was funded by a \$10,000 grant from Envision Research Institute (ERI). **Laura Walker, PhD**, an eye movement researcher in vision science, became executive director of ERI about two years ago, coming from The Smith-Kettlewell Eye Research Institute in San Francisco, California. “Envision was close to the real problems, but it didn’t have access to the research. I had the research but didn’t have access to the people and the real problems. Our primary goal was to apply research to help remove functional barriers.”

Envision hosts scientists and researchers who have backgrounds in vision, psychology or even engineering and offers a post-doctoral residency program. The program has hosted four residents already. Soon, Envision will put out a call for two more. “They’re still in a mentored research position, some working with me and some with external mentors collaborating on investigations, so we are creating a network,” she says.



Dr. Walker

These residents spend about half their time at Envision, conducting primary research. The idea is not only to come up with ideas but also to investigate how they might work in the field. “We have an entire manufacturing facility here. We have an early childhood development center for visually challenged and sighted children,” she says. That lets researchers apply their findings.

For example, one fellow is working on depth perception challenges among individuals with age-related macular degeneration to see if the eyes can be trained toward a new fixation locus, using red/green glasses and a Space Invaders-type game. “His research is ‘stealing’ some ideas from amblyopia research and trying to solve a different problem using the same stimulators. In the experimental population, the participants say that things like driving, reading and pulling up zippers gets easier,” she says. [WO](#)

Define Your Vision!

By Laretta Justin, OD, Orlando, Fla.
drlauretta@drlaurettajustin.com

Eleanor Roosevelt once said, “The future belongs to those who believe in the beauty of their dreams.” My question for you is: do you believe?

If there were no limits and you could have the life and practice of your dreams, what would that look like? That image you get in your head when you think of that question is your vision. Your vision is your present future. The future may hold a lot of uncertainty, but one thing is certain—the future is created in the present. That is good news!

According to *Psychology Today*, a vision does the following:

Defines the optimal desired future state and provides guidance and inspiration as to what an organization is focused on achieving in five, 10 or more years.

Here are five tips to creating a vision statement that will anchor your dreams.

1) Make sure that your vision aligns with your core values. Does this vision fit

who you are? Don't try to keep up with the Joneses. Keep your vision as authentic as possible. In doing so, you'll create an unwavering anchor for your future.



Dr. Justin

2) Make sure your vision is ambitious but realistic. Many people suffer from a disease I call Unrealistic Expectationitis. This is a terrible condition as it always leads to vision deterioration and a resultant loss of focus. Enlist the help of a business coach to help you reach for the stars while your feet remain grounded on earth.

3) Be artfully vague when writing your vision statement. Write the vision in a way that will make it adaptable to change and growth. If you're too specific, you may limit your vision, and it may not be applicable years down the road. For example, if the current vision for your business is to own a large building, that's a vision for the future, but it's not the vision for the future of your entire business. It's too narrow in focus.

4) Follow the K.I.S.S. rule. Keep it simple and short! You are going to need help to fulfill this vision; therefore, it must be easy to understand and implement. Keep it under five sentences, and avoid technical jargon. The easier it is to communicate, the easier it will be to create.

5) Review it and update it as often as needed. I review my vision statement yearly. Life is not static, but change is constant. Everyday technology changes, facts change and your values change. So keep your vision current and dynamic.

You now have the foundation to create your own vision statement. For a more detailed guide on creating a fabulous vision statement, check out my *CEO of YOU* eBook series on Amazon. Just look up my name and you'll have access to all products I've created.

In an upcoming issue, I'll go over the next statement in your MVP (Mission, Vision, Purpose)—your purpose; so stay tuned! Until next time, remember to dream big, take risks and become the CEO of YOU! [WO](#)

Up to 16 Million Americans Have Uncorrected Vision Impairment

Report calls for transformation in population health efforts

Eye and vision health remain relatively absent from national health priority lists, according to *Making Eye Health a Population Health Imperative: Vision for Tomorrow*, a new report from the National Academies of Sciences, Engineering, and Medicine. The report calls for transforming vision impairments from common to rare and eliminating correctable and avoidable vision impairments in the U.S. by 2030, noting that uncorrected or undiagnosed refractive errors affect between 8.2 million and 15.9 million people in the U.S., including millions of children who are at risk for many long-term academic, social and physical problems without appropriate care.

Uncorrectable vision impairment could double by 2050 due, in part, to the aging population unless efforts are made to slow the progression and severity of many common age-related eye diseases and conditions such as age-related macular degeneration, cataracts and glaucoma, the report says. The committee that carried out the study and wrote the report found that vision loss can also amplify the adverse effects of other chronic illnesses and is associated with an increased risk for deaths from injuries and other causes.

The report calls for a population-health approach that promotes eye and vision health beyond the clinical setting, with an emphasis on minimizing

preventable and uncorrected impairment. Reducing the burden of visual impairment and disparities begins with addressing many social and environmental factors that affect overall health—such as health literacy and access to safe work and play environments—as part of concerted efforts to build healthy communities. Preventing vision-threatening injuries, infections and underlying chronic diseases such as diabetes can reduce the need for treatment. The economic impact of vision loss on individuals and society is substantial. Early diagnosis and appropriate access to high-quality treatment could improve the trajectory of modifiable, correctable and uncorrectable vision impairment and reduce associated costs, the report says.

The committee recommended that the secretary of the U.S. Department of Health and Human Services issue a nationwide call to action to reduce vision impairment across the lifespan of people in the U.S., with specific goals to eliminate correctable

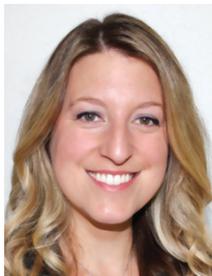
and avoidable vision impairment by 2030, delay the onset and progression of unavoidable chronic eye diseases and conditions, minimize the impact of chronic vision impairment and achieve eye and vision health equity by improving care in underserved populations. For more information, visit national-academies.org. [WO](#)

Vision loss can also amplify the adverse effects of other chronic illnesses and is associated with an increased risk for deaths from injuries and other causes.

Take a Glance at the Industry

OD develops weekly communication

Jaclyn Garlich, OD, of Milwaukee, Wisconsin, admits that she was feeling guilty about not keeping up with all of the news going on in the profession. "Our lives get busy, and when you are home late at night, you don't necessarily want to open up a journal at that time," she says. She regularly completed her continuing education, but she felt she was falling short in other areas.



Dr. Garlich

Dr. Garlich turned to her colleagues for their favorite resources for staying up to date, but she says none of them had a good answer. "There is a definite need," she says, and the concept for 20/20 Glance was her solution. Dr. Garlich based the platform on similar email formats that she's seen in her inbox before, short bullet points that allow the reader to skim down the rundown without consuming a lot of time reading. "There's a lot of information out there, but not all of it is clinically relevant," she says. "I want to know what I can use in my exam chair and what a patient might ask me." The topics in 20/20 Glance are designed to be applicable to everyday practice, such as addressing surveys and

Finding Optometry Abroad

Dr. Jaclyn Garlich and her husband picked up their lives and relocated to Panama for a year after she completed her undergraduate degree, and while volunteering at an eye clinic, she discovered how patients' lives could change with a pair of eyeglasses. Ultimately, Dr. Garlich applied to New England College of Optometry, graduating in 2010 and completing her residency in 2011 at the VA in St. Louis, Missouri.

Dr. Garlich came to her current position at Ophthalmology Associates, S.C., after working for a year in another office, and she works closely with the ophthalmologists on the team to discuss her findings for a second opinion. "It's a very OD-friendly office where I can practice full-scope optometry in a welcoming, respectful environment," she says. And while specialty contact lens fits weren't her favorite topic during school, Dr. Garlich says that getting exposure during her residency gave her confidence in this area. She regularly fits patients now. "These contact lenses can make such a big difference in a person's life," she says. **WO**

studies about new products, FDA approvals, legislative initiatives and timely topics such as Zika and concussions during football season. Dr. Garlich injects a bit of personality into her posts to keep the content feeling fresh, and it will take about five minutes for readers to review 20/20 Glance.

Colleagues submit items to Dr. Garlich for inclusion, and she keeps a running list of articles to consider. She doesn't include

everything on the list to keep the email short and easy to consume, and all information is available right in the body of the email. After gathering options throughout the week, she puts her summary together Sunday evening to go out on Monday morning. "It's a nice way to start the week," Dr. Garlich says. "You can read it over coffee, or roll over in bed and check your emails." Visit 2020glance.com to subscribe or view previous issues. **WO**

Shire Partners With Jennifer Aniston to Spread the Word About Dry Eye

Jennifer Aniston is one of the millions of Americans who experiences symptoms consistent with chronic dry eye. Aniston has revealed how the condition gets in the way of her daily life. In partnership with Shire plc, Aniston is encouraging people to make eye health a priority and is raising awareness and understanding about chronic dry eye symptoms. She hopes to educate and inspire people to chat with their eye doctor about what's really going on with their eyes.

"My eyes often become dry, itchy and irritated, especially when I am reading or outside," says Aniston. "The symptoms were bothering me so much that I finally decided to speak with my eye doctor, and learned I have dry eye." Getting Americans to talk about those symptoms is what inspired Shire to launch *eyelove*[™], an educational awareness campaign.

Aniston is featured in a one-minute video on the myeyelove.com website, a consumer site that provides information about chronic dry eye and encourages others to tell their stories about how they refused to let chronic dry eye symptoms interrupt their lives. **WO**

The advertisement is split into two main visual sections. On the left, a black and white portrait of Jennifer Aniston is shown. She is resting her chin on her hand and looking directly at the camera. Below her is the *eyelove* logo, which consists of a stylized eye icon with a heart inside, followed by the word "eyelove" in a lowercase, sans-serif font. Underneath the logo is a quote: "There are too many beautiful things to see and do to let Chronic Dry Eye get in your way." On the right, a color photograph shows a woman with glasses and her hair in a bun, sitting at a table. She is looking at a smartphone while a white dog sits next to her. In front of her is a large bowl of food. Below the photo is the text: "So much of what we love, we love with our eyes." At the bottom of the advertisement, there is a call to action: "Eyelove means talking to an eye doctor about your dry, itchy, gritty eyes or occasional blurry vision." Below that, it says "It could be Chronic Dry Eye" with a small eye icon. At the very bottom, there is a small envelope icon and the text "Sign up for some eyelove".

Jennifer Aniston helps raise awareness of dry eye on the consumer site myeyelove.com.



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- 🛡️ **DIFFERENTIATE** yourselves as a team by working together for the best patient outcome



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Pops of Green Are Pleasing to the Eyes

Inspired by optometry school lesson, OD carries over color palette when opening practice

Sarah Ebeling, OD, still remembers the day in optometry school when she learned about a particular shade of bright green “apple”—with a wavelength of 555nm. “I learned it’s the easiest wavelength of color for people to see. I knew from that point on that I’d use it in my own practice someday, hoping it would draw people in.” And she did just that when she opened Wink Family Eye Care in December 2014.



Dr. Ebeling

The bright green was a starting point of her design to provide pops of color in a primarily white space, and it’s been incorporated throughout her open and airy design in so many ways, from wall décor and paper towel dispensers to exam chairs and tables. A blue accent color was selected as well, which matches the overall tone. “When designing the space, I wanted it to be very fresh and inviting and to reflect the type of practice I wanted for my patients: modern and comfortable.”

For most of her career, Dr. Ebeling was commuting 40 minutes each way

in mind as she worked with a contractor and an architect.

“There are a lot of young families and people like my husband and me, who work and have kids, and there was only one private practice in town—but not one that did pediatric eye care,” Dr. Ebeling says. Even the name, Wink Family

Eye Care, establishes a fun and playful twist for a practice that accommodates patients of all ages. “We can modify everything to be pediatric- or adult-centric.”

The space was designed for the fast pace of modern patients who want a high-tech and efficient yet comfortable environment, using iPads for check in,

displaying high-fashion eyewear options and with equipment from Marco, Optos and iCare for a streamlined exam experience.

The most challenging part of the process was securing her space, Dr. Ebeling recalls. She signed

a lease for one of the new centers popping up around town. But after two years of delays, construction still had not started. Then Dr. Ebeling saw a lease notice in an existing space nearby, which ultimately became the home of Wink Family Eye Care. “Rent was cheaper than at the original location, and there were a lot of supporting businesses on either side,” Dr. Ebeling says.

Once she signed the new lease, gutting and building out the office took just six weeks. She had picked out many pieces for her practice two years earlier, but it took a special order to get the green exam chairs she wanted; they had been discontinued.

Dr. Ebeling has one optician, an optometric technician and a front desk/contact lens technician, and as the office gets busier thanks to word-of-mouth referrals, she expects



The practice is open, airy and colorful.

to hire a second optician. She’s also renting space to a vision therapist, whose services draw patients. “The office was designed for minimal staff, and the front desk is a circular area with the dispensing table right out front,” she explains.

The practice is fulfilling Dr. Ebeling’s main goals: to find a better work/life balance and serve her community. Now she lives just a few miles from her practice—and her youngest child’s daycare is 30 seconds away. “We offer one late night on Thursdays until 7 p.m. but we are not open on the weekends,” Dr. Ebeling says. “Patients appreciate and understand when we explain we want to be home with our families.”

Dr. Ebeling says that she is thankful that she found this new location when she did. The first spot she picked out didn’t begin construction until late in December 2015, three years later than planned. By then, she was celebrating her one-year anniversary. **WO**



This shade of apple green was the starting point for Dr. Ebeling’s office design.

to work as an associate in a private practice. So she started looking for a way to open a practice in her community of Chanhassen, Minnesota. “I wanted to be a part of a private practice that was well respected in the community,” she says. The area is growing in popularity, and it’s estimated that another 10,000 people will move to the area over each of the next three decades, Dr. Ebeling adds.

She kept her key patient demographic

The Little House That Could

OD's original office-in-the-home has seen four renovations as it grew with the town



In 1985, when **Judy Parks, OD**, bought a house in downtown Ancaster, Ontario, Canada, she and her husband thought it was a good solution. The house had been built by a family physician to double as a practice, with a 40' x 40' addition for a large reception room and several small examining rooms. "We could live in it, and I could use the existing office space. We lived in it until our kids went to school, and it was a great setup as I was building my practice and wanted to be near my children," she says. Ancaster's population was about 8,000 when she first started practicing; now it's about 40,000, and downtown real estate has become very attractive.

In 1990, around the time that her son and daughter were in preschool, the family moved to another house. Converting the living and dining room into practice space provided more space for two associate ODs and a staff of 12.



Dr. Parks

This remodeling added a second exam room, finishing lab, contact lens room, staff kitchen, file room and larger reception area.

"By 1996, another expansion was required as technical equipment required space of its own. We expanded into the two-car garage and redesigned the office for our third and fourth lanes, field analyzer and pretesting equipment."

Then at the end of 2015 and into 2016, Dr. Parks took on the most ambitious renovation to date. "We reworked the entire building, taking two months to do it," she says. "We now have five exam rooms, two pre-testing rooms and a reception area for two full-time receptionists." The practice also added a dry eye specialty area, two labs and an updated dispensary with a sunglass area—and chose to make the conversion to an electronic health records system at the same time. She also just hired the practice's fourth OD.

"This most recent renovation was a challenge. I didn't want to close because I didn't want my associate doctors and staff not to work," she says. So as much work as possible was done in the evenings, weekends and on holidays to minimize disruption to patient care, she says. "When patients walk in now, it's a whole different look, even though it's inside the same colonial-style house downtown."

Dr. Parks says she really didn't have much choice. She needed space for new equipment, and she was eager to add specialized dry eye therapy to the practice. "It was becoming more difficult to have conversations with patients in private. As I stood back and wondered how this was all going to fit into the flow of the practice, I saw that I needed a complete change." Among other shifts, the basement became the lab, and she brought in \$50,000 worth of equipment for a second lane for edging lenses so she could provide patients with a faster turnaround. The renovation also included the addition of an extra bathroom, more storage, contact lens room and an updated staff kitchen.

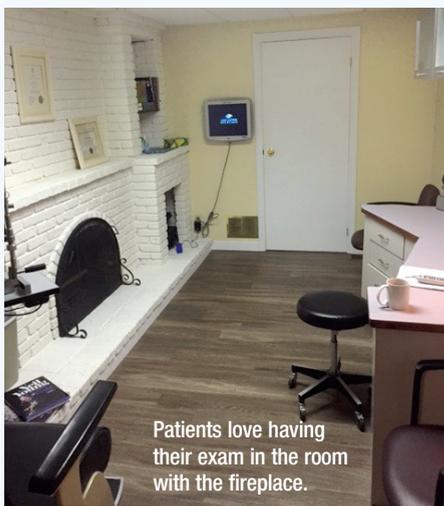
Her children, who spent their early years there, are back. Her son is the lab manager and her daughter works as a receptionist. Her



The remodeling provided space for another exam room, patient files, a staff kitchen and more.

daughter-in-law is one of the ODs with the practice. "We have four exam rooms running at a time, and my exam room—when I'm here—has a fireplace. Patients love being escorted to the exam room with the fireplace."

For now, the house also remains a home. There's a two-bedroom apartment on the second floor, and Dr. Parks calls those tenants "my night watchmen." Yet she knows how a space can be adapted to meet the current needs of a practice, and she's already hatched an idea to turn that apartment into a day care space for her employees in the future. "That's the beauty of owning your own practice," she says. **WO**



Patients love having their exam in the room with the fireplace.

Name's the Same But Just About Everything Else Is Different

Vanessa Michel, OD, says that she was about halfway through her lease when she saw a new shopping center under construction a mile down the road from the original location for Redmond Ridge Eye Care in Redmond, Washington. "I knew it would be a good place to move to," she says. The center had better visibility with a large grocery store as its anchor, the signage faced the street at a major stoplight and it was in front of a large golf course and active adult community.



Dr. Michel

Dr. Michel kept the practice name when her lease expired, and she made the move about 18 months ago, but the new office has an entirely different look. "I wanted my office to feel like a spa meets a jewelry store," Dr. Michel explains. LED lights illuminate the eyeglasses on display like they are pieces of jewelry. The color palette is calming by design with mostly white and cream walls and cabinetry with a pop of ombré color behind the reception desk. The paint there is white at the top fading into a deep Tiffany blue at the bottom and showcases the new logo featuring two Rs for Redmond Ridge.

The high-class look fits well in the neighborhood, as the new office is about five miles up the hill from the home of Microsoft in downtown Redmond. The atmosphere complements the relaxed feel that Dr. Michel wanted to achieve. "With the nearby 55+ community, patients often come in very worried that they are going to get bad news that they have macular degeneration or glaucoma or that they are going to have their license taken away," Dr. Michel says. In an effort to control the environment and keep patients feeling positive, she also made the decision not to display any posters of eye disease or anatomy on her walls.

Dr. Michel worked with a designer and architect for the project, which she advises is a good investment. "Hire someone who really knows the laws such as number of bathrooms needed for your square footage and little things you don't think about until you are in the space, like where outlets should go," she says. Her Pinterest board led her to



Dr. Michel was aiming for a "spa-meets-jewelry-store" atmosphere.

the designer whom she eventually hired. "I've been collecting things from optical ideas to flooring and lighting, and I needed someone who could translate my Pinterest board into reality," she says. It didn't take long for Dr. Michel to determine the best match. "She started following my board and sent me an idea for lighting right away, saying it would be perfect with my recessed walls. She understood my vision."

From there, they sought décor that matched the vision and was within budget. Many pieces were found online including the eyeglasses mirror displayed over a dispensing table. Dr. Michel repurposed some items from her old office, such as the silver frame displays, which she freshened with gold-toned paint.

Dr. Michel's one splurge was her chandelier. "I saw it in a catalogue from Restoration Hardware, and I had to get it. I just blew my budget out of the water," she admits, laughing. She says that she appreciates how her husband encouraged her to go for it with this dream piece. "He told me I spend just as much time at the office as I do at home, so to pick the one I want."

She designed her exam rooms to encourage conversation. In the old office, she had to sit with her back to the patient to enter data

into the computer, but now she can sit side-by-side and look right at the patient for the entire exam. The new office has allowed

for expanded services, as well. Dr. Michel brought in the tools to introduce orthokeratology and an OCT to offer more thorough glaucoma and retina disease care. She also recently hired a pediatric associate doctor to cover hours two days a week and aid with the launch of the practice's vision therapy clinic.

The construction process was quick—completed in just about eight weeks. The practice has evolved in many ways since she purchased the existing business following several years working in a group office. "I was pregnant at the time, and I wanted to set my own schedule to be available for my family," she says. Redmond Ridge Eye Care has a great foundation, and she says that she looks forward to the potential for even more expansion in the future. **WO**



Voices

Inspiration Is Everywhere

OD who found her calling as a child is now encouraging others to find theirs

By Josephine Owoeye, OD, MPH, Assistant Clinical Professor at University of Pikeville-Kentucky College of Optometry

When I was about 10 years old, I had my first eye exam and I needed eye-glasses. I remember being impressed by the way I was taken care of and then asking my dad to research the differences between ophthalmologists and optometrists. My dad still has that note today—scribbled with comparisons on it—and that experience ultimately led me to pursue my own career in optometry.

I graduated from the Pennsylvania College of Optometry in 2003, and it didn't take long during my pediatric residency before I knew this was the path I wanted to pursue. I was fortunate to get my first job with the Johns Hopkins University School of Medicine in Baltimore, Maryland. It was one of the best things to happen in my career when I received a response to a cold email about a pediatric eye disease study. The coordinator responded, and I participated in that study from 2004 through 2006. During that time, I also started seeing patients at the Wilmer Eye Institute. It was extremely fulfilling, seeing patients for primary care and ocular disease, as well as specialty eye care for children with amblyopia and genetic disorders. I also earned my master's in public health at Johns Hopkins University because of my interest in preventable blindness.

Reflecting back on my career so far, I'm proud of how I've developed my niche as a pediatric eye care provider at Johns Hopkins. I refer to my work in the profession as my service. I love nurturing patients and serving them in a way to help them. So after almost 12 years, it was time to take my service to another level. I made a change and a transition



Dr. Owoeye

in my career when I was contacted by the University of Pikeville-Kentucky College of Optometry and asked to apply to join its pediatrics department. I was eager for the opportunity to transition into academics and to share my knowledge with many students, yet

it was difficult to leave my longtime patients in Baltimore, some of whom I have been seeing since they were just four weeks old.

I made the move in June to help prepare for the inaugural optometry class. My mission sticks with me as I provide service through teaching and preparing the students who are part of a new school, which can better serve our area. I can nurture the students, who then in turn will

be able to develop connections with their own patient bases. Working in academia is an opportunity to inspire and empower. These young minds are excited, and it's a chance to not only teach them but help them become doctors.

As we prepare to open our new building by the end of the year, I've stepped in to help out in a few other roles in student

affairs and advisement as the faculty and administration grows. I want to show these students how to be at the top of their game, and I can only do that by being a good role model. I hope to inspire them, the way that they are already inspiring me. I tell my students that my journey has not been up a ladder but a weave of opportunities, through which I've provided service to patients and the community. There's great opportunity for them to do the same. **WO**

"Working in academia is an opportunity to inspire and empower."
—Dr. Owoeye



The school admitted its inaugural class of 2020 in August.

Let Your Voice Be Heard

Are you interested in sharing your views or experience in this space? *Women In Optometry* invites submissions to *Voices* for each issue. Contact Editor Marjolijn Bijlefeld at mbijlefeld@jobson.com for more information.

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