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OF WOMEN ODs

Twists & Turns

Doctors open career doors by choice and by chance



Dr. Lindsay Wright



Dr. Bridgitte Shen Lee



Dr. Pia Hoenig



Dr. Denice Rice-Kelly



SUPPLEMENT TO
REVIEW®
OF OPTOMETRY

AIR OPTIX® COLORS

contact lenses

MY NATURAL EYE COLOR
IS BEAUTIFUL BUT
ENHANCING IT
IS FUN

BEFORE

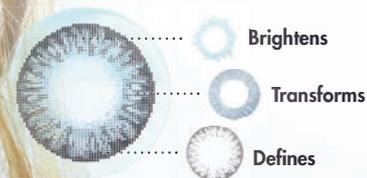
AFTER

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References: 1. Alcon data on file, 2012. 2. Alcon data on file, 2014.

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Where Do We Go From Here?



Marjolijn Bijlefeld

We're 10 years old! *Women In Optometry*® (*WO*) has told the stories of more than 1,000 women ODs, and there are so many more to tell. When we started, we weren't sure how the publication would evolve over the years. But it has been clear that women ODs have important stories to share, and *WO* is proud to be able to provide this platform.

It's not that women ODs necessarily have different goals—because that would

assume that every OD entering the profession is on the same career track. In fact, there is no single path that applies to ODs today. There's also no single sequence that makes sense for all ODs. Often, readers tell us that one reason optometry is so appealing is that there are ways to shift between schedules, settings, places and even the kind of work that they do—all while staying in optometry.

In our cover story, you'll hear from four women, well into their careers. They talk about the decisions they made along the way and the continual need to adapt. Two, **Pia Hoenig, OD**, and **Lindsay Wright, OD**, have stepped onto career paths different from the ones they started out on. Two others, **Denice Rice-Kelly, OD**, and **Bridgitte Shen Lee, OD**, have found that, years into practice ownership, they must continue to learn new management skills to stay competitive.

These and other stories in the issue reflect the dynamic profession that optometry has become. Not only is the percentage of women in practice increasing—see our chart on page 9—but health care is changing as well. That means that everyone who is in the profession now and

will be entering it will need to adapt to these changes.

One way to do that is to stay connected with your colleagues. That's where *WO* can play a role. You'll see that we have expanded our list of sponsors as well as our advisory board so that we can foster more connections. We've asked women ODs—and one man—from different regions of the country, practice settings and interests to serve on our board so that we can bring you articles that reflect what's important to you. **Mario Gutierrez, OD, FAAO**, tells us in a guest column on page 42 that he wants new ODs coming into the profession—more of whom happen to be women—to succeed. Perhaps you want the solid, practical advice shared by our professional co-editors **April Jasper, OD, FAAO**, and **Katie Gilbert-Spear, OD, MPH**, on page 5. Or you're looking for the inspired ideas for practice designs and renovations, or you might want to see how others have brought new services into their practices to help them stay competitive or professionally challenged.

Let us know what's important to you. Let us know who's important to you so that we can profile more women ODs with interesting stories to tell. You can contact me by phone or email, found

below. If you know one of our board members, reach out. We'd love to hear from you. **WO**

"Women ODs have important stories to share, and WO is proud to be able to provide this platform."

—Marjolijn Bijlefeld

Marjolijn Bijlefeld,
Director of Custom Publications
Practice Advancement Associates



MARCH 2016

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10 Years of



2006



2011

2007



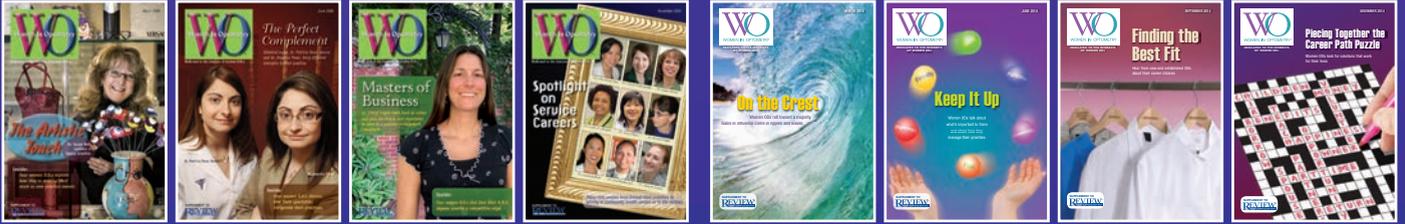
2012

2008



2013

2009



2014

2010



2015

A Method to Tame the Madness: Take Time to Prioritize

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

Have you ever returned from a professional meeting—or even a community meeting or a networking lunch—with your head spinning with ideas? We have. We tend to approach these kinds of meetings as opportunities to hear what’s going well in other people’s businesses and their lives. We’ll take pages of notes on great ideas to implement right away.

But that isn’t practical, of course. If you immediately try to implement every good idea and product you’ve just heard about, chances are fairly high that you’ll end up not implementing any of them in a meaningful and lasting way. But when you prioritize, you can scratch items off the list and move along. You’ll get to your desired results more quickly and effectively.

Creating priorities is the first step, not just in implementing big changes in your office but also in creating a sense of balance in your day-to-day efforts. The author David Allen talks about the five steps that apply order to chaos in his book, *Getting Things Done*. If you haven’t read it, it’s worth your time. If you have considered developing some system of creating priorities to be more effective, this book will reinforce your commitment. He makes a strong argument that organizational order and peace of mind are connected. Without priorities, all the things racing around in your brain will bother you because they aren’t being dealt with. Prioritizing essentially removes those to-do items out of your head and puts them on paper, so that they don’t continue to weigh on you and take away your ability to accomplish your goals.

Allen outlines five steps.

1. Capture what things have your attention (what is running around in your head).
2. Clarify what they mean and determine if they are even doable items or need to be eliminated from your list.



Dr. Jasper



Dr. Gilbert-Spear

3. Organize the items so you know what to do in what order and by when.
4. Reflect or review the list as necessary as needed to clear your mind.
5. Engage in action on the items you have determined to be important.

That’s the high-level overview, but he breaks these steps down for a practical approach. The first and most important step is to create a list. Use whatever system you’re comfortable with: index cards, a notepad or small notebook you carry with you, a physical or online calendar or a dry erase board. The vehicle isn’t as important as the process. Just be sure it’s in a place where you can refer to it often.

Be as detailed as you need, but don’t make list-making too cumbersome. In many cases, a general reminder is all that’s needed: *Scout night* or *Review new contact lenses at staff meeting*. These short entries help you plan your day and serve as reminders.

More complex items warrant longer lists. Let’s say you’re bringing in a new diagnostic instrument. “Buy autorefractor” may not be the most helpful item on your list—in terms of implementation. So create a project list. Use the same strategies. Place the list in a spot where those involved with the implementation and use will see it. Have them brainstorm—right on the notepad or board. You can always reorganize the list later. Do billing or intake forms need an update? Does furniture or equipment need to be moved? Delegate the responsibility for these items. Your staff members will be part of the momentum as items get added and crossed off on the list.

Create and update lists accordingly. A weekly calendar listing is helpful for gauging where your challenges and opportunities are. A

project list makes sense for an item with many steps. A list of “new ideas” in priority order is a great resource for continual improvement. Take that notebook filled with ideas from your most recent meeting and select the best ideas, as many as you want. Then pick the top one or two and start making a plan. When those are well-established or fully completed, go back to the list and pick up a new idea. [WO](#)

Doctors’ Insights

Dr. April Jasper says,

“David Allen’s system of organizing my thoughts makes me feel like I can do so much more. By having a system you follow, you won’t feel overwhelmed and you will find you have more time for the things in your life you never could fit in before. Once I learned how to get things done, I understood why it is that people say ‘If you want to get something done, give it to someone who is busy.’”

Dr. Katie Gilbert-Spear says,

“I put my tasks and due dates on a calendar for the week every Monday. Doing this helps to lessen my stress and calm me down. I sometimes feel overwhelmed if I think I am not going to get to see my kids much that week. Once I’ve noted all my tasks, I can see what days I can take my kids to activities or even make them dinner. This always makes me feel better.”

Read it on WomenInOptometry.com
Makeover Monday
OFFICE DESIGNS on The Physical Space
Thank you to our Makeover Monday contributors!
Tell us your story for 2016

On the Web Design Influences Decisions

What first impressions do patients get coming into your practice? *Women In Optometry* sends weekly eblasts on Mondays that discuss the ideas and motivations behind the redesign, rebuilding or remodeling of practices. These articles can all be found on the website womeninoptometry.com, under the Models of Practice dropdown menu: The Physical Space. [WO](#)

We welcome readers’ stories about their office design. If you have a story to tell on a new building, a makeover or an effective remodeling that has impacted your business, contact us.

FOCUS on OUTCOMES



Alcon Partners With Optometrists to Help Patients See, Look and Feel Their Best

By Carla Mack, OD, MBA

Innovation is our lifeblood

Alcon Vision Care wants to help you help your patients see, look and feel their best. Our renewed commitment to you and to the innovations that can make this possible are evident by a comprehensive and differentiated product portfolio to enhance comfort and compliance; a commitment to education for eye care practitioners, staff and students; and supporting advocacy initiatives for patients.

A differentiated product portfolio

Because no two patients are alike, eye care practitioners today need a variety of options to ensure that they can prescribe a contact



A rendition of the new Alcon Experience Center

lens based on an individual's needs to improve that patient's outcomes and enhance quality of life.

We know that many

patients stop wearing contact lenses due to discomfort. Some of these patients may be using an older technology contact lens that doesn't strike the right balance between wettability, breathability and deposit-resistance. Others may suffer from symptoms of contact lens-related dryness or have an ocular surface that is not optimal for lens wear.

Material, manufacturing, surface and optical technologies are all components that can impact contact lens comfort and performance. In the past few years, we've seen a huge upsurge in new products, from the launch of the first water gradient contact lens, DAILIES TOTAL1®, to the introduction of DAILIES® AquaComfort Plus® Toric, DAILIES® AquaComfort Plus® Multifocal and AIR OPTIX® COLORS contact lenses. These technologies give you more options to address your patients' comfort, desire for convenience and need for excellent acuity even into presbyopia.

Replacement schedules and care products that promote compliance

We are also focused on ensuring that eye care professionals and patients have a conversation about lens and lens care options that optimize the lens-wearing experience and promote compliant

wear. This includes not only our line of daily disposable and monthly replacement contact lenses but also our latest contact lens care solution—CLEAR CARE® PLUS Solution with HydraGlyde® Moisture Matrix technology. Hydrogen peroxide-based solutions are known for their exceptional efficacy and biocompatibility with ocular surface tissue. With the addition of HydraGlyde® in CLEAR CARE® PLUS Solution, patients are getting the best of both worlds in terms of disinfection and long-lasting moisture. We are encouraging eye care professionals to recommend CLEAR CARE® PLUS Solution as a regimen for all planned replacement contact lens wearers, and not just as a problem-solving or second-line cleaning regimen.



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

Education

We've renewed our commitment to educating eye care providers, practice staff and students with our state-of-the-art Alcon Experience Center, a 34,000-square-foot, hands-on training center. We'll be adding to our staff and technician training options this year with online and in-office programs and building on our near 30-year history of partnering with academic programs to train students on our products.

Advocacy for comprehensive eye care

Alcon's emphasis on education extends to patients as well. In 2016, we will drive direct-to-consumer programs and public awareness programs with more investment than ever before, aiming to drive more patients into your practice. Specifically, we will build on our efforts in educating the public about the importance of regular, comprehensive eye exams for people of all ages. From informing parents and children through a fun, interactive e-book to raising the profile of eye care through our partnership with Think About Your Eyes, we share your commitment to improving patient outcomes. You can focus on your goals of helping patients see their best, look their best and feel their best in your discussions. Just as you help patients understand the benefits of your recommendation, know that Alcon Vision Care will continue to provide you with innovative products that promote compliance and also to help you and your staff achieve your practice goals. We have a shared commitment to helping more patients see, look and feel their best. ●

"This emphasis on education extends to patients."

—Dr. Mack

Important information for AIR OPTIX® COLORS (Iotrafalcon B) contact lenses: For daily wear only for near/farsightedness. Contact lenses, even if worn for cosmetic reasons, are prescription medical devices that must only be worn under the prescription, direction and supervision of an eye care professional. Serious eye health problems may occur as a result of sharing contact lenses. Although rare, serious eye problems can develop while wearing contact lenses. Side effects like discomfort, mild burning or stinging may occur. To help avoid these problems, patients must follow the wear and replacement schedule and the lens care instructions provided by their eye doctor.

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

WO has expanded its editorial board to bring a broader view to the print issues, website and live events. These new members have agreed to serve

a two-year term on the board, and here they share some of their insights into the profession or some of the best advice they've received.



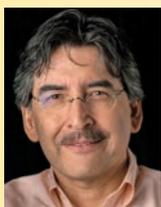
Dr. Brisco

Elise Brisco, OD, FAAO, FCOVD, of Hollywood Vision Center in Los Angeles, California is a certified clinical homeopath (CCH). "The increasing downward pressure on reimbursement creates many challenges. Enlist employees in re-engineering your practice, because they are all in the same boat as you and will have valuable support and solutions."

Dori Carlson, OD, FAAO, co-owns two Vision Source[®] member practices in North Dakota and is the first woman OD to serve as president of the American Optometric Association (AOA). "It's okay to ask for help when you need it. You can ask help from friends or family. Or you can hire people to help you with the things you don't have time for. Find something you love to do that makes you re-energized and excited to go back to the office."



Dr. Carlson



Dr. Gutierrez

Mario Gutierrez, OD, FAAO, owns two Vision Source[®] practices in San Antonio, Texas. "The demographics of the profession are changing. To adjust and thrive in this dynamic environment, we all need to pull together to share the best ideas, the best opportunities and the best strategies for moving forward."

Ann Hoscheit, OD, FAAO, FAARM, recently sold her practice in North Carolina and opened EyeBridge Consulting Associates. "Optometry is facing its biggest redefinition. With the advent of private equity into optometry, more practices will be owned corporately in some form of alliance. As professionals, we need to define ourselves and not let that be done for us."



Dr. Hoscheit



Dr. Justin

Laretta Justin, OD, is a Vision Source[®] member in Orlando, Florida, and writes a *WO* column titled, *Become the CEO of You*. "My vision is to promote the success of women of optometry by helping them become their own CEO. However, sometimes we get distracted by all the blur around us and lose focus on what is important—fulfilling our purpose."

Dawn Kaplan, OD, is owner of two Costco-affiliated practices in suburban Chicago, Illinois. "Stay current with the latest trends and advancements, invest in your practice and always, always keep learning new things. If you are going to keep yourself interested and excited (as well as interesting and exciting), you will sometimes need to push yourself outside your comfort zone."



Dr. Kaplan



Dr. Shen Lee

Bridgitte Shen Lee, OD, is a private practice co-owner in Houston, Texas. "One of the best pieces of advice I received from my parents is, 'Your health is the foundation of your life, so take care of it.' I make myself choose healthy food and living habits, and I plan exercise into my weekly schedule."

Jennifer Ong, OD, is a private practice owner in Alameda, California. "I have two interests: provide the best eye care and education for our patients so they can be the best advocate for their own eye health and overall health, and extend the public service skills that we have developed as optometrists to serve our communities better."



Dr. Ong



Dr. Patel

Priti Patel, OD, is vice president, operations and professional affairs at FirstSight Vision/National Vision. "I have been lucky to have great mentors. I have gotten amazing advice, yet the idea that always sticks out to me is always be willing to learn and grow. Never be complacent, whether you are in a position for one year or five years."

Tamara Petrosyan, OD, is an assistant clinical professor at State University of New York College of Optometry and the New Jersey state liaison for the AOA InfantSEE program. She was honored as Young OD of the Year by the AOA in June 2015. "I think that the medical community, not just optometry, is quickly moving toward interdisciplinary care. Optometrists are frequently the first to see and diagnose a potential health problem, and many times it takes a team to treat a patient."



Dr. Petrosyan



Dr. Reynoldson

Tonya Reynoldson, OD, owns a Vision Source[®] practice in Waverly, Tennessee. "Hard work and dedication beat talent any day. Don't forget that for at least 20 percent of your patients you see, you are probably the only health care provider they have seen in the last 10 years. Listen to the patient, be very thorough and show them that you care."

Louise Sclafani, OD, FAAO, a professor and director of optometric services at University of Chicago Medicine, says, "During our careers, we will face new challenges that may seem out of our control. Rather than being a victim, embrace these obstacles as opportunities to evolve into better doctors, mothers, lovers and friends. Change is good, and change keeps us young and at the top of our game!" **WO**



Dr. Sclafani

Read more about the board members on womeninoptometry.com.

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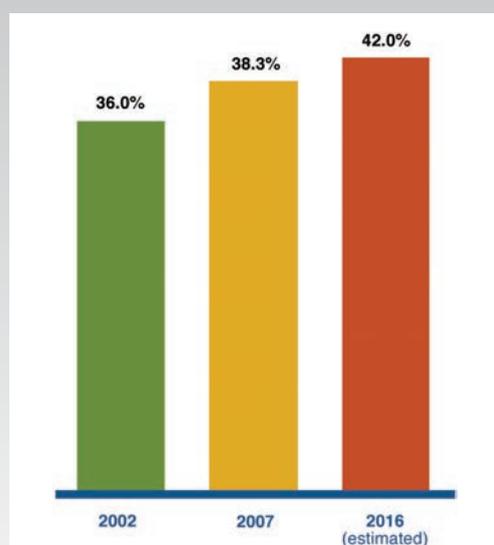
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Numbers Reflect a Bump in Percentage of Women ODs in Practice

After holding steady for two years at 40 percent, the percentage of women ODs in practice in 2016 has bumped up to 42 percent, according to the most recent *Women In Optometry (WO)* analysis.

For the past five years, *WO* has been tracking healthgrades.com data on or around the first day of the year. The 2016 analysis shows the biggest increase since *WO* began tracking these numbers, both in terms of the increase in women ODs and in terms of the overall expansion of the profession. Overall, there was about a 5.3 percent increase in the number of ODs listed in the online directory. However, the directory listed 153 more men

than in 2015, an increase of 0.5 percent, while there were 1,648 more women listed, or an increase of nearly 9 percent.

Even so, women comprise or exceed 40 percent of the practicing ODs in only 20 of the states. In 2015, that was true in 15 states. The percentage of women in practice increased in 46 states and Washington, D.C.; in the remaining five, the percentage stayed level with 2015 data.

How Do the Numbers Compare?

The *WO* analysis shows that there are 48,742 ODs in practice, with 42 percent of them women. One might think that it wouldn't

The 2016 analysis shows the biggest increase since WO began tracking these numbers.

be that difficult to count practicing ODs, but it is. There are several reasons for the disparity. As such, *WO* has been using the consumer

Continued on page 11

COLOR CODING:

▲ = % of women went up since Jan. 1, 2015.

▼ = % of women went down since Jan. 1, 2015.

ODs in Practice 2016

State	Total ODs	Men	Women	Percent of women	State	Total ODs	Men	Women	Percent of women
Maryland	789	381	408	52% ▲	North Dakota	189	117	72	38% ▲
Massachusetts	1222	601	621	51% ▲	Michigan	1518	941	577	38% ▲
Washington, D.C.	265	132	133	50% ▲	Tennessee	1038	644	394	38% ▲
California	6493	3322	3171	49% ▲	Washington	1275	795	480	38% ▲
New York	2780	1444	1336	48% ▲	Ohio	1998	1255	743	37% ▲
Texas	3558	1863	1695	48% ▲	Mississippi	325	207	118	36% ▲
Illinois	2216	1168	1048	47% ▲	Alaska	139	89	50	36% ▲
Delaware	130	69	61	47% ▲	Wisconsin	898	576	322	36% ▲
Hawaii	266	143	123	46% ▲	Louisiana	433	282	151	35% ▲
Virginia	1150	622	528	46% ▲	Kentucky	611	398	213	35% ▲
New Jersey	1218	670	548	45% ▲	Nebraska	367	241	126	34% ▲
Florida	2681	1525	1156	43% ▲	Oklahoma	733	490	243	33% ▲
Alabama	697	398	299	43% ▲	South Carolina	567	380	187	33% ▲
New Hampshire	222	129	93	42% ▲	Kansas	629	424	205	33% ▲
Connecticut	538	314	224	42%	New Mexico	253	171	82	32% ▲
Nevada	394	231	163	41% ▲	Maine	226	155	71	31% ▲
Oregon	736	432	304	41% ▲	Iowa	592	409	183	31%
Colorado	964	568	396	41% ▲	Vermont	110	76	34	31%
Pennsylvania	2211	1308	903	41% ▲	South Dakota	194	135	59	30% ▲
Indiana	1255	759	496	40% ▲	Arkansas	432	301	131	30% ▲
Georgia	1116	676	440	39% ▲	West Virginia	223	160	63	28% ▲
Missouri	1000	606	394	39% ▲	Montana	192	146	46	24%
Rhode Island	201	122	79	39% ▲	Wyoming	131	104	27	21% ▲
Minnesota	891	542	349	39% ▲	Idaho	285	244	41	14%
North Carolina	1167	716	451	39% ▲	Utah	344	305	39	11% ▲
Arizona	880	541	339	39% ▲	TOTALS	48742	28327	20415	42% ▲

Source: healthgrades.com, accessed January 3, 2016



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Percentage of Women ODs in Practice

Continued from page 9

health directory healthgrades.com for the past five years. While these numbers might also not be precise, they do represent a consistent source that is updated regularly.

The U.S. Bureau of Labor Statistics (BLS) estimated 40,600 working ODs in 2014. Even on a state-by-state breakdown, the healthgrades.com numbers reflect more practicing ODs than the BLS numbers. On

the other hand, state licensing divisions typically report significantly higher numbers than healthgrades.com. However, licensing board numbers likely result in an overstated estimate of ODs. First, ODs can hold active licenses in several states, so looking at state licensing data would require the elimination of duplicate names. An OD can maintain his or her license even if the OD isn't currently working in the

Women comprise or exceed 40 percent of the practicing ODs in only 20 of the states.

AOA Statistics Reflect the Trend

Overall, the percentage of women who were listed in the American Optometric Association (AOA) online directory in January reflects the numbers compiled by *WO* in these pages, although women are represented at a slightly lower rate. While the chart on page 9 shows that women comprise 42 percent of the overall number of ODs in practice, an average of 38 percent of AOA members are women. The chart on page 9 shows a state-by-state range from a high of 52 percent women in Maryland to a low of 11 percent in Utah; the AOA data shows a high of 48 percent in Delaware to a low of 9 percent in Utah. [WO](#)

State	Percent of women	State	Percent of women
Delaware	48%	Mississippi	38%
Washington, DC	44%	New York	38%
New Hampshire	43%	Michigan	37%
Illinois	43%	Wisconsin	37%
Arizona	42%	Colorado	37%
New Jersey	41%	Louisiana	37%
Hawaii	41%	Georgia	36%
Alabama	41%	Ohio	36%
North Carolina	41%	Rhode Island	35%
Virginia	41%	New Mexico	34%
Minnesota	41%	Alaska	34%
Indiana	41%	Washington	34%
Pennsylvania	40%	South Carolina	33%
Texas	40%	Iowa	32%
Maryland	40%	Tennessee	32%
Connecticut	40%	South Dakota	32%
California	40%	Oklahoma	32%
Florida	39%	Arkansas	32%
Missouri	38%	Kansas	31%
Oregon	38%	Montana	31%
Massachusetts	38%	Maine	31%
Vermont	38%	West Virginia	26%
Nebraska	38%	Wyoming	23%
Nevada	38%	Idaho	16%
Kentucky	38%	Utah	9%
North Dakota	38%	TOTALS	38%

Source: AOA online directory accessed January 2016

state. The California State Board of Optometry, for example, reports that there are about 7,500 ODs with California licenses. That's about 1,000 more than healthgrades.com shows. Looking through the California database, however, more than 400 ODs with active licenses as of Jan. 1, 2016, live out of state—with many of those far outside of a daily commuting range. Also, many state licensing boards do not require or ask for an OD's gender.

The American Optometric Association (AOA) and the Association of Schools and Colleges of Optometry, in the 2012 report *Eye Care Work Force Study: Supply and Demand*, estimated that there were 39,580 ODs providing direct patient care at the beginning of 2012. The healthgrades.com numbers were slightly higher at 43,337. The study estimated that the work force was 60 percent male and 40 percent female, and it noted that on average, male ODs were more than 10 years older than female ODs. The report estimated that at that time, 56.4 percent of male ODs were 50 years old or older, while only 17.4 percent of women ODs were 50 or older.

Current AOA membership reflects the overall trends in the industry. The AOA database in January 2016 included 23,745 ODs. Of those, 8,878—or 38 percent—were women. Delaware has the highest percentage of AOA members who are women, with 48 percent of the total. In 17 states, at least 40 percent of AOA members are women.

Women as a Percentage of Total ODs

2012: 43,337 total. Total women: 16,359—38%

2013: 45,571 total. Total women: 17,779—39%

2014: 46,567 total. Total women: 18,561—40%

2015: 46,943 total. Total women: 18,767—40%

2016: 48,742 total. Total women: 20,415—42%

Source: *WO* reports

Over the five-year period, there has been a 12.5 percent increase in ODs and a 24.8 percent increase in women ODs. [WO](#)



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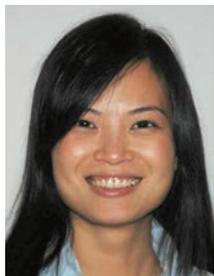
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WO03160A

Connect With Patients—Fast

Patient communication system saves staff time and keeps patients updated

The threat of two feet of snow is a pretty good reason for closing an office—which is what **Tina Vu Kelly, OD**, of Alexandria, Virginia, did as a late January snowstorm hit the mid-Atlantic region.



Dr. Kelly

Amid predictions about exactly when the storm would hit, she canceled patients starting at noon on a Friday, which left time for staff and patients to get home or just stay home.

But executing that plan wasn't a scramble of phone calls. For a few months, Dr. Kelly has been using Solutionreach, a software platform that handles all types of communication with patients. So letting patients know about canceled appointments and when the practice would be reopening once the storm had passed was done with just a few keystrokes at the computer. Patients got the news via text message or an email, whichever they preferred.

The use of Solutionreach's system is one of the efficiencies practices can gain now that so many patients can be reached via smartphones, email and social media.

"We're using it to send out newsletters and also to do group messaging," Dr. Kelly says. "It has a neat feature called the Patient Portal, a secure way for patients to get front desk services that would otherwise be done by phone. They can, for example, request appointments, check their account balance and make payments," she says.

When the staff updates in the electronic health records software that a patient order for contact lenses and/or eyeglasses has been received, Solutionreach automatically sends a text or email message alerting the patient. If the patient hasn't picked up his or her order in two weeks, Solutionreach sends a followup message. That saves time with every patient order, she says.

Dr. Kelly signed with Solutionreach back in the fall, after having previously used a system from a different provider. Getting the most from the system means getting patients to buy in. Her practice, Nova Eye Care Center, is a paperless office. "We always collect cell phone numbers and email addresses, even as patients are making an appointment," she says.

New patients are offered options: Solutionreach sends them a welcome message and allows patients to unsubscribe. They can also update their contact information online if they want to change how they're contacted.

Solutionreach also helps practices develop a positive online brand by contacting patients after appointments. "It sends out a survey asking patients to rate their experience," Dr. Kelly says. After enough surveys are collected, Solutionreach makes the results available online. The more reviews a practice gets, the easier it is for patients to find those reviews. She says that about 10 percent of patients respond to the survey requests. "Before, I would send out postcards and few people would respond," she says.

The feature allowing patients to request appointments is especially valuable for both patients and staff. "You can link that feature to your practice website, and when patients request an appointment time, it sends an email to the staff," she says. On her novaeyecarecenter.com page, it's a bright red link that directs patients to a form where they can enter their preferred times and dates. "If one of those slots is available, the staff will schedule it. If not, a staff member will email back to suggest an alternate time."

Dr. Kelly opened her practice in 2008 next to a Sears Optical in a major suburban Virginia shopping mall and moved to an independent setting in her current location a few miles away in 2013. That move involved adding an optical shop with more than 500 frames in its



Keep in Touch

Solutionreach, Inc. is a cloud-based platform that provides health care practices with high-tech patient relationship management tools without sacrificing the high-touch personalization desired when interacting with patients. The Solutionreach platform allows providers to deliver the information patients need to stay healthy, educated and more personally connected. With the ability to customize and automate nearly every sort of patient outreach—including text, email or landline appointment reminders; e-newsletters; surveys; and recare messaging—health care practices maintain engaged relationships, improve the quality of patient care and make every patient the only patient. Learn more at solutionreach.com. **WO**

selection. Dr. Kelly and her associate, **Cynthia Reynolds-Temple, OD**, who has been in practice for more than 20 years, both work full time, and three part-time ODs work there, as well.

Solutionreach also helps keep track of the practice's substantial patient base by sending out the annual reminders to patients when it's time for them to come back in. "That saves staff members time and allows them to focus their time and efforts elsewhere," Dr. Kelly says. "It's working well." **WO**

"The Patient Portal [is] a secure way for patients to get front desk services that would otherwise be done by phone."

—Dr. Kelly

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Partnership With Museum Provides On-site Study of the Ciliary Muscle

About four years ago, **Melissa Bailey, OD**, an associate professor at The Ohio State University College of Optometry, learned of a research opportunity at the Center of Science and Industry (COSI) in Columbus, Ohio. The children's interactive museum had an existing relationship with the university's Department for Speech and Hearing Science, and there was an opening for optometry to take part in Labs in Life, a laboratory inside the Life exhibition. "COSI wanted guests to be able to see what our real-life research looks like," Dr. Bailey explains.

Children and adults who visit the EyePod lab, supported by grants, experience and participate in a real research project in action. While guests don't see the data analysis part of the work, Dr. Bailey says that it is a good representation of allowing the public to see scientists at work. "Our research was very applicable to what the public could understand." Once Dr. Bailey and her team have presented research at a scientific conference, they share the posters with the museum so that later visitors can see the end-product.

Dr. Bailey and her team have been studying and developing baseline data on the ciliary muscles through research projects at COSI, and in the EyePod lab, they use optical coherence tomography instrumentation to capture images on research participants as young as 3 years old. "I was attracted to the ciliary muscle because it has been ignored over the course of history," Dr. Bailey says. Up until about a decade ago, the ciliary muscle was not easily visible behind the iris and could only be viewed with an ultrasound biomicroscope, which required probing and was difficult to administer, particularly with children.

"There's no research on the ciliary muscle and how it changes and varies or how to define diseases related to it." Dr. Bailey and her co-worker hold a patent related to methods for measuring the ciliary muscle, which was developed for analyzing images and collecting measurements.

Dr. Bailey and her students—her future researchers, as she refers to them—have collected photos from several thousand people ranging in age from 3 to 90 years old. This unique lab location has given the university easier access to study the younger population.

Dr. Bailey says that they are now shifting to examine more functional aspects of the ciliary muscle. "We hope to redefine how we look at children's vision related to their focus during reading," Dr. Bailey says. Now that the exploratory research is complete, Dr. Bailey will be applying for additional funding for her research through the National Institutes of Health. "We had to define normal first, and now we are far enough along to define abnormal. We hope that one day an optometrist somewhere would know what to look for to identify a child in advance."

Down the road, this research may allow ODs to make connections to the ciliary muscle with children who have trouble reading in school. "Do they focus less accurately, or is it that they cannot sustain for as long?" These are questions that Dr. Bailey hopes to answer. Today, there isn't a test at the clinic that measures if children can



Researchers interact with children and other COSI visitors right in the EyePod lab.

focus on a book for a half hour. "Maybe they can use reading glasses or pursue vision therapy, but if data hints towards the ability to sustain the muscle, we can show how it's related and identify cases in advance so children don't have to fail," Dr. Bailey says.

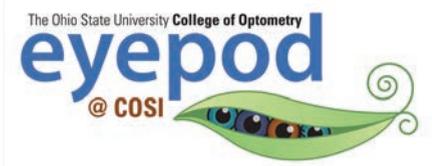
In addition, the lab at COSI has been cost-effective. Typically, participants are paid for their time and parking when they come to the campus, yet in this location she can tap into the COSI crowds. Dr. Bailey works to staff her space to make sure there's someone there over school and holiday breaks or during colder weather and in the spring, when more families tend to visit COSI. As it exposes parents and children to something they may have never heard about, it has also "been a great opportunity for students, who are collecting data, and we hope to move into more clinical application in the near future."

Dr. Bailey says that she also hopes it opens the eyes of her youngest visitors to consider the career possibilities that lie ahead. "When children see a woman who looks like them or their mom, they can picture a woman being a scientist." **WO**

Women In Optometry March 2016



Dr. Bailey



Kid-friendly EyePod lab logo

The Eye Scan App Earns Award

The Ohio State University awarded **Dr. Melissa Bailey** with the 2015 Early Career Innovator of the Year award for her contributions to developing the mobile software application **The Eye Scan App (TESA)**, which was recognized as a winner in the **Big Ideas for Health** competition hosted by the **IDEA Studio for Healthcare and Design**. Existing testing for eye misalignment requires special equipment, experience and expertise, but **Dr. Bailey's** device has simplified the process in an easily accessible and affordable tool. **TESA** was licensed in 2014 by the start-up company **Sight4All, Inc.** **WO**

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Model Your Frames to Help Patients Understand That Eyewear Is an Accessory

Curiosity propelled **Ebony Thomas** to a Marchon booth casting call at Vision Expo West in 2015. The representatives were offering champagne and asking people what they liked about Marchon. From the 200 or so questionnaires filled out during the show, Marchon ultimately selected five people to come to New York, New York, for a photo session. That photo session and interviews with the winners resulted in Marchon Me, Marchon's corporate campaign this year.

Thomas, an optician at Northwest Hills

says Thomas. The practice does particularly well with Marchon's core lines—Nike, DVF and Lacoste—as well as some of the kids and sun lines for these brands. “Our aesthetic is traditional and comfortable here, but we add a little vibrancy to it by adding the color.”

While Dr. Miller leaves most of the ordering to her opticians and the representatives, she does like seeing what's new. “We know that she wants to see color on the frame boards,” says Thomas. “When she walked in and looked at the new Nike frame offerings, she said how much she loved the variation in color.”

Thomas says her Marchon representative, **Heather Sebesta**, is a huge help to the practice. “Heather knows her products well, and she knows the trends and what's selling. When I need her, she's all in,” Thomas says.

The Marchon representatives have also helped the opticians understand why it's important to tell the story behind the frame line. “We have added short excerpts about the history of some of the brands among the frame collections, and I see people stop to read these. So I know they're working. People want to know about the history of

Diane von Furstenberg, for example. It helps them support their choices,” Thomas says. The practice also uses its social media presence on Facebook, Twitter and Instagram to showcase its frame offerings and trunk shows.

The range of Marchon offerings has helped the practice expand its second-pair sales, as well. In addition to incentives that Dr. Miller provides the staff on second-pair sales, she and the staff also recognize their role as walking advertisers when it comes to multiple pairs of eyewear.

Optician lands in the spotlight in Marchon corporate campaign



Ebony Thomas at the photo shoot for the Marchon corporate campaign

Track Your Trunk Show Success

Optician **Ebony Thomas** says that with each trunk show, she learns a little more about what works in her community. “We have found that having one later in the day, between 4:30 and 7 p.m. for example, is a good time for many of our patients.”

- ◆ **Make it special. Provide appetizers and drinks.** If you're showcasing a luxury frame line, offer champagne. If you're promoting sunwear, maybe a tropical fruit drink helps get people in the mood.

- ◆ **Consider adding other merchandise or involving other stores.** Perhaps there's a jewelry store nearby or a clothing shop or beauty salon that would want to be involved and could cross-promote the event.

- ◆ **Offer a deal.** The show itself might draw in people who want to see the new styles, but a savings offer could push them to act that night.

- ◆ **Work with your frame representative.** Remember that your Marchon frame representative has had experience being involved in multiple fashion events and can provide invaluable advice. [WO](#)

Eye Care in Austin, Texas, was one of the five selected. In her original questionnaire, she wrote how much she likes the “amazing fashions and designs” of Marchon. Style, she wrote, is a key factor in patients' frame selection. It helps, of course, to have excellent quality at a good price and great customer service, too.

Practice owner **Laura S. Miller, OD**, is a fan of Marchon products, especially because of the color they bring into the dispensary,

“Our aesthetic is traditional and comfortable here, but we add a little vibrancy to it by adding the color.”

—Ebony Thomas

Dr. Miller wears different frames and sunwear regularly. So does Thomas, who has about 18 pairs, including a new Nine West frame. “That's my thing. I feel like eyewear is an accessory.”

Sunwear is an important add-on for eyeglasses wearers and contact lens patients alike. “Here in Texas, it's always bright and dusty, so we always encourage patients to have an extra sun pair. We have a lot of patients who have age-related macular degeneration and glaucoma. And young adults and middle-aged patients may have experience with their parents who have those conditions. We want to promote good eye health, as well.” [WO](#)

Looking deeper

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New Office Provides Lots of Opportunities to Wow Patients

Don't overlook the refraction process when incorporating the latest technology and products

Even before **Laurie Sorrenson, OD, FAAO**, of Austin, Texas, had finished designing her expanded Lakeline Vision Source® practice, she already knew that she wanted to add Marco TRS-5100 systems to her four new exam lanes. As her old lensmeter and



Dr. Sorrenson

before—the practice has 10 exam lanes rather than four. The equipment from six original lanes was moved to the new locations, and a TRS-5100 system was installed in each of the four additional lanes. Four ODs work at a

time, so each has access to one lane with the TRS system in it. “I wish we had more,” says Dr. Sorrenson. The benefits range from a patient wow factor, speed and ergonomic ease.

“I wanted a high-tech patient experience throughout the office. The old manual phoropters have not changed in decades, so the TRS system is something patients notice,” she says. It’s an easy and stress-free refraction for patients, leaving her more time to talk about solutions for their vision correction needs or ocular health issues.

“Having the TRS makes it fun for me because it’s different. I love that neither I nor my staff have to input any data. I’m not entering 20 keystrokes with my back turned to the patient because it’s all imported with the click of a button, and it’s accurate,” she says.

Dr. Sorrenson says that after a short time, she realized that her refractions were going faster. “I can spend more time talking to patients about the importance of buying multiple

No More Shoulder Pain

Dr. Laurie Sorrenson finds that she needs to stand when she is doing most of her refractions using a manual phoropter. “If I sit and try to manipulate the dials, it hurts my shoulder. But I hate to have to stand,” she says. That’s another reason she likes her TRS-5100 system so much. “The ergonomics are super nice. I can sit with the controls right in my lap.” **WO**

pairs of eyewear or upgraded ophthalmic lenses or treatments,” she says.

With the TRS, she can show patients the difference between their old eyewear and the new prescription with a simple toggle between the two. “It is fast and easy,” she says. Dr. Sorrenson suggests, “Instead of saying this is your current eyewear and here’s the new one, we ask, ‘Which is better, 1 or 2?’ The first is the old eyewear and the second is the new prescription.” It’s a handy way to let the patient make a final subjective determination.

Dr. Sorrenson says that she has plans to add TRS systems to at least four of the other exam lanes. Until then, she will begin to upgrade to the Marco video screens and digital charts in all exam rooms soon. “It’s such great visual acuity software, and patients like it so much better,” she says. **WO**



Dr. Sorrenson finds that she can complete refractions quickly, correctly and comfortably.

topographer needed replacing, she selected a Marco lensmeter and the OPD-Scan III so that when she was able to add the TRS systems, the equipment would all be integrated.

In April 2015, she, with her five associates and about two dozen staff, moved into the larger practice. Along with a lot more space—8,300 square feet now compared to 6,000 square feet

Calculate Your ROI

Many ODs have reported to Marco that they are able to save about four minutes per patient exam with the fast and accurate XFRACTIONSM process. For a typical practice that sees 16 patients a day, that would be a savings of 64 minutes per day or 320 minutes, or 5.3 hours, in a five-day workweek.

On a monthly basis, that means a savings of about 21 hours—which is more than two days per month. Using the initial assumption that a practice sees 16 patients a day, reclaiming 2.5 days per month means finding room in your existing schedule for an added 40 patients per month—without adding any time to your or your employees’ days. **WO**



Marco XFRACTIONSM system includes an OPD-Scan III and the TRS-5100 autorefraction system.

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Think About Dry Eye **Differently**



Dr. Hauser

**By Whitney Hauser, OD, Founder,
Signal Ophthalmic Consulting**

If you think dry eye disease is a nuisance, you aren't alone. Your patients wholeheartedly agree. While they may stumble and stutter over the 20/25 line in your exam room,

it really only takes a few extra minutes out of *your* day. Consider what it does to *theirs*. What is it like to read lines on a spreadsheet or drive a minivan full of kids when you have fluctuating vision? Decreased acuity is one the most common complaints of dry eye disease sufferers. Unfortunately, eye care providers try to alleviate the problem with changing contact lens materials or suggesting artificial tears alone. We offer the weakest solutions to a sometimes life-altering condition.

Dry eye disease is just that. A disease. Regrettably, "dry eye" sounds inconsequential, but it's a chronic, progressive condition not unlike diabetes or hypertension. Similar to those pathologies, it affects millions of people with no cure in sight.¹ Effective treatments are available,

and more are in the pipeline to combat the primary root of the problem: inflammation.

The signs that doctors see and the symptoms patients feel begin at a cellular level. We think in terms of lacrimal gland and meibomian gland dysfunction as clinicians. However, the impetus of inflammation is appreciated at a microscope before its impact is seen at the slit lamp. Ocular surface stress and damage trigger an acute inflammatory response. The body's innate reaction to the initial insult is a release of acute response cytokines that increase inflammatory cell production, expression of intercellular adhesion molecules and activation of antigen presenting cells.² T cells migrate to ocular surface tissues and potentiate a chronic autoimmune response that results in a decrease in goblet cell density and apoptosis. This inflammatory domino effect results in overexpression of MMP3 and MMP9 (matrix metalloproteinase) and breakdown of the epithelium.² What begins as an acute response morphs into a state of perpetual inflammation and, clinically, into a chronic and progressive ocular surface disease.

In bustling practices, it's often hard to see the forest for the trees. We bounce from exam room to exam room transitioning from glaucoma

rechecks to pediatric refractions to contact lens fits. The transient blur of a mild to moderate dry eye patient is only a whisper in all of the noise. It's easy to think of dry eye as an insignificant complaint rather than the disease that it is. Perhaps we should pause the next time we hear a patient say, "I've noticed my vision is fluctuating more, and my eyes are always red," and imagine what's happening under the microscope and the vicious cycle that follows. Not only would we be more sympathetic doctors but we may also offer more thoughtful and effective treatments. **WO**

*"Dry eye' sounds inconsequential, but it's a chronic, progressive condition not unlike diabetes or hypertension."
—Dr. Hauser*

4 Questions to Start the Conversation with Your Patients About Dry Eye

1. Do you think your eyes look healthy?
2. Do your eyes feel healthy?
3. Are there times when your vision is not as clear as you want it to be?
4. Do your eyes ever feel dry or uncomfortable? **WO**

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¹ <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>

² Stern, Michael E., Chris S. Schaumburg, and Stephen C. Plugfelder. "Dry Eye as a Mucosal Autoimmune Disease." *International Reviews of Immunology*. Informa Healthcare, Feb. 2013. Web. 06 Feb. 2016.

What's Next

These four ODs show that the profession of optometry provides different opportunities and challenges throughout a career



A Switch to Administration

Lindsay Wright, OD, came out of Nova Southeastern University College of Optometry in 2003, and she and her husband, **John**, decided south Florida wasn't for them. "So we looked at a map and said, 'Where do we want to go?'"



Dr. Wright

The answer was Colorado, near where Dr. Wright had earned her bachelor's degree, at the University of Colorado. "I basically did the same route everybody did," she says. She worked in private and commercial practices for a couple of years. Soon after moving to Colorado, she got actively involved with the Colorado Optometric Association (COA) and worked her way up through leadership positions.

She then opened a practice cold in a community about 25 miles north of Denver and focused on building it up. After nine years of running her own practice, though, she was ready for change, she recalls. "I just felt like I wanted a different path." She sold her practice and became the COA's associate executive director, she says. About a year later, she was selected as the executive director for the Armed Forces Optometric Society (AFOS).

With that move, a career in optometry became a career of advocating for the profession. She still finds time seeing patients filling in at two local optometry practices. "It's important for me to stay connected with patients, but I've really grown to have this passion to protect the profession and advance it," she says.

The group has about 1,100 members from the branches of the military as well as other federal agencies, such as the Veterans Administration. It's a diverse group whose members need a voice for issues that are handled

at the federal level, Dr. Wright says. Plus, these ODs work in a lot of different settings, including active military, VA hospitals and the Indian Health Services. "We all practice optometry, but my members just do it a little differently."

When she graduated from optometry school she figured her career would always include seeing patients every day, she says. That is what she did for the decade or so after graduation, along with having the experience of opening her own practice. Daily practice "was very rewarding, but something about it just wasn't a 100 percent fit for me," she says.

Her optometry experience was an obvious advantage in her latest career change. Part of her work is talking to optometry students, and she takes the time to point out how many different directions a career can go. "I let them know you can go the military route or work in a hospital setting or a private practice. Or there's the research side. Optometry is a very diverse and exciting career." **WO**

New Skills to Learn

Denice Rice-Kelly, OD, recently celebrated her 19th year in practice. Even so, she continues to run into situations that are new to her. For example, she has had part-time pediatric associates almost since she opened. "I've lost them all to relocation, most often when they move to where they're from or where their husbands are going." But this most recent one surprised her by asking to be made full time. "I had never had to negotiate a full-time associate agreement," she says.

It's actually an ongoing process, she says, because the financial gap between what Dr. Rice-Kelly says she could offer and what the associate wanted was significant. "I belong to PRIMA Eye Group, and I have colleagues who have owned practices for 20 years, so I feel like I am offering reasonable numbers." In addition, she sat with the associate to show her production and revenue numbers so that she could understand more of the economics of the practice.

It's a mindset shift from an hourly employee

who gets paid the flat rate regardless of how many patients she sees to the harder financial realities of managing a practice. Dr. Rice-Kelly says the associate now has a better understanding that additional tests or visits with patients whose reimbursements are set at a lower rate have a financial impact. She is taking initiatives to send letters to primary care providers and build up her own patient base, says Dr. Rice-Kelly, showing an entrepreneurial push.

This interchange brought to Dr. Rice-Kelly's mind that she'd like to develop some kind of associate program. Since it's a smaller practice, with an emphasis on flexibility and accommodating ODs' schedules, she realizes that she'll have to think through the associate and ultimate partner agreements. She encourages ODs looking for an associate or partnership position to talk to multiple people in situations similar to the one they're

seeking. Understand how production plays a role and how a monthly salary is not simply an hourly rate x 160. Starting salaries can vary greatly: a lone OD in a surgical center will likely earn much more than an associate in a small private practice, for example. If your expectation is the former but you're negotiating for a position in the latter, there will be disappointment on both sides.

Her children are now old enough—15, 13 and 10—that she can be more flexible in providing patient care, essentially providing her associates with even greater flexibility on occasion. "People tell me that I could be making more money, and I know that I trade off some time in the practice for time with my family. But I like the way that fits." For now, at least, it's working for her. As she needs to learn new skills or strategies, she will. **WO**



Dr. Rice-Kelly

Acting Deliberately

Pia Hoenig, OD, FAAO, a clinical professor and the past chief of the Binocular Vision Clinic at the School of Optometry, University of California, Berkeley, says that ODs well into their careers have the luxury to choose their projects and volunteer efforts based on what they want to do rather than what they have to do to get ahead. The obligations felt by so many young mothers to volunteer for school and athletic or social events are winding down. "Many of the things that I volunteered for, privately and professionally earlier in my career, were also selected in part because they'd look good on my CV or were good for business. But now I feel less obligated to say yes and can be more selective. I can now choose things that truly make me excited. That opportunity makes me giddy, actually," she says.



Dr. Hoenig

"Those of us who are in this age are in a unique life situation that wasn't generally offered to our mothers," she says: good health and financial stability. "But we still don't have too many women role models. We are entering somewhat uncharted territories with new opportunities."

Before embarking on new projects, Dr. Hoenig decided to take care of business first. She and her husband have spent a considerable amount of time with financial planning. In that regard, she says she's grateful she made a career change into full-time academia about 15 years ago. That prompted her to sell her private practice. "I don't have to face that now. I've seen too many ODs who linger in practice and let their practices limp along. It takes a lot of effort to establish and expand a practice so it remains profitable," she says. It is even harder to let go.

Whether ODs own a practice or are employed, regular financial planning is important, she says. Make sure you have some contingency plan if you're an owner. Consider when you want to retire and how you'll transition practice ownership, she advises.

Next, for women who tend to put off their own needs while they're taking care of others, it's time to redouble your efforts to take care of yourselves. "Don't wait too long with beneficial lifestyle changes or taking the time to go travel. Get going on a new hobby or sport now. Book yourself for a daily walk or other activities."

Once you feel like you've got your own house in order, you can also begin to serve your



Dr. Hoenig says time outdoors reinvigorates her.

community in new and different ways. "There are so many unmet needs, with children or patients who don't have access to care. Perhaps while you were so busy in your career-building stage, you simply couldn't take on the opportunity to serve those needs," she says. It could be time to reconsider later in your career, she says. "Perhaps you said to yourself that you couldn't provide a specialty because it just wasn't profitable or you didn't have the time to commit to leadership. Now, you may not need to worry so much. I still have a lot of goals ahead of me, but they're different." **WO**

Duplicating Success

Bridgitte Shen Lee, OD, says that she and her practice partner, **Bradley Owens, OD**, learned a lot of lessons as they were building their private practice, Vision Optique in Houston, Texas. Now they want to take that knowledge and make it possible for younger ODs to follow in their footsteps and achieve their goals even faster.



Dr. Shen Lee

"When my youngest daughter goes to college, I'll have the freedom of time," she says. So she's going to spend the next seven years working on a plan to replicate the Vision Optique model so she'll be free to explore her other interests.

The practice routinely hires first-year

optometry students from University of Houston College of Optometry, who work at the practice throughout optometry school. One group of students interested in starting their own Vision Optiques will be graduating soon. Vision Optique also hires preoptometry college students to work through their undergraduate and optometry school years.

So while the students are studying, Dr. Shen Lee and Dr. Owens have been working with a team of advisors to envision an expansion model. They are hoping to open Vision Optique locations in several major Texas cities with these students, using a variety of ownership arrangements. Options might be for the students to become franchise owners or to form an equity arrangement where Vision Optique invests in the property, for example. But her goal, she tells them, "is that I want to help them be more successful than I am."

For example, it took Vision Optique seven years to become a \$1 million practice. She believes that with her and Dr. Owens' guidance, these new ODs will be able to do it in five. She tells them, only half-jokingly, "You are my retirement plan." **WO**

See More on the
WO Website

Dr. Bridgitte Shen Lee spoke in greater detail about the plans to replicate her success. You can hear and see her outline the idea on the **Women In Optometry** website, womeninoptometry.com/videos. **WO**



Dr. Adamczyk

◆ **Diane Adamczyk, OD, FAAO**, has been named the Albert Fitch Memorial Alumnus of the Year by the Salus University Alumni Association. She is a professor and director of residency education at State University of New York College of Optometry.

◆ **Ellen Weiss, OD**, of Omaha, Nebraska, became president of VOSH/International at the organization's annual meeting in October.



Dr. Weiss

◆ **Sharon Snider, OD**, and **Jessica Palmer, OD**, were recognized as 2016



Dr. Snider

Dr. Palmer

Dr. Mercer

Women of 280 in *280 Living* newspaper for Birmingham, Alabama's Highway 280 corridor. **Tracey Mercer, OD**, of Hoover, was named a Women of Hoover in its sister publication, the *Hoover Sun*.

◆ **Diana Christensen, OD**, of Bloomington, Indiana, received the Sam's Club Optometrist of the Year 2015 Award.



Dr. Christensen

◆ The Young OD of the Year



Dr. Kohle

for the Nebraska Optometric Association (NOA) is **Jonna Kohle, OD**, of O'Neill.

Teri Geist, OD, of Omaha, received

the Distinguished Service Award from the NOA.



Dr. Geist



Dr. Segu

◆ The University of Houston College of Optometry associate professor **Pat Segu, OD**, was honored with the 2015 Distinguished Service Award from the Vision Care Section of the American Public Health Association.

Women in the NEWS

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

◆ **Karen Berdan, OD**, of Granville, Ohio, was presented with the Granville Rotary Club's Vocational Service Award for exemplifying the Rotary's "second avenue of service" that encourages and fosters high ethical standards in business and professions.

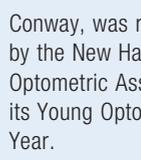


Dr. Berdan



Dr. Brown

◆ **Glenda Brown, OD**, of the metro Atlanta area, was named Optometrist of the Year by the Georgia Optometric Association.



Dr. Sawyer

◆ **Angelique Sawyer, OD**, of North Conway, was recognized by the New Hampshire Optometric Association as its Young Optometrist of the Year.



Dr. Brown



Dr. Gilbert

◆ **Rebecca Brown, OD**, of Salem, Ohio, became president-elect of the Ohio Optometric Association. **Diana Gilbert, OD**, of Cincinnati, was honored as the organization's Key Optometrist of the Year.

◆ The Mississippi Optometric Association (MOA) inducted its new board members for a term from October 2015 through October 2016. **Tonyatta Hairston, OD**, of Jackson, was named vice president, and **Allison Lord, OD**,



Dr. Hairston

Dr. Lord

Dr. Lott

of Greenville, is secretary/treasurer. **Megan Sumrall Lott, OD**, of Lexington, was honored as Young Optometrist of the Year by the MOA.



Dr. Wong

◆ **Vicky Wong, OD**, of Rockville, was honored as Young OD of the Year by the Maryland Optometric Association.

◆ **Nikki Iravani, OD**, of San Jose, California, is the founder and CEO of EyeXam, the industry's leading mobile app,



Dr. Iravani

which has received a patent for a method and system for self-administering a vision screening using a mobile computing device. The app also includes a GPS-based doctor locator and other useful tests and features. EyeXam has received approximately 1.5M consumer downloads, and its doctor directory includes VSP providers. EyeXam was featured on ABC *World News with Diane Sawyer*, which is a testament to the app's widespread popularity.

◆ **Katelyn Jordan, OD**, manager of the Brooks Center for Low Vision Therapy in Jacksonville, Florida, received the Reubin O'D. Askew Young Alumni Award from Florida State University, where she completed her undergraduate studies.



Dr. Jordan



Dr. Nickla

◆ **Debora Nickla, PhD**, professor of biology at New England College of Optometry, was recently awarded a \$1.4 million grant by the National Eye Institute of the National Institutes of Health for myopia research. [WO](#)

A Research Engineer Focuses on Innovation and Family

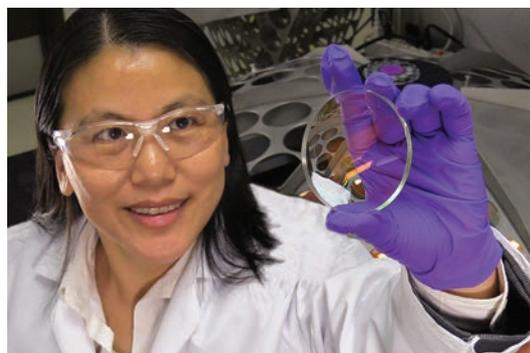
With her educational background as a research engineer in optics and materials, Xiaohong “Serena” Zhang, MS, PhD, chose to work at Essilor because of the opportunity to help people see better and the company’s culture. She sat with *Women In Optometry* recently to talk about Essilor’s culture of innovation and the developments that result from that.



Dr. Zhang joined Essilor’s R&D division three years ago.

WO: What made you choose the vision industry and Essilor specifically?

Dr. Zhang: I have always been fascinated by light and imaging. It’s why I chose to study optoelectronic devices during my PhD study. It was a natural transition to apply that background to the vision industry. It’s quite fulfilling to know the



Dr. Zhang says her work with optical filter designs is all about innovation and invention.

work that I do can improve the quality of life for people. I chose Essilor because it’s one of the most innovative companies with a culture that allows employees to maintain a work/life balance. It’s important to me because I want to spend time with my husband, our 4-year-old son, Issac, and our 5-month-old daughter, Megan.

WO: How is that culture of innovation fostered?

Dr. Zhang: My work is all about innovation and invention. Those of us who work in R&D don’t have a routine like other jobs where you already know what your short-term and long-term plans are. We need to work on new ideas and anticipate new challenges all the time. We need to adapt and make changes every day to tackle new problems so we can improve product quality.

Essilor R&D has different technology roadmaps that guide product development in various areas such as myopia or the aging population. Specifically, I work on optical filter designs and evaluate new technologies. We spend about half of our time focused on our specific research projects, but we also spend a lot of time exploring new ideas. We examine what’s going on in other countries, with other manufacturers and with other technologies. We also interact with other engineers inside Essilor. Our prospective work can come from looking at alternative solutions to existing issues as well as trends we see.

WO: What are some of the projects you’ve worked on?

Dr. Zhang: I’ve provided support to global engineering and R&D for the design of traditional products, such as antireflective coatings. But the majority of my research work is focused on developing new technology that lays the groundwork for future products. One example is our work on developing filters and mirrors that can enhance eyewear.

WO: You have also filed three patents?

Dr. Zhang: During my three years at Essilor, I have filed three patents related to optical filtering and the development of multilayer filters. I filed my first patent within my

first six months at Essilor on the design of blue light filters, which block certain rays of hazardous blue-violet light, specifically for advanced eyewear. My second and third patents are based on designs of multilayer optical filters used for color balancing or health filters to block hazardous UV and infrared light to the eye.

WO: What drives continued R&D?

Dr. Zhang: It’s important to keep looking at alternatives, even when there are already good products on the market. For example, most blue light-blocking lenses today



Her time is spent between her own projects and exploring new ideas.

use tinting to block or screen a specific band of blue light. But what are the alternatives? We are looking at ways to reflect harmful blue light with high selectivity of specific wave lengths.

How would that impact lens transparency? How can multilayer optical filters help with color balancing or potentially reduce the risk of developing age-related macular degeneration? These ophthalmic filters could be groundbreaking discoveries that help improve the performance of optical lenses.

Essilor R&D’s goal is to develop high-value products, services and technologies to best meet our customers’ expectations. R&D achieves this goal by utilizing the best global experts via its international network of partnerships, which includes universities, industrial groups and innovative startups. **WO**

“It’s important to keep looking at alternatives, even when there are already good products on the market.”
—Dr. Zhang

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Eyelid Hygiene Is Part of the Big Picture

Melissa Barnett, OD, FAAO, FSLs, principal optometrist at UC Davis Eye Center in Sacramento, California, says that she has observed increasing awareness of eyelid hygiene, along with a greater interest in dry eye, tear film and



Dr. Barnett

the ocular surface. There is a connection among these components, and ODs can help remind patients of basic eyelid hygiene practices that can benefit them. “I describe eyelid hygiene by explaining the impor-

tance of having a clean and healthy ocular surface. The result is a clean tear film in order to obtain optimal vision and comfort. The story is similar for dry eye patients,” Dr. Barnett explains. “Informing patients about eyelid hygiene is something I do with almost every patient.”

Patients appreciate the advice, and many comment on the difference it has made. Patients with styes often comment on the improvement of the ache in their eyes, and others have noticed increased ocular comfort. Usually, a short and simple explanation is all that is required. When she senses a patient is more keenly

interested in the details, such as ocular anatomy and the mechanism of action, Dr. Barnett is certainly willing to provide additional detailed information.

However, it is very important, she warns, to provide patients with a specific recommendation—not simply general advice. “The doctor recommendation is so important; I either write down or prescribe products for my patients. In my years of practice, I have found that patients without a doctor recommendation go to the drugstore and ask someone who lacks knowledge about specific products. My fear is that patients will be given a product that is detrimental—not beneficial—for their eyes. Just as I would prescribe a specific

antibiotic or contact lens or recommend a specific artificial tear, I write down these recommendations. I find that it is helpful to avoid confusion, and it improves compliance.”

For eyelid hygiene, she says that her patients have responded very well to two products from Paragon BioTeck, Inc. Both have hyaluronic acid (HA), which has water-retaining properties. First, ilast Care® is formulated to soothe and moisturize dry or irritated skin around the eyes. She also recommends ilast Clean®, a 0.2 percent HA cleanser formulated to clean and moisturize the sensitive skin around the eyes gently. “Patients tell me that the ilast Care is gentle and restores their skin. ilast Clean is great for removing makeup, oil and debris, which could otherwise get on the ocular surface or on the lid margin. The analogy is that just like applying lotion after taking a shower, it is helpful to

apply moisture around the eyes after cleaning the eyelids. Patients find it soothing and comfortable,” she says.

Being a woman who wears makeup, she finds this topic to be of personal interest. “I am interested in eyelid hygiene and specific makeup recommendations for my patients. Patients like that the recommendation comes from the doctor.”

Dr. Barnett splits her time between two different UC Davis locations. She works at an outpatient ophthalmology clinic where a typical day includes seeing many specialty contact lens patients, as well as those with ocular disease, including ocular rosacea, dry eye, Sjogren’s syndrome and a multitude of other conditions. On other days, Dr. Barnett can be found at the UC Davis Student Health and Wellness Center, where many of the young students wear makeup. That makes eyelid hygiene an easy topic to bring up in either setting. “I ask my patients to give feedback regarding what I have recommended. Most are very happy to receive a recommendation because the choices in the



Paragon BioTeck, Inc., has introduced ilast® for lid hygiene, which contains hyaluronic acid to hydrate and soothe dry, irritated skin around the eyes.

drugstore can be overwhelming.”

Dr. Barnett has been at the medical center for 10 years. “It is such a unique opportunity since I work with so many specialists. The work is always interesting and challenging,” she says. About three years ago, the opportunity arose to work in the student health center. “I see more disease there than I would have imagined. Plus, it’s appealing working with students. They are interesting and have great stories.” Both are busy practices, and the different patient populations provide her with more experiences she can share with the ophthalmology residents she teaches, while also giving continuing education lectures to ODs.

“I include information about eyelid hygiene in my lectures as patient case examples. Eyelid hygiene is clinically relevant no matter what condition the patient has.” Even so, Dr. Barnett says some doctors are still overlooking it. In that way, it’s not unlike dry eye. “There is growing interest in the ocular surface as seen in peer-reviewed literature, journals and lectures. However, there are still doctors who are not addressing these issues. It only takes another minute or two to address the ocular surface, including the eyelids and dry eyes,” she says. And patients have told her they have noticed the difference. They actually feel the improvement in their visual function or experience relief from symptoms such as burning, watering or dry eyes. Dr. Barnett says that she wants the best possible outcome for every patient, which is why she believes it is important not to overlook eyelid hygiene. **WO**

“Most [patients] are very happy to receive a recommendation because the choices in the drugstore can be overwhelming.”

—Dr. Barnett

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Turn to the Outside to Foster Growth Inside the Office

Mary Anne Murphy, OD, of Front Range Eye Associates, in Broomfield, Colorado, has made some of the expected changes in her office over the past two years: equipment enhancements and scheduling process changes to improve the overall efficiency of this four-OD location. "But the biggest impact on the practice has been to encourage everyone to be involved in professional, corporate and community organizations," she says. "Whether it's a service club, homeowners' associations or a preschool group, these affiliations are important."

Dr. Murphy is no stranger to outside commitments. She serves as U.S. Chair for Optometry Giving Sight and has been a Vision Source® administrator. She now sits on the board of VSP. "Being on the board of a multibillion dollar company has allowed me to have a different view of my own practice, everything from how the company runs its statistical analyses to understanding the different lines of business and how they impact the company." Those new insights have made her a better business manager, she says.



Dr. Murphy has three associates, and all four doctors work no more than three days a week, plus occasional weekends. The practice is open about 60 hours per week. In addition, Dr. Murphy offers her associates and staff paid days each year for volunteer activities. Shira Pipkin, OD, for example, is involved with the Colorado Optometric Association and the local professional society, connections that have provided her with insights into important local and national issues and trends in eye care. Marisa Perez, OD, FAAO, and Tracy Aigner, OD, are involved with their children's preschools and local athletic clubs. "They're both in their Mothers of Preschoolers groups, but they talk about vision development to these other moms. It's giving them a venue to extend their passion about optometry, and it keeps people well rounded." These connections undoubtedly result in new patients, too. "When one stepped up to organize a fund-raiser for a gala, it resulted in an incredible influx of patients." Indeed, this grassroots network by the doctors and staff have resulted in such growth that a year ago, Dr. Murphy began shifting all new patients to her associates' schedules. "I'd estimate that someone in the office has a connection to about ¾ of our patients. That's how strong the intercommunity growth is."

Dr. Murphy acknowledges that it requires a willingness to coordinate schedules. "If you're running until 6:30 p.m. and a board meeting is at 7, there's a pretty good chance you're not going to make it. But we block out the hours before someone has a commitment, and the staff is great about helping with that," she says. She also allows her associates to make phone calls on these other commitments, as long as they don't interfere with patient care. "When I started with Optometry Giving Sight and as an administrator, I could see that I was working with groups that didn't have a patient schedule to work around. You have to reach people when you can, and sometimes the only time you can do that is during our office hours."

It mirrors the grassroots network that has made Vision Source® so successful. "That intercollegiate action within the Vision Source® network has delivered so much to us," she says. For example, she encourages new ODs to the network to adopt strategies recommended by Vision Source®, such as writing follow-up letters to primary care physicians of patients with diabetes, attending Vision Source® meetings and visiting colleagues' offices. "At first, it seems like these efforts are taking away you're your time in the office and will be a drain on productivity, but the investment of time is so well worth it."

The Optical DreamSM Reinforces OD's Message

Prior to becoming an OD, Dr. Mary Anne Murphy was an optician. As such, she's often asked by colleagues to speak to their opticians or assess an optical dispensary design or processes. But being an expert to your colleagues isn't the same as "being an expert in your backyard," she says. Her own staff has heard her speak on many of the points presented in The Optical DreamSM program, but hearing these points presented in the training—and getting rewarded for the behavior that resulted in sales—had an impact. "The Optical DreamSM was able to keep the message fresh, and it created a system of accountability. It's nice to have that external practice management support."

For more information go to VisionSourcePlan.com

Make Patients Aware of Special Financing Opportunity

Help patients purchase the products they want and need now

Quality eye care is not inexpensive. The costs can add up quickly for an individual, much less a family. "It is not unusual for a patient to have an \$800-\$1,000 bill or more by the time we add in copays,



Carolyn Plott

fees for Optos or optical coherence tomography and then eyeglasses that meet their visual needs," says office manager **Carolyn Plott** at Warrior Eye Care in Warrior, Alabama.

So the practice offers many

incentives to put the necessary and desired products and services within reach. For example, the office has an ongoing promotion for 50 percent off a second pair of eyeglasses with the purchase of a first pair. Many patients get a second pair of prescription sunglasses, computer glasses or a fashionable pair of frames they want for fun, Plott says. Patients who purchase a year's supply of contact lenses have three choices of savings: 25 percent off nonprescription sunglasses, free lenses in a frame they purchase for a backup pair of eyeglasses or 10 percent off of their contact lens order. "Many patients elect to purchase a year's supply so they can take advantage of one of those options," Plott says.

About 10 years ago, practice owner **Faye Andrews, OD**, saw the value in also adding CareCredit as a financing option to give patients even more control over their eye care and eyewear spending. The discounts help, but the final costs can sometimes still appear daunting. "We don't dispense anything until the patient's bill is paid in full, so it made sense to accept credit," says Dr. Andrews. "With credit approved, having financing available for anything they may want or need from our office can lessen the hesitation to spend that money." Patients may worry less about their current balance in their checking account and do not have to add the purchase onto one of their consumer credit cards. Plott adds, "Patients seem pleased that we are

working to meet not only their visual needs but their financial needs, as well."

CareCredit trained staff when the service was first introduced, and staff training over the phone and online has helped get new employees up to speed and comfortable with introducing the option. Repetition among the staff is a key to success because staff members are the only ones in the office who discuss price with patients. "We keep reminding our staff to



Dr. Andrews

explain the option of CareCredit to all patients, not just when patients are hesitant or seem to have issues with cost," Plott says. When staff members introduce the six- and 12-month special financing options with monthly payments (subject to credit approval), patients often realize that there is a more manageable way to afford the services and

products without paying for them all on the day of exam. As long as patients pay their minimum monthly payments on time and pay the balance in full by the end of the promotional period, they will not be charged interest. There's no cost for providers to enroll, and there are no monthly fees for providers.

Patients can use the computers in the optical to apply before they leave the office. Once mentioning the CareCredit credit card becomes a part of the staff's routine, it can help alleviate the kinds of issues that would arise previously over price. "The more we talk about it as a group at staff meetings, the more often it comes to mind as staff members are doing their jobs," Plott says.



Mentioning the CareCredit credit card has become a part of the staff's routine in the optical dispensary.

"Patients seem pleased that we are working to meet not only their visual needs but their financial needs, as well."

—Carolyn Plott

Plott says that not only has CareCredit made it easier for patients to finance their purchases after promotional discounts, but it has helped keep many sales in the practice and improved their patient retention and loyalty. The practice offers a two-year warranty on eyewear, so patients know that they can come

back for adjustments and anything they need without having to shop elsewhere. CareCredit credit cards are also convenient for patients because they can be used at other providers who accept this payment method, including 186,000 health care provider locations.

After a decade of working with CareCredit, Plott says

it has been a positive choice. "If we ever have questions, the representatives are just a phone call away." She says that she appreciates how CareCredit "provides our patients with the best care and service anywhere. By making a long-term, special financing option available to patients, it lines up with our goal of taking care of their needs in whatever way we can." 

Patients Are Eager to Learn About Homeopathic Treatments

Doctor asks: Shouldn't they be getting their information from you?

Elise Brisco, OD, FAAO, FCOVD, became a clinical certified homeopath (CCH) because she felt that incorporating an integrative medicine approach in her practice made a



Dr. Brisco

lot of sense. "Homeopathy boosts your immune system. It's immunosupportive, not immunosuppressive. I use homeopathic medicine because it's

safe and effective," she says.

Homeopathic medicine can trigger or catalyze the body to heal. "You are constantly being bombarded by bacteria, viruses and environmental pollutants, which can stress your immune system and knock it out of balance. Then you're more likely to get sick."

Repeated infections, such as blepharitis, for example, are connected to the immune system, too. A simple example is dry eye. "I used to prescribe nonpreserved artificial tears a lot. But those are a replacement and substitute for real tears. Your eyes might feel good immediately after using the drops, but there's no therapeutic benefit," she says. When she saw an advertisement about the tear stimulation drops from Natural Ophthalmics, she said that made more sense to her. "These stimulate your body to produce your own tears."

Natural Ophthalmics offers a variety of drops, including drops formulated specifically for women and orthoK lens wearers, as well as allergy desensitization eye drops.

In her practice, many of her patients are in the movie and television industry. "These people are working on big-budget films under tremendous pressure. They'd come in repeatedly with blepharitis and conjunctivitis. I used to treat them with antibiotics, but the underlying issue was that they were all highly stressed and fatigued. The body can't fight infections under those conditions," she says.

She began using the Natural Ophthalmics' tears products with these patients, as well as with those who have had chemotherapy

The Impact of Tiny Substances

Homeopathic medicines include a highly diluted substance that triggers a response in the brain. **Dr. Elise Brisco** says people shouldn't dismiss the ability of a trace of a substance to have an effect. "Think of drops of blood in the ocean. Sharks will come from miles away. Consider that the airlines don't serve peanuts on board because even a pheromone in the air, just those molecules, could trigger anaphylactic shock in someone with allergies." **WO**



had helped her battle some of her own allergies, so she began researching it and certification as

a CCH in earnest. and who have Sjogren's Syndrome, she says. She's working with an ophthalmologist now doing a double-blind controlled placebo trial with their co-managed LASIK patients. "I want answers, so this seemed like a good

"I'm not against drugs and surgery; in fact, it's never an either-or situation. I use all the tools available that I was trained to use as an optometrist, but I also include homeopathy."

—Dr. Brisco

trial to take on, and we both want to know if we can help stimulate tears in LASIK patients."

Dr. Brisco says that her interest in complementary and alternative medicine, often referred to as CAM, became more pronounced when she became a mother, because her son regularly developed infections. "I didn't want to keep pouring antibiotics into his system," she says. She had already found that acupuncture, osteopathic herbs and homeopathy

and who have Sjogren's Syndrome, she says.

Patients are very responsive to homeopathic options, she says. "There's a movement to more natural alternatives. We see that in organic foods, renewable fuels and natural medicine." In fact, "people spend more money out of pocket on CAMs than they do on traditional medicine because they want to help their bodies help themselves. I'm not against drugs and surgery; in fact, it's never an either-or situation. I use all the tools available that I was trained to use as an optometrist, but I also include homeopathy. It's not A or B; my formula is that $A + B = C$," she says.

Natural Ophthalmics' products come mostly in eye drops or pellets and are available only through a health care provider. There are tear-stimulation eye drops and drops for crystalline lens care, as well as pellets for treating conditions such as ocular allergies, cataracts and eye fatigue.

According to the National Institute of Health's National Center for Complementary and Integrative Health, about four in 10 adults in the U.S. use CAM therapies, with the percentage greater among women and persons with higher levels of education and higher incomes.

Finding out about a patient's emotional and physical health, as well as their lifestyle habits, lets her act as "a true primary care doctor," Dr. Brisco says. "We should educate our patients that vision is part of their overall health, because no part of the body exists in isolation from the rest of the mind and body." **WO**

Reinforce Compliance for Healthy Contact Lens-wearing Habits

A fresh pair of contact lenses each day offers patients convenience

Rachel Rippey, OD, of Houston, Texas, says that patients love the convenience of daily disposable contact lenses. "It's a good idea to put on a fresh pair every day," she says.

Dr. Rippey always tries new products herself, from eye drops to contact lenses, before prescribing them for her patients. Last year, she tried the DAILIES TOTAL1® daily disposable contact lenses and found that the breathable¹ contact lenses were very comfortable to wear. DAILIES TOTAL1 water gradient contact lenses



Dr. Rippey

are the first and only contact lenses to feature water gradient technology, increasing water content from the core to the surface, resulting in a lower modulus at the surface. With DAILIES TOTAL1 contact lenses, there is almost 100 percent water at the very outer surface of the contact lens*¹ to provide exceptional comfort.

Dr. Rippey admits she was a little slow to routinely recommend daily disposables. "When daily disposable contact lenses first came on the market, I prescribed them for a niche group of patients who had some complaint about their current lens wearing experience," she says. The high acceptance of the product encouraged her to stop assuming what patients were willing to pay. Now it's a recommendation for all candidates. She tailors her conversation to explain how the product will help that particular patient. For a patient who mentions big plans for the weekend, she might

say, "Wear them while you're out, and you can throw them away afterwards." For those who talk about an upcoming trip, she can say, "You don't have to worry about taking a bottle of solution on the airplane." Or she'll suggest to her patients who are athletes that they try these lenses at their next game. She finds that meaningful benefit that will resonate with the patient.

Patients can choose a 30- or 90-pack or an annual supply. Rebates, insurance benefits and subtracting the cost of purchasing contact lens care solution provide savings that can make the purchase even more affordable. "Patients become spoiled by the convenience and don't want to wear anything else, but in my view the benefit for hygiene surpasses everything," she says.

Dr. Rippey now stocks DAILIES TOTAL1 daily disposable contact lenses in the office. "It's my preferred product," Dr. Rippey says. "In Houston, I have patients constantly traveling for work. They come in and need their contact lenses, so it's nice to have these on hand to give immediately." Having an inventory on the day of the exam encourages annual supply sales, as well. "Once we finalize the prescription, I tell patients that they are eligible for a year's supply," she says, adding that the staff can go over how rebates and insurance coverage may provide even additional savings on a great value.

In addition to the great savings, having an annual supply on hand also helps remind patients when it's time for an annual exam, she says. Patients who wear daily disposable lenses tend to be very compliant with the replacement schedule. Data supports that, finding that patients who wear two-week contact lenses are far less compliant.**



Three recent studies of over 750 practices and nearly 13,500 patients show that daily disposable and monthly replacement contact lenses facilitate better compliance.^{2,3,4**} **WO**

¹Dk/t = 156 @ -3.00D. Other factors may impact eye health.

*Based on laboratory measurement of unworn lenses.

**Compliance with manufacturer-recommended replacement frequency

Required Reference(s)

¹ Angelini T, Nixon R, Dunn A, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. *Invest Ophthalmol Vis Sci.* 2013; 54: EAbstract 500.

² Alcon data on file, 2013.

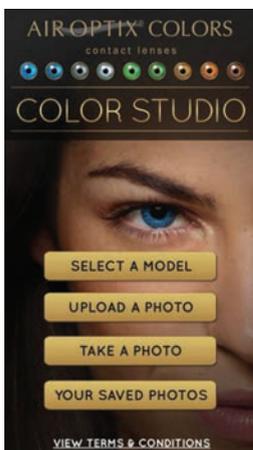
³ Dumbleton K, Richter D, Bergenske P, Jones L. Compliance with lens replacement and the interval between eye examinations. *Optom Vis Sci.* 2013;90(4):351-358.

⁴ Dumbleton K, Woods C, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens.* 2009;35(4):164-171.

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

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Download the app.

Alcon Launches AIR OPTIX® COLORS Color Studio iOS App

The new AIR OPTIX® COLORS Color Studio app for iOS devices is optimized for use on iOS mobile devices, allowing users to upload a photo and virtually try on any of the nine colors of AIR OPTIX® COLORS contact lenses. Revamped for mobile and tablet, the Color Studio app is equipped with new functionality, including the ability to compare two contact lens colors and virtually try on individual makeup items to create a custom look.

"We know that millennial consumers want the ability to enhance their eye color. The AIR OPTIX COLORS® Color Studio app is a fun and quick way for them to change their look on a mobile or tablet device," says **Carla Mack, OD, MBA, FAAO**, director of professional and clinical support for U.S. Vision Care at Alcon. **WO**

Important information for AIR OPTIX® COLORS (lotrafilcon B) contact lenses: For daily wear only for near/farsightedness. Contact lenses, even if worn for cosmetic reasons, are prescription medical devices that must only be worn under the prescription, direction and supervision of an eye care professional. Serious eye health problems may occur as a result of sharing contact lenses. Although rare, serious eye problems can develop while wearing contact lenses. Side effects like discomfort, mild burning or stinging may occur. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye doctor.

Ask your eye care professional for complete wear, care and safety information. **Rx only**

Maxed out in a Crowded Space

Now practice has room to grow even more successful

After 10 years in the same space, **Brandee Marciano, OD**, and **Mark Marciano, OD**, were feeling cramped in their 1,400-square-foot office. "With both of us in the office, we couldn't grow anymore," Dr. Brandee Marciano says. The lease on the rented space was due for a new five-year term, and the owners offered them a larger space at the other end of the shopping plaza. But they quickly realized that a mortgage on a new building would be about the same as rent.

They didn't need to look far. They knew someone who owned some land, just 0.6 miles from where they were, by a newly constructed and much-used extension off one of the turnpikes. They were able to negotiate a price with him and started talking to banks. All told, the process took about three years from start to finish, says Dr. Marciano: the search and negotiations, six months for the permitting, six months to secure the loan, six months for construction and moving in. Now that the move is behind them, she can refocus on practice management and growth, but the process of moving was stressful. "It was always in the back of my mind. I'd get a call from a contractor or someone, and I'd have to run over. Luckily, we were close by."

The couple wanted to blend old and new. "We had designed the old space to make it feel like patients were walking into our living room. It's hard to duplicate that in a 4,200-square-foot space," she says. Plus, they wanted to showcase the state-of-the-art technology used.

When Dr. Marciano found gold cork wallpaper on one of her shopping expeditions, it became the focal point of the office design. "I took a sample of it with me everywhere," she says. That came in handy when she was selecting the granite for countertops and other décor. The accent walls and nooks with that

wallpaper are offset with a simple warm sand color and stone accents. Eye Designs designed the front optical showcase area with a modern, distinct, dark frame board displays.

The new space was built with six exam lanes. "I'm planning for the future," she says, noting that only four lanes are equipped now. The couple wants to bring on two more doctors, each with a specialty to expand the practice's reach. "I want our office to provide care to all patients with routine or special

needs. I want the multimillion dollar business," she says. The office has also expanded hours. It's now open on Saturdays and does a much greater retail business than it ever did in its former location.

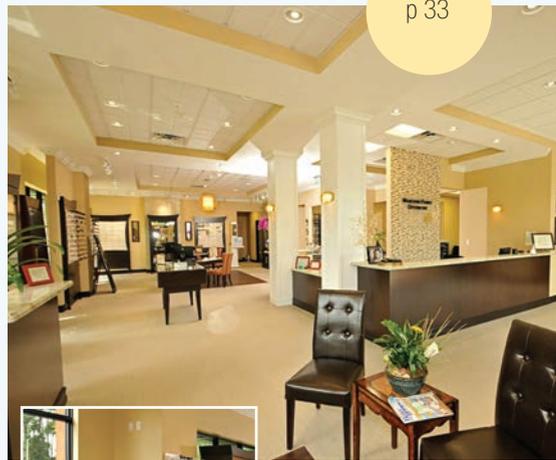
In fact, she's already been talking with Eye Designs on how to bring in more displays and dispensing tables. That's because the practice is busier than it was. "It feels like we moved into a higher-end optical because the Tom Ford, Fendi, Gucci and Montblanc

frames are prominently displayed," she says. However, the practice carried many of those frames in the old space—but the optical was too cramped to show them as well.

The mentality of the optical staff has changed, too, she says. "They didn't think they could sell luxury eyewear, but now they know they can. We still carry frames at all price levels, including those that are covered by most vision insurers, but we wanted to showcase more luxury lines, which is what we place on most display units." One unanticipated staffing expense was that the doctors found that to provide the level of service to support the optical, they needed to have three optical staff on the floor at all times. "I hear optometrists say they can't afford to have staff on the floor when there's nothing going on, but the problem with that idea is that when you need the staff, you have to have them." Typically two of the optical staff members are helping patients



Dr. Brandee Marciano and Dr. Mark Marciano incorporated room to grow in their new location.



Clinical and optical revenue both increased after the move. The doctors have the space to add specialty services and the opportunity to talk about enhanced products.

while the third is available for adjustments or floats as tasks demand.

Dr. Marciano says she tracks per patient revenue and optical revenue by optician. "My per patient revenue is increasing. Clinical revenue increased by 52 percent and the optical revenue was up by almost 40 percent." Interestingly, the number of refractions has remained somewhat flat. "We're working smarter. We don't have to run through volume to increase our revenue," she says. That kind of growth couldn't have happened in the former location, she says. "Even though we were doing very well, we couldn't fit another patient on the schedule." Now she can spend more time with patients, explaining the benefits of new lenses or even bringing them into the optical to lead them to some of her favorite frames. Dr. Mark Marciano has also been able to expand his specialty contact lens fits, focusing on scleral lenses and corneal refractive therapy.

Employees appreciate their commitment, she says. "They see that we could have gone on vacations or remodeled our house. They see that we chose to spend our money here." She also shares some budget information with the staff, so that everyone understands what it costs just to keep the doors open each year. "I don't want them to think that a \$1,000 in gross sales represents \$1,000 of net revenue. We want them to be aware of how hard we all have to work to make it profitable," she says. "We engage our staff and incentivize them to help the practice grow, which is exciting and fun for all of us. The difference, though, is that the new location is a more pleasant place to spend their working days." **WO**

WO sends out Makeover Mondays via email. Visit womeninoptometry.com to see these and other great ideas.

If you have a makeover idea to share, email mbijlefeld@jobson.com.

Putting a Personal Touch on a Corporate Space

In 2012, after four years practicing inside the Bloomington, Indiana, Sam's Club, **Diana Christensen, OD**, says that she was excited to hear that her office area would undergo a renovation. The office expansion not only



Dr. Christensen

gave her more space, but it also provided an opportunity to leave her personal touch on the practice design and décor. Dr. Christensen now has her own private door leading to the waiting room, as well as a pretesting room and contact lens storage area, eliminating clutter from her own office.

Dr. Christensen accented the decorations with pops of the Sam's Club royal blue such as in the wall art she selected. "Sam's Club let us decorate in a more contemporary style that has my own flair, and I wanted it to look clean," Dr. Christensen says. She also

added a Keurig coffee maker that she says the patients love. "It's warm and welcoming here, and sometimes patients bring in their whole family."

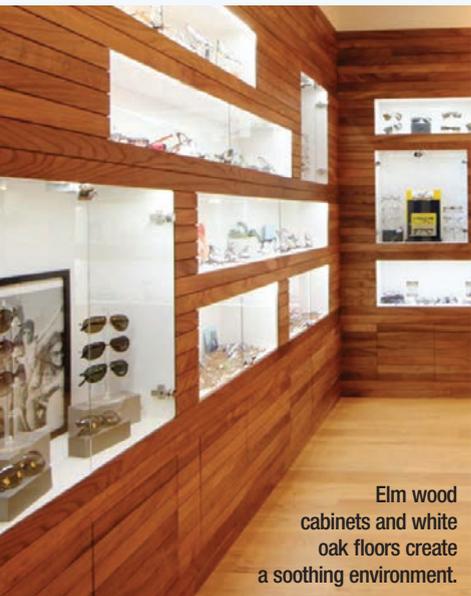
The office expansion also paved the way for upgraded technology, and Dr. Christensen says that she is thankful to Sam's Club for providing a computerized vision chart, a new autorefractor and upgraded visual field perimeter. "New technology is a huge benefit and can bring more patients into the practice," Dr. Christensen says. The practice began integrating electronic medical records nearly two years ago and is now eliminating even more of its paper trail by using iPads and computers for data entry. Copies of prescriptions are printed clearly for patients. "We don't have to hand write everything," she says. "It prints out and looks professional, and being a small practice inside Sam's Club,



Dr. Christensen brought a contemporary style to her office located in a Sam's Club.

professionalism is huge for us."

With more space for equipment, Dr. Christensen says that one of her goals over the next few years in her office is providing more medical eye care, and she is considering the purchase of a retinal imaging device to help her launch this part of the practice. She's already introducing another new favorite service, fitting scleral lenses, which has already been a great success with keratoconus patients. [WO](#)



Elm wood cabinets and white oak floors create a soothing environment.

A Vision in Wood

Before **Amy Tran, OD**, graduated from Southern California College of Optometry in 2004, she answered a professor's \$1 million question: what is the most expensive part of running an independent practice?" Dr. Tran said it was the rent/mortgage and won the prize—recognition, not cash. But she remembered that when she began looking for a practice location to call her own.

Following her graduation, she worked in a corporate-affiliated practice in downtown San Francisco for four years and then joined an ophthalmology practice, where she stayed for almost three years. When she began looking for a space to start her own practice, she remembered those lessons from school. She says she actually spent years scouting out possible locations. By January 2013, she had it narrowed down to two possibilities: one in downtown Oakland and one in central San Francisco, a mile and a half from Union Square. A friend encouraged her to brainstorm the top

three characteristics she wanted in a location. Her list: 1-centrality/accessibility; 2-diversity (social and economic); and 3-visibility. "The other location had 2 and 3, but not 1. I would have had to cross the Bay Bridge every day, so that's why I chose this one," she says.

She was also building a scrapbook of images that she had collected of design ideas. When she visited restaurants, she analyzed what she liked and how the space made her feel. "Openness, warmth and a bright environment appealed to me," she says, and when she spoke to her architect, she was able to provide guidance and images of how she wanted to create her space. The office includes light walls, light elm wood for the cabinets and large windows.

She worked with a local craftsman who was passionate about details and materials. "We met up frequently to come up with designs," she says. Her budget drove some decisions. For example, when she realized that the concrete floor that she thought would anchor the modern look would cost twice as much as a white oak wood floor, she went with the wood instead. More complex than budgeting was the process of negotiating a lease and finding a contractor, she says.

In September 2013, she opened her practice. It was two exam rooms, although at the moment only one is fully equipped. The other is used primarily as a pretesting room. In her third year, the practice continues to grow from word of mouth and social media reviews. [WO](#)



Dr. Tran

Be Your Patients' Eye Expert

OD expands conversation about makeup, lid hygiene by recommending preferred products

When **Alesha Jensen, OD**, received an introduction to the ZORIA® cosmetic line within the skin care division of OCuSOFT, it provided an opportunity to take conversations she already has with her patients to the next level. "Lid hygiene is an important part of taking care of our patients, and for most women it requires a discussion on makeup products or removal," Dr. Jensen says. That's something she's done regularly in the practice, but up until recently, she says that she never considered offering cosmetic skincare products in the office. "If it's not us as eye experts talking about this, it's the woman at the mall makeup counter. It seems like a better fit for us to give those



Zoria® Boost™ serum

recommendations and have those products."

Dr. Jensen says that she often had patients at Fig Garden Optometry in Fresno, California, ask her questions about their eyes and makeup sensitivities during her routine discussion. Now she has a specific solution that is getting great results so far. Since the practice had been recommending lid hygiene products from OCuSOFT to patients for years, Dr. Jensen trusted in the recommendations of the company's long-time representative. Dr. Jensen started off trying the ZORIA® BOOST mascara and was pleased with the results. "I personally use the mascara, and I think that makes it an easier fit to bring it into the practice."



Dr. Jensen

For the past few months, the practice has been also carrying ZORIA® BOOST Lash Intensifying Serum and ZORIA® Makeup Remover in addition to the mascara. "The makeup remover is water-based and really gentle, cleaning off the makeup without leaving residue," she says. "The ZORIA BOOST Lash Intensifying Serum conditions and stimulates the lashes without the side effects from other products."

While this is still a new venture for the practice, everyone in the office is on board and excited about the possibilities, even the staff, Dr. Jensen says. "I've never seen my staff so excited about something new that we are carrying, and it reinforces the idea that patients want this but they don't necessarily ask about it or know that

Product Accessibility Generates Interest

At Fig Garden Optometry, there is a shelf in each exam room with the products the practice carries and recommends on display, and the ZORIA® line of products has now been added to the mix. "Having the display in each exam room brings out patient questions simply because they see the product," Dr. Alesha Jensen says. "I can grab the product off the shelf and introduce it to patients." [WO](#)

we have access," she says. Most of the staff is using at least one if not more of the ZORIA products now.

Dr. Jensen is confident recommending these products because they are backed by research from a company she trusts.

"Lid hygiene is an important part of taking care of our patients, and for most women it requires a discussion on makeup products or removal."
—Dr. Jensen

Get Started Today

Selling cosmetic products feels like it's new territory for a lot of eye care practices. But the strategies for selling ZORIA® products in an office are not that different from selling fashion frames or color contact lenses. OCuSOFT representatives have seen the practice implemented successfully and creatively.

Merchandising: Make sure patients see the products that you offer for sale. Place merchandising materials for ZORIA products in the contact lens area, in the optical dispensary, at the front desk and in the exam lanes.

First-hand experience: Encourage interested staff to try the products themselves. When they see the results for themselves, they will talk about the products.

Social media: Invite patients to post before-and-after photos of their lash health on your practice Facebook page or to write a quick synopsis of their experience.

Focus on beauty: Invite patients for a night of beauty. A cosmetics representative can talk about skin care, while you can talk about healthy-looking eyes. Take photos and share them. The momentum will build.

Contact OCuSOFT at 800-233-5469 or ocusoft.com, or contact your local OCuSOFT representative for assistance and more information. [WO](#)

"OCuSOFT has always had good products available, and we get great customer service from our rep," she says, adding that she appreciates that the OCuSOFT representative keeps the practice stocked with sample products in addition to those for sale. "Letting patients try the product with a sample prior to investing in the purchase has been helpful," Dr. Jensen says. "We want to take care of our patients, and the best way is to provide and offer products that help with their needs." [WO](#)

Fresh Perspective Brings New Energy and Efficiency

ODs provide complementary care, build business and friendship

It's not unusual for at least 45 patients to come in for exams on a Saturday at the Lincoln Village America's Best store in Chicago, Illinois. **Tanya Kechker, OD**, juggled most of this full workload as a solo doctor at this location with the occasional fill-in doctor. The store, located in a busy foot-traffic area, had blossomed and grown since she took it over in 2009. Dr. Kechker's reputation earned her a steady stream of new



Dr. Kechker

patient referrals. "It's been very rewarding seeing patients who bring their families or send their compliments," Dr. Kechker says

When **Marian Longo, OD**, was assigned to join her in July 2014, Dr.



Dr. Longo

Kechker says that she quickly realized that it was the beginning of a great professional relationship and friendship. "That was the greatest moment of my professional career," Dr. Kechker says. "I was getting burned out."

Dr. Longo came to the office after feeling her scope of practice had been limited as an associate OD in private practice. "I landed in corporate, and it fulfilled everything I need," Dr. Longo says. She, too, says that she realized how well she worked with Dr. Kechker. "We just complement each other so well," Dr. Longo says. "We know each other's weaknesses and strengths, and it better serves our patient population to refer to each other if we don't feel comfortable with a patient."

For example, Dr. Longo handles most of the ocular disease, foreign body removals and specialty contact lens fits. Dr. Longo says that she is confident in these areas thanks to her residency at Illinois College of Optometry, where she spent time managing an emergency room. "Her background in ocular disease has proven invaluable to our practice," adds Dr. Kechker. "We have a lot of pathology, and now we can take care of these patients right in the store."

Dr. Kechker has more experience working with post-op patients after refractive or cataract surgery. Both doctors provide pediatric eye

care, but Dr. Longo is more comfortable with those under 5 years old.

Dr. Longo says that it didn't take too long to adjust to the fast-paced environment. "In residency, you are very efficient in clinical decision-making. I came here in that mode, so Tanya didn't have to baby me too much," Dr. Longo says, laughing. "She showed me how it works here with the patient population and the company, so the transition was pretty easy."

Both doctors and the staff from America's Best continue to fine-tune the patient care experience. "We're working on making sure that everyone is on the same page, emphasizing communication, organization and teamwork," Dr. Longo says. They're focused

on providing thorough, yet efficient, eye care with a personal touch. The proof of the positive results comes right from the mouths of their patients. "Patients notice your delivery and how you speak to them to show your concern. The reviews reflect that."

What started as working one day together a week grew to three days, and Dr. Longo also covers an additional day. "We're seeing more patients overall," says Dr. Kechker, and an extra room in the store has been transformed into a second exam lane. "Fewer patients are referred out now that we have an amazing doctor like Dr. Longo."

Dr. Longo is also thankful for a new friend in and out of the office, and she says that she looks forward to fulfilling her niche in the practice. "I've been moving around so much, so it's exciting to see the same faces again." **WO**

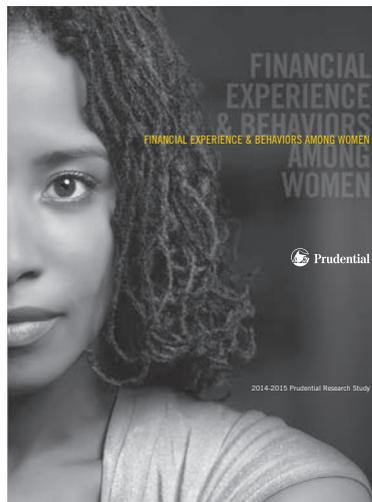
Study Finds Significant Confidence Gap Among Women on Long-term Financial Goals

A 2015 study prepared by Prudential insurance company, *Financial Experience & Behaviors Among Women*, shows that

while women were more confident in their ability to manage day-to-day finances compared to an earlier survey, they were less confident about their long-term financial preparedness. Only 33 percent of women surveyed in this eighth biennial survey felt that they were on track or ahead of schedule in planning or saving for retirement, down from 46 percent in 2008—but up from 24 percent in 2012.

The survey noted a high "confidence gap," the difference between the 75 percent of women surveyed who said that having enough money to maintain their lifestyle throughout retirement was very important and the 14 percent who said they

were very confident that they can meet this goal. The -61 confidence gap was virtually unchanged from 10 years ago, said the report.



Download the study online.

The report noted that men and women generally had very similar financial attitudes. However, 45 percent of men surveyed said they sought out market and financial information a few times a month or more, while only 26 percent of women did. Perhaps as a result, slightly higher percentages of men reported a greater knowledge of financial products and services.

The report analyzed additional differences in attitudes and goals among ethnic groups as well as women of different ages and regions of the country. The report can be viewed online at prudential.com/media/managed/wm/media/Pru_Women_Study_2014.pdf. **WO**

Add Nutrition to the Conversation

Laura Chonko, OD, HHC, FONS, often talks with her patients about nutrition during the slit lamp examination. She makes the connection between how eating foods that are beneficial to the eyes are also a healthy choice for the rest of the body. "I always emphasize eating more dark green leafy veggies, dark purple berries and grapes," Dr. Chonko says. She also discusses the benefits of cutting back on processed foods and white, refined foods such as sugar and flour.

As an optometrist and a holistic health coach, Dr. Chonko's business, Eyedeal Wellness, is where her two passions for optometry and nutrition join together. The optometry segment of her business operates out of the Walmart store in Lorain, Ohio, where she started working in 2004 and took over the lease in 2007. Dr. Chonko takes the coaching component of her work on the road,

often to a local supermarket, where she can sit with clients at a coffee table to discuss a strategy and then walk the aisles to point out healthy choices. Dr. Chonko says that she appreciates that her Walmart setting allows her to balance both parts of her business,



Dr. Chonko, center, receives her certificate for fellowship in the Ocular Nutrition Society at the 2015 American Academy of Optometry meeting.

along with making time for her family. Last year, Dr. Chonko, who studied at the Institute for Integrative Nutrition, became one of the first optometrists to earn a fellowship in the Ocular Nutrition Society (ONS).

The two businesses are separate, but because of the symbiotic relationship between ocular and overall health, she can make simple recommendations, such as decreasing caffeine and alcohol intake, during the exam. "A lot of people want to make changes, but they have difficulty with the implementation of those changes," Dr. Chonko says. "With the consulting business, I can help a lot of people who may not have other access to the information."

Dr. Chonko says that many of her patients don't make the time for or have access to a physical exam, and she is often the only doctor they see. "Most systemic diseases have an ocular manifestation, so I can look at someone's eye and recommend that they get their cholesterol checked," Dr. Chonko explains. "I don't necessarily think this means that they need to take a statin medication, but this opens up a conversation about their diet and exercise habits."

Adding a quick conversation on nutrition in the exam room can be educational and beneficial to patients. She suggests that a simple way to start is utilizing brochures available from the ONS to educate patients on eye health and nutrition. She also uses health documentaries that she plays in the reception area, which generate conversations. Some of the transformations shown from trying a variety of diets and health plans may inspire others to make healthier eating choices. [WO](#)



Dr. Chonko displays healthy foods in her office, and she's holding a bag of kale, which she says is a superior vegetable for eye health.



Dr. Chonko in the market.

Ocular Nutrition

Here is nutritional information from the American Optometric Association to share with patients.

Lutein and zeaxanthin

Lutein and zeaxanthin are important nutrients found in green leafy vegetables, as well as other foods, such as eggs. Many studies have shown that lutein and zeaxanthin reduce the risk of chronic eye diseases, including age-related macular degeneration and cataracts.

Vitamin C

Vitamin C (ascorbic acid) is an antioxidant found in fruits and vegetables. Scientific evidence suggests vitamin C lowers the risk of developing cataracts, and when taken in combination with other essential nutrients, can slow the progression of age-related macular degeneration and visual acuity loss.

Vitamin E

Vitamin E in its most biologically active form is a powerful antioxidant found in nuts, sunflower seeds, avocados and sweet potatoes. It is thought to protect cells of the eyes from damage caused by unstable molecules called free radicals, which break down healthy tissue.

Essential fatty acids

Fats are a necessary part of the human diet. They maintain the integrity of the nervous system, fuel cells and boost the immune system. Two omega-3 fatty acids have been shown to be important for proper visual development and retinal function. Good food sources include fish such as salmon, tuna and mackerel.

Zinc

Zinc is an essential trace mineral or helper molecule. It plays a vital role in bringing vitamin A from the liver to the retina in order to produce melanin, a protective pigment in the eyes. Zinc is highly concentrated in the eye, mostly in the retina and choroid, the vascular tissue layer lying under the retina. Good food sources of zinc include red meat, seafood, poultry, eggs, wheat germ, mixed nuts, black-eyed peas, tofu and baked beans. [WO](#)

Source: [aoa.org](#)

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Develop a Winning Team

By Laretta Justin, OD, Orlando, Florida

How do you choose the right people for your team? Choose people who fit your Mission, Vision, Purpose (MVP) and who have the skills to implement your strategy. Your team will determine the quality of your success. An outstanding team will give outstanding performance and success; a mediocre team will give mediocre results. Take your time and chose correctly. Your team will be comprised of your professional advisors/mentors, employees and vendors.



Dr. Justin

Mentors and advisors

Choosing the right mentors and advisors is a very important step in developing a winning team. One of my mentors taught me that success leaves clues, so there is no point in reinventing the wheel. Find someone who's already an expert and enlist his or her help in achieving your goals. Doing so will save you time and a countless amount of money. When I started my practice almost 10 years ago, we needed to set up our computer network. To save money, I had my husband and one of his friends put the whole thing together. They did the best they could and had good intentions. Although they had general IT knowledge, they were not professionals. That one decision cost us more than \$20,000 in IT work just to fix their mistakes. All that money was lost, simply because I did

not enlist the help of a professional advisor in the first place. Find someone who's already done it successfully, and do whatever it takes to enlist that person in your team.

Employees

One of the biggest challenges of being a CEO is finding the right employees for your team. Hiring employees can sometimes be a crapshoot. Every now and then you get lucky, and other times it just doesn't work out. I wish I could tell you there was a secret recipe for hiring the right people every single time. The truth is there isn't. However, here are a few things you can do to limit hiring the wrong people.

1. Develop your MVP: If you don't know what you want, no one can help you get it. If you don't know where you want to go, no one can help you get there. Doing this step first will help save you a lot of grief.

2. Hire heart before skills: We use our senses to absorb a new skill from the outside world into our inside world. You can train skills but not heart. Look for both, but always chose heart before skills.

3. Set clear and realistic expectations: Communication is an art. The best way to reduce miscommunication and ultimately disappointment is to bring your expectations below the gauge of reality and then communicate them in a clear and concise manner.

4. Mentor, empower and care: Mentor your employees by training them regularly. Empower them by allowing them to fall flat on their faces and letting them figure things out on their own. Lastly, remember that the

people who work for you are people first and employees second. Show genuine interest in them as people, and they will go above and beyond for you.

5. Celebrate, don't tolerate: Create an environment that gives positive reinforcement for good behavior. Avoid giving rewards in hopes of getting good behavior. That always leads to disappointment and frustration. Use positive reinforcement for good behavior, but do not tolerate negative behavior. Treat negative behavior as poison and flush it out as quickly as you can or it will kill.

Vendor representatives

Your vendor reps are an incremental part of your team. They are experts on their products. Our reps go through extensive training before they are sent out to us. They know their products well. Not only are they knowledgeable, they can offer expert consulting at absolutely no cost to you. I recommend that you create an agreement for your vendor reps to outline the terms of your partnership. This agreement will make it easier for both parties to get the most out of the partnership. I can't say enough about the value of your reps; they are very useful.

In the past four columns, I've given you an overview of how to become the CEO of You. You now have the foundation to get started. In future columns, we will analyze each step in the process in greater detail, so stay tuned. Until next time, remember to dream big, take risks and become the CEO of You. I'd love to hear your thoughts; email me your comments at drlaurettajustin.com. **WO**

Help Your Patients Understand Their IOL Options

Direct your patients to a website from Alcon Surgical, reclaimyourvision.com, for a full array of information for U.S. consumers. The site includes an explanation of cataracts, how they affect vision, what the options are for patients today and patient testimonials.

The page shown at right details the differences between basic, monofocal intraocular lenses (IOLs) and advanced-technology lenses, such as multifocal IOLs and astigmatism-correcting IOLs. **WO**

The website reclaimyourvision.com can help your patients understand their options when it comes to cataract surgery.

The screenshot shows the 'FREEDOM FROM CATARACTS' website interface. The main heading is 'What Are My Options?'. Below this, there are two columns: 'BASIC LENS' and 'ADVANCED TECHNOLOGY LENSES'. Under 'BASIC LENS', there is a section for 'Monofocal Lenses' with a checkmark icon and the text 'Can correct cataracts'. Under 'ADVANCED TECHNOLOGY LENSES', there are two sections: 'Multifocal Lenses' with a checkmark icon and the text 'Can correct both cataracts and presbyopia', and 'Astigmatism-Correcting Lenses' with a checkmark icon and the text 'Can correct both cataracts and astigmatism'. The website also features a search bar, navigation tabs, and a 'Receive Your' button at the bottom.

Voices Voices Voices Voices

The Impact of InfantSEE®

By **Tamara Petrosyan, OD**, assistant clinical professor at State University of New York, College of Optometry

In the 10 years since the no-cost InfantSEE® public health program was launched by the American Optometric Association (AOA), in partnership with the Vision Care Institute of Johnson & Johnson Vision Care, it has generated data that provides a much clearer image of children's visual development. Before 2005, when the program was introduced, it was thought that one-in-30 infants (0-12 months old) had a positive risk factor that required careful follow up or treatment for an eye or visual condition. Yet the Centers for Disease Control and Prevention ran an analysis of the patients seen under the InfantSEE program in 2006. Of the 1,051 children seen, one-in-eight had a positive ocular or visual risk factor that required careful follow-up or required treatment. If the child was premature, a minority or in a family where income was below \$41,648, the risk went up to one-in-four.

Visual development is dramatic between 6 and 12 months of age and is critical for a child's normal overall development. Although most babies will develop normally if left alone, early detection and treatment of potential eye and vision problems can be key in setting the baby on the right track for development further in life. If left undetected and untreated, conditions like amblyopia, strabismus, anisometropia, high refractive error and ocular disease can lead to difficulties in



Dr. Petrosyan

development, school and social interaction and potentially to permanent vision loss. Eye assessments for children are recommended at this early age to allow proper time to detect and treat developing vision problems.

When doctors sign up for the InfantSEE program, they agree to see all infants that present to their office for one initial comprehensive evaluation at no charge, regardless if the InfantSEE program is mentioned. The doctor controls when the patient is seen and how many InfantSEE patients are scheduled per week. Any follow-up evaluation or treatment that is required after the initial evaluation is to be covered by the patient.

The InfantSEE website offers providers resources such as clinical reporting, history and assessment forms, a guideline for infant developmental norms and findings that are of concern and a video of an InfantSEE exam being performed. The website also provides various downloadable resources including brochures, sample letters to parents and other health care providers, continuing education opportunities and discounted infant examination materials. **WO**

*Providers who contracted prior to April 1, 2015, are **required** to renew their contract on the website to continue to provide services through the InfantSEE program.* For more information, to renew a contract or to sign up to be an InfantSEE provider, visit infantsee.org or call 888-396-3937.

Evaluating an Infant Patient

This guideline published by InfantSEE® can help guide your evaluation of an infant patient.

AREA TESTED	NO CONCERN	CONCERN	PROBLEM
Looking behavior	Accurately looks / fixates	Reduced ability to look / fixate	Fixation preference for one eye or failed visual acuity test
Ocular motility	Ability to look at target, follow and maintain for a brief period or until something else captures the attention	Reduced ability to gain visual attention in the primary position	Any limitation of movement in the cardinal meridian
Binocular function	Stereo response on gross targets	No response on stereo targets	Obvious or subtle strabismus
Hyperopia	Less than +3.50D—discuss risk, what to watch for and usually seen at age 3	Between +3.50D and +5.00D—definite need to follow up within 6 to 12 months	Over +5.00D—establish patient in an optometric office
Myopia	Less than -1.00D—discuss risk, what to watch for and usually seen at age 3	Slightly over -1.00D—definite need to follow up within 6 to 12 months	Well over -1.00D—establish patient in an optometric office
Astigmatism	Less than 2.00D—discuss risk, what to watch for and usually seen at age 3	2.00D to 3.00D—definite need to follow up within 6 to 12 months	Over 3.00D—establish patient in an optometric office
Anisometropia	Less than 1.00D—discuss risk, what to watch for and usually seen at age 3	Between 1.00D and 2.00D—definite need to follow up within 6 to 12 months	Over 2.00D—establish patient in an optometric office
Ocular health	All normal		Any noted anomaly

Keep the Holiday Spirit Going Strong

By Cathy Doty, OD, of New Bern, North Carolina

I was thinking over the holidays about my favorite Christmas movie, *A Christmas Carol*. There are so many amazing things about this story, but one that is often overlooked has to do with “Ole Fezziwig” who employed and apprenticed Ebenezer Scrooge when he was a young man.

Fezziwig was said to “keep well the spirit of Christmas” by closing his office early on Christmas Eve and throwing a big party for his staff complete with a fiddler, dancing, food and drink. As an old man, Scrooge recalls this as one of his fondest memories. Fezziwig was not a rich man, and he did not aspire to be, at least in earthly riches. Yet, he created a happy work environment and treasured his employees. They loved him back and were loyal to him, all except for Scrooge.

As Scrooge became more experienced, he received an offer to be paid more by another printer. Fezziwig did not want to lose Scrooge. However, he sincerely wished him well, confessing that if he



Illustration of Mr. Fezziwig by Solomon Eytinge

could pay the same amount to Scrooge to keep him, he would. As the Ghost of Christmas Past revealed to Scrooge, he aged into a money miser, using money as the measure of success in his life. The rest of the story has transcended time.

Now, this is a book of fiction written by young Charles Dickens in 1843. I would argue that the Fezziwig Principle is one that we should never lose sight of, throughout the 12 months of the year. Cherish your staff, because they spend more time with your patients than you do. Do you foster love and loyalty within your practice? Or, would any one of them leave you for 25 cents more an hour?

Take some time throughout 2016 and tell staff members what a great job they are doing, and maybe close early one day. Throw a party with a fiddler, dancing, food and drink!



Dr. Doty

Keep the spirit of Christmas in your heart all year! **WO**

Are You Ready to Open the Door?

10 tips to get yourself prepared to open a new practice

By Cheryl Engels, OD, MBA, senior consultant of the Power Practice and director of Practice Made Perfect

1. Read my absolute favorite book about being an entrepreneur: *The E-Myth Revisited* by Michael Gerber. It will teach you so much about your role as a business owner who happens to be an optometrist who sees patients.

2. Have your mission statement posted in plain view in the office, as well as on your website and Facebook page. It will guide you in decision-making over the next few decades.

3. Make sure that your staff can answer the loaded question: “How much is an eye exam?” This answer should include information about an eye health exam and anything that sets you apart. It should not just be, “An eye exam is \$150.”

4. Be on all the insurances that you want to be on. Note I didn’t say “all insurance plans.” Some pay so poorly that you must resist the urge to sign up for them.

5. Remove the clutter. It sounds simple, but your space must look spotless.



Dr. Engels

6. Create a comfortable environment. Be ready with your one-cup coffee machine, water and comfortable reception chairs.

7. Have QuickBooks or other accounting software set up and your beginning balance entered. Waiting to catch up on this later is like looking for all your tax receipts on April 14 at 4 p.m. Start off being organized, and you will be much more relaxed.

8. Throughout construction, keep posting pictures of your new acquisitions (like that amazing reception room chandelier) on your Facebook page. This will pique interest

in the community.

9. Set a date for your Grand Opening party. This is not your first day of business, but the day you welcome the community to a social event to see how magnificent your new place is! Have flyers ready to hand out so everyone coming in during those first weeks knows that he or she is invited to the party.

10. Purchase an A-frame, double-sided chalkboard to put on your sidewalk. Forget the “Now Open,” and put something fun like “It’s our first day!! Come and say Hi!” **WO**

Voices Voices Voices Voices

Unconventional Hours Don't Equal Lack of Commitment

By Maria Sampalis, OD, Warwick, Rhode Island

I often hear people say that one advantage to a private practice is the flexibility they can get with their schedules. But that kind of flexibility can be found in a corporate setting as well. Stores with smaller opticals may need someone there only three or four days a week, a prime opportunity for someone who wants to or must work more limited hours.

I've been at a Sears Optical for nearly four years. When I took on the role, my oldest child was younger than 2 and I was pregnant with a second child. While I've built the practice with my children's schedules in mind, my unconventional hours should not indicate any less of a commitment to optometry.

Corporate locations often open later, allowing a 10 a.m. to 6 p.m. shift or an afternoon and evening shift. Patients often want and need those later appointments. And I like my morning time with my children. On Saturdays, we signed up our children for the 8 a.m. sports league so that I can be a part of that before heading in at 10 a.m. As children grow—and their expenses for education, sports, lessons and entertainment increase—you can increase hours. It's a matter of planning and prioritizing.



Dr. Sampalis

I'm happy to make my career in a corporate setting, and it's an understandable draw to new ODs who come out of optometry school with high debts. I'm also committed to helping other ODs who want to find the right corporate setting for themselves. We have created a Facebook page, www.facebook.com/groups/corporateoptometry, which people can request to join to hear the experiences of current and some past corporate ODs. We have found that when ODs ask questions about corporate optometry in an open forum, the discussion often moves quickly to the merits of corporate versus private practice. In a recent month, we have added more than 500 members, including students and ODs from a variety of corporate brands. The collaboration of ideas on practice management, staff and employment issues has been great.

Corporate optometry isn't for everyone. Since my 2007 graduation, I've worked in private and corporate settings. I've found that I have been able to grow and invest in this practice to make it mine within a corporate location. To me, it feels like the best of both worlds. I have a safety net of corporate support, but I've been able to expand my business by serving a patient base with increasing medical and refractive services. [WO](#)

Strengthening the Connections

By Mario Gutierrez, OD, FAAO, San Antonio, Texas

As you can see, I'm a man. I'm honored to be the first male on the *Women In Optometry* advisory board panel because the discussion about the future of the profession needs to include representatives from multiple interested parties. Why am I interested? For one, about two-thirds of the incoming students whom I teach at my extern site from the University of Houston College of Optometry and Rosenberg School of Optometry, University of the Incarnate Word, are women. As a private practitioner, Vision Source® administrator, Vision Source® advisory board member and member of the Texas Optometry Board, I would like to see more women come into ownership or equity partnerships in private practices. Women are involved in local, state and national societies—and we need many more. This is what optometry needs to remain a viable, independent profession.

The demographics of the profession are changing. That's no value



Dr. Gutierrez

judgment, not any more than it is to say the economic landscape is changing or technology is changing. To adjust and thrive in this dynamic environment, we all need to pull together to share the best ideas, the best opportunities and the best strategies for moving forward.

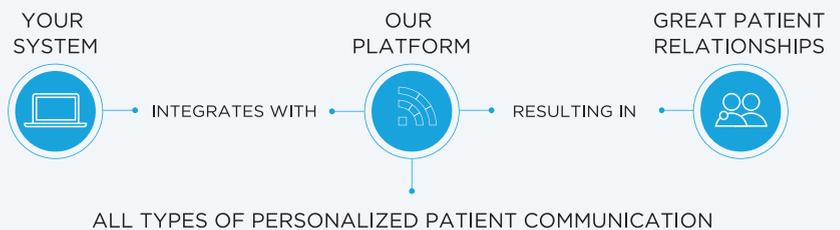
There's a lot to be done. Optometry needs leaders and role models; it needs expert voices; it needs teachers and CE speakers. The profession has made tremendous gains in terms of scope of practice and grabbing a seat at the table of patient-centered care teams. But we also have to be vigilant about retaining those gains and being prepared for the next set of challenges.

I am here with more questions than answers. As a teacher, a practice owner and a practice management speaker, I hear the perspectives and solutions of many ODs, which can only help strengthen the connections between us. I hope it will be interesting for readers to get the occasional male perspective on some issues, in addition to hopefully providing a little humor and even adding a little spice with some periodic controversy. [WO](#)

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.

YOUR PRACTICE ELEVATED



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A woman with short hair, wearing glasses, a white blazer, a black necklace, and black pants, is sitting on a large, 3D orange letter 'M'. She is smiling broadly and looking towards the camera. The background is a dark, textured wall.

Give a girl the right glasses and she can conquer the world.

My business is successful because of the relationship with my sales reps. Marchon hooks me up with the latest fashion trends in the industry. Marchon me with partnership.

– **Ebony Thomas**
Optician
Austin, Texas

Marchon me.