MYOPIA BOOM

Three ODs dedicate their research efforts to myopia progression, its causes and treatment
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The start of a new school year is, for many people, a little like New Year’s Day. It feels like a new start and a return to order and regularity. If your own kids are back in school, huge swaths of the day and evening regain some structure. It’s not necessarily easier, but it’s generally a little more predictable.

For new optometry school graduates, the absence of the start of a new academic year is a big change, too. After 20 years of first days, these ODs are in for a little adjustment.

For ODs who have worked at a breakneck pace in August seeing kids for back-to-school exams, the absence of a bunch of kids in the reception area probably looks a little different. That’s the funny thing about kids. Even if they aren’t in your family, they’re in your community—and they are, literally and figuratively, the future of your practice.

So in this issue of *Women In Optometry®*, we raise a cheer for kids and the ODs who take care of them. In our cover story, we feature three ODs who are trying to unravel the knot of myopia progression, working to turn clinical findings into practice and sorting through contributing factors. On page 5, professional co-editors April Jasper, OD, FAAO, and Katie Gilbert-Spear, OD, MPH, discuss ways to promote pediatric services to medical colleagues, parents and the community. And on page 7, several members of the advisory panel share meaningful experiences with or about young patients. If you have a story to share about your work with children, we’d love to have you join the discussion on our Facebook page.

We hope you find inspiration in this issue: from office design to practice management strategies, tools and products that could work in your setting. Respondents to a *WO* survey reflect how some of their expectations following school were met while others weren’t. We’re going to keep looking at how expectations, needs and different criteria play important roles as women make career decisions.

Let us know how *WO* can continue to help you move your career in the right direction. *WO*

Marjolijn Bijlefeld
Director of Custom Publications
Practice Advancement Associates
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As mothers, we unabashedly adore our kids. Yet loving your own children or even delighting in the energy of other little ones doesn’t necessarily translate into incorporating pediatric services into your practice successfully. But it’s completely worthwhile to do so because children are the key to practice growth. Happy children mean happy moms, and that can lead to a happy practice.

First and foremost, you have to want to welcome children. Every parent knows that uncomfortable feeling of bringing your children to a place where they—and you, by extension—didn’t feel welcome. Are there toys or distractions for children or are children expected to sit quietly? We’ve both felt the guilt and embarrassment of sitting in a sterile waiting room for an hour or so while our kids tried to tear the place down.

So assess how family-friendly your practice is. Are there things for children to do? If there aren’t, add a desk with some quiet toys. Does your staff have a procedure to keep wait time to a minimum for a parent with children? Make sure that the staff member greeting patients can show genuine interest in having a parent with a child or children come in—not give them that “oh no” smile that indicates the greeter would rather have them wait in the car.

Advertise that you are happy to see children in your practice. Put announcements and photos on your website, have child-friendly POP and ask patients if they would like to make their family appointments when they are in the office.

Promoting your pediatric services directly to the community is just one step of a strategic marketing effort. You also need to let pediatricians, family physicians and school nurses know that you are willing and able to see children for a variety of vision and ocular health issues. Pediatricians are happy to have someone to whom they can send their patients; however, don’t expect them to seek you out. You must go to them. Do an in-service for their staff, bringing them lunch. Close the loop by sending letters to each of your young patients’ pediatricians.

Introduce yourself to school nurses so that they have confidence referring parents to you. Write articles for school newsletters or any publication that goes to parents and medical providers in the community. Let the local newspaper and radio station know that you’re an expert for topics of interest, such as vision and learning.

If you’re relatively new to providing pediatric services, ask your local, regional or national colleagues what they’re doing. Follow their playbook, and make it fun. If you’re truly uncomfortable with having preteens and younger children in your exam chair, consider bringing in an associate specifically to take care of children. Your practice will grow—and it will grow more cheerful.

The need is there, in every community. It really is optometry’s mission to help children through important developmental years with the best vision and ocular health possible.
When I think back over my 20-plus-year history in the field of optometry, there are distinct opportunities that stand out as memorable educational experiences in my career. One of these experiences was getting to visit the Alcon campus in Fort Worth, Texas, as an optometry student. My fellow classmates and I received training and insights on the development of Alcon products from experts in our field. I was lucky enough to have another opportunity to visit for additional training later, when I was a clinical professor at The Ohio State University College of Optometry. I was and am so grateful for opportunities such as these that provided insights into the science behind the Alcon products from the people who helped develop them. Those visits provided me with invaluable knowledge, both as an educator and a clinician, on improving patient outcomes.

This year, Alcon celebrates the 30th anniversary of the program that I attended, now known as the Academy for Eyecare Excellence. It has provided hands-on education and training to more than 10,000 optometry students and residents from all over the U.S. and Canada.

Today, this immersive educational program takes place at the state-of-the-art Alcon Experience Center on the global headquarters campus in Fort Worth, Texas. This 36,000-square-foot facility features fully equipped optometric examination lanes, an enhanced wet lab for training in the ophthalmic surgical environment and a variety of interactive technologies to create a world-class training experience in eye care. It has been designed to help round out students’ optometric experience and better prepare them for what awaits outside of the classroom. The Alcon Experience Center is also used to provide hands-on training to practicing optometrists and ophthalmologists.

At Alcon, our passion is to help patients see, look, and feel their best, and we value the longstanding relationship we have with academic programs, their students and the doctors they become. But you can take their word for it.

Jennifer Turano, OD, of Wilmington, Delaware, says that her experience at Alcon’s Academy for Eyecare Excellence exceeded her expectations.

“The program allows interaction with industry leaders, with ample time for discussion, allowing students to ask questions and gain insights. Students attend a hands-on workshop focusing on how to fit multifocal lenses and a wet lab working with intraocular lenses. The main focus emphasized recognizing a patient’s need and utilizing resources to serve our patient populations to the best of our ability as practitioners.”

Amber Gatti Dunn, OD, came to the Academy of Eyecare Excellence during her fourth year of optometry school. It was an exciting time in Alcon’s history. DAILIES TOTAL1® water gradient contact lenses were just launching, and the students had a chance to see the science behind Alcon’s R&D efforts on full display.

“It gave me the understanding that Alcon strives to want the best for our patients.

“Now, as a speaker for the Academy of Eyecare Excellence and a new practice owner, I can relate to the students because where I am seems within reach of where they are. Being a lecturer has also helped me see how Alcon constantly looks to update the program, making sure it has the best technology and best experience for students.”

Katherine Gillett, OD, FAAO, of Yorktown, Virginia, says that during her visit to the Academy of Eyecare Excellence, it suddenly clicked for her that the patient’s experience with contact lens wear is just as important as the clinical precision of the fit.

“I feel one of the downfalls of my generation is that we’re not the best communicators. I notice when I’m working with students that they’re so focused on getting the answer from what was in an instructor’s PowerPoint. As a speaker now, it’s my goal to try to bring students out of study mode in this environment and have them think through patients’ challenges logically, so they not only achieve the perfect clinical fit but also the perfect fit for that patient.”

“Being a lecturer has also helped me see how Alcon constantly looks to update the program, making sure it has the best technology and best experience for students.” —Dr. Gatti Dunn

Attendees Return as Speakers

Sponsored by Alcon 8/16

US-VCM-16-E-3055
ODs Change Kids’ Lives—and Vice Versa

Elise Brisco, OD, FAAO, FCVOE, CCH, of Los Angeles, California, says that she remembers a lovely 5-year-old “with a high compound hyperopic prescription that was affecting her self-confidence because of how she looked with the thick glasses that magnified her eyes. She was quite shy outside of her family. After she was successfully fit with contact lenses, she blossomed. She performed as a singer and became a cheerleader at her school. When I saw her with the contact lenses on, she looked like a different person! Contact lenses really improved her quality of life.”

Tonya Reynolds, OD, of Waverly, Tennessee, recently participated on a mission trip to Liberia, Africa; her oldest son went along. The team conducted eye exams for three days. “On our last day, a young Dr. Reynolds was part of a team that provided eye exams in Liberia. Her oldest son (back row, center) enjoyed helping the children, too.

Jennifer Ong, OD, of Alameda, California, has been at her office for 20 years and bought it 17 years ago. “My most memorable and youngest patient was a -11.00DS myopic 8-month-old patient, who was premature at birth with numerous complications. He was raised by a dedicated, single mother who sacrificed everything to place his needs ahead of her own. I am happy to report that her son has grown into a healthy, accomplished and friendly teenager. Sharing milestones in our patients’ lives as we provide some of the health care that makes their day-to-day lives possible makes me continually grateful that I chose to become an optometrist after having my first eye exam at 11 years old.”

Priti Patel, OD, of Upland, California, recently visited one of the FirstSight offices in California. “I saw a young girl struggling to insert her new contacts, yet she had a determined look in her eye. I approached her and she shared she had been waiting all summer to get into contacts before school started. She had been in eyeglasses since she was 4, and she was now 8. I shared some pointers and showed her how I placed the lens in my eye. We spent about 25 minutes together, and finally she got the lens in her eye. The huge smile on her face expressed such joy and relief. It reminded me that even the things that we think are so simple and routine are not necessarily so to others.”

Tamara Petrosyan, OD, of New York, New York, says that following a pediatric vision lecture on vision and learning that she presented to an area PTA group, several parents came up to her. “While the individual stories varied, all of them had children with some form of visual/ocular dysfunction that was missed on ‘general vision screenings’ and was detrimental to their academic performance as well as their self-esteem. Many of the parents said that the children never complained of the issues because they didn’t know that they were issues or that their symptoms were not normal. One of the moms hugged me and almost cried saying she felt like a horrible parent for not knowing that there was something wrong with her son. I told her that it wasn’t her fault. All of the parents enrolled their children in vision therapy programs and are getting help.”

Ann Hoscheit, OD, FAAO, FAARM, of Gastonia, North Carolina, remembers a patient from 25 years ago. “She was a precious 3-year-old with a head full of bouncy blonde curls and a sweet, demure smile. Upon completing her first eye exam, she was diagnosed as being significantly farsighted. She returned for a follow-up visit after wearing her new eyeglasses for a few weeks, and her mother reported, ‘She loves the movie Snow White. The day she received her eyeglasses, she sat down and watched the entire movie from start to finish rather than fidgeting and repeatedly getting up and down. We thought that she had ADHD when it turns out she had trouble seeing.’ It’s not an uncommon misdiagnosis.”

Lauretta Justin, OD, of Orlando, Florida, says a recent letter from a mom serves as a constant reminder about the impact an OD can have. The mother wrote a heart-wrenching letter about her son’s struggles and spiraling confidence as his baseball and kickball skills deteriorated. It was a real blow to an active, little boy. The problems compounded as he entered school and couldn’t keep up academically. The mother wrote, "You immediately recognized that his eyesight was horrible. [In the 10 months since his exam and new eyeglasses, he] can clearly see the baseball; his coach has moved him to shortstop. In kickball, he’s no longer left out. His schoolwork drastically improved, and he loves going to school. Best of all, there are no more tears and no more sadness. You have changed our lives forever.”

Members of the Women In Optometry advisory panel recall encounters with young patients and/or parents that linger long after the visit.

Women In Optometry September 2016
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Factors That Influence Career Choices

Independence, location and schedule flexibility outrank salary as top considerations

More than 40 percent of women ODs are in at least their fourth professional optometry-related job, according to an online survey conducted by Women In Optometry (WO). Another 21 percent each are either in their second job or third job, and only 17 percent are still in the original or first job for which they were hired.

Among currently working women ODs, 89 percent anticipated working full time after graduation; however, only 70 percent said that they ended up in a full-time position as their first professional role. Today, 27 percent of responding women ODs said that they work in more than one practice setting. This does not include working in more than one location for the same practice or employer. These are different employers, for example, a private practice as well as a corporate-affiliated practice or academic setting.

Among the respondents, 45.5 percent said that they are currently an owner or co-owner of their own practice, with the vast majority (81 percent) being the solo owner. Nearly all the rest said that they are one of two co-owners. The majority of respondents, 52 percent, said that they opened their own practice between one year and five years after graduation. Twenty-eight percent of women ODs who do not currently own a practice anticipate owning one within the next five years.

Independence, location and schedule flexibility topped salary considerations as major factors in women ODs’ decisions to accept their current professional position. Women ODs were asked to rank their most important, second-most important and third-most important factors when deciding to accept their current position.

Even though schedule flexibility and salary ranked third and fourth as top-ranked considerations, these two factors ranked highest overall as an important factor, with 27 percent of respondents saying scheduling flexibility was the second-most important factor and 18 percent saying it was the third-most important. Twenty-three percent of respondents said salary was the second-most important factor, and 21 percent said it was the third-most important factor.

WO will be revisiting this survey topic periodically to determine how the expectations of optometry students and working professionals differ and change over time. In upcoming issues, there will be more focus on student data, as well as responses from ODs in hiring positions.

How Soon After Graduation Did You Open Your Own Practice?

What Work Setting Are You Currently In?

Top Three Considerations

Combined percentages of women who ranked these factors as most, second-most or third-most important considerations

Year of Graduation

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<th>Graduation year(s)</th>
<th>% of total respondents</th>
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<tr>
<td>1979 or earlier</td>
<td>3%</td>
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<td>2010-2014</td>
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<td>2015-2016</td>
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Does not total 100% due to rounding

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The TRS-5100 automated refraction system represents a powerful technology upgrade from your standard old manual refractor. The sleek, modernized digital system is controlled with a programmable keypad; allowing the doctor to remain comfortably seated throughout the entire exam eliminates repetitive stress injuries. The TRS offers a split prism Jackson Cross cylinder with simultaneous target comparisons, for faster, more accurate and more positive exam experiences. Maximize exam efficiency, patient flow, and overall practice revenue.

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- Fully integrated and EMR ready
- Rapid ROI generation

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When Melissa Leoni, OD, bought an optometry practice in Barboursville, West Virginia, two years ago, it was already a fast-growing location. And it hasn’t slowed down since.

She knew the place well enough, having joined Bailey Eye Care in 2007. Today, after two expansions and several new hires, the practice has grown from four exam lanes to eight, and it now has three ODs and a total of 23 staff members.

She shares management with her husband, Sean Wilson, who has an accounting background and is the practice’s business administrator. Together they’ve managed a lot of changes in expanding the practice. “We basically grew to meet the demands of the market,” she says. “A lot of it, I believe, is word of mouth as far as why we continue to grow.”

Barboursville isn’t very big, with a population just more than 4,000, but it’s near Huntington, the second-largest city in the state. That’s also where Dr. Leoni did her post-doctorate residency, at a VA Medical Center there.

VSP is a major provider in the region and helps drive patients to the practice, she says. “We give all new patients two business cards and let them know we are available for medical eye care, such as red eyes or dry eyes, and that we’re always happy to see new patients. We schedule an average of 20 new patients per week just by asking current patients if anyone in their family needs eye care.”

“We schedule an average of 20 new patients per week just by asking current patients if anyone in their family needs eye care.”
—Dr. Leoni

The hiring of new staff has been key. For several recent hires, Dr. Leoni had luck recruiting close to home. She asked her staff members to spread the word among their friends and on social media to see if anyone was job-hunting. Those referrals worked well, she says.

Staff members meet weekly with the ODs to review practice statistics. “They are very involved in our decision-making. They’ve been involved throughout the expansions and give advice on how things should be run, and we listen to them.”

The growth has required organizational changes, too. “We had one office manager but we grew so large that we had to separate into three departments,” each with its own manager. “That has worked well because each manager gets to concentrate more in specific areas,” she says. As the practice administrator, Wilson works directly with the managers and handles staff hiring and training.

The Entrepreneurial OD

OD guides practice from big to bigger

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Is There a Pokémon in Your Optical?

A Dodrio, a three-headed ostrichy kind of beast, has been spotted at Visionary Eye Care in Sugar Land, Texas. Over in Valdosta, Georgia, a cartoon rat-creature named Raticate and an odd little bird named Pidgey have been captured inside North Oaks Family Eyecare & Optical. There’s a Nidoran in the exam room at Drs. Phillip & Lynne Roy & Associates in Brookfield, Wisconsin. Catching these and other little monsters is the goal in Pokémon Go, the seismically successful mobile app launched this past summer.

The ODs at Visionary Eye Care, North Oaks Family Eyecare & Optical and Drs. Phillip & Lynne Roy & Associates—Alinah Ali, OD, Deborah F. McDonald, OD, and Lynne Roy, OD, respectively—have told Women In Optometry that their Pokémon visitors simply showed up. Dr. Ali says she downloaded the app and found that she had several in her office. “We’ve been telling our back-to-school patients and their parents that there are several Pokémon in our office. It’s fun to see a kid come out of the exam room and say, ‘Mom, I caught two Pokémon.’”

Dr. Roy says that some staff members were playing Pokémon Go during their break when they discovered several in the office. Patients have been finding characters, as well. “We have all had fun with it.”

Women In Optometry September 2016

Natural Treatments Complement OD’s Approach to Patient Care

J e Ann Jeffers, OD, is turning her career toward a different approach to care, one that still includes traditional optometry but goes beyond it, as well.

She continues to practice at Cherry Grove Eye Care in North Myrtle Beach, South Carolina. But she’s reduced her time there—she sees patients part-time these days—and is devoting more hours to working with caregivers in other fields, such as anti-aging medicine and chiropractic care.

She also has a fellowship with the American Academy of Anti-Aging Medicine, and in those studies she learned about the variety of holistic care treatments. “I’ve been passionate about natural health for a long time,” she says. “As I got into anti-aging medicine, I started finding new products and lifestyle changes to offer to patients.”

In her optometry practice, she started introducing patients to homeopathic products to treat eye conditions such as dry eye, vitreous floaters and glaucoma. And as part of her broader holistic approach, she combines those homeopathic products with changes in nutrition and the use of high-quality vitamins.

“I introduce to patients that they can go with over-the-counter treatments or homeopathic products. I explain to them that homeopathy is not about just masking the symptoms. Homeopathy stimulates the body’s immune system, so you get to the root of the cause, and they like that.”

Her preferred supplier is Natural Ophthalmics. She likes the range of products covering everything from dry eye to macular degeneration. There are Tear Stimulation Dry Eye Drops for Women who encounter dry eyes due to hormonal imbalance. And there are Tear Stimulation Forte Drops that address inflammation, MGD and general dryness. She asks patients to try the products and come back in a month. “They are almost always doing better,” she says. Homeopathic products “allow your body to heal itself. It’s something that really works.”

Some patients are more willing than others to test a homeopathic approach. “It depends on the depth the patients want to go to,” she says. With macular degeneration, for example, she says the progression can be slowed “by using good-quality ocular vitamins and homeopathics,” she says. “I also have protocols for ocular allergies, for vitreous floaters and even for glaucoma.”

The quality of vitamins and nutrients and how they’re made “are a big deal,” she says. Many over-the-counter products use substances that Dr. Jeffers says make them less effective. “My job is to look for companies that make products with natural ingredients and don’t have any fillers or additives,” she says. “Natural ingredients will be absorbed much better.”

She has great confidence in the Natural Ophthalmics line of homeopathic and nutraceutical products, which she sells.

Dr. Jeffers’ work beyond optometry is a new effort called Inner Vision Healing Arts.

Under that name, she has been working at the Labod Chiropractic Center in Little River, South Carolina. “We are just helping people in a more natural setting,” she says.

Besides nutritional eye care and anti-aging counseling, she also offers clinical hypnotherapy to deal with issues such as depression, weight loss and smoking cessation. She provides craniosacral therapy, which involves a “soft touch” technique in hour-long sessions designed to improve patients’ general wellness.

She offers patients help with nutritional eye care, with an emphasis on dietary changes and using high-quality vitamin supplements when needed. She also helps patients develop an anti-aging regimen of dietary changes and nutraceutical products.

Dr. Jeffers has a seven-acre farm near North Myrtle Beach, where she grows vegetables and keeps chickens. She has a couple of bee hives, along with a mule and a rescued pony.

As she makes this career turn toward a holistic approach to health care, she’s finding a willing market of patients. She says, “If you believe in it, which I do, people listen.”

Women In Optometry September 2016
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Esther Zuniga, ABOC, was eager to stop by the Marchon booth at Vision Expo West last year because the St. Helena, California, location of Eye Care Center of Napa Valley was new and larger than the hospital-based location the practice had just left. There, the dispensary could only accommodate about 300 frames. “Now I had room for a much bigger selection and even an area for sunglasses. I was interested in adding several Marchon brands: Chloe, Valentino, Ferragamo and Nike, specifically,” she recalls.

When she arrived, the representatives encouraged her to fill out a form and sit for some photos in a photo-casting the company was doing for its 2016 Marchon me campaign. “I thought, ‘I’m too old,’ but they walked me over anyway. When I received the email saying I’d been selected, I couldn’t believe it was true.”

Yet it was, and Zuniga was flown to New York City for a formal session with the other Marchon me finalists.

The Marchon booth is always fun, she says. “In New York earlier this year, Marchon had a DJ at the booth, and the company was promoting touchscreen displays where you can scan the frame and get more information on the product styles, inspirations and colors,” she recalls. She was intrigued because technology is changing the way that opticians sell eyewear. “I think that most patients still want to touch, feel and try on frames, but this kind of technology is engaging and educational,” and it’s raising excitement. On the more challenging end of the spectrum, it is also making it easier for patients to shop online or compare prices.

“That’s why it’s important to carry a range of popular brands. We need to be ready for patients of all ages and tastes in styles, from modern to simple to classic. It’s easy to close a sale in the office when patients find what they’re looking for.”

The fact that Marchon offers great quality at reasonable prices is helpful, too. “Marchon has something for everyone, whether they’re shopping within a set budget or are looking for a more fashion-forward frame. Each brand within the Marchon offerings is unique, which means that we’re not repeating styles on our valuable frame board space,” she says.

Furthermore, the practice has a high percentage of VSP patients, so it is able to leverage Marchon frames to get patients even more value through the VSP Premier. “We always tell VSP patients that there are wonderful frames on our board for which VSP will provide a larger benefit. It means they can get a nicer frame than they could with just their usual frame allowance,” she says. “With five optometrists in the office, we have a high patient volume and a lot of VSP patients. It’s so popular that we automatically bring patients to the frame board where the five Marchon VSP Premier frames are.”

They work with us on advertising and promotions, and then they come, too, to talk with the patients and help us,” she says. It’s another chance for staff to hear the stories behind the brand, which is an important sales aid with higher-end products. “Patients want to know about the designers and the lines. They find value in those stories,” she says. For example, she says, patients love to hear how Chloe started her iconic clothing and shoe designs, she says. “People are drawn to that.”

Read more about the Marchon me campaign at marchonme.com.

Optician appreciates Marchon’s help as the practice expands

Browse First

Esther Zuniga says that the receptionist encourages patients to browse the frames as they’re waiting. Returning patients do it almost automatically because they know that a dilation is part of a routine exam. “They know it’s a good idea to start the frame selection process because they can avoid having to come back to pick frames later,” she says. That advice has helped the practice retain more sales. “Sometimes, if patients have to come back for frame selection later, they might see something somewhere else. Having them get excited about new frames earlier in the process keeps more sales in-house,” she says.
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Patients Turn to Their Phones for Information, Schedules and Reminders From OD’s Office

When Deborah F. McDonald, OD, opened North Oak Family Eyecare & Optical in Valdosta, Georgia, in September 2015, she needed a way to stay in touch with the patients she hoped would follow her. She had been working independently out of an optical, but she felt that she needed more input into the business, more control regarding employee issues and more space so that she could ensure that patients had the kind of experience she envisioned for them.

Dr. McDonald, a 1984 graduate of University of Alabama Birmingham School of Optometry, had been working in Valdosta, her hometown, for a number of years—first with an ophthalmology practice and then, with another OD, whose practice she eventually bought. She operated the office from within an optical for 11 years before making the move.

She bought a building close by and set about updating it. It had been built by a surgeon in 1985 and had more recently housed a home health agency. Other than needing a barrier wall to provide some privacy to patients at the front desk, most of the work she had done was cosmetic: stripping wallpaper, painting and laying new carpeting. “The rooms were already wheelchair-accessible,” she says.

Fortunately, Dr. McDonald had begun to use Solutionreach as a patient relationship management system even before she opened the new location. Initially, the system’s functionality was more limited because it was tied to the patient billing system, but since the practice switched to Crystal Practice Management system earlier this year, she and the staff are now able to use Solutionreach more fully.

It’s been a great way to keep in touch with patients and to let them know where to find her. That’s because the traditional ways of connecting to patients are slow to change. “I suspect that there will be several printings of the Yellow Pages that have my name connected with two addresses,” she says. Even getting her Google searches to link to her new location took several months.

The practice uses Solutionreach in a number of ways to reach out to patients. Becca Mossman, the office manager, says that the process is a real time-saver when it comes to recalls and reminders. She sets the parameters, such as patients whose eye exam was 13 months ago, and the system generates a notice that is sent to the patients’ cell phones or emails. Patients who have an appointment are automatically notified a week and a day before their appointment, and if they ask to be notified an hour before their appointment, another reminder notice can be sent to them then. It’s much faster and more efficient than printing out a list of names and making calls. Plus, patients who don’t respond remain on the Solutionreach cycle and are notified again.

“It’s also very easy to send patients a notification that their contact lenses or eyeglasses have arrived or to let them know if there’s been some urgent situation here so that we need to reschedule their exam. Most of our patients like being notified by text messages. It’s fast and efficient—and having Solutionreach means we don’t need to send them a text from one of our personal cell phones,” she says.

If patients respond to a Solutionreach-generated text, that message gets forwarded to the practice receptionist who can then contact the patient directly. “We have patients who come in all the time who thank us for the birthday message that we sent them. People love those,” Mossman says. The best part is that Solutionreach generates those automatically, too.

Recently, the practice added the newsletter functionality. “It’s very easy to update the messaging and move the elements around. It allows us to send a customized notice about what’s going on, such as a seasonal promotion like back-to-school savings. We can also remind patients about the insurance we take and remind them that we welcome private pay patients, too,” Mossman says.

Accepting insurance, in fact, is a major point of differentiation between North Oak Family Eyecare & Optical and the optical where Dr. McDonald was previously. That optical didn’t accept vision or medical insurance, so Dr. McDonald determined that now she would participate in as many plans as it made sense to do. If patients have the option of using their vision coverage versus paying for the entire exam and product purchase out of pocket, they’re going to go with the provider who accepts their insurance, she says.

Dr. Deborah McDonald says that in the year since she opened her own office, she’s had more say about office procedures. One of those is that all patients’ contact information will be updated at every visit. In addition to having quality information that can be used to populate Solutionreach reminders, the switch to a robust practice management software is also making it easier to pull data from the patient records, needed for recall reminders as well as targeted promotions.

Quality of the Input

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Women In Optometry September 2016
Myopia Control Focus of Clinic’s Study

A t the University of California Berkeley School of Optometry, there’s a specialty clinic dedicated to myopia control. Sarah Kochik, OD, FAAO, is a clinical instructor, and Maria Liu, OD, PhD, MBA, MPH, FAAO, is assistant professor of clinical optometry and serves as the chief and founder of the Myopia Control Clinic. One of the goals of the clinic is to bring the research into practice. “We use only evidence-based treatments, which have been shown to be effective through many clinical trials in controlling the progression of myopia,” says Dr. Kochik. As trained researchers and clinicians, they are working to incorporate the research findings from studies into clinical practice.

What makes the center’s offerings fundamentally different from most ODs—even those who are prescribing similar treatments—is that it begins the treatment more proactively, says Dr. Liu. “The first patient visit is a myopia control consultation visit. We collect comprehensive information, including refractive error change, how the patients use their eyes, the rate of the progression and the parental myopia history. We also collect testing to help us understand whether these patients are good candidates for one or more of the treatment options we provide, based on the refractive error and anatomical factors.” In other words, there’s an objective and subjective part of the assessment.

The next step is a thorough discussion with the parent and patient so that they understand what is known about the progression of myopia, the pros and cons of treatment, the limitations and the costs. The most common treatments through the clinic are orthokeratology, multifocal contact lenses and a low concentration of atropine, which seems to be effective especially during the rapid-growth years. However, because it makes children more light-sensitive, it might limit or discourage them from outdoor activities, which also have a direct benefit on visual stimulation.

“Myopia control management is a long-term commitment, so the families really need to think it through,” says Dr. Kochik. “This is very different from seeing a patient one time for inflammation, although, in our opinion, it’s not as time-intensive as something like vision therapy.” Once the initial treatment path has been determined and the child understands the follow-up procedures and the care of the lenses, the frequency of the visits tapers.

The youngest patient they have seen started when he was just 4½ years old. “Both parents were highly motivated to get him in contact lenses,” Dr. Liu recalls. Generally, children are a little older when they come into the program. Although the clinic is not part of the pediatric or primary care clinics, there are a lot of referrals from those clinics. “A rotation through our clinic is part of a pediatric residency,” Dr. Kochik says. Dr. Liu adds that about half of the clinic’s patients are internal referrals from pediatric or primary care clinics and the other half are either self-referred or referred by a practitioner in the area.

Both doctors say that ideally, those referral sources would feel confident treating these children. “There’s a huge need for this treatment, and we’d like to see the practitioners in the area incorporate it,” says Dr. Kochik. “To aid that goal, the two have offered to provide free CE to practitioners in the Bay Area and have conducted several such sessions. “We’re not competing with each other in this area,” says Dr. Liu. “The prevalence of myopia is so huge. We’d want to see that these children not only have clearer vision at the moment, but we’d like to see them monitored in some systematic way.”

They say that education and communication to parents and ODs alike should emphasize that myopia progression is a condition that goes beyond minor refractive correction. “When kids are first seen in the clinic and they’re just becoming nearsighted or losing their hyperopic buffer, we start talking to parents,” says Dr. Kochik. “When they return the next year and are showing 1.00 or 1.50D change in nearsightedness, delivering that message again is really important. Sometimes, on hearing it a second time, the impact is really different.”

The challenge is that in a busy nonacademic setting, the doctor and staff may not have time to emphasize the early education. “Many practitioners are seeing those kids when they’re already at -3.00 or more.”

Myopia Facts & Figures

✦ About 40 percent of the U.S. population is myopic. Myopia rates vary widely in the world, with about 84 percent of Taiwanese 16- to 18-year-olds being myopic, while only 1.3 percent of the schoolchildren on the South Pacific island of Vanuatu are myopic.

✦ Increasing time spent outdoors might help reduce the risk of developing myopia. One study indicated 2 percent reduced odds of myopia per additional hour of time spent outdoors per week.1

✦ The prevalence of myopia among people aged 12 to 54 in the U.S. rose from about 25 percent in 1971-1972 to nearly 42 percent in 1999-2004.2 Learn more at myopiaprevention.org.3

Researchers Work to Identify Causative Factors in Myopia

After nine years on the faculty at the New England College of Optometry (NECO), Elise Harb, OD, MS, FAAO, decided to relocate back to her hometown in the Bay Area of California in 2014. Eager to reunite with her family, she says that she was also looking forward to building her independence as a clinician scientist when she joined the team at the University of California (UC) Berkeley School of Optometry.

Dr. Harb also conducts her research on myopia, specifically focusing on why children develop nearsightedness, the role of human behavior and uses of novel technologies to understand better how they might be related. For the past two years she has participated in the Clinician Scientist Development Program, which is funded by a National Institutes of Health (NIH) institutional grant (K12). Dr. Harb just applied for individual funding through an NIH K23 grant for patient-oriented clinical research. The research is still in its initial phase as Dr. Harb and undergraduate and optometry students work with the UC Berkeley student population. By this age, “although they have already developed their myopia, they are known for progressing,” Dr. Harb explains. Participants are fitted with a wearable technology device with a light sensor, like a smartwatch, that they wear during the study. “It records how long they go outside and the light they experience, and it also gathers information about how much near and intermediate work they do.”

Ultimately, Dr. Harb expects that this method will work well when the technology is ready to be applied to children, which is the long-term plan for the study. “It’s a watch that can be worn by a child and the behaviors can be looked at prior to developing myopia to determine which behaviors might be causative.” Dr. Harb has been studying this area for the past 12 years, as she completed her master’s degree in vision science and continues to do so now as she earns her PhD in vision science.

In addition to her work at the school, Dr. Harb participates in the mobile eye clinic with the See Well to Lean Program of Prevent Blindness Northern California, working with preschool students who fail a vision screening. For the past decade, Dr. Harb has also been the lead optometrist on medical mission trips to underserved areas in Nicaragua, a joint effort with Williams College in Williamstown, Massachusetts. Her connections to the clinical side of optometry help to inform her research work. She hopes that the research outcome will impact the profession at large and help develop protocol and strategies for primary care optometrists to use in their daily practice when working with children with myopia.

Leaving Your Impact as a Mentor

Dr. Elise Harb recalls the impact that having Stephanie Krok, OD, as a mentor had on her career. “I was about two years out of college and working in an MD/OD office, trying to figure out what to do with my life,” Dr. Harb says, laughing. Dr. Krok helped her realize a focus for her career in optometry and pediatrics, and later, during her time as an OD student at New England College of Optometry (NECO), Dr. Harb developed her passion for clinical research. Following graduation from the OD program in 2004, Dr. Harb earned her master’s in vision science in 2005. “I started understanding the importance of evidence-based medicine and how challenging and rewarding research can be, especially when combined with clinical practice.”

Dr. Harb mentored many students during her nine years on the faculty at NECO, and she continues to do so at University of California Berkeley with undergraduate and first-year optometry students.

She says that she hopes to explain to them “why we need research and how it impacts clinical practice and the patient in the chair. Even if they decide this is not what they want to do, they no doubt will become better clinicians who are able to think more critically and practice in a more evidence-based way.”

Dr. Harb with Michelle Chan, a preoptometry undergraduate student whom she mentors. Chan presented her research at ARVO.

Dr. Harb has been the lead OD on medical mission trips to Nicaragua for the past 10 years.

Dr. Harb and undergraduate and optometry students work with the UC Berkeley student population. By this age, “although they have already developed their myopia, they are known for progressing,” Dr. Harb explains. Participants are fitted with a wearable technology device with a light sensor, like a smartwatch, that they wear during the study. “It records how long they go outside and the light they experience, and it also gathers information about how much near and intermediate work they do.”
Vision Therapy Practice Fills Community Need

Angela Gulbranson, OD, returned to her hometown of Sioux Falls, South Dakota, after her graduation from Indiana College of Optometry. After two years working in a primary care office, she decided to continue her education in pediatrics, binocular vision and vision therapy (VT) to bring these specialty services to the region. In 2002, she opened a small office and began drawing from a large radius. VT wasn’t readily available, and people living in the rural communities surrounding Sioux Falls were glad to have to travel to Omaha or Minneapolis, three and four hours away, respectively. Dr. Gulbranson left her part-time, corporate-affiliated position after two years and moved the practice to its current home in 2004. “We combined primary care and VT here, and the practice evolved,” Dr. Gulbranson says.

Between 60 percent and 70 percent of the VT patient base is children, and the biggest advocates have been parents of former VT patients, other optometrists, teachers and occupational therapists (OTs). Dr. Gulbranson and staff connect with local ODs, OTs and physicians with regular mailing of letters and speaking to many different community groups. “I want to keep them informed about the different ways to treat conditions and what they should look for so that they know when to refer,” she says.

In 2009, Jennifer Hupke, OD, joined the team at Visions Eye Care & Vision Therapy Center. The two met at a local optometry meeting, and Dr. Gulbranson quickly became a professional resource and friend to Dr. Hupke. Dr. Hupke says that joining Dr. Gulbranson’s practice was the chance to pursue her passion for VT here in South Dakota. “I wanted to be able to impact children’s lives and their future,” Dr. Hupke says.

Dr. Hupke focuses on working with children and vision and learning-related issues. “Some of the kids we see don’t understand the impact vision can have on their learning and schoolwork, and it can really start to affect their self-esteem,” she says. “I love my job and getting to see these kids blossom.”

The practice kept growing. In 2011, to accommodate the growing VT segment, Dr. Gulbranson opened another nearby office designated just for that specialty. Then in 2014, Ashley Gentrup, OD, joined the practice. Dr. Gentrup fondly remembers her childhood eye exams to monitor her strabismus, which led her to pursue optometry. At Southern College of Optometry, she first learned that VT would be able to help her as an adult. “It did improve my awareness of space and how my eyes were tracking,” Dr. Gentrup says. “I didn’t know that my eye turn had been affecting my reading.” She decided to concentrate in this area and says that she is excited to bring

Sports Vision Camp Reimagined

Hosting a sports vision camp was stalled on the to-do list for Dr. Angela Gulbranson until Dr. Ashley Gentrup provided the extra help she needed to make it happen. “We could help people think a little differently about what their eyes can do for them,” Dr. Gentrup explains. “Kids are starting sports at a younger age and are more competitive.” There are a number of visual factors, including eye-hand coordination, speed processing and where the eyes are focusing as a ball is being thrown. For example, in baseball, “if awareness of the speed of the pitch is off and you think the ball is closer than it is, you may swing before the ball is there,” Dr. Gentrup says. In basketball, “you can’t make a free throw if you don’t know where the hoop is.”

The practice held two sessions of Sports Vision Camp this summer, each for a one-hour session held once a week for four weeks. Campers ranged from third grade to fifth grade; some former vision therapy (VT) patients and some not. “It’s designed to be fun and different than our weekly routine VT session,” Dr. Gulbranson says. By doing baseline testing at the beginning, Dr. Gentrup was happy to report that all of the children increased their visual skills in the number of catches they could make in 40 seconds, no matter what their baseline was. “The kids were passionate about how they performed and how they got better.”
An Unconventional Path to Innovative Marketer

Sherianne James, vice president of consumer brands at Essilor, came to her role in marketing via the unconventional route of chemical engineering. Soon after her graduation from the University of Florida, she was recruited by Kraft Foods to work in the company’s R&D area. “Kraft is known for its consumer-focused marketing, so even in R&D, I quickly developed a consumer-centric persona,” she says. James moved into the company’s marketing division, and a later move to Florida brought her to Transitions Optical and, ultimately, to Essilor. “I was looking for a company with a major brand, as well as a passion and commitment to put the customer at the center of its business.”

Marketing is a data-driven business. Sherianne James spends a great deal of her time analyzing data.

At Essilor, eyecare professionals (ECPs) are the company’s most important customers. “We make sure we develop products with a strong understanding of what patients need so we can help ECPs build their practices by driving traffic and helping them service their patients better.” For example, many consumers think of new eyeglasses only in terms of the frame because that’s the component they can choose. “Through our direct-to-consumer and digital marketing, customers can learn that lenses are so much more than simply a piece of plastic in their beautiful new frames.” These marketing efforts are helping patients engage in more thorough conversations with their ECPs. “We are building awareness that eye health is just as important as other health concerns, and we’re educating consumers on how Essilor products address and solve these concerns.”

Options for progressive lenses and those that protect against Harmful Blue Light are other examples of areas that consumers often know little about. “One of the challenges for us is that a lot of the needs in eye care are latent. In contrast, if you are marketing beauty products, your consumer is aware of his or her problem and knows there is a product to solve it. But patients may not realize there are solutions and accept their suboptimal visual experiences. For example, if they experience symptoms like tired eyes from using their digital devices, they just accept this because they aren’t aware of the lenses with the Smart Blue Filter™ feature.” That means that Essilor must be as innovative in its marketing outreach as it is in its R&D. “It requires the same discipline. Both are about continuing to evolve and improve in terms of product development and also in the best way to elevate the consumers’ experience,” James says. This reality makes marketing much more complex than it was when she first entered the field. “For example, social media has had a huge impact on marketing, giving ‘word of mouth’ a whole new meaning. We need to understand this and see how consumers are engaging with it.” It’s not an easy task, especially with the greater complexity of the Essilor product portfolio. Essilor’s marketing messages are designed to help educate both patients and ECPs. “Most patients see the doctor as the primary and most trusted source of information. It’s our job to create well-informed patients and empower ECPs to reinforce those messages,” she says. But it’s not simply a matter of pushing the advertising in front of consumers. “We do still want to create compelling marketing for all of our brands, for example, but we also want to capture consumers’ attention where they are looking. So if someone searches ‘nighttime driving,’ that person will hit on a description of no-glare lenses. If someone searches ‘blue light,’ that person would land on information about Eyezen™ or Eyezen+™ lenses. We want patients to come in to their ECP’s office not just asking for one of the Essilor products, but asking about all of them that might be relevant.”

James says the trajectory of consumers’ path to knowledge and discovery about new products is exciting. “By analyzing what websites and terms are being searched, we’re able to find people, learn what they’re doing and what solutions we can present.”

It makes her career at Essilor an ideal fit, she says. “Essilor has a passion and commitment for its brands, and I’ve discovered a wealth of opportunities to add value by helping connect consumers to solutions for better sight.”

Through our direct-to-consumer and digital marketing, customers can learn that lenses are so much more than simply a piece of plastic in their beautiful new frames.”

—Sherianne James

Be Open to Opportunities

Sherianne James says she arrived at this point in her career by looking for and listening to mentors, and by being prepared to follow opportunities. “Don’t simply tie yourself to any one path; remain open and committed to growing and evolving,” she says. “Put that on yourself. Don’t rely on anyone else to do that for you.”

On a more personal level as a woman and mother, she says that also means compartmentalizing and focusing. “Try as much as you can to focus on what you’re doing.” She learned that lesson when her daughter, now 10, was just two years old. “She told me that if she had to get rid of her pacifier, I had to get rid of my phone. It made me shift my priorities around so that when I was at work, I dedicated myself to work, but when I was with her, I’d focus on her.”

“Through our direct-to-consumer and digital marketing, customers can learn that lenses are so much more than simply a piece of plastic in their beautiful new frames.”

—Sherianne James

Through in vitro experimentation on swine retinal cells, Essilor and the Paris Vision Institute identified the wavelengths of visible light believed most toxic to retinal cells, which fall between 415nm and 455nm on the light spectrum and peaking at 435nm (blue-violet light).

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PATIENT AND PRACTICE SUCCESS: FOCUSING ON PATIENT NEEDS

Pamela A. Lowe, OD, FAAO
Private Practice, Professional Eye Care Center, Niles, Illinois

If your optometry practice is similar to mine, you are likely surrounded by super-size retailers that offer eye care services at a price few private practitioners can meet. However, I don’t view these retailers as a threat, but rather as a unique opportunity for my practice. I know that I offer something that the big box stores can never match: attention to my patients’ eye care and lifestyle needs and expertise in the most innovative contact lens materials on the market.

I don’t attempt to compete with retailers on price, but rather on the true value I bring to the entirety of my patients’ eye care.

Value includes a price component, but more importantly it measures all of the ways in which a contact lens can meet a patient’s desire for a high-performing option, including outstanding end-of-day comfort and excellent visual performance. In my experience, DAILIES TOTAL1 contact lenses are an excellent high-performance choice for many of my patients. I like to think that the attributes of these technologically advanced lenses parallel the design of my own practice—they are the ones that stand out from a commoditized market and make a patient say, “Wow, so this is what great eye care feels like.” I believe I provide my patients with better care when I don’t prejudge what I think they want, but rather educate them about the best technology available for their eyes and let them decide which lenses they know they want.

So what makes DAILIES TOTAL1 contact lenses so special that I would write about them? They are the first-and-only water gradient contact lenses on the market, with two unique components: a silicone hydrogel core and a hydrophilic gel surface to provide a cushion of moisture. The core of the lens is only 33% water, allowing for high breathability, and from there the concentration gradient approaches 100% water at the outer surface of the lens to help provide excellent lubricity.

As a business owner as well as a clinician, I’m also reassured to learn that many patients appreciate DAILIES TOTAL1 contact lenses and are willing to pay for them. It’s also important for my business that, having told my patients about the benefits of an innovative technology, I, in fact, have the ability to fit them into the appropriate lenses. Alcon has made this easy for me by expanding the parameters of DAILIES TOTAL1 contact lenses to a range of +6.00 to -12.00 and by introducing a multifocal design in the latter part of 2016. When I can combine the highest level of patient care with long-term practice outcomes, I no longer worry about competition from the big box retailer next door. Instead, I focus on what’s most important to me—helping patients see, look, and feel their best every time they leave my office.

References

Dr. Lowe was compensated by Alcon for her participation in this advertorial.

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

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Women in the NEWS

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

Dr. Andra Thau, OD, FAAO, FCOVD, of New York, New York, as its president. Barbara L. Horn, OD, of Conway, South Carolina, became the organization’s secretary/treasurer, and Jacqueline Bowen, OD, FAAO, of Greeley, Colorado, was elected to the board of trustees.

Executive Suite were Crystal Brimer, OD, FAAO, of Wilmington, North Carolina; Anne-Marie Lahr, OD, of Lewisville, Texas; and Ellen L. Weiss, OD, FVI, of Omaha, Nebraska. Sandra Fortenberry, OD, FAAO, of San Antonio, Texas, and Kerry Giedd, OD, MS, FAAO, of Orlando, Florida, were named Rising Stars. Three ODs were in the Mentors category, including Naheed Ahmad, OD, of Roswell, Georgia; Tracey Glendenning, OD, FCOVD, of Wilmington, North Carolina; and Lynette K. Johns, OD, FAAO, FSLS, FBCLA, of Boston, Massachusetts. Debby Feinberg, OD, of Bloomfield Hills, Michigan, and Amanda K. Lee, OD, of Myrtle Beach, South Carolina, were recognized as Innovators.

Sarah Hinkley, OD, FCOVD, FAAO, professor, chief of vision rehabilitation services at Michigan College of Optometry (MCO), was named the MCO Alumnus of the Year for 2016. Dr. Hinkley, Daiber, OD, of Russellville, Arkansas, was voted Best Optometrist in the local newspaper, The Courier.

Vandhana Sharda, OD, of Brighton, Massachusetts, has been named chief of optometry at Atrius Health, the nonprofit healthcare leader delivering a system of connected care in Boston and the greater Boston area.

April Jasper, OD, FAAO, of West Palm Beach, became the Florida Optometric Association president in July.

Karla Zadnik, OD, PhD, dean of The Ohio State University College of Optometry, has been elected president of the Association of Schools and Colleges of Optometry (ASCO) Nicole Ross, OD, MS, FAAO, was honored by ASCO with the 2016 Rising Star Award, for a faculty member or administrator with fewer than 10 years of service. Dr. Ross is an assistant professor at New England College of Optometry.

Diane Adamczyk, OD, adjunct professor at State University of New York College of Optometry, has been named the Albert Fitch Memorial Alumnus of the Year by the Salus University Alumni Association.

Laura Armstrong, OD, of Portland, Oregon, and Tammy Vo, OD, of Austin, Texas, were honored as first and second place, respectively, in Invision magazine’s “America’s Finest Optical Retailers” report.


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Make It Easy for Patients to Follow Recommendations

Provide patients with the convenience of purchasing high-quality products in your office.

Gina Wesley, OD, recently visited the dentist with her son, and the dentist made a recommendation for a special toothpaste for him to use. “The office had it right there for me to purchase,” she recalls, adding that she appreciated the convenience of the sale. “Could I find it somewhere else? Maybe. But in today’s day and age, people have a lot going on, and being able to buy what you need right at the moment is one less thing for them to worry about.”

That same concept applies in her own office, Complete Eye Care of Medina in Medina, Minnesota. Offering the convenience of a sale in her office was one factor that led her to OCuSOFT about four years ago. Dr. Wesley says that she never felt very comfortable sending patients to the drugstore to follow through on her recommendation. “When patients go to the pharmacy or somewhere else to buy the product you recommended, it gets confusing,” she says. There are so many choices, which can be overwhelming, and products on sale may pull them in another direction. “I value knowing that I am able to offer what I want my patients to have right in the office. It’s a relief for patients that I have it.”

She also chose OCuSOFT products for their proven track record and the commitment the company has made to research and development. “I wanted to make sure I had quality products so that I could prescribe and recommend them to patients either to alleviate issues or enhance overall ocular health and appearance,” Dr. Wesley says, adding that she’s confident in the results and outcomes that her patients will experience.

Dr. Wesley recommends the OCuSOFT Foaming Lid Cleanser for patients with a variety of anterior segment issues including blepharitis and meibomian gland dysfunction. “It’s great for lid hygiene,” she says. “The foam is terrific because patients can’t get it elsewhere, and it’s economical and reasonable at about a $10 price point.” She regularly directs patients to the Oust™ Demodex® products, as well.

Dr. Wesley and many of her staff members use the ZORIA® BOOST Lash-Intensifying Serum and ZORIA® BOOST Mascara from OCuSOFT, and their personal testimonial carries weight among patients. “As a female OD, I’m asked about makeup by my patients; they want to know what I use,” she says. “I can recommend something that is safe for the eyes and can enhance their own lashes. Plus, it’s something that I use myself and has been tested.” She also recommends patients use the ZORIA® Cleanser to remove their makeup.

It requires very little effort to be successful with these products, Dr. Wesley says. With so many important topics to focus on in a short exam time window, she says that she typically recommends these products if she sees a problem or if the patient addresses it. By strategically placing a display with the mascara and makeup cleanser right on the front desk, her staff members can jump into a discussion with patients who have an interest. “The staff is trained on how to do that, and the products sell themselves. You’d be surprised how many thousands of dollars of product you can sell by putting it in the right place to prompt conversation at check-in and check-out.”

Offering products for sale in the office also creates an exclusivity for your practice. “We have a lot of really loyal patients who come back to purchase more, and they know that if they have a flare-up or any issues, they can use these products to take care of it,” Dr. Wesley says. “The biggest way that OCuSOFT shows its support is by coming out with new products.” The company continues to release products that address the increasing visual and ocular demands that patients have. Dr. Wesley and her staff are frequently educated on the growing collection of options through training sessions with their OCuSOFT rep. “We are constantly trying to find out what product fits in which situation, and our rep helps us learn about the new products, which makes it easier.”

Dr. Wesley’s front counter features a display of OCuSOFT products, which encourages discussion and sales.

“I value knowing that I am able to offer what I want my patients to have right in the office. It’s a relief for patients that I have it.”

—Dr. Wesley
Offer Patients a Financing Option to Help Them Buy What They Want and Need

Help patients fit eye care and eyewear needs into their budget

It’s been several years since Renee Laliberte, OD, added the CareCredit credit card as a payment option at Main Street Optometry, her practice with two offices in Dexter and Pinckney, Michigan, and she says that she continues to value it as a smart decision made for the patients and the practice. “Accepting CareCredit is a great way to offer a payment option to patients,” Dr. Laliberte says. When patients see the total for their bill, it can be daunting, she says, but Dr. Laliberte’s staff explains how CareCredit can help make their purchase more manageable. “Approved patients can make convenient monthly payments,” she says. And Dr. Laliberte doesn’t have to wait to be paid.

There are point-of-purchase and other promotional materials displayed throughout the office, so often patients ask the staff directly about CareCredit. In many cases, the special financing option is presented to patients as they are picking out frames or trying on their contact lenses. “It’s always been a great method for second-pair sales,” Dr. Laliberte says. “The staff will mention it when talking about purchases and payments.”

Staff members can explain that CareCredit can make it easier to add that second pair of eyeglasses to their order, such as sunglasses or computer glasses, and contact lens wearers opt for CareCredit financing as well. “They can use it to pay for an annual supply so that they can reap the benefits of the manufacturers’ rebates,” Dr. Laliberte says. “Families also use CareCredit when they come in with all of the kids at one time because that bill can be overwhelming.”

In fact, many patients who could write a check for the full amount simply opt to pay with CareCredit because the special financing terms are so appealing to them. They leverage the combination of in-house special offers on multiple sales, manufacturers’ rebates and managed vision benefits to gain the most benefit—and pay for the out of pocket with CareCredit.

Dr. Laliberte adds that some patients come to the practice with existing CareCredit accounts or have heard about it from their dentist or veterinarian. She wants to make sure that those who are considering using CareCredit to finance their eye care know that she is an enrolled provider. Her husband, who manages the practice website, has included a CareCredit drop down tab on her website mainstreetoptometry.com. This section details the benefits of CareCredit financing and provides a link so that patients can apply from home or in the office. “We can pull up the application on the iPad, and patients can fill it out here,” she says.

Dr. Laliberte says that she first heard about CareCredit special financing through her Vision Source® membership. “It was highly promoted through Vision Source®, and I thought that the concept made sense,” Dr. Laliberte says. “Many patients understand that CareCredit benefits them by allowing them to budget their money.”

CareCredit Releases Smart Money Guide

CareCredit recently published Smart Money: How Patient Financing Can Help Grow an Optometric Practice online and in print. The 20-page publication explores how offering patient financing can contribute to growth and great ways to integrate financing options in an optometric practice. Smart Money covers topics from discussing the option with patients, encouraging them to apply and retaining their loyalty to the role staff plays and how the financing can benefit the practice.

You can download the publication filled with colleague’s tips and staff strategies on successfully integrating the CareCredit credit card as a payment option at your practice. WO Professional Co-editor Katie Gilbert-Spear, OD, MPH, is one of the doctors featured. She discusses how accepting CareCredit is an excellent way to allow patients to finance purchases at your offices without adding to their general purpose credit card balance. Plus, patients can finance an annual supply of contact lenses, which she says makes them more compliant to the replacement schedule and returning for the next annual exam. She also says that patients who already have CareCredit accounts have sought out her office.

Find the Smart Money guide under the Growth Strategies tab and CareCredit: Patient Financing channel on womeninoptometry.com.

Download your copy of Smart Money.

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

Vision Meets Potential — for 25 Years and Counting

- **1991** – Founded in Humble, TX
  - 3 offices

- **2001** – 500 offices

- **2002** – Exclusive, proprietary contact lenses created for members

- **2004** – 1,000 offices

- **2007** – Exclusive, proprietary spectacle lenses created for members

- **2009** – 2,000 offices

- **2014** – 3,000 offices

- **2013** – Recognized as 2nd largest optical retailer in US

- **2015** – 100+ relationships with managed care organizations
  - 3,260 offices

Kayla Gaddis, OD
kaylagaddis@mac.com

OD Assures Growth Through Continuous Innovation

Kayla Gaddis, OD, wanted to open an optometry practice unlike anything the people of McKinney, Texas, had seen before. “I wanted it to be eclectic, a boutique. I wanted my patients to feel that this was different from the minute they walk in the door,” she says.

Dr. Gaddis, a 2007 graduate of University of Houston College of Optometry, moved with her MD husband to Louisiana, where she started her career with a large multispecialty MD/OD group in Louisiana. “I love having the background of having worked in a medical practice. I did a lot of co-managing LASIK and cataract patients,” she says.

“The initial plan was to work in an underserved area of Louisiana, gain wide experience and earn some loan forgiveness. Three years turned into six,” she says, but when the couple had children, they wanted to return closer to Dr. Gaddis’ hometown.

In November 2013, she opened Blink Eyecare, and now she provides full-scope optometric services in a growing practice. Dr. Gaddis is very involved with the community. Some of that comes naturally as the mother of a 3-year-old and a 6-year-old in kindergarten. But she has expanded beyond that. “I was asked to be the official eye doctor of the Texas Revolution, an indoor football team. We are also involved in community organizations and women’s group. Plus, we have an active online presence with YouTube and Twitter.”

When Dr. Gaddis first opened, she started with 1.5 employees. She recently hired her fourth employee and opened a second exam lane earlier this year. Her building has 1,700 square feet, with an additional 300 square feet on the second floor. She converted the upstairs space to her office, and the area she vacated downstairs was equipped as a second exam lane.

Dr. Gaddis joined Vision Source® before she opened. Her best friend from college and optometry school, Belinda Dobson, OD, bought a Vision Source® member practice in College Station, Texas. “She’s the one who let me know what Vision Source® is and encouraged me to go that route. I went to The Exchange® even before I opened, so I had a chance to experience the networking before I started.”

It’s been a good choice, says Dr. Gaddis. “With Vision Source® pricing and discounts, my money could go further in terms of the equipment I brought in,” she says. Administrator Wiley Curtis, OD, has also been very helpful to her. The overall task of running a business hasn’t daunted Dr. Gaddis. She hired The Williams Group and a CPA to help her with her initial planning. Despite her business acumen and her clinical skills, she notes that there was a learning curve involved with managing an optical.

“Vision Source® has helped me with decisions on what to bring into the office. For example, we use Essilor lenses, and through The Optical DreamSM, I’m learning more about how to manage my optical.”

She has also found that she enjoys having a hand in the optical. “I didn’t want a wall of frames where they’re all displayed in rows. People can’t really look at them that way. I view frames as if they’re pieces of jewelry. I want them to be at different heights and where people can touch them,” she says.

Dr. Gaddis says that going to The Exchange® each year also helps identify a growth track for her. “The first year, I bought the Daytona from Optos. In 2015, I embraced The Optical DreamSM. This year, I bought equipment to outfit a second lane. I’m also eager to incorporate the new initiatives.”

For more information go to VisionSourcePlan.com
Don’t miss the 3rd Annual
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April Jasper, OD, FAAO
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Tour Dates

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American Board of Opticianry

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National Contact Lens Examiners

*A Approval Pending
It’s been nearly three years since Karen Wolf, OD, added the TRS-5100 autorefraction system from Marco to her Ponte Vedra, Florida, practice, Ponte Vedra Associates, yet the instrumentation still regularly catches the attention of her patients. “Every single day that I am at work, multiple patients comment on the technology we have, especially when we have completed the refraction and push the ‘magic button’ that transfers our measurements from the phoropter to the patient record displayed on the computer screen,” Dr. Wolf says.

Many offices have state-of-the-art diagnostic technology that relatively few patients see. But nearly every patient has a touchpoint with the TRS-5100, and that makes an immediate impression. It builds the practice’s reputation as a high-tech office, especially because it’s such a change from the refraction process to which most people are accustomed.

Dr. Wolf says that the wow factor since adding the TRS to the practice has just one of the benefits. “After three years, we love it more than ever,” she says. It didn’t take long for the practice to gain efficiency when the TRS-5100 system was installed at the end of 2013. And now that the TRS-5100 is fully integrated with the practice electronic health records (EHR), the refraction process is simplified and automated even further with less room for error. “It saves us significant time by eliminating the need for manual data entry into OfficeMate,” Dr. Wolf explains. “Refraction data is now electronically transferred into our EHR in just seconds.”

Adding the TRS-5100 has made an impact on optical sales, as well. “I believe that the benefits of the TRS trickle down to the optical department, too,” she says. “Once you show patients the difference between their old eyeglasses and their new prescription—with just the push of a button on the TRS—they are much more inclined to order new eyeglasses.” Dr. Wolf says. It’s made the biggest difference with patients who may have been hesitant in the past about getting a new pair of eyeglasses for a minimal prescription change. “The ones on the fence are much more likely to head to the optical when you can show them the improvement and compare it to their old Rx in a flash.”

Another major benefit is that the ergonomics of the instrumentation allows her to work in a more comfortable position, eliminating or reducing neck and arm strain during refractions.

Ponte Vedra Eye Associates will be adding another exam lane soon, and Dr. Wolf says that she’s looking forward to working with Marco again to equip that space. She often shares her experiences with the TRS technology with her colleagues because she remembers how much a personal testimonial from her Florida colleague and WO Professional Co-editor April Jasper, OD, FAAO, impacted her own decision to move forward with the investment. Dr. Wolf was able to update the office’s standard, manual technology and also take advantage of IRS Section 79 tax advantages. “It was time for a change, time to evolve into an automated, state-of-the-art refractive system,” Dr. Wolf recalls. Today, she couldn’t be more confident in her decision. “It is simply a great way to improve practice efficiency and impress your patients along the way,” Dr. Wolf says. “It’s a great feeling when patients realize they are getting the most advanced eye exam that they have had in a long time.”

**Dry Eye Treatment Approved**

Shire plc announced that the U.S. Food and Drug Administration approved Xiidra™ (lifitegrast ophthalmic solution) 5%, a twice-daily eye drop solution indicated for the treatment of the signs and symptoms of dry eye disease in adult patients. Xiidra is the only prescription eye drop indicated for the treatment of both signs and symptoms of this condition. Shire expects to launch Xiidra in the U.S. in the third quarter of 2016.

An estimated 16 million adults in the U.S. are diagnosed with dry eye disease. “Dry eye is a common complaint to eye care professionals, with millions of U.S. adults experiencing the symptoms of this often chronic disease,” says Kelly K. Nichols, OD, MPH, PhD, FAAO, dean of the University of Alabama at Birmingham School of Optometry. “It is critical for eye care professionals to have a dialogue with patients who report symptoms because dry eye can be a progressive ocular surface disease.”

Women In Optometry September 2016
Xiidra improved patient-reported symptoms of eye dryness and improved signs of inferior corneal staining. So help your patients get to know Xiidra.

Check it out at Xiidra-ECP.com

Four randomized, double-masked, 12-week trials evaluated the efficacy and safety of Xiidra versus vehicle as assessed by improvement in the signs (measured by Inferior Corneal Staining Score) and/or symptoms (measured by Eye Dryness Score) of Dry Eye Disease (N=2133).

The safety of liftegrast was evaluated in 5 clinical studies. 1401 patients received at least one dose of liftegrast (1287 of which received Xiidra). The most common adverse reactions (5-25%) were instillation site irritation, dysgeusia, and reduced visual acuity.
Indication
Xiidra™ (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

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

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

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

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

For additional safety information, see accompanying Brief Summary of Safety Information on the following page and Full Prescribing Information on Xiidra-ECP.com.
BRIEF SUMMARY:
Consult the Full Prescribing Information for complete product information.

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

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

ADVERSE REACTIONS
Clinical Trials Experience
Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies of a drug cannot be directly compared to rates in the clinical trials of another drug and may vary between studies of different ophthalmic solutions. In clinical trials of Xiidra, using a single use container, 1401 patients received at least one dose of Xiidra (1287 of which received Xiidra 5%). The majority of patients (84%) had ≤3 months of treatment exposure. 170 patients were exposed to lifitegrast for approximately 12 months. The majority of the treated patients were female (77%). The most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

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

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

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

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

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

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis: Animal studies have not been conducted to determine the carcinogenic potential of lifitegrast. Mutagenesis: Lifitegrast was not mutagenic in the in vitro Ames assay. Lifitegrast was not clastogenic in the in vivo mouse micronucleus assay. In an in vitro chromosomal aberration assay using mammalian cells (Chinese hamster ovary cells), lifitegrast was positive at the highest concentration tested, without metabolic activation. Impairment of fertility: Lifitegrast administered at intravenous (IV) doses of up to 30 mg/kg/day (5400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD] of lifitegrast ophthalmic solution, 5%) had no effect on fertility and reproductive performance in male and female treated rats.

For more information, go to www.Xiidra.com or call 1-800-828-2088.
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US Patents: 8367701; 9353088; 7314938; 7745460; 7790743; 7928122; 9216174; 8166655; 8084047; 8592450; 9065553 and pending patent applications.
Last Modified: 07/2016   S13681
In 2000, Karen Fortman, OD, became a partner at Primary EyeCare Associates, the hometown practice where she was seen as a young child and worked during optometry school. She joined the practice in 1994 after graduating. “I take care of the vision and eye health of my family and friends. I really enjoy that aspect of giving back to a community that has given so much to me and my family.”

Primary EyeCare Associates, originally founded in 1932, has grown to five locations in Ohio with eight doctors and 52 staff members. Co-owner Jeff Ahrns, OD, opened the Fort Loramie, Ohio, satellite office location in 1982. As it grew, the Fort Loramie office relocated for the first time in the early ‘90s.

But 20 years later, the practice was busting at the seams. “We needed more space for pretesting and equipment because we were servicing our patients out of just one exam lane,” Dr. Fortman says. “The tipping point was when we couldn’t see more patients per day without a second exam room and the ability to delegate pretesting.” Their office was 1,400 square feet, but nearly a third of the space was a shared reception area with a dentist in the building. A new space would allow for a larger, updated optical, an improved reception and check-out area for patients and a vision therapy space, too.

The formal search for a new office space began in January 2015, and Dr. Fortman had an ideal spot in mind: one she drove by each day at the intersection of the junior—and senior—high schools where her children go to school. At 12,000 square feet, there was great potential with great visibility and ample parking, as well as being an income-generating property. By April 2015, they had finalized the purchase.

Dr. Fortman, Dr. Ahrns and Dr. Fortman’s husband, Jim Fortman, led the project, bringing experience from 2004 projects in Sidney, Ohio. “We were able to evaluate what we did in that space and mimic what we liked about it here in Fort Loramie,” Dr. Fortman says. Her husband and Dr. Ahrns brought their construction experience to the project, so while they hired a contractor to help design the build-out, the three of them remained very involved. Dr. Fortman, her husband and children did most of demolition needed themselves, removing carpet, one wall and the drop ceiling during the summer of 2015, just as their first tenants, a fitness facility, moved in.

To customize the blank slate, they took a nine-hour drive to the Eye Designs studio in Philadelphia to visit the showroom and brainstorm ideas on optical displays, paint colors, flooring and lighting, Dr. Fortman says. “We put our own twist on it.”

The process for permits began that September, and construction was completed four months later. Dr. Fortman says that she greatly appreciates the role her husband played, being on-site every day even after working until at least 1 a.m. on the second shift at a local engine-building plant. “Having Jim there reduced some costs and gave me the peace of mind that he was looking out for our best interests,” she says.

One set of existing exam lane equipment was moved to the new space, and they invested in instrumentation for a second exam room. There’s also a designated space for optomap technology and a new soft-puff tonometer. Dr. Fortman is looking forward to networking the automated instrumentation to the practice management system to eliminate data entry. For now, the Fort Loramie office will continue to have one doctor per day, who can now work out of two exam rooms instead of one. “We have four exam lanes with two equipped, but we’re banking on more growth and preparing for the next phase when we’ll add a second doctor,” she says.

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.
There was a lot to see. The building—long and narrow—is designed like a skinny horseshoe, she says, with a large and open optical and reception area. The square windows on the front of the building have geometric display cases built right into them, causing people to stop and look at the displays in each window as they pass. The visual interest continues inside the optical, which has angled custom cabinetry and distressed, white wood floors. Dr. Riley says she wouldn’t describe the interior as any particular style. "Patients all use their own adjectives to describe the feeling in here," she says. But it’s not typical. The lines and angles, unusual lighting fixtures and even features such as a glass bowl sink and a stainless steel countertop provide much to look at as patients work their way through the pretesting area to the exam room.

While there is much more space in this building, the openness has also created an illusion. "Our optical dispensary is four times as large, and we are going to expand the product line, but we haven’t done so yet," she says. "However, patients continually tell me how much they love the larger selection of eyewear." Because the collections are spread out and showcased differently, patients notice the frames much more.

In her old office, Dr. Riley had just one exam lane. Now she has space for four, and two are fully equipped. "When I opened five years ago, it was just me with one exam room. Now I operate out of two, and I hope that in another eight years or so, the practice will be large enough so that we can service the community with another OD," she says. There’s no competitor in town, and while Lubbock is about 35 miles away, the towns surrounding her in other directions are all small, and Brownfield is the more frequent destination for residents. "For people in some of these towns, Lubbock is at least an hour’s drive." Dr. Riley hopes that puts her squarely in the middle of sustained growth.

Kelly Riley, OD, opened her optometry practice cold in 2010 in Brownfield, Texas, a town of 10,000 residents. She leased a charming home built in the 1940s in an area that had flipped from residential to commercial prior to her arrival. "It was cute; it had a lot of charm," she says. Local legend says—and some ghost hunters confirmed—that it was haunted, too, by the spirit of a little girl. "Two unrelated patients had lived in this house at different times in the past, and they asked if we had ever seen the little girl at the top of the stairs," which are directly opposite the main entrance, Dr. Riley says. And one 4-year-old patient kept asking her during her exam what was upstairs and what was going on up there. It was just storage space since it wasn’t readily accessible to patients. After her exam, the young patient returned to find Dr. Riley to ask who the little girl was who was peeking around the hallways upstairs.

Dr. Riley, who says she was undisturbed by any ghostly presence or the idea of one, does admit to a little sadness in leaving the lore behind when she opened her new practice earlier this year. But after a few months in the new building, there are no haunting regrets. The new building, at 4,000 square feet on one level, is right on the town’s courthouse square. The location is much more centralized, even though it’s only one mile away from her previous office. Being in such a prominent spot also meant that there was great curiosity when the building was under construction. “My contractor, Jennifer Moore, said people would walk in regularly to see the progress,” Dr. Riley says.

Dr. Riley has collected unusual showpieces and furniture to lend charm to her new 4,000-square-foot space.
The demands of being a full-time mom to two young children and a full-time practice owner compelled Mona Sandhu, OD, to make a difficult decision and sell her practice. In 2008, she decided that running her 10-year-old practice—even with the help of an associate—was taking a toll on her children. The 1995 graduate of New England College of Optometry had opened the practice in British Columbia, after she and her husband moved back to his home town.

Dr. Sandhu did continue to work one or two days per week during school hours or on Saturdays covering at several offices as her children grew. A few years ago, she opened Clayton Heights Optometry, providing professional eye care services inside an established, independent optical. “I thought it would be great to just focus on eye exams and not worry about the retail or the business side, but I realized after a year that it wasn’t for me. I didn’t have the same excitement I felt as I did having my own practice,” Dr. Sandhu says. “Optometry is more than just eye exams. It is also the follow-through with recommendations that really go hand-in-hand with the retail side.” In her own practice, she could transition the flow from the exam room, where she advised patients about the types of lenses and treatments that are best, and have that message follow through in the optical. “It provides a complete patient care experience.”

In 2015, with her daughters in high school and college, Dr. Sandhu felt the pull to open her own, new practice again. She identified her space in October, after considering a few areas for the perfect location. She chose a unit within a new, pedestrian-friendly marketplace beside an up-and-coming neighborhood. “There are new townhomes and development all around it, and I could envision my new, modern practice fitting in that complex.” To focus fully on the new venture, she also left the optical where she had been working. The lease, permit and construction process took a few months, but by March, the space was hers to design.

As her own interior designer, Dr. Sandhu worked out the details with a planning designer and her contractor. The focal color is a Tiffany blue/turquoise with wood accents, much of it repurposed wood from a lumber yard and pallets, which kept costs down. A wall of the reclaimed wood is featured behind the reception area. “I want it to be a happy, welcoming place,” she says. She looks forward to providing patients with a place where they can get a high-tech, comprehensive eye exam and transition into a warm and welcoming retail environment. Patients can expect to feel comfortable with the recommendations she and her staff provide, without feeling the pressure of a sales pitch.

Dr. Sandhu had invested in some equipment while she was at the optical space location, but she essentially started from scratch in terms of new technology. She looks forward to adding digital instrumentation to the optical area to modernize the dispensing and fitting of eyeglasses. She’s also adding Optos technology. In her previous practice setting, she had only one exam room that also doubled as an office and storage space. Now she’ll have the space to add pretesting and diagnostic equipment, as well as her own office.

To improve the patient experience, she included individual zone controls for the heating and air conditioning. Past experiences revealed that sometimes patients in the exam room were freezing because the temperature was set to cool the large optical. “I can control everything to make it more comfortable for myself, the staff and my patients,” she says. Dr. Sandhu opened her doors earlier this summer. She says that it’s been exciting going through the overhaul of the space and selecting the new design. As opening day approached, she was eager for all parts to tie together and to share the final result with her community.

Dr. Sandhu credits her contractor, a local, fellow small business owner, with keeping the construction process under control and helping her create the look she wanted within budget. “With all of the challenges with leasing, construction and permits, that good working relationship has been really important.”

Looking back, she says that while it was hard to give up her first practice, she has had no regrets about the decision that she and her supportive husband made to be with her family. Dr. Sandhu greatly cherishes that time, being involved with the kids’ activities and serving as president of the Parent Teacher Association for two years. Now, Dr. Sandhu is ready to come full circle with her own office. “Having your own practice is very fulfilling.”

Women In Optometry September 2016
Quality of Life Improves With Hometown Practice

Korrie Lalim, OD, has more hours a day to enjoy life these days. Before she opened Optikk 30A, an independent practice in Santa Rosa Beach, Florida, in July 2015, she had been commuting three hours a day to a corporate optometry setting. As she had worked in corporate settings, big multidisciplinary clinics and as a fill-in doctor, Dr. Lalim had a chance to collect ideas about what works well and what doesn’t as she thought about the kind of practice she’d open one day: “a boutique style practice that reflected my personality,” she says.

That’s just what she’s created. Even its name, with the Norwegian word Optikk, reflects both her Northern European heritage and the scenic Route 30A corridor that runs through small beach towns along the Florida Panhandle. Commercial space is in short supply along 30A, so it took Dr. Lalim eight months to find an appropriate space. When she did, “it was the perfect framework,” she says. She found the 2,100-square-foot space, which had been a takeout restaurant. The building’s former owner, an interior designer, had added the wood floors and the high, dark ceilings. The former owner also suggested the inclusion of the sliding barn door to separate the lab from the optical. “Everyone comments on that,” she says.

Another interior designer friend helped Dr. Lalim find interesting décor. “I didn’t want it to look like a traditional optometry office,” she says. When Dr. Lalim saw the translucent blue chairs on allmodern.com, the color scheme for the practice took hold.

“The practice has a good vibe to it,” says Dr. Lalim. “I love the vibrant art, and a lot of our frames are very colorful. It has a good feel when you walk in, open and airy.” In fact, it’s used occasionally for a donation-based yoga class to benefit a dog rescue. It’s that kind of a community spot. Business is growing. For the first months that she was open, it was just her and one staff person. “I was the optician and doing everything. I could only see about four full exams per day,” she recalls. Adding an optician has been a boon, she says. “Not only is she terrific, but adding her has allowed me to see more patients, so our revenue is definitely increasing.” That’s just one of many factors that have improved her quality of life.

“I love the vibrant art, and a lot of our frames are very colorful. It has a good feel when you walk in, open and airy.”
—Dr. Lalim

The frameboards have LED color lighting so Dr. Lalim can change the look of her displays easily.

Dr. Lalim

From original artwork on the wall (that’s her mixed-breed rescue pup Tebow) to the unique furnishings, Optikk 30A feels like a boutique.

Women In Optometry September 2016
**By Deana LaBrosse, OD, of Evanston, Illinois**

Gaining valuable and rewarding experiences working with a team of ophthalmologists at a glaucoma and surgical practice as the only OD, I gained valuable and rewarding experiences working with a team.

Income was really important. Though I hoped to do so eventually, the opening a private practice with student loans and a mortgage. A steady income was really important. Though I hoped to do so eventually, the opening a private practice with student loans and a mortgage.

**My Journey to Practice Ownership**

Even before I considered optometry as a career, I was introduced to the industry working in research positions with human donor eyes and studying macular degeneration during my undergraduate studies. That led me to work in a Walmart Vision Center. The OD I worked for encouraged me to go to optometry school, but I thought it was crazy because I was first grade as I started at the Illinois College of Optometry, working during my time in school in the Evanston, Illinois, office of Millicent Knight, OD, CHC, FAARM. When I found myself as a single mom upon graduation, I didn’t feel comfortable opening a private practice with student loans and a mortgage. A steady income was really important. Though I hoped to do so eventually, the plan to open a practice was put on hold.

I gained valuable and rewarding experiences working with a team of ophthalmologists at a glaucoma and surgical practice as the only OD, helping to set up a new optical, as well as contact lens and low vision services, and also as a public health trustee with the Illinois Optometric Association. Next, I worked with the Infant Welfare Society. This was a multifaceted health care center that never had a full-time OD on staff until I started. My patients were mostly immigrants, and my practice was limited to patients aged birth to 19 years old. I worked as part of a team with pediatricians and social workers and educated them on how crucial vision is in child development.

Then I met my second husband, Michael Zost, OD, FCODS, FAAO, and we decided to practice together for a while. His practice was established, and I knew it would be some time before my schedule was full as the new associate. I purchased a mobile optometry business that provided health care for individuals with developmental and intellectual disabilities to supplement my income while my private practice patient base grew. After some major life developments, including a new baby and back surgery, I focused more on the mobile practice due to its flexibility.

However, traditional private practice has always been my end-goal. After taking time off to recover from back surgery, I realized how important it was to me to be able to practice in the community where I live. I also wanted to focus on my passion for dry eye treatment and nutrition-based eye care. My husband’s practice is highly specialized in vision therapy and traumatic brain injury, so the decision was made for me to go out on my own.

Visit The Physical Space on womeninoptometry.com for more on Dr. LaBrosse’s practice that she started.

Women In Optometry September 2016
Voices

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.

By Carla Anderson, OD, of Atlanta, Georgia

I recently volunteered at the first vision screening that took place under a multiyear partnership between National Vision Inc. and the Boys & Girls Clubs of America (BCGA). The event was held in Atlanta, where the BCGA national headquarters is located and also where I practice inside an America’s Best. We saw 120 children, and about a third of them needed eyeglasses. Dispensing the glasses to those children was a wonderful reminder of why I chose to be an optometrist.

The goal of the program is to make sure that children who have gone without essential vision care will now be getting free screenings and needed eyewear. The screenings are held at selected Boys & Girls Clubs around the country; children are seen with permission from a parent or guardian, and those who need full exams are referred to an OD at a local America’s Best Contacts & Eyeglasses location. They’re also eligible to get basic prescription lenses and frames, at no cost.

Only 50 percent of children have had an eye exam in the past two years, according to the 2016 Vision Council Visionwatch Parent Child Vision Care Report. That means we’re relying on school nurses, parents or teachers to discover that children’s issues with learning may, in fact, be issues related to their vision. Imagine the difference we can make in a child or teen’s life if we can uncover and treat a vision issue earlier.

The most memorable patient encounter I had was with a young girl who put her eyeglasses on and immediately said she could see better. The “wow” on her face could not be missed as she looked around the room in amazement of all that she’d been missing.

It’s a wonderful feeling to put your expertise and skills to use, knowing that you’re helping a child who might not otherwise be able to receive care.

Committed to a Career That Benefited My Family

By Sadia Kalsoom, OD, U.S. Army Captain

I was 7 when my family moved from Pakistan to the U.S. My father was serving in the Pakistani Air Force when we were relocated to Virginia. As I grew up in our new home, my parents worked multiple jobs to support our family and placed a great emphasis on education.

I had developed an interest in eyesight early in life. I was diagnosed with strabismus as a young child, and although I wore eyeglasses, I never had any patching or other treatment while in Pakistan. After moving to the U.S. and visiting an ophthalmologist for strabismus surgery, I developed a close bond with my doctor and greatly admired her and her career. As I grew older, I found myself drawn to the primary care aspect of optometry. I particularly liked that you could follow your patients and develop relationships over time, unlike in ophthalmology where the relationship is referral-based, often short-lived and usually ends after surgery and follow-up visits.

Ultimately, I decided to attend optometry school, and as an Army Health Professions Scholarship Program recipient, I have committed to serve for the next three years. Following my graduation from Pennsylvania College of Optometry at Salus University, I was commissioned as a U.S. Army Captain. I am the first person in my family to graduate from college and, now, I am the first doctor.

This fall, I will be stationed at a base in Korea serving soldiers and their dependents. I’m excited for the opportunity to travel, practice optometry and gain leadership experience while serving my country. In the future, I hope to further my education and explore the areas of brain injury and vision therapy whether in continuing my military career or in a civilian setting.

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