



WOMEN IN OPTOMETRY®

DEDICATED TO THE INTERESTS  
OF WOMEN ODs



Dr. Sairah Malik and  
Dr. Sana Malik



Dr. Rebecca Maida  
and Dr. Linda Bennett



Dr. Leslie Russell-Martin and  
Dr. Christie Russell-Villnow

# Family Ties

*Working with family  
brings a new dynamic  
to running a practice*





xiidra®  
(lifitegrast  
ophthalmic solution)5%

OHH, iINT

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

Check it out at [Xiidra-ECP.com](http://Xiidra-ECP.com)

**Reference: 1.** FDA approves new medication for dry eye disease. FDA News Release. July 2016.  
<http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm510720.htm>. Accessed July 12, 2016.

# ERESTING

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

## Indication

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

## Important Safety Information

In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity.

Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

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

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

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

**Please see the adjacent page for Brief Summary of Safety Information and visit [Xiidra-ECP.com](http://Xiidra-ECP.com) for Full Prescribing Information.**



## Animal Data

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

## Lactation

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

## Pediatric Use

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

## Geriatric Use

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

## NONCLINICAL TOXICOLOGY

### Carcinogenesis, Mutagenesis, Impairment of Fertility

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

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

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



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

For more information, go to [www.Xiidra.com](http://www.Xiidra.com) or call 1-800-828-2088.

Marks designated ® and ™ are owned by Shire or an affiliated company.

©2016 Shire US Inc.

US Patents: 8367701; 9353088; 7314938; 7745460; 7790743; 7928122; 9216174; 8168655; 8084047; 8592450; 9085553; 8927574; 9447077; 9353088 and pending patent applications.

Last Modified: 12/2016 S26218

## BRIEF SUMMARY:

Consult the Full Prescribing Information for complete product information.

## INDICATIONS AND USAGE

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

## DOSAGE AND ADMINISTRATION

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

## ADVERSE REACTIONS

### Clinical Trials Experience

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

## USE IN SPECIFIC POPULATIONS

### Pregnancy

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



Marjolijn Bijlefeld

## Balancing Perspectives

**W**omen In Optometry® (*WO*) is interested in what matters to you. That's the key reason that we established a professional advisory board. These OD members bring their insight, experience and contacts with other ODs to our attention. We want to thank the three retiring members of our advisory board for their many contributions. **Louise Sclafani, OD, FFAO; Elise Brisco, OD, FFAO, FCOVD, CCH; and Ann Hoscheit, OD, FFAO, FAARM,** have been with *WO* as members since we first created the board about 10 years ago. Now, terms are two-year cycles, so we truly appreciate their longevity and friendship.

We're pleased to announce our three new members, each of whom brings a new representation to the board. We'll introduce them in more detail on our website. **Kelly K. Nichols, OD, MPH, PhD, FFAO,** is dean of the University of Alabama at Birmingham School of Optometry. Dr. Nichols has been a professor at University of Houston College of Optometry and The Ohio State University College of Optometry. She has been involved extensively in professional organizations, especially those that focus on her interests in dry eye research.

**Maria Sampalis, OD,** of Warwick, Rhode Island, is a Sears-affiliated OD and started the Corporate Optometry group on Facebook, where affiliated ODs or those interested in corporate-affiliated ODs can share information or ask questions, and [corporateoptometry.com](http://corporateoptometry.com), a practice management website with downloadable documents relevant to corporate-affiliated ODs. These venues encourage conversation, job-postings and more.

Our next member brings another important perspective to the board. **Melissa Zaleski** is a third-year student at Nova Southeastern University College of Optometry, a candidate for an MPH degree and current vice president of the American Optometric Student Association. She says that she believes that students need to be involved in keeping the profession strong, so we're delighted to have her views and enthusiasm on the panel.

You can see the full listing of our board members on page 7. Feel free to reach out to any of us to let us know what issues you'd like to see *WO* cover in print, on [womeninoptometry.com](http://womeninoptometry.com) or via social media.

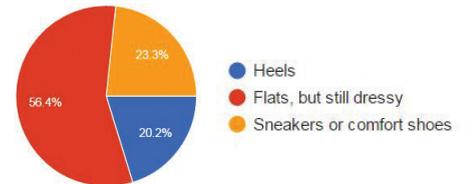
Marjolijn Bijlefeld, Director of Custom Publications  
Practice Advancement Associates

## WO Launches Pop-up Polls

In late 2016, *Women In Optometry (WO)* began conducting Pop-up Polls—brief two- or three-question polls that focus on just one topic. Not designed to be scientific, these polls do provide an interesting look at a wide variety of topics—and some yield highly useful information, too. For example, the poll on preferred footwear netted about three dozen recommendations of comfortable and stylish shoes that make a full day on your feet a little more comfortable.

Other polls cover questions that ODs often ask each other. Do you give out year-end bonuses? (Eighty-four percent of you give cash or cash equivalents, with 87 percent of you giving a

What's your most common footwear of choice at work?



bonus with an average value of at least \$100). Are you open on Black Friday? (Fifty-four percent of ODs said they would close their office, about one-third said they would be open and working, and the remainder said the office would be open but they would not be working.)

*WO* polls have looked at the division of duties in households and with child care, whether you'd prescribe marijuana if you could legally, what you wear to work, how often you exercise and much more. Read the results from previous polls on the [womeninoptometry.com](http://womeninoptometry.com) website and look under the Surveys and News tab. If you have ideas for topics you'd like to see covered, feel free to suggest them. **WO**



MARCH 2017

*Women In Optometry*® is published quarterly by the Professional Publications Group of Jobson Medical Information, publisher of *Review of Optometry*, *Review of Cornea & Contact Lenses* and *Review of Ophthalmology*.

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

Publisher: Al Greco

Managing Editor: Marjolijn Bijlefeld  
[mbijlefeld@jobson.com](mailto:mbijlefeld@jobson.com) • 540-899-1761

Professional Co-editors:

Katie Gilbert-Spear, OD, MPH, and April Jasper, OD, FFAO

Associate Editor: Maggie Biunno

Creative Director: Stephanie Kloos Donoghue

Graphic Designer: Barbara W. Gallois

### Gold Sponsors:



### Silver Sponsors:



For work



play



and  
everyday

Patients want multiple pairs of eyewear to enhance the way they live. Help make them easier to purchase from your practice with promotional financing options\* available through the CareCredit credit card.

Visit booth #1927 at Vision Expo East.  
Or call for more information and enroll at no cost today^.

 **CareCredit**<sup>®</sup>  
Making care possible...today.

866.853.8432 ■ [www.carecredit.com](http://www.carecredit.com) ■ [visioninfo@carecredit.com](mailto:visioninfo@carecredit.com)

\* Subject to credit approval. Minimum monthly payments required. See [carecredit.com](http://carecredit.com) for details.

^ Subject to change.

WO03170A

## Balancing Work and Family—Right in the Office

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

We both have the privilege of working with family members. That means that we have built our practices on a strong foundation of trust. The positives far outweigh any negatives—but it is important to consider and plan for the unique circumstances that working with family brings into the practice. The cover story in this issue of *Women In Optometry* focuses on this, but our perspectives are slightly different from theirs—and from each other's.

**Dr. Gilbert-Spear:** Like many ODs, I am married to my business partner. Working with **Carl Spear, OD, MBA**, is wonderful. But it can also be challenging when you are married to someone who is as strong-willed and controlling as you are. We make it work by playing off each other's strengths. I know his and he knows mine, and they are different. He is the big-picture person, and I am the detail person.

**Dr. Jasper:** My mom was working at a local school as an administrative assistant, and I begged her to work with me as my office manager. I found that it gave me peace of mind to have someone close to me to work with customers/patients while I was secluded in the exam room caring for patients. A year later as our office grew, my husband, **David**, who has a background in engineering and business finance, joined our team. It made sense for him to take care of all internal things, as well as bookkeeping and accounting. Now with all of our traveling and speaking, he has become invaluable in keeping us organized and fiscally sound. The latest addition to our team is my daughter. She has grown up in the office and learned how



Dr. Jasper



Dr. Gilbert-Spear

to use all the instrumentation with my staff, and we finally decided to put her to work this past year. Patients absolutely love talking to her, and the kids look forward to seeing her when they come in. It is fun to have multiple generations in the workplace, and it helps our office to understand all of our patients better and communicate with them better.

### Respect the abilities

**Dr. Gilbert-Spear:** I have a lot of respect for my husband. He's by far the smartest person I know, and it's helpful in some ways to our relationship to be involved in business with him. It renews my respect and strengthens our relationship consistently.

**Dr. Jasper:** I feel that there is no one better to work with me than family members, whom I know, love and share values with. I proudly tell my patients that my family works with me. I am open about who I am, who my family members are and that our number one goal is to change our patients' lives for the better.

### Set expectations

**Dr. Gilbert-Spear:** In the end, it's all about boundaries. We cut off work-talk at home after 9 p.m., and we still have fun together, going to concerts and traveling.

**Dr. Jasper:** It's important to treat your family the same as your other staff. Everyone has to follow the same rules and expect the same consequences for not following them. That goes both ways, though. Don't assume because it is your family that you, as the boss, don't have to communicate with that person like you do with your other staff. If there is a problem, it must be brought out into the open and dealt with. Don't avoid the problem. **WO**

## Let's Hear It for the Moms

Many ODs who may not hire their mothers to work in their practices are still getting incredible support from them. *Women In Optometry* would like to create a special shout out for Mother's Day. Share your story on how your mother has helped your career—inside and outside of the office. Email [mbiunno@jobson.com](mailto:mbiunno@jobson.com). **WO**

## WO Advisory Panel



Dori Carlson, OD, FAAO  
Park River, North Dakota



Mario Gutierrez, OD, FAAO  
San Antonio, Texas



Laurretta Justin, OD  
Orlando, Florida



Dawn Kaplan, OD  
Chicago, Illinois



Bridgitte Shen Lee, OD  
Houston, Texas



Kelly Nichols, OD,  
MPH, PhD, FAAO  
Birmingham, Alabama



Jennifer Hidalgo Ong, OD  
Alameda, California



Priti Patel, OD  
Upland, California



Tamara Petrosyan, OD  
New York, New York



Tonya Reynoldson, OD  
Waverly, Tennessee



Maria Sampalis, OD  
Warwick, Rhode Island



Melissa Zaleski  
Ft. Lauderdale, Florida

# Allergy Desensitization Eye Drops

Stop Itching, Burning and Watering



- Great with contacts
- Preservative free
- Never sting
- Work fast & feel great
- No contraindications
- Moisturizing, never drying



**Professional Quality  
Available Via Doctors**

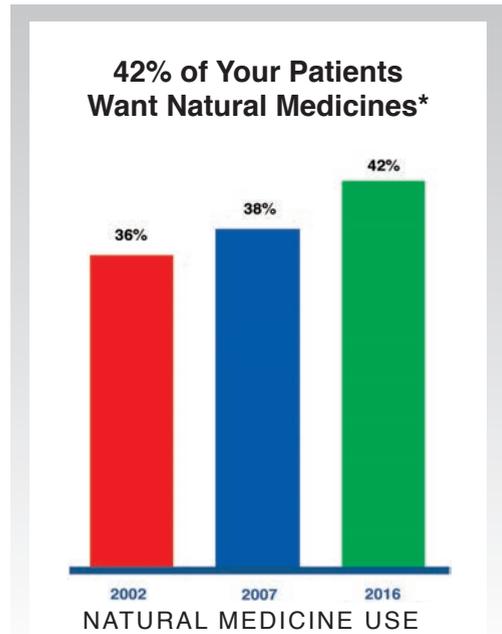
*"I have allergies and your drops are better than Patenol... I have no problem telling patients that these are the newest and best drops available, that they are not available in stores, and must be purchased through me."*

– Dr. F. S., Nashville, TN

**Try a dozen bottles on  
your toughest patients.**

12 @ \$6.39 ea = \$76.68  
100% money back guarantee

**Call today 877-220-9710**



\* According to the National Health Interview Survey (NHIS)



**Natural**  
**OPHTHALMICS** **RX**  
Quality

[www.NaturalEyeDrops.com](http://www.NaturalEyeDrops.com)

# Leverage Technology to Improve the Patient Experience and Boost the Bottom Line

**P**atricia Poma-Nowinski, OD, FCOVD, of Birmingham Vision Care in Bloomfield Township, Michigan, calls herself a stickler for a schedule. “Patience is not



**Dr. Poma-Nowinski**

my virtue, so I want patients to know we respect their time. The practice staff and doctors have an instant message system they use so that they can alert a doctor if a patient has been waiting for five minutes. Staff mem-

bers approach and explain any delay if a patient needs to wait longer than five minutes,” she says.

Recently, the practice added the Marco TRS autorefraction system to all six of its exam lanes. While the doctors had purchased a single TRS system earlier for one lane, they hadn’t really learned how to leverage its capabilities. With the automated system in each exam room now, there’s more buy-in to the system, and it is reaping rewards.

First, it helps improve patient flow. “The technicians are doing some of the refractions. I check and finalize the prescriptions, but it saves time with each patient,” she says. The practice has a strong reputation in working with binocular vision issues, so many refractions are complex. “The data from the Marco system also helps us identify those patients whom we might not be able to get to 20/20 for some reason, too.”

Secondly, it has resulted in increased revenue per patient. The time that formerly was spent on working through the refraction process can now be rededicated to patient education. “We want to be able to explain the latest advances in technology to all of our patients. We want to tell them about new ophthalmic lenses and contact lenses that could benefit them,” she says. The practice has also increased its percentage of patients in daily disposable contact lenses to about 80 percent of the appropriate candidates. That’s a huge shift that came about, in large part,

through a decision by the doctors to make those recommendations proactively during the exam. In other words, those minutes saved in the refraction process help Dr. Poma-Nowinski cover more ground, whether it’s on the new products, new services or the importance of eye health for every member of the family.

“Having the TRS in the exam room allows us to use the feature where we can toggle between the patient’s previous eyewear prescription and what we’ve arrived at that day,” she says. It’s important that patients have the chance to determine, subjectively, how noticeable the improvement is, rather than trying to decide whether a small numerical change

warrants a new pair of eyeglasses, she says.

While all of those factors have a direct, positive impact on the practice’s bottom line, another benefit has been that the technicians appreciate the increased involvement. In today’s competitive hiring environment, a higher level of staff engagement is an important part of retaining quality staff members.

Finally, the patients appreciate the technology. “We’re known for our high-technology office,” says Dr. Poma-Nowinski. But much of that technology is reserved for special testing with only some percentage of patients. All patients now go through an automated refraction process, and many of them comment on

it. “I didn’t think that patients really cared about the technology. But once we began using the Marco system, we heard from many patients who said they were glad that we weren’t using that dated, old system anymore,” she says. That surprised her initially, but then she realized that the technology does more than deliver fast and accurate refraction data. It also takes the pressure off patients to give the right answer during the refraction.

“It’s important to stay current with technology and measure improvements to the office in terms of the patient experience,” she says. **WO**

## Growing Practice Needs Protocols

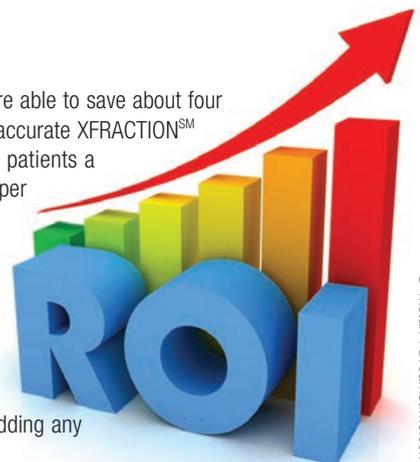
**D**r. Patricia Poma-Nowinski and her practice partner, Harriet Pelton, OD, now have two associates, and a third is joining in July. That will allow the owners to take a step back from patient care duties and spend time on positioning the practice for the future.

Yet before they would consider taking that step, they’d want to make sure that all patients would experience a uniformly high-quality eye exam in the office. That’s another reason why having Marco TRS autorefraction systems in each exam lane is helpful. Dr. Poma-Nowinski knows that every patient will encounter and experience the technology, and it minimizes a variable in the patient experience. **WO**

## Calculate Your ROI

**M**any ODs have reported to Marco that they are able to save about four minutes per patient exam with the fast and accurate XFRACTION<sup>SM</sup> process. For a typical practice that sees 16 patients a day, that would be a savings of 64 minutes per day or 320 minutes—or 5.3 hours—in a five-day workweek.

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



© Misan | Dreamstime.com

# Ask Yourself This Question... “Why Prescribe?”



*OTC Savings Compared to Rx Costs*

*Kills Bacteria on Contact - “0” Eye Irritation*

*Stable 18 Months Opened or Unopened*

[www.whyprescribe.com](http://www.whyprescribe.com)

For more information and to order,  
call (800) 233-5469 or visit [www.ocusoft.com](http://www.ocusoft.com)

OCuSOFT<sup>™</sup>  
© 2016 OCuSOFT, Inc., Rosenberg, TX 77471

# How Do You Manage Your Patient Relationships?

Communicate with patients in ways that match how and when they want to be contacted

There was a time, about two years ago, that the staff at the Goldthwaite, Texas, office of **Melanie Bartek, OD, FCOVD**, would spend time every month putting labels on recall post-cards and waiting for the phone to ring from people confirming their appointments. If they didn't receive the calls, the staff members would start calling people at home, Dr. Bartek says.

Even in a rural place like Goldthwaite, most people have switched over to using cell phones and email as their contacts. Many calls to patients' homes would go unanswered, or staff members would leave messages on answering machines and wonder if they reached the person. "It was a time-consuming process," Dr. Bartek says.

So when she heard about Solutionreach at her state optometric association meeting and again at a Vision Source® meeting she attended, she thought she'd give it a try. It has simplified the entire recall procedure, she says. Solutionreach is a patient engagement system that lets eye care providers' offices communicate with patients how and when they want to be contacted.

**Sammy Reyes**, who works in the lab and also covers the front desk, remembers the old process, and he much prefers the new one. "It has freed up a lot more time to focus on other areas. Each month, we would spend at least 45 minutes printing out cards and stickers and adding stamps," he says. The practice prints out only a few postcards now to patients who expressly say that's how they want to be contacted.

Reyes adds that the overall management of the appointment calendar is easier with Solutionreach, too. "We send either an email or text reminder the week before, the day before and an hour before the appointment

time. A lot of patients thank us specifically for that reminder an hour before the scheduled time because they had gotten busy and forgot."



Dr. Bartek

For those who receive the reminder and realize they cannot make the appointment, it's easy to text or email back a response to request an alternate appointment time. "There's much less back and forth with

phone tag," says Reyes. And because the practice gets reliable and fast responses with these reminders, the staff also has more of an opportunity to fill those spaces suddenly left empty. Practice staff is alerted by a red flag that there's been a notification to a Solutionreach appointment message. "We're able to respond quickly so that we can reschedule the patients, and we have more of a chance to fill in the empty holes," he says.

Dr. Bartek says that, to date, recalls and appointment reminders are primary uses of Solutionreach, but she and the practice staff have also learned how convenient it is to get messages out in a hurry. If the doctor's schedule suddenly changes or if the roads

are icy, she or a staff member can log into the Solutionreach remotely to send out a message that explains the closure or delay. That's handy in bad weather because it means no staff member needs to navigate potentially hazardous roads to get to the office to answer phones or make calls to patients.

In addition, Solutionreach sends out surveys to patients after appointments, and these survey results provide Dr. Bartek with terrific feedback about patients' perceptions and their experiences, and the comments can also be added to a practice's website or social media pages.

## They Say It's Your Birthday

**Dr. Melanie Bartek** says that she hears routinely from patients how much they appreciate receiving a message from the practice wishing them a happy birthday. She doesn't tell them that it's done automatically through Solutionreach because the sentiment is sincere. "Patients love that we remember and acknowledge their birthdays. I hear about that so often." **WO**



© Alfyra12 | Dreamstime.com

Reyes says that these added benefits were not the initial draw to using Solutionreach but have added tremendous value. "We have started using it more for general announcements, such as when we have a shift in hours or a holiday schedule."

He says that the switch over to Solutionreach wasn't complicated. "We had been collecting patients' emails on our intake forms, but we hardly ever used them for anything. So we knew that patients were willing to provide them," he says.

Dr. Bartek says that the staff particularly notices the difference on busy days. Being able to continue to focus on the patients in the office and any other tasks that must be completed is far better than having to pull one staff member aside to make reminder calls to the next day's patients. "I haven't measured if our no-show rate has dropped, but I have the sense that having Solutionreach has made a difference for us in that way, too."

Dr. Bartek adds that while it might be possible for a practice that collects emails and cell phone numbers to send messages and reminders to patients electronically, it wouldn't be easy. "Solutionreach brings it to you all set up. The system talks to our electronic health records software and automatically pulls in the information it needs to send these messages out on time and consistently," she says. "Even if I had a staff member in house who could manage it, it would still be a big time commitment." **WO**

*"Patients thank us specifically for that reminder an hour before the scheduled time because they had gotten busy and forgot."*  
—Sammy Reyes



# At National Vision, we're doctor-centric.

Practice with us and you'll quickly learn that we take care of our doctors so you can take care of your patients.

Our doctors are able to focus on providing the best care to patients, instead of worrying about financial success, staffing needs or insurance reimbursements.

Join us and spend your time with patients, not paperwork!

Learn more at [NationalVision.com](http://NationalVision.com)

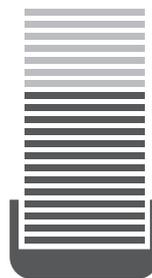


5%



General Market

65%



Percent of ODs spending **more than one hour** on administrative paperwork each day

Sources: National Vision, Inc. and Jobson Optical Research



We believe *everyone* deserves to see their best to live their best.

# Differentiate Your Practice and Teach Patients Something New

Products and services that emphasize health and wellness drive practice growth

**W**hen **Suzanne Offen, OD FCOVD**, of Westfield, New Jersey, makes a recommendation to a patient for a homeopathic product such as Natural



**Dr. Offen**

Ophthalmics' Ortho-K Thin eye drops, she does so "with a lot of confidence," she says. She's had more than a decade of experience recommending homeopathic options to patients. Natural eye care and wellness are important topics to her and her patients. On her website and practice Facebook page, she posts regularly about nutrition, wellness and healthy eyes for the whole family.

"I consider myself a primary care optometrist. We do a lot of basic care for patients," she says. She sees infants to adults and refers them out for care as needed. Her practice, which she started in 1987, has been pulling patients in by word-of-mouth recommendations for years.

Her interest in setting the practice apart by providing differentiated products and services has helped her growth. Natural eye care is one such area. More than 85 percent of Americans use natural supplements for wellness, and more than 50 percent use these products for treating health conditions, according to a survey conducted by the National Center for Complementary and Integrative Health, a division of the National Institutes of Health.

Natural Ophthalmics has a wide product range, available in eye drops or pellets, for tear stimulation, allergies and cataracts, for example. "I've been using these products in my practice for about 10 to 15 years," she says. Offering homeopathic products has also set her practice apart, she says. "I'm one of the few doctors who do work in orthokeratology, and I do a lot of contact lenses," she says. "I used homeopathic products before a lot of other people did. I'm a believer in homeopathy. I find it to

be very helpful for patients, and the products are less expensive, too, than prescription medications."

Her recommendation of homeopathic products and natural eye care is complementary to her high-tech, high-touch practice. For example, it's a key element of her growing orthokeratology practice. Many parents in her area are interested in orthokeratology to slow down the rate of myopia progression for their children. To ensure that her patients are comfortable, which she says increases compliance with the regimen, her practice packages



"Since I've been using them, I haven't had patients have any issues with their lenses," she says. "That's something to brag about. They've worked out really well."

She says that the soothing aspect of the thin drops helps provide a smooth corneal surface, which patients notice. In fact, she recommends the Ortho-K Thin drops for any contact lens wearer who is struggling with comfort issues. "Dry eye is the main reason why some people stop wearing contact lenses. There are

so many causes for dry eye, and there can be different issues with the three separate layers of the tear film," she says. Her dry eye practice features LipiFlow for more advanced cases of evaporative dry eye disease, but she routinely starts patients with a recommendation to use the Ortho-K Thin drops. "Many patients don't realize that they have dry eye until they have started on a dry eye regimen and feel the relief. I personally use Ortho-K Thin drops, which I think are the greatest drops for contact lens wearers."

Incorporating recommendations for natural eye care and wellness products is easy. There are no contraindications for these drops, so they can be an appropriate first-line treatment option for many patients, she says. **WO**

*"Dry eye is the main reason why some people stop wearing contact lenses."*

*—Dr. Offen*

the two formulations of Natural Ophthalmics Ortho-K eye drops. The thick drop is used just prior to inserting the lenses for the night, and one drop can be added once the lens has been inserted. It helps keep the eyes and eyelid feeling smooth overnight. The thin drops are used upon waking to make it easier to remove the ortho-k lenses. The

thin formula can also be used during the day as a lubricant. These are the only products she recommends for her orthokeratology patients.

## Beyond Revenue Impact

**D**r. **Suzanne Offen** has been offering patients Natural Ophthalmics products through her office for so long, her staff has developed a good sense of when she'll make the recommendation. "My staff is well-versed in the product line," she says. Having the products for sale in her office undoubtedly adds to her incremental revenue per patient, although she says that she doesn't measure the dollar impact. "It's a contributing factor," she says.

But even more important than the bottom line impact is that she knows that patients will purchase the exact products she's recommending and be able to start using them right away. The conversations spurred by these recommendations are also learning opportunities for patients. "They're interested in health and wellness, so when I can provide information and a solution for their eye care needs, that's very helpful." **WO**

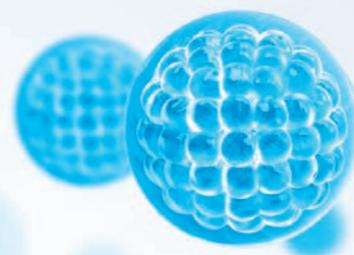
# THE HYDRAGLYDE® MOISTURE MATRIX ADVANTAGE



**Susan Gromacki, OD, MS, FAAO, FSLs**  
Director of the Contact Lens Service  
Washington Eye Physicians & Surgeons  
Silver Spring, Maryland



**William Townsend, OD, FAAO**  
Advanced Eye Care  
Canyon, TX



Drs. Gromacki and Townsend were compensated by Alcon for their authorship of this advertorial.

In our practices, patients are often thrilled with the comfort and vision they experience with contact lenses when they try them on in the exam room. They see, look and feel great in them, and may initially believe that the glasses they came in wearing will soon be needed only occasionally. However, in their subsequent daily lives, patients often find that their contact lenses feel less comfortable under certain conditions: for example, in a dry climate-controlled office, outdoors on a windy or dusty day, or while staring for hours at a computer screen. Patients with busy, active lifestyles need contact lenses and lens care products that can provide all-day comfort in a variety of settings.

To help our patients maintain good vision<sup>1</sup> and contact lens comfort,<sup>2,3</sup> we frequently prescribe AIR OPTIX® AQUA contact lenses, which utilize Alcon's proprietary SmartShield® Technology to help maintain contact lens surface wettability while on the eye.<sup>4,5</sup> SmartShield® Technology creates a unique barrier on the lens surface that helps prevent hydrophobic silicone within the lens matrix from moving to the lens surface.<sup>6</sup> As a result, dry spots are minimized, and lipid binding to the lens surface is minimized.<sup>7,8</sup> Prescribing AIR OPTIX® lenses—the only contact lenses incorporating SmartShield® Technology—allows us to help patients enjoy the comfort they felt during their fitting from Day 1 through Day 30.<sup>2\*</sup>

In addition to great lenses, proper lens care is essential for a healthy, comfortable wearing experience. We recommend Alcon's CLEAR CARE® PLUS Cleaning & Disinfecting Solution to many of our soft lens patients, and OPTI-FREE® Puremoist® Multi-Purpose Disinfecting Solution for patients who prefer a multipurpose solution. Both of these solutions contain the HydraGlyde® Moisture Matrix, a proprietary wetting agent designed specifically for silicone hydrogel lenses, but

appropriate for use with any soft lens. HydraGlyde® Moisture Matrix is a block copolymer—poly(oxyethylene)-poly(oxybutylene)—that binds to the lens surface and helps create an envelope of moisture around the lens.

In a clinical trial, symptomatic wearers of AIR OPTIX® AQUA contact lenses reported a mean 3-hour increase in comfortable wear time on Day 30 after switching from their previous multipurpose lens solution to CLEAR CARE® PLUS.<sup>9</sup> In a similar trial, symptomatic AIR OPTIX® AQUA wearers reported a mean 2-hour increase in comfortable wear time after switching to OPTI-FREE® Puremoist® MPDS from their previous solution.<sup>10,11</sup> The benefits in increased comfortable wear time might mean that the patient is comfortable during evening social activities such as dinners and sporting events.

At our practices, AIR OPTIX® AQUA contact lenses have been our go-to monthly replacement lenses since their introduction in 2008, and as studies show, lens care systems that contain HydraGlyde® Moisture Matrix provide additional comfortable wear time for an already extraordinary lens. Since the introduction of AIR OPTIX® AQUA, Alcon has continued to reinvent its product portfolio with other lotrafilcon B AIR OPTIX® lenses. These innovations greatly expand our options for providing patients the lens-wearing experience they expect. We look forward to introducing our patients to Alcon's forthcoming AIR OPTIX® plus HydraGlyde contact lenses, which will be offered in a wide parameter range of +8.00D to -12.00D, so that even more of our patients can see, look and feel their best.

Our passion is to help  
your patients see, look  
and feel their best.



\*Based on AIR OPTIX® AQUA lenses.

**Important information for AIR OPTIX® AQUA (lotrafilcon B) and AIR OPTIX® plus HydraGlyde (lotrafilcon B) contact lenses:** For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

**References** 1. Alcon data on file, 2011. 2. Eiden SB, Davis R, Bergenske P. Prospective study of lotrafilcon B lenses comparing 2 versus 4 weeks of wear for objective and subjective measures of health, comfort, and vision. *Eye Contact Lens*. 2013;39:290-294. 3. Alcon data on file, 2016. 4. Alcon data on file 2013. 5. In vitro measurement of contact angles on unworn spherical lenses; significance demonstrated at the 0.05 level, Alcon data on file, 2009. 6. Rex J, Perry SS, Lemp J. Concentrations of silicone on silicone hydrogel contact lens surfaces. Poster presented at: BCLA Clinical Conference and Exhibition 2015; 29-31 May 2015; Liverpool, UK. 7. Nash W, Gabriel M. Ex vivo analysis of cholesterol deposition for commercially available silicone hydrogel contact lenses using a fluorometric enzymatic assay. *Eye Contact Lens*. 2014;40:277-282. 8. Nash W, Gabriel M, Mowrey-McKee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci*. 2010;87:E-abstract 105110. 9. Alcon data on file, 2015. 10. Garofalo R, Lemp J. Clinical trial experience with OPTI-FREE PureMoist MPDS. *Contact Lens Spectrum*. 2011; 26:Part SPI 44-48. 11. Alcon data on file, 2011.

# “I Was Lucky to Have Great Mentors”

OD, who came into partnership through unusual structure, is now working to connect students with Vision Source® mentors

**T**alk about being the right person at the right time and place. **Kristin O'Brien, OD**, of Denver, Colorado, in 2013 became the solo OD at a practice started

by **Mark Wahlmeier, OD**, who has five Vision Source® practices in Kansas, and **Seth Thibault, OD**, who has four other Vision Source® practices in Kansas. About two years later, she became a partner with the two, and the practice recently added a second doctor—a new graduate—to work part-time. “I’m lending the torch to another new doctor to carry, like they did with me,” she says. When the practice opened, the team was just two or three people; now it has six full-time employees.

Arrangements like this—where the original owners are nowhere close to the physical practice—aren’t exactly common, but these doctors’ experience shows that there are more than one way to set up new doctors in practice. That might be one factor why Dr. O’Brien began running the Mentor OD program for Vision Source® in August 2016. It’s still a fairly new program, but Dr. O’Brien is working to connect interested Vision Source® members with students in college optometric leadership networks. “These doctors have agreed to be mentors for students who want to open or become a key part of a private practice right out of optometry school,” she says. She’s seeking to expand the number of mentors so that she can connect students not just to mentors in their region but, more ideally, in the region where they want to work. “If a student is in school in California but wants to practice in New York, then a California mentor might not have the same level of practical experience that a New York mentor would have,” she says.

Dr. O’Brien connected with Vision Source® while she was still at Michigan College of Optometry, where she founded the Michigan Optometric Student Private Practice Association. “I was surrounded by these amazing private practice doctors, and I knew I wanted to be a Vision Source® doctor. Through a mentor program, we can inspire and educate students,” she says.

That’s important, she says, because mentors can fill a key gap in today’s optometric landscape. Students learn the clinical skills they need, but even if they join a buying group,

she says, they’re not necessarily getting the guidance and support they need. “People underestimate the power of those benefits that come from being with experienced colleagues.

As a new grad, one of the aspects I loved the most was being able to attend local Vision Source® meetings, where established doctors would provide me with honest answers. For anyone who is considering opening cold or even buying an established practice, that’s invaluable.”

Dr. O’Brien says that many students today feel as if a private practice is outside of their reach. Even if they are a part of a private practice club meeting, there’s still so much they don’t know about managing a practice. “I latched onto mentors whom I wanted to emulate. I also wasn’t afraid



Dr. O'Brien

## Small Space Makeover

**R**ecently, Dr. **Kristin O'Brien** and her staff decided to revamp the reception area. “We got rid of our waiting room with the traditional chairs lined up and magazines stacked on tables. We added a bench so it looks more like an art gallery in order to make room for a second dispensing table. We’re finding that people are spending more time walking around looking at frames,” she says. **WO**



The new setup encourages patients to browse frames.



to ask questions when I came across something I didn’t know. So many students feel like they should know everything, but that’s not the case. I’m excited about giving doctors and students the chance to develop a relationship where students feel they can ask those questions—whether they ultimately choose to join Vision Source® or not.”

some of the HR and management duties. For example, he’s heading up the project of revamping our policy manuals and HR handbooks. He wants to be an employer and not just a clinician.” **WO**

*Interested in being a Vision Source® mentor? Email [mentorod@visionsource.com](mailto:mentorod@visionsource.com).*

# Refractive



OPD-Scan III  
Wavefront



TRS Total Refraction  
Automation



EPIC Refraction  
Workstation



ARK Autorefraction  
Systems



ion Anterior  
Segment Imaging

## SOLUTIONS



TRS-5100  
Product/Model name:  
REFRACTOR RT-5100

**Marco Refraction Systems** — Advanced automated instrumentation includes the OPD-Scan III Integrated Wavefront Aberrometer, the TRS-3100/TRS-5100 and EPIC Digital Refraction Workstation, Autorefractors/Keratometers (with VA measurement, Subjective Sphere Refinement, Tonometry, Glare testing on certain models) and Lensmeters – all with EMR Integration.

**The Difference is Marco.**



Designed and Manufactured by NIDEK - Represented by Marco  
800-874-5274 • marco.com



# OD Develops Leadership Skills as Chair of Clinical Panel

**W**hen **Grace Kim, OD**, joined National Vision Inc. 17 years ago, she was initially attracted to the job stability provided. She has stayed because of the research. Dr. Kim, who was a research biologist before becoming an OD, joined the National Vision clinical panel in 2005. She became the chairperson in 2007, a position she still holds today, in addition to seeing patients in the Bel Air, Maryland, America's Best Contacts & Eyeglasses location.

As a student, Dr. Kim's interest in research was strong, and she spent five years as a research biologist with the Uniformed Services University of the Health Sciences in Bethesda, Maryland, but she also admired her mother's career as an MD. "So I chose optometry," she says. After graduating from Pennsylvania College of Optometry in 1999, she began working in a multilocation optometry practice but missed the ability to do research. She was offered the position as chief of optometry at George Washington University in Washington, D.C., but when she heard that National Vision was developing a clinical panel, she realized that role could blend both of her passions while allowing her to develop leadership skills. "This career pathway opportunity was a pleasant surprise to me," she says.

As chairperson of the clinical panel, Dr. Kim serves as the one permanent OD member of the panel. Nine other National Vision-affiliated ODs serve one-year terms. To be selected, ODs must turn in an application and recommendation. "We look for qualified and motivated ODs," she says. There are 950 National Vision offices, with about 1,800 ODs affiliated with the company. "Rotating positions annually helps more people become involved and keeps our perspective fresh and innovative," she says. It's no easy task to make the selections; Dr. Kim receives about 50 or 60 applications from interested doctors each year for the nine slots.

The applications include questions about doctors' areas of expertise and experience. "There are so many talented doctors, so I look for a balance of those who have research backgrounds or those who have experienced writing clinical protocols or in other areas," she says. There are occasional openings throughout the year, as clinical panel members cannot serve in another leadership position, such as an Area Doctor. So if a doctor takes on one of those

roles, he or she resigns from the clinical panel.

The panel members conduct trials of new contact lenses and equipment, as well as work on revisions of standard operating procedures and other manuals.

"Members can also help doctors with peer reviews and orientations for new hires. During the 10 years that I've been involved, I've seen many doctors author or co-author presentations on topics covered," she says. Some of the equipment that studies have been conducted on includes fully automated lensometers, high-contrast computerized vision charts, all-in-one autorefractors/phoropters, portable tonometers, illuminated phoropters and fundus cameras.

Recently, the panel was involved in testing multiple brands of contact lenses to determine what would become the primary contact lens brands offered at National Vision locations. "We ran an extensive clinical trial and, based on the data and the feedback, we made our decision on spherical, toric and now one-day contact lenses to recommend primarily. I presented the results



Dr. Kim

## What Is an Area Doctor?

**N**ational Vision offers opportunities for doctors who wish to do more than their clinical role and desire to develop leadership skills. In addition to the clinical panel, doctors can become an Area Doctor for their region. Key responsibilities include serving as a liaison between the office and corporate, interviewing and onboarding new hires, completing peer reviews and providing ongoing mentoring to doctors in their area. **WO**

to more than 1,000 doctors, and I believe that hearing the extent of the trial that supported this decision made an impact," she says.

Dr. Kim says the clinical panel is one of those features that is both good for the individual doctors and for the organization. The work of the clinical panel allows doctors to be more efficient, whether that's the result of new technology implemented or new products or procedures introduced. It shows, too, how National Vision has evolved as a listening organization, she says. "Great leaders don't simply command. Great leaders listen," she says. "The CEO, president and senior VPs of the company are approachable and clearly demonstrate a caring attitude for doctors affiliated with

*"Some of the credentials of the panel members are amazing. A lot of these doctors have made National Vision their career choice."*

—Dr. Kim

the company." For example, National Vision invites all affiliated doctors to gather each summer to receive 22 hours of CE, at no cost to them. "More importantly, it gives all the doctors and corporate leaders a chance to interact. Doctors are eager to present new ideas along with their wants and needs in their offices. Ultimately, their ideas and recommendations for new products and equipment will be passed down to the clinical panel to test them prior to implementing them across the board."

The panel also provides ODs with an opportunity to step out of their traditional role in the exam lane. "Some of the credentials of the panel members are amazing. A lot of these doctors have made National Vision their career choice, and serving on the panel is a way that they can advance their expertise in an area or challenge themselves in another." For example, the panel will soon start working on rewriting the optometric technician manual. "We're constantly updating, revising and improving our manuals and guidelines. This is helpful because better manuals will result in better training, and our technicians are our right hands. National Vision recognizes the most important relationship we have is with the tech, so in addition to clinical panel members working on the training, National Vision gives all doctors the ability to participate in interviewing and hiring their tech, so each office can have a cohesive, successful team."

Dr. Kim says that she encourages ODs to apply for the clinical panel positions. She reads each application and has even guided some applicants to apply again in the future or for another leadership position within National Vision. "I feel privileged to be in this role. I have a hand in making sure that we are identifying the best products and the best results for our patients, based on our own research," she says. "It's a unique opportunity, and has been a great choice for me. I encourage others to be open to working for National Vision as it provides great career path advantages." **WO**

# Putting the “Family” in Family Practice

**O**ptomety school prepares ODs to provide excellent clinical care. And more schools and programs are working with ODs to make smart business decisions, too. But partnering or working with or even hiring a family member can result in great synergy—or create tremendous family tension, as anyone who has divorced from a practice partner knows all too well.

These three teams of women have done it right—although each approach is different. Part of the reason why is the discussions that went into setting up their work relationship and the separation of duties.

## Sisters Work Smarter the Second Time Around

Challenges in the first practice provided valuable lessons for second opening

**S**airah Malik, OD, and Sana Malik, OD, make an excellent team. The sisters, six years apart, realized they have complementary strengths that make for a great partnership.

“She is good at the things I am not and vice versa, so we make a great team,” says Dr. Sairah Malik, the older sister. After she graduated from University of Houston College of Optometry in 2005, she spent seven years as the clinical director for a large lasik center. Her younger sister attended Salus University Pennsylvania College of Optometry. They always dreamed of creating their own brand one day, encompassing a vision about which they were both passionate.

However, the younger sister’s plan



Dr. Sairah Malik

was to return to their hometown of Vancouver, Canada. “I thought long and hard on how to convince her to move to Houston, giving up a great job in a beautiful city,” Dr. Sairah Malik says. She says she made the phone call and told her sister:

“Pack your bags; we are

starting our own business.’ The next weekend she was in Houston, and we were negotiating terms to buy our first practice.”

Even though they were sisters, they spent some serious time talking about their practice and life goals to make sure that their business philosophies meshed. Dr. Sairah Malik



Dr. Sana Malik

is grateful that her sister came. “I don’t think I would have done it without her. I know that in order to be successful in any business, you have to give it 110 percent. As moms, wives and career women, it was nice for us to have partners and, more importantly, partners we can trust.”

In 2012, the sisters opened the doors in Sugar Land, Texas, to Pro-Optix Eye Care, which they had purchased from a retiring OD. The practice was declining as the OD was rarely there, and there was virtually no existing patient base to tap into. The sisters hustled and turned the practice around and were profitable in the first six months. Three years later, in September 2015,

The sisters have now designed two Pro-Optix Eye Care locations, reflecting their shared tastes and values.



## The Difficult Discussions

**D**r. Sairah Malik says that before she and her sister began working together, they asked themselves and each other these questions.

- 1) What are your long-term goals in life? Is this something you are passionate about (because there will be ups and downs)? Are you willing to go through some tough times?
- 2) Where do you see yourself in 5 years? In 10 years?
- 3) Why are you pursuing a business? What is your end goal?
- 4) What is each person’s role in the business? (Human resources, marketing,

optical, clinical, business development, payroll, billing and collections are some examples.) Who does what? Is that authority within the practice clear?

- 5) How are we going to keep business relationships separate from personal/family relationships?
- 6) What role will our spouses play? Is it important that they are supportive in our business growth? Are they on board with our visions? Will they be an obstacle or a support? If spouses or family members work for us, how do we ensure accountability, such as who conducts the performance review? **WO**

# Inside the Office, Mother and Daughter Call Each Other “Doctor”

Children of ODs, often well-known to longtime staff, need to inspire confidence

When **Linda Bennett, OD**, had questions about managing the Belmont, Massachusetts, practice she purchased 30 years ago, she turned to one of the smartest people in the profession at that time: **Irving Bennett, OD**, who is also her father. The two never practiced together, but he had always served as her sounding board as she built



Dr. Bennett

up her practice from doing just about everything herself in one exam lane to now supporting four ODs—all women—in a six-exam-lane practice. One of those is her daughter, **Rebecca Maida, OD**.

“While the practice was never in the red, it didn’t make much money for about five years. In my 18th year of practice,

I took on my first associate,” Dr. Bennett says. The challenge was that this community, just outside of Boston, is literally one block away from two other towns, one of which is Cambridge. There was a lot of competition. Marketing has been and continues to be very important.

“From the beginning, I began sending a newsletter twice a year to everyone in the community, patients and nonpatients, and we still do that annually. We’ve also grown by folding other smaller practices into ours,” she says.

Dr. Bennett had always taken the long view to practice growth. And this viewpoint affects everything from marketing, staff education and even new associates. “My philosophy

about adding new associates to the practice is that for the first year or two, the owner should be prepared to lose money, at best break even. I want the new OD to hone her skills in clinical decisions and garner compassion so that she can become a great OD and help the practice grow,” she says. The practice celebrated its 30th anniversary in the community in February.

Dr. Maida, who told herself and her mother that she did not want to become an optometrist, grew up there anyway. “I started as the secretary in my mom’s practice on Saturday mornings, and I had done every job that I could by the time I got to college,” she says. But true to her word, she graduated from the University of Michigan with a teaching degree and taught seventh grade math for two years. Even there, she was following in her mother’s footsteps, as Dr. Bennett taught school for seven years before getting her OD degree. But in her second year of teaching, Dr. Maida had second thoughts about becoming an optometrist and began taking the prerequisite classes so that she could enroll at New

*Continued on page 20*

*“She is good at the things I am not and vice versa, so we make a great team.”*

*—Dr. Sairah Malik*

an unexpected opportunity arose to open a second location in the prime Tanglewood Galleria area of Houston. “It was a location and opportunity we could not say no to,” says Dr. Sairah Malik. This time around, they built the practice from scratch. “We had a lot of fun building this practice. We learned everything *not* to do with the first one and just hit the ground running with the second location.”

Dr. Sairah Malik says that businesses are a lot like having children. “The first time around, you worry about everything—and many of the wrong things. The second one is much easier, as you have all protocols in place and you know exactly what’s coming.”

It’s a little too soon for a third, but that option is not out of the picture, say the sisters. They like the idea of building a Pro-Optix brand in the city. The young, ambitious entrepreneurs are proud of what they have built so far. “We don’t come from a business-oriented family, so being the first women-owned business is something we both are very proud of,” says Dr. Sairah Malik. They will continue to look for new and more opportunities to build their brand. **WO**

## Advice for Family Businesses

**M**anaging a family business has become a specialty area within business management precisely because it brings new and complex challenges. Business magazines and management experts dedicate resources and personnel to issues such as succession planning, working with family and laying out the ground rules for business owners who hire family members.

Becoming an owner or partner in an optometric family business generally requires an optometry degree, although some optometrists create a business with a spouse or other family member as a business manager/co-owner, too. However, many ODs also like to hire family members to fill key staff roles, and even that can get tricky.

Many of the business consultants provide advice that is logical—but may be a little more difficult to incorporate because of the emotions that might be involved with family. Be sure to

treat employees equally—not only compared to other employees, but also by leaving emotions out of the equation. If your employed daughter snubbed you last weekend, that can’t carry over into the workplace. Similarly, if you know your employed child is having a hard time in some other aspect of life, be careful not to extend special considerations you wouldn’t provide to other employees.

Be transparent about the family relationships, advisors say. And keep family and business decisions separate.

Partners or co-owners who are family members should hold periodic meetings to make sure they’re on the same page on big issues, such as capital expenditures and succession planning.

Finally, set boundaries to leave work at work. If you have to talk about work at home or during family time, consider implementing a time limit on the discussions. **WO**

Continued from page 19

England College of Optometry. Dr. Bennett also encouraged her to talk with her grandfather. "I knew the field of medicine was changing, and I wanted her to have his perspective," she says.

When Dr. Maida was in school and had questions, she turned to one of the most talented and successful people she knew in the profession. "I used to call my mother while I was in clinic to discuss my findings on the clinic patients I was examining and ask her for advice about prescriptions I was about to write," she says. While the two had determined that there would be a place at Bennett Family Eye Care for Dr. Maida, the younger OD still needed to prove her worth.

Dr. Maida says that joining her mother's practice wasn't exactly a cakewalk, either.

"Everyone who worked in the office had known me for years. They knew me as Rebecca, and I needed to make sure that everyone felt confident with me as a doctor," she says. They reinforce that by calling each other "doctor" instead of "Mom" and "Rebecca."

Dr. Maida also brought new clinical and organizational skills to the practice. "I started a staff schedule, and we began having more meetings, which provided a value and structure that was needed as the practice grew," she says. Dr. Bennett adds that her daughter also brought vision training to the practice. "Every young OD should bring a specialty, whether that's scleral lenses and orthokeratology, low vision or vision therapy, for example. That way, when new patients need those services, they're



**Mother and daughter hadn't anticipated working together, but it's a great partnership, they say.**

automatically referred to that new doctor in an intra-office referral," she says. "That strategy ensures continued growth and innovation in the practice. This happens to fit well with our practice's philosophy, which is to provide the best patient care. We always have the newest products and technology, and our patients have come to expect it. Our patients are excited to see new equipment, instrumentation, products and services. That anticipation of seeing what's new is something that has allowed us to continue to grow." **WO**

## Sisters Find an Area of Unique Collaboration

In conversations, **Christie Russell-Villnow OD**, heard from her neuropsychologist sister, **Leslie Russell-Martin, MS, PhD**, that she was noticing visual processing issues in some of her patients in her mental health clinics. Dr. Russell-Martin encouraged Dr. Russell-Villnow to study more about traumatic brain injury (TBI), concussion and visual processing so that she could offer these services in her primary optometry clinic, Russell EyeCare and Associates in St. Joseph, Minnesota. She also asked Dr. Russell-Villnow to bring these services to her clinic, True Balance Counseling, 45 minutes away in Little Falls, Minnesota. "We had this huge patient population that needed this visual processing aspect, and these services weren't being offered at in the area," says Dr. Russell-Villnow.

In December 2016, the two opened up a shared clinic in Cold Spring. "She has half of the space for her clinic, and I offer vision therapy and vision rehabilitation in my half," Dr. Russell-Villnow says. She sees patients for evaluations in her main office, but once the therapy plan has been developed, therapists can also meet patients at one of the other two locations closer to their homes.

Dr. Russell-Martin has a short list of ODs who provide rehabilitative therapy, but patients seem to appreciate the feeling of collaborative



**Sisters (l-r) Dr. Russell-Martin and Dr. Russell-Villnow saw an opportunity for a site that envelopes both of their interests.**

care when they can get their services from sisters. "We communicate well," she says.

Dr. Russell-Villnow spends one day a week in the Cold Spring location and at her sister's clinic, where therapies include play therapy and working with horses and dogs. "She does a lot of evaluations for school systems in the area," Dr. Russell-Villnow says.

The timing to open this collaborative practice was perfect. "My main clinic was running out of space. We did an expansion last year, but we were going to have to move the vision therapy to a different location. There's not a lot of commercial real estate available in town," she says. Now her two therapists have so much more room to work with patients.

Dr. Russell-Villnow says it's a bit of a surprise that it took her so long to incorporate these services. "When I was in college, I had convergence insufficiency, and vision therapy really helped me. So I always wanted to do it, but we were so busy establishing the primary care clinic when we opened in 2009, and the service wasn't readily recognized as valuable in Minnesota. But when my sister began asking if I could offer these services, and after I took the extra education needed, then I was glad to be able to offer it," she says.

She has one referral source already convinced, and she's been reaching out to parents and other health care providers to explain the benefits. "The diagnosis between learning disabilities and visual processing is closely aligned. The child needs to be able to see so that a health care provider knows that the testing results are true," she says. She has a few representations that replicate how a child might see with various vision problems that help parents relate to their child's testing results. She is also able to offer visual rehabilitation following TBI, which is a growing concern within the medical profession. Recently, she added telehealth services to her therapy clinics, and it is going well.

As word spreads and the practice grows, Dr. Russell-Villnow is glad she had her sister to give her a little push. **WO**

# Provide Fast Access to Eye Care and Eyewear

**B**renda Montecalvo, OD, planned to specialize in optometric vision therapy (VT) when she was opening her cold-start practice about 26 years ago. "VT comes with a pretty big price tag," Dr. Montecalvo



Dr. Montecalvo

says, as it often requires a 12-month plan consisting of in-office visits at her Beavercreek, Ohio, office, as well as exercises for home. She found CareCredit when considering different companies to work with for patient

financing, and Dr. Montecalvo decided it would be a great addition to the practice.

Two decades later, the relationship still runs strong. There have been modifications to terms and conditions over the years, but the significance to patients and the practice remains the same, she says. "It's a nice option for patients and the practice because patients can finance their purchases at an excellent rate, and the practice is paid up front," Dr. Montecalvo says. "It's a huge value for patients to spread those payments out but still get the care right away." Depending on the amount of the purchase and the terms that patients qualify for, patients can take advantage of highly advantageous financing terms.

The CareCredit financing option is referenced during conferences about optometric VT,

For two decades, financing with a CareCredit credit card has been a valuable option for patients

and it is listed in the practice's VT contract as a payment option. Or the optical staff may suggest CareCredit when patients or families are purchasing multiple pairs of eyewear. "The cost can seem like a lot, and our opticians offer that we accept CareCredit credit cards as an option if they don't want to pay for it all upfront," Dr. Montecalvo says. There are also signs at

check-in and check-out to inform patients about CareCredit.

The application process is simple and easy, and many patients apply online at home. There is a laptop available for patients who want to fill out the application in the office. "We get an answer very quickly, and if they qualify, they are eligible to utilize it immediately," she says. "It's a positive win-win for everybody, and it eases the burden of putting out the cash at the time of the visit."

Dr. Montecalvo also appreciates that once an individual is approved, he or she can use the CareCredit credit card just like any other credit card in the practice, purchasing therapy sessions, contact lenses or eyeglasses for the whole family. **WO**

## A Family Profession

**D**r. Brenda Montecalvo, a second-generation optometrist, credits guidance from her mother **Marilyn Brenne Heinke, OD**, for helping her through a smooth cold start for her practice nearly 26 years ago. Dr. Heinke, who practiced in Wisconsin, also specialized in vision therapy. Dr. Montecalvo chose to open her practice in Ohio after she and her husband, a military F15 pilot, were relocated to a base there. Dr. Montecalvo's daughter **Natalie Montecalvo** will be the family's third-generation OD when she graduates from The Ohio State College of Optometry in 2020. **WO**



Three generations of women ODs

## Help Patients Say Yes

**H**ealth care consumers spend a lot of time researching their options—including how to pay for them. The Path to Purchases Optical Research study\* was conducted on behalf of CareCredit to gain a deeper understanding of the way consumers think about their health care purchases. Here are some key findings that are important for staff in optometric practice:

- ◆ 90 percent of CareCredit cardholders surveyed said that financing is a tool that helps them be prepared for unplanned health expenses.

- ◆ 47 percent of CareCredit cardholders surveyed said they would not have made the purchase or would seek another provider if theirs did not have financing available.

- ◆ Nearly 80 percent of all respondents said

## Financing tools can play a role

financing makes it easier to budget for their health care purchases.

- ◆ 75 percent of CareCredit cardholders surveyed said that they are likely to use their card again. In addition, 60 percent of patients surveyed were not aware of CareCredit financing options. However, 52 percent would consider financing if it would enable these patients to get the care or products they needed immediately. Furthermore, the percentage of patients who said they were likely to apply for the CareCredit credit card increased as the cost of the purchases increased. **WO**

\*Path to Purchases Optical Research conducted for CareCredit by Rothstein Tauber Inc., 2014.

# \$531

The average purchase in an optometry practice upon a cardholder opening a CareCredit account is \$531.\*

\*Average 2015 first-ticket sales in optometry practices that accept CareCredit.

◆ At the American Academy of Optometry (AAO) meeting in Anaheim, **Rachel "Stacey" Coulter, OD, FAAO**, professor at Nova Southeastern University College of Optometry, received the William Feinbloom Award. **Fuensanta Vera-Diaz, OD, PhD**, an assistant professor at New England College of Optometry, received the prestigious Scientific Research Career Development Award. Also at the AAO meeting, two women ODs were awarded Diplomate. **Susan Kovacich, OD, FAAO**, of Bloomington, Indiana, became a Diplomate in the Cornea, Contact Lenses & Refractive Technologies section, and **Marlena A. Chu, OD**, of El Cerrito, California, earned Diplomate status in the Low Vision section.



Dr. Coulter



Dr. Vera-Diaz



Dr. Kovacich

Dr. Chu

◆ **Maj. Kerry Phelan, OD**, 375th Aerospace Medicine Squadron optometry flight commander,



Dr. Phelan

was awarded the Armed Forces Optometric Society Junior Optometrist of the Year 2016. She was also named AFOS Air Force Junior Optometrist of the Year last year.



Dr. Lippiatt

◆ The Optical Women's Association, celebrating its 20th anniversary this year, will honor **Lorie Lippiatt, OD**, of Salem, Ohio, as its 2017 Pyxis award recipient.

◆ **Tonyatta Hairston, OD**, of Jackson, became president-elect of the

# Women in the NEWS

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

Mississippi Optometric Association (MOA). **Allison Lord Griffin, OD**, of Greenville, became MOA vice president.



Dr. Hairston



Dr. Griffin

◆ **Katherine L. Osborn, OD, FAAO**, of Fulton, was named the Young OD of the Year by the Missouri Optometric Association.



Dr. Osborn



Dr. Miller

◆ **Dawn Miller, OD, FAAO**, of Garden Grove, California, was honored as Great Western Council of Optometry Optometrist of the Year.



Dr. Block

◆ Prevent Blindness has elected **Sandra Block, OD, MEd, FAAO, FCOVD**, who is medical director of the Illinois Eye Institute at

Princeton Vision Clinic and professor at Illinois College of Optometry, to its board of trustees.

◆ **Alissa Nagel, OD, FAAO**, of Las Vegas, was named Young OD of the Year by the Nevada Optometric Association.



Dr. Nagel



Dr. Lichtenberg

◆ **Heidi Lichtenberg, OD**, of Omaha, was honored as the Nebraska Optometric Association Young OD of the Year.

◆ **Nicole Jensen, OD**, of Peoria, was selected as Young Optometrist of the Year by the Illinois Optometric Association.



Dr. Jensen



Dr. Heaton

◆ On Jan. 1, **Ali Heaton, OD**, of Hayden, became president elect of the Idaho Optometric Physicians (IOP), and

**Lauren Huber, OD**, of Boise, became vice president of the IOP.



Dr. Huber



Dr. Chen

◆ **Angela Chen, OD, MS, FAAO**, an associate professor at Southern California College of Optometry at Marshall B. Ketchum University, was appointed vice chair for the Pediatric Eye Disease Investigator Group network. [WO](#)

**On page 24, see the U.S. women ODs who became Fellows in the American Academy of Optometry in 2016.**

Photo by Airman 1st Class Daniel Garcia

# Focused on Professional Care and Convenience

Dedicated business and space for dry eye offer opportunity to expand care, sell products

**C**asey Hogan, OD, FAO, has been treating patients for symptoms of dry eye for many years at her practice, Advanced Eyecare Professionals in Oak Lawn, Illinois. But it wasn't until more recently that she decided to create a new business—The Chicago Dry Eye Center of Excellence, PC. She wanted to provide the latest technology, treatments, products and services for her patients who were suffering from dry eye. When Dr. Hogan relocated her primary care practice in 2014, she designated a special area of the office for dry eye care.

In this special suite, Dr. Hogan displays a variety of products for sale that she frequently



Dr. Hogan

it works, and OCuSOFT does a great job of keeping it affordable for the patient, as well,” Dr. Hogan says. “We regularly schedule dry eye patients back after three months, and sometimes they return to the office just to purchase additional supplies of these products.”

Dr. Hogan says that she's had good success with the Retaine® line of products. “Evaporative dry eye is the most common to manage,” she says, and she regularly recommends Retaine® MGD for these patients. She adds that Retaine MGD is a preservative-free, oil-based option for meibomian gland dysfunction. “It's hard for us to keep those stocked. The patients notice a difference when they use it.”

The OCuSOFT® Lid Scrub® Original has been a go-to product for a long time, Dr.

Hogan says. “It's mild for managing any lid disease and when you have to remove debris and oil, and it has a non-irritating formula.” She reaches for the Lid Scrub Plus for severe cases like blepharitis, and The Oust™ Demodex® Cleanser is a foam that some of her patients prefer. She also recommends the OCuSOFT Baby™ Eyelid and Eyelash Cleanser for parents to use on children with blepharitis or blocked tear ducts. She's even had patients who have used this gentle, tear-free product on their pets.

One of latest initiatives at The Chicago Dry Eye Center of Excellence is creating an online shopping area for patients to order their dry eye products. “We try to maintain our pricing to stay competitive, in addition to adding the convenience of shopping online.”



Don't make patients search the pharmacy shelves for your recommended products.



Displays encourage patients to buy the products they need before leaving.

recommends. Providing this type of convenience is an essential component to providing top-of-the-line care. “It's challenging to send patients to the store or pharmacy for an over-the-counter product,” she says. “When they go, they see a number of products and tend to buy what is less expensive than what you recommended.” That was one factor that drew her to OCuSOFT, she says. “OCuSOFT is a market leader in dry eye, and you have the opportunity to offer products in the office so that you know that the patient will use what you prescribed.”

She considered three other questions as she chose her products for her dry eye area: Is it effective? Is it economical? Is it convenient? “Patients are more apt to use a product when

## Market Your Dry Eye Services

**D**r. Casey Hogan recommends that practitioners who are offering dry eye

services have plenty of information readily available for patients. “In our reception area, we have a flat screen TV with product information, and while patients are waiting in the exam room, we can run information through our digital eye chart,” she says. “Digital marketing is a key for a dry eye center—it's clean, it looks nice and it's professional.” OCuSOFT works with her staff to provide the images to incorporate in the marketing efforts. **WO**



In-office messaging educates patients about services offered.

Her office manager **Jennifer Pankow** is working closely with their vendor companies like OCuSOFT to get the images and other information needed to build this online shop. Dr. Hogan appreciates that the company is there for her and her staff to keep everyone on the same page and educated. That's important because when patients asks staff members questions about products, Dr. Hogan wants to make sure they know exactly how to respond. **WO**

# Congratulations to the 2016 Fellows

Congratulations to the 258 new Fellows in the American Academy of Optometry. Sixty-six percent of those who achieved Fellow status at the American Academy of Optometry in Anaheim, California, in November 2106 were women ODs from North America. Below are the names of the U.S. recipients and many of their photos. [WO](#)



Dr. Laura Addy, Glendale, AZ; Dr. Erika Anderson, Fort Defiance, AZ; Dr. Tiffany Andrzejewski, Chicago, IL; Dr. Amy Atherton, Beckley, WV; Dr. Hamsa Maria Azar, Oradell, NJ; Dr. Ellen M. Beebe, Albuquerque, NM; Dr. Ann Elizabeth Benavidez, Haddonfield, NJ; Dr. Katherine M. Bickle, Granville, OH; Dr. Mackenzie Sheerin Black, Avondale, AZ; Dr. Kristen E. Bowles, Houston, TX; Dr. Heather Bowman, Ranchos Palos Verdes, CA; Dr. Emily Bruce, Tahlequah, OK; Dr. Sara Rose Bush, Big Rapids, MI; Dr. Danielle T. Callegari, Jacksonville, FL; Dr. Jessica Cameron, Gainesville, FL; Dr. Julia Castronova, Corpus Christi, TX; Dr. Stefanie Michelle Chan, Union City, CA; Dr. Yuen Ying Jacqueline Chan, San Antonio, TX; Dr. Jennifer J. Che, Irvine, CA; Dr. Elaine Chen, Irvine, CA; Dr. Irene Choi, New York, NY; Dr. Allyson Chun, Fresno, CA; Dr. Michelle Chun, Irvine, CA; Dr. Molly Clark, Falls Church, VA; Dr. Kara Collier, Bonita Springs, FL; Dr. Katie Connolly, Bloomington, IN; Dr. Ashley Craven, Oakland, CA; Dr. Danielle Cudahy, Bayside, CA; Dr. Elizabeth Walsh Czirr, Johnson City, TN; Dr. Jennifer Deakins, Irving, TX; Karen Dell, Fort Worth, TX; Dr. Heema Desai, Jersey City, NJ; Dr. Amy Jennifer DeVries, Fremont, NE; Dr. Amanda K. Dexter, San Diego, CA; Dr. Jennifer Doan, Houston, TX; Dr. Susan G. Donald, Shreveport, LA; Dr. Samantha J. Dougherty, Annapolis, MD; Dr. Elizabeth Alter Dow, Jacksonville, FL; Dr. Kaitlyn Elizabeth Dwyer, Cincinnati, OH; Dr. Colleen Dye, New York, NY; Dr. Hitomi Ezumi, Berkeley, CA; Dr. Amelia Fanaieyan, Orinda, CA; Dr. Alyssa Fasano, Alexandria, LA; Dr. Samantha Fordyce, Big Rapids, MI; Dr. Nicole Gaibrois, Queensbury, NY; Dr. Rachel Grant, Memphis, TN; Dr. Mariya Gurvich, Brooklyn, NY; Dr. Britney Hale, Lakewood, WA; Dr. Naureen M. Haroon, Canton, MI; Dr. Jessica Ann Haynes, Memphis, TN; Dr. Erin Jean Heinly, Harrisburg, PA; Dr. Roxana Tahirih Hemmati, Bellaire, TX; Dr. Elaine Del Carmen Hernandez, Atlanta, GA; Dr. Christina Hicks-Hubbard, Birmingham, MI; Dr. Lisa Marie Himmlein, Sicklerville, NJ; Dr. Jamie Hogan, Champaign, IL; Dr. Stacy Nina Hu, San Dimas, CA; Dr. Ruth Hyatt, Ormond Beach, FL; Dr. Danielle Iacono, New York, NY; Dr. Paula Johns, Zuni, NM; Dr. Jasmine Junge, Walnut Creek, CA; Dr. Azadeh Karimi, Natick, MA; Dr. Hardeep K. Kataria, Pasadena, CA; Dr. Suchitra Katiyar, Albuquerque, NM; Dr. Kaitlyn S. Keller, Crystal Lake, IL; Dr. Michela Kenning, Forest Grove, OR; Dr. Erin Marie Kenny, Philadelphia, PA; Dr. Alanna Khattar, New York, NY; Dr. Salma Kiani, Catonsville, MD; Dr. Linda Kit, Baldwin Park, CA; Dr. Amy T. Knapke, Coldwater, OH; Dr. Millicent L. Knight, Jacksonville, FL; Dr. Kaira Kwong, Brooklyn, NY; Dr. Anna Lange, Brooklyn, NY; Dr. Joanne Larson, Oswego, NY; Dr. Charissa Lee, Jacksonville, FL; Dr. Shannon K. Leon, San Antonio, TX; Dr. Andrea J. Liu, Fresno, CA; Dr. Sarah Lopez, El Cerrito, CA; Dr. Jessica Luu, Palm Bay, FL; Dr. Christine B. Luzuriaga, Manchester, MD; Dr. Linda Ly, Flagstaff, AZ; Dr. Jenny K. Mak, Sugar Land, TX; Dr. Amie Marsh,



AMERICAN ACADEMY  
of OPTOMETRY

Hayden, AL; Dr. Mirjana Dordevic McCarthy, Western Springs, IL; Dr. Selina McGee, Edmond, OK; Dr. Brittany E. McNeely, Palm Coast, FL; Dr. Olachi Joy Mezu-Ndubuisi, Madison, WI; Dr. Allison Middleton, Flint, MI; Dr. Barbara Mihalik, Galloway, OH; Dr. Caitlin Miller, Phoenix, AZ; Dr. Karen Mohar, Yuba City, CA; Dr. Rebekah Montes, Houston, TX; Dr. Caitlin J. Morrison, New York, NY; Dr. Kelsie Brook Morrison, Bellaire, TX; Dr. Hilary Morrow, Brookline, MO; Dr. Allison Moy, La Jolla, CA; Dr. Jessica L. Murphy, Saint Paul Park, MN; Dr. April Napier, Layton, UT; Dr. Divya Narayanan, San Antonio, TX; Dr. Danielle Natale, York, PA; Dr. Angela Giangngoc Nguyen, Sacramento, CA; Dr. RaeAnn Nordwall, Hermantown, MN; Dr. Alanna R. O'Keefe, Irving, TX; Dr. Kathleen O'Leary, West Newton, MA; Dr. Molly J. O'Neill, Columbus, OH; Dr. Irin Pansawira, Bakersfield, CA; Dr. Laura P. Pardon, Houston, TX; Dr. Chelsia Park, San Jose, CA; Dr. Niyati Patel, Greensboro, NC; Dr. Erika Marie Perzan, Woodway, TX; Dr. Linh Vy Phan, Houston, TX; Dr. Victoria Felicia Gaskell Piamonte, San Diego, CA; Dr. Maureen Plaumann, Worthington, OH; Dr. Kimberley Poirier, New York, NY; Dr. Trang Pham Prosak, Pearland, TX; Dr. Megan Provence-Perry, Lowell, AR; Dr. Amy A. Puerto, Covington, LA; Dr. Sarah Elaine Quelly, Houston, TX; Dr. Natalie Ramirez, Honolulu, HI; Dr. Amanda Ransdell, Hilliard, OH; Dr. Faydim Rassamdana, Pasadena, CA; Dr. Kristy Remick-Waltman, Pomona, CA; Dr. Candice Elam Rice, Lexington, KY; Dr. Samantha Michelle Rice, Deerfield, IL; Dr. Amy Rindahl, Fitchburg, WI; Dr. Victoria Roan, Bellevue, WA; Dr. Frances Joan Rucker, Boston, MA; Dr. Cynthia P. Rugeiro, Seattle, WA; Dr. Rahnuma J. Saiyed, Chicago, IL; Dr. Angelica Ciepiela Scanzera, Chicago, IL; Dr. Jessica Leah Scherer, Dupont, WA; Dr. Chelsea Schmidt, Cuyahoga Falls, OH; Dr. Amy Marie Schnegg, San Antonio, TX; Dr. Faith Ann Schneider, York, NE; Dr. Noha Seif, Seattle, WA; Dr. Kristen Semenick, Smyrna, DE; Dr. Dipti Singh, San Antonio, TX; Dr. Marsha K. Sorenson, Chicago, IL; Dr. Melissa Jane Spalding, Westminster, CO; Dr. Jeanette LaRose Steffi, Saint Paul, MN; Dr. Amy Steinway, New York, NY; Dr. Rachel Stephan, Gallup, NM; Dr. Serena Sukhija, New York, NY; Dr. Crystal Tong, Corona, CA; Dr. Catherine Tuong, Arcadia, CA; Dr. Maria Natalia Uribe, Pasadena, CA; Dr. Jennifer Vickers, Kansas City, MO; Dr. Jennifer Sidun Vincent, Avon Lake, OH; Dr. Lisa Ming Wahl, Los Angeles, CA; Dr. Dena Weitzman, Downers Grove, IL; Dr. Anna Wells, Spokane, WA; Dr. Lindsey A. Wetherby, Richmond, VA; Dr. Abby Brotherton Wicks, Oceanside, CA; Dr. Danielle Wilhelm, Columbus, OH; Dr. Anna Wong, Elmont, NY; Dr. Denise Wong, Diamond Bar, CA; Dr. Katherine Woo, Peachtree Corners, GA; Dr. Renfeng Xu, Bloomington, IN; Dr. Shikha Yadav, Baytown, TX; Dr. Keren H. Yang, Gig Harbor, WA; Dr. Carlee Y. Young, Frisco, TX; Dr. Charissa Young, Seattle, WA; Dr. Cheryl Zabrowski, Minneapolis, MN; Dr. Sarah Zaver, Sugar Land, TX; and Dr. Sarah Danielle Zuckerman, East Meadow, NY.



# With New Space and Encouragement From Vision Source® Network Colleagues, OD Prepares for Next Phase of Growth

**R**ebecca Schoonover, OD, of Peckville, Pennsylvania, had both experience and support when she began practicing optometry. Before she became an OD, she was a certified optician and earned



**Dr. Schoonover**

her ABOC and COA certifications prior to attending Nova Southeastern University College of Optometry. She spent three years working in corporate settings before deciding that she wanted the authority and control that came from having her own practice with her own staff and management of the optical dispensary. However, when she was approached by a local primary care provider who offered her a spot that had earlier been an eye care practice, she recalls being “scared to death. Those were some sleepless nights in 2008. I didn’t know the first thing about running a practice.”

She turned to her OD friends, as well as her uncle, a medical attorney, who advised her on the legal and financial aspects of starting a practice. “I became an Excel spreadsheet person for about five years until I switched over to electronic health records.” Eventually, she was approached by Vision Source® and joined the network, which provided her with a whole new level of professional resources.

In her volunteer work, Dr. Schoonover has made a positive community impact. For 10 years she was an active member of the Junior League of Scranton, an international women’s service organization, and she also served as a board member for Cinderella’s Closet, which enables young women to purchase new and gently used prom dresses, shoes and purses. She’s the founder of Cocktails for a Cause, an annual fundraising event that splits its proceeds between Research to Prevent Blindness, which conducts research toward the prevention,

treatment, or eradication of all diseases that threaten vision, and the local Lackawanna Blind Association, a local agency that services the visually impaired. She helped create the Happy Birthday Hour at the Women’s Resource Center in Scranton, which makes sure that children served by the program get a nice birthday gift. For this and more, she was honored with the Margaret L. Richards Award, given annually to a member of the Junior League of Scranton for outstanding leadership and volunteerism. She’s been a member of the Pennsylvania Optometric Association’s public relations committee, too.

Yet in terms of her practice, which just celebrated its ninth anniversary in January, Dr. Schoonover was glad to have the help that Vision Source® offered. “I have Vision Source® to help me with the little battles. That’s why I’m going to grow and expand,” she says. For example,

*“I have Vision Source® to help me with the little battles. That’s why I’m going to grow and expand.”  
—Dr. Schoonover*

even the way that vendor representatives treated her was different when she joined Vision Source®. “I was only 30 when I opened my practice. I’d call a lab or vendor and didn’t get the results I wanted. That changed when I became a member of Vision Source®,” she says. Now she also knows that she has

access to industry-leading programs, like Essilor Experts™. The practice team had its training in the program in January.

The other big change is that Dr. Schoonover will be moving Schoonover Eye Care to a new location soon. “Instead of continuing to rent the small space we’ve had, I purchased a building that will let us triple our size,” she says. The space, a former real estate brokerage office, should be ready by May. With as little renovation as possible, she’s removed the little offices and cubicles to create a space with two exam lanes, two pretesting rooms and a contact lens room. She hired an architect, and her



**Dr. Schoonover at a gala event for which Schoonover Eye Care was a sponsor**

father, a contractor, is overseeing the work. She is working with Eye Designs to create a unique, customized and inviting atmosphere in her optical retail space. Not only does she want it to look and feel different than competitors’ locations, she will ensure that her frame offerings include some exciting brands that the corporate locations do not carry.

She expects the practice to grow significantly when she makes the move. In its current location, with only one exam lane and no pretest room, bottlenecks have been common. “On our Solutionreach surveys, we do really well with every aspect except waiting time. That’s going to change when we have more space,” she says.

She also plans to bring on an associate doctor who can transition to partner within three years. After these years of establishing herself as an OD and community-minded professional, she’s ready to take the practice to a new level. “I ask myself if I’m the coach, the team owner or the manager. I want to turn this into a practice where I don’t have to wear several hats. That means empowering the staff to handle issues on their own,” she says. That’s another area where Vision Source® can help. “You may not always know what you’re doing, but if you’re smart enough to ask the questions, Vision Source® can help. There have been so many people who shared their notes with me,” she says. **WO**

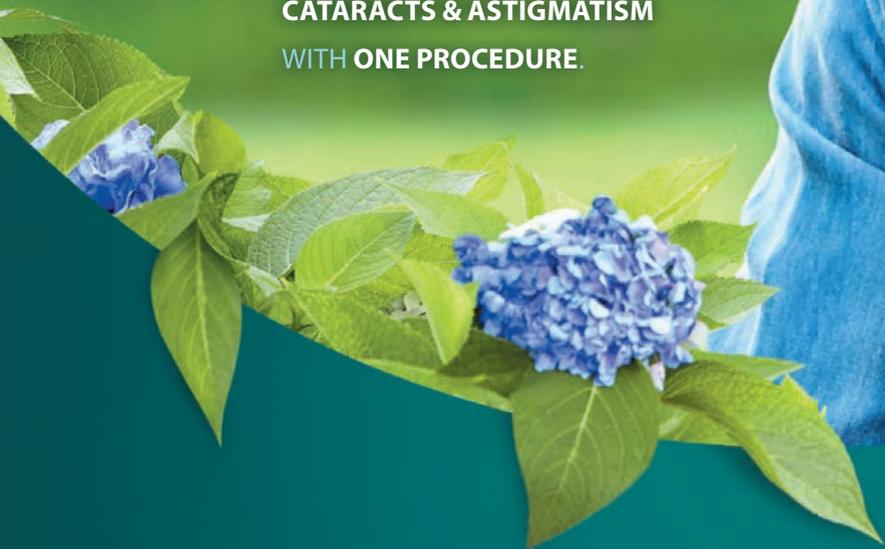


CATHY CATARACTS & ANDY ASTIGMATISM

# 2 1

## EYE CONDITIONS PROCEDURE

GET TWO BIRDS WITH ONE STONE.  
HELP YOUR PATIENTS CORRECT  
**CATARACTS & ASTIGMATISM**  
WITH **ONE PROCEDURE**.



Talk to your astigmatic patients about toric IOL options earlier, and help them see cataract surgery as an opportunity to correct two eye conditions at once.

[mycataracts.com](http://mycataracts.com): online patient resources  
**1-844-MYCATARACT** (1-844-692-2827): cataract counselors

**Alcon** A Novartis  
Division

© 2016 Novartis 10/16 US-ODE-16-E-4365

# Percentage of Women in Practice Stays Steady at 42 Percent Nationwide

Women ODs account for 42 percent of practicing ODs, the same as in 2016, even though the overall number of women in practice increased by 419 nationwide, or 2 percent, according to the annual *Women In Optometry (WO)* analysis of data through healthgrades.com. The optometry workforce, as listed in healthgrades.com, increased only 0.8 percent.

Percentages in the chart below are rounded to the nearest whole number. In the 2017 chart, 29 states saw an increase large enough

to bump up the whole number. That doesn't necessarily mean that there was a full percentage point increase, as the number could have increased from 39.4 percent in 2016 to 39.6 percent in 2017. In four states, the percentage of women decreased.

Women ODs account for 50 percent or more of the workforce in Maryland; Washington, D.C.; Massachusetts; and Delaware. In sharp contrast, they account for just 12 percent and 14 percent of the ODs in Utah and Idaho, respectively. *WO* has

been using the consumer health directory healthgrades.com for the past six years, as it represents a consistent source that is updated regularly. These numbers are typically lower than state licensing board numbers; using state licensing board numbers, however, would likely result in an overstated estimate. That's because ODs can hold active licenses in several states or keep their licenses active even if they're not practicing. Several state licensing boards also do not ask for an applicant's gender. *WO*

## COLOR CODING:

▲ = % of women went up since Jan. 1, 2016.

▼ = % of women went down since Jan. 1, 2016.

## ODs in Practice 2017

State	Total ODs	Men	Women	Percent of women	State	Total ODs	Men	Women	Percent of women
Maryland	776	372	404	52%	North Dakota	193	118	75	39% ▲
Washington, D.C.	260	126	134	52% ▲	North Carolina	1,183	724	459	39%
Massachusetts	1,221	598	623	51%	Arizona	908	560	348	38% ▼
Delaware	126	63	63	50% ▲	Ohio	2,012	1,248	764	38%
California	6,490	3,291	3,199	49%	Washington	1,280	797	483	38%
New York	2,758	1,413	1,345	49% ▲	Alaska	140	88	52	37% ▲
Illinois	2,232	1,159	1,073	48% ▲	Louisiana	445	282	163	37% ▲
Texas	3,623	1,884	1,739	48%	Wisconsin	906	576	330	36%
Virginia	1,150	615	535	47% ▲	Kentucky	615	395	220	36% ▲
Hawaii	270	145	125	46%	Mississippi	332	216	116	35% ▼
New Jersey	1,231	665	566	46% ▲	Nebraska	365	239	126	35% ▲
Alabama	713	398	315	44% ▲	South Carolina	584	384	200	34% ▲
Florida	2,660	1,516	1,144	43%	Oklahoma	728	479	249	34% ▲
New Hampshire	224	128	96	43% ▲	New Mexico	252	166	86	34% ▲
Connecticut	548	315	233	43% ▲	Maine	239	160	79	33% ▲
Oregon	749	433	316	42% ▲	Kansas	630	427	203	32% ▼
Pennsylvania	2,227	1,310	917	41%	Vermont	112	76	36	32% ▲
Nevada	394	232	162	41%	Iowa	596	408	188	32% ▲
Colorado	988	583	405	41%	Arkansas	445	305	140	31% ▲
Georgia	1,139	675	464	41% ▲	South Dakota	199	139	60	30%
Rhode Island	201	120	81	40% ▲	West Virginia	227	159	68	30% ▲
Minnesota	912	546	366	40% ▲	Montana	200	152	48	24%
Indiana	1,281	771	510	40%	Wyoming	133	106	27	20% ▼
Missouri	1,006	609	397	39%	Idaho	296	254	42	14%
Michigan	1,539	935	604	39% ▲	Utah	357	315	42	12% ▲
Tennessee	1,065	651	414	39% ▲	<b>TOTALS</b>	<b>49,160</b>	<b>28,326</b>	<b>20,834</b>	<b>42% ▲</b>

Source: Healthgrades.com, accessed February 14, 2017

INTRODUCING AIR OPTIX® PLUS HYDRAGLYDE CONTACT LENSES

# 2 UNIQUE TECHNOLOGIES 1 OUTSTANDING LENS



EXCELLENT DEPOSIT  
PROTECTION<sup>1,2</sup>



LASTING LENS  
SURFACE MOISTURE<sup>3,4</sup>

FOR A LIMITED TIME, NEW WEARERS CAN  
**SAVE UP TO \$100**  
ON AN ANNUAL SUPPLY VIA MAIL-IN REBATE\*  
WITH THE AIR OPTIX® CHOICE PROGRAM!

Visit [AIROPTIXCHOICE.com](http://AIROPTIXCHOICE.com) to learn more

## PERFORMANCE DRIVEN BY SCIENCE®

\*Rebate is in the form of an Alcon VISA® Prepaid Card. Certain criteria must be met to be eligible for the full rebate. Must be a new patient to the AIR OPTIX® family of contact lenses or an existing patient that is switching lenses within the AIR OPTIX® family. Must purchase an annual supply (four 6-ct boxes) of AIR OPTIX® brand contact lenses (excluding AIR OPTIX® AQUA lenses) within 90 days of eye exam or contact lens fitting. Rebate submission must be postmarked (or submitted electronically) within 60 days of lens purchase date. Valid on purchases made at participating retailers through 6-30-17. Visit [AIROPTIXCHOICE.com](http://AIROPTIXCHOICE.com) for complete terms and conditions.

**Important information for AIR OPTIX® plus HydraGlyde (lotrafilcon B) contact lenses:** For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e. corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

**References:** 1. Nash W, Gabriel M, Mowrey-Mckee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci.* 2010;87:E-abstract 105110. 2. Nash WL, Gabriel MM. Ex vivo analysis of cholesterol deposition for commercially available silicone hydrogel contact lenses using a fluorometric enzymatic assay. *Eye Contact Lens.* 2014;40(5):277-282. 3. *In vitro* study over 16 hours to measure wetting substantivity; Alcon data on file, 2015. 4. *In vitro* wetting analysis: out-of-pack and wetting substantivity; Alcon data on file, 2014.

**Alcon** A Novartis  
Division

See product instructions for complete wear, care and safety information.  
© 2017 Novartis 1/17 US-AOH-16-E-4693a

Rx only



# Three Women ODs in the Running for American Optometric Association Board

So far, three women ODs have announced their candidacy for the American Optometric Association (AOA) Board of Trustees. They are **Jacqueline Bowen, OD**, of Greeley, Colorado; **Lori L. Grover, OD, PhD, FAAO**, of Chicago, Illinois; and **April Jasper, OD, FAAO**, of West Palm Beach, Florida.

## Motivation to run

**Dr. Bowen:** I am committed to long-term service to the AOA. When I ran for election to a one-year term in 2016, it was with the intention to run again for a three-year term.

I bring to the board my skills in thoughtful communication, a mother-bear-like protective instinct and a passion to advance the goals of the profession. My experience on the board this year has been very affirming, and it is without hesitation that I pledge to build on that experience to continue to advance the profession.

**Dr. Grover:** My motivation to serve stems from an early and ongoing commitment to optometric advocacy. Beginning with private practice, I've had the good fortune of a career path providing opportunities for service and experience that enhance the existing strengths and talents of the AOA board and volunteer leadership. During my 26 years in optometry, 22 include continuous AOA volunteer roles while also serving in seven state affiliates and multiple national health-related organizations. Activism in clinical, legislative, educational, governmental, health policy and public health arenas as a doctor of optometry has given me valuable insights into today's health care arena that can further advance optometry.

**Dr. Jasper:** In an interview early in my career, I was asked if I was going to be active politically. At first, I said no because I didn't realize that optometrists—no matter the practice—have to fight for their privileges. Since then, I've been an advocate for the profession. Today, we face new challenges, such as telemedicine and online care, which are confusing patients and consumers. I decided to run because I felt I couldn't sit on the sidelines. We owe it to our profession and patients to get involved. As long as I am asked to represent others and as long as I have the ability, time and talent, it will be a privilege and honor to serve.

## Special interests

**Dr. Grover:** My clinical passion involves treating chronic vision impairment in people of all ages. It connected me to knowledge and discovery in health policy, public health, chronic disease management and health care delivery science. The value of optometric care to overall health inspires my activism for legislative and regulatory strength and fuels my passion for advocacy. My recent role with the National Academies (formerly Institute of Medicine) reflects this; our final 2016 report identifies in-person comprehensive eye exam



Dr. Bowen



Dr. Grover



Dr. Jasper

as the gold standard for our nation's health; includes doctors of optometry defined as physicians; and recognizes vision impairment as a major chronic health outcome that warrants preventive primary care, early diagnosis and timely intervention.

**Dr. Jasper:** My interests in optometry span a wide range of patient care, technology and business issues. My own background ranges from a VA residency, followed by six years as a leaseholder in multiple Walmart Vision Centers to opening a private practice. I have made it my mission to be aware of what's going on around us and to help where I can. One such area is business development because many doctors are overwhelmed by that challenge. I'm a partner in a company, Distinctive Strategies and Leadership, which is designed to help other doctors navigate business obstacles so they can focus on enhancing their patients' lives. Visit [distinctivestrategies.com](http://distinctivestrategies.com).

**Dr. Bowen:** As a practitioner of 25 years, I am deeply and personally affected by key issues threatening our profession today. I have, in my practice, been affected by unscrupulous online retailers, disruptive technology (e.g., apps that claim to replace an eye exam) and third-party bullying. Probably the most talked about issues revolve around emerging technology as it affects our patients and our profession. Optometrists have always embraced new

technology that results in improved outcomes. The AOA must continue to fight for laws that govern appropriate application of technology and protect the doctor-patient relationship. Nothing can replace an in-person comprehensive eye exam with an optometrist.

## Their drive

**Dr. Jasper:** My children have grown up visiting the halls of our state capitol while I lobbied legislators. They and my husband have been with me as I've attended and delivered hundreds of management presentations nationwide. They have seen that giving my time and donations to the profession is as important to me as service to my patients. We cannot do the best for our patients unless we have the rights to practice to our full scope and the skills to manage our businesses successfully. We have to engage to make optometry an attractive profession and asset in the health care community. I'd be honored to serve as your voice.

**Dr. Bowen:** I am able to listen to the opinions of people from all walks of life and build consensus to achieve the specific goals we have for optometry. I stand firm in my convictions while remaining open-minded, intelligent and poised as I represent the best interests of our patients. I love this profession and the patients who are impacted by the valuable relationships they have with their optometrist. I foresee rapid changes for optometry in this inconsistent health care environment, and we need conscientious leaders like myself to navigate those changes. I'm optimistic that optometry will be the go-to profession for health care policy makers on a national and global level for years to come.

**Dr. Grover:** Recent national events and a climate of rapid change require heightened attention across health care to anticipate and address impacts on us and those who deserve our care. Working together, we all can further our nation's understanding of optometric eye and vision care and its value within the house of medicine, community health networks and other professions, including public health. Fighting for access, equity, scope and quality in eye care is at my core. It would be an honor to work on your behalf to promote comprehensive, doctor-to-patient, optometric eye and vision care for people of all ages that improves health and ensures safety. Read more at [eyehealthnet.com](http://eyehealthnet.com). **WO**

# Women In Optometry Recognizes Women ODs for Excellence



In November, *Women In Optometry (WO)* presented its first awards recognizing women ODs for excellence in the categories of leadership, mentorship and education, and innovation. More than 160 people nominated women ODs for these awards; the *WO* professional advisory board voted on the final selection. The Theia Awards for Excellence are named for Theia, the Greek goddess of vision or sight. Each of the individual awards is named for a trailblazing woman optometrist.



Dr. Lyons

The Education Award recipient was **Stacy Ayn Lyons, OD, FFAO**, chair of the Specialty and Advanced Care Department at New England College of Optometry. She's been an investigator or consultant for numerous research grants and a frequent author and presenter on the subject of children's vision. Her nominators (and there were many) cited not only her passion for children's vision but for educating the next generation of

ODs. Dr. Lyons was nominated by her colleagues and her students who talked about her outreach with programs for kids, her advocacy of her colleagues and her inspiration and approachable style in and out of the classroom.

There were two winners in the Dr. Gertrude Stanton Award for Innovation. **Linda M. Chous, OD**, of Minneapolis, Minnesota serves as the Chief Eye Care Officer for UnitedHealthcare and works on committees for the American Optometric Association and National Association of Vision Care Plans. In these roles, she is outlining a path for optometry to become more involved in monitoring patients with chronic conditions, such as diabetes. Her nominator cited the white papers she has written on the importance of appropriate eye and vision care for United



Canadian doctors (l-r) Barbara Pelletier, OD, and Laurie Capogna, OD, created *Eyefoods*, a series of nutrition books, that netted them the innovation award from *WO*.

Healthcare beneficiaries, and wrote, "She is defining the role of the doctor of optometry in the greater health care arena through her work and leadership position in UHC. She also provides cutting-edge care for children in her private practice, The Glasses Menagerie."

*Eyefoods*, spearheaded by Canadian colleagues and foodies **Barbara Pelletier, OD**, and **Laurie Capogna, OD**, was also recognized in this category. *Eyefoods* is focused on providing information about the nutritional value of food. The doctors wanted to bring the knowledge of foods that promote eye health beyond what was currently known. The result of their research is detailed in a whimsical, information-packed series of books: *Eyefoods*, *Cooking with Eyefoods* and *Eyefoods for Kids*. **WO**

**Andrea P. Thau, OD, FFAO, FCOVD,**



Dr. Thau

**DPNAP**, of New York City, was honored with the Dr. D. Elva Cooper Award for Leadership and Advocacy. Dr. Thau serves as the current president of the American Optometric Association, just the second woman to do so. Dr. Thau spent seven years

on the board of the Optometric Society of the City of New York, 14 years on the board of the New York State Optometric Association and has served as president of the New York Academy of Optometry. She was the first woman president of all three of those organizations. Her nominators cited her career of leadership and achievement.

There were two award recipients for the Dr. Mae Booth-Jones Award for Mentoring and Education. The Mentoring Award recipient was **Melissa Barnett, OD, FFAO, FSLs**, principal optometrist at the UC Davis Eye Center in Sacramento, California.



Dr. Barnett

Dr. Barnett is also the current president of the Scleral Lens Society, serves on a number of boards and lectures and publishes frequently on a variety of topics such as dry eye, anterior segment disease, contact lenses and a home/life balance for women in optometry. Her nominator wrote that Dr. Barnett "is more generous with her time than anyone I know." That person cited her kindness and enthusiasm helping ODs master the clinical skills of fitting scleral lenses. Dr. Barnett also was instrumental in forming a local networking group for women ODs, which meets a few times a year, providing Sacramento-area ODs with the opportunity to network, bond and learn.



Dr. Chous

## About the Awards

### Dr. D. Elva Cooper Award for Leadership and Advocacy

In 1911, before women had the right to vote, **Dr. D. Elva Cooper** stepped in to lead the national Congress of the American Optometric Association (AOA), after the male president and vice president were unable to attend the meeting. Dr. D. Elva Cooper of Bradford, Pennsylvania, the second vice president of the AOA, was next in line to be presiding officer. It didn't go well. A petition was circulated to ask her to step down. She wouldn't and apparently regained control—and recognition for her efforts—of managing a chaotic meeting.

### The Dr. Mae Booth-Jones Award for Mentoring and Education

In 1920, **Dr. Mae Booth-Jones** became the first female president of an optometry school, the Washington School of Optometry in Spokane, Washington.

### The Dr. Gertrude Stanton Award for Innovation

Nearly 120 years ago, **Dr. Gertrude Stanton** of Minneapolis, Minnesota, took one of the most innovative steps in the history of the profession. She became the first licensed woman optometrist in the country. **WO**

# Technology Is a Top Priority

**M**onica Ma, OD, and her husband, Jonathan Reynon, OD, were eating pizza in a new shopping center in Cary, North Carolina, when they came to the realization that the center—less than two miles from their homes in an area of high growth and potential—could be home to their new practice. “I said, ‘Let’s see if we can start ‘right here,’” Dr. Ma recalls.

Dr. Ma says that she always thought her route to practice ownership would be buying into an office. But when the opportunity did not present itself, Dr. Ma decided to stop commuting to work and to join forces with her husband closer to home. “With all of our experiences, we realized a lot of things we would do differently in our own practice,” she says.

Dr. Ma and Dr. Reynon hired commercial real estate lawyer, **Jose Santana**, a principal at Segall Group based out of Baltimore, a connection through a family friend who is a partner at the firm. Negotiations for the space took nearly five months because the shopping center—already home to a Target, grocery store and movie theater, with room for more—



Dr. Reynon and Dr. Ma



Dr. Ma personally prefers a black and white palette but the colors, patterns and integrated technology give Parkside Eyecare a modern, sleek look.

for a medical office,” she says. She selected furniture and artwork to achieve the desired atmosphere, tapping into resources such as Wayfair and Uttermost online, as well as a local upholstery company.

The rectangular space features the optical and reception in front with an optical and edging lab, three exam rooms, a pretesting room, a special testing room, a contact lens room, a break room, doctor’s office and manager’s office. There’s a playroom for waiting children, and there are two restrooms, one for staff and one for patients.

For now, one exam room is complete with space for the future, Dr. Ma says. She and Dr. Reynon take turns working in the new office and continue to work their Target Optical subleases.

They plan to focus the practice on primary care with disease treatment and management, drawing upon Dr. Ma’s experience with glaucoma patients or those with diabetic retinopathy in her former place of employment, located in a rural, underprivileged area. The doctors invested in an OCT, visual field, fundus camera, anterior segment camera and digital refraction system from the start.

“Most of our patients work in nearby Research Triangle Park, which is one of the most prominent areas for tech and development in the U.S.,” she explains. “We felt like this technology will set us apart from other offices and give our patients an amazing eye care experience.”

They also incorporated several 40-inch TVs around the reception and optical area for digital advertising. Above the frame displays, TVs provide more information about frame lines and in-depth videos about the practice’s independent lines. Two large Duratrans displays are used for backlight film. “It creates a

nice, professional advertisement vs. a poster or a window cling,” she says. Dr. Ma recommends mapping out technology placement—from instrumentation to computers and security cameras—early in the design and planning process to ensure a smooth installation.

Dr. Ma envisioned a high-end optical with an in-house lab for quick turnaround to differentiate from the competition, and she personally picked every frame. The frames are displayed on Presenta Nova displays, a company that Dr. Ma and Dr. Reynon met at Vision



This window displays stop passersby.

is owned by a national retailer.

They secured their 2,500-square-foot space, the future home of Parkside Eyecare, even before there was a ceiling or floor under construction. They worked with a contractor who had experience with medical and optometry offices. While her personal style is more “black and white,” Dr. Ma says that she knew from conversations with colleagues and designers that she needed pops of at least a primary and secondary color. So they painted the walls a light gray and chose a shade of blue and complementing green. “It’s soothing yet still bright



Color livens up the frame display.

Expo. Based out of Croatia, the company offers a clean, modern look with a lot of white and LED lights, and the blue color from the practice logo carried over into the trim.

Dr. Ma says that she’s happy to be back practicing in her hometown after opening Parkside Eyecare in October 2016. She’s arranging speaking opportunities with the local schools and a nearby 55+ community, and they will also do some specific, targeted mailers. Foot traffic will also increase as the shopping center reaches full capacity. **WO**

# A Calm Space Reignites Passion for Practicing Optometry

About a year after her 2003 graduation from Pacific University College of Optometry, **Tania Sobchuk, OD**, was offered an opportunity she couldn't pass up. The ophthalmologist in Lake Havasu City, Arizona, for whom she was working, offered to sell her his satellite office. Just a year out of school, she bought the office, which had a focus on primary eye care and an optical dispensary. She worked hard as the solo doctor for three years until her two associates joined her: **Brooke Vetter, OD**, in 2007, and **Breanna Ruesch, OD**, in the summer of 2015.

Dr. Sobchuk considered expanding earlier, but due to some shakeups in her personal life, she went a different route. She took a sabbatical and traveled, with her associates and staff running the practice, and she ultimately decided she wanted to return to Lake Havasu City. Then one day, just about two years ago, a realtor came up to her during a Rotary meeting and said, "I found your building." She had no intention of renovating but it was a perfect building," she says. On Aug. 31, 2015, she signed the paperwork, and demolition and reconstruction began on an 8,000-square-foot building. On Aug. 1, 2016, the new building opened to patients less than a mile from the former practice location.

Although Dr. Sobchuk purchased the entire building, a dentist who had been leasing a 1,500-square-foot suite decided he wanted to stay. By the time her renovation was done, people were surprised to hear the building had been there for years. "It was a non-descript building," she says. "Now it's this beautiful building that draws people in. We replaced the roof and removed the old stucco and added windows. The outside is nearly unrecognizable," she says.

The contractors completely gutted her

6,500 square feet, taking it down to one support beam and cement floors so she could redesign it as a single office that flowed well. The space has nine exam lanes, and each of the three doctors has a pod area of three exam lanes and a tech station. This new design helps everyone move smoothly and efficiently while avoiding bottlenecks between 19 employees and the three doctors.



(l-r): Dr. Ruesch, Dr. Sobchuk and Dr. Vetter

There are two pretesting rooms, and they flank a third room with pocket doors. There are four stations for topography, retinal imaging, diabetic screening and macular pigment screening. There's a separate area for the OCT and visual field analyzer and another room for retinal and anterior segment cameras in a central island that prevents back-ups.



Contractors gutted a 6,500-square-foot space so Dr. Sobchuk could design a practice with a great flow and feel.

That means that the practice is able to see more patients. In the old space, with five exam lanes, they tried to schedule all three doctors two days each week, but it was crammed.

"Lake Havasu has a year-round population of 60,000, but in the winter, that swells to 90,000. We are only one of three private practices in town, so our ratio is great." Even their newest associate, Dr. Ruesch, is booked a week in advance.

The new location also has a fabulous, nearly 1,000-square-foot optical with optical displays that Dr. Sobchuk selected during



Dr. Sobchuk says doctors and staff need to feel comfortable in their work environment.

a visit to Eye Designs headquarters in Pennsylvania. The practice displays between 1,000 and 1,100 frames and has a section carrying about 200 sunglasses. There are four optician stations, a high-top dispensing bar with bar lights overhead and a swinging door, like a saloon door, into the lab.

Dr. Sobchuk says that she hasn't really increased her frame inventory, "but we had a lot of understock before. Now we can display it. I hear people say all the time, 'I didn't know you carry Tiffany or Coach.' We always have, but it wasn't displayed as well."

Dr. Sobchuk says the space allowed her to add new features, not just for patients but also for the doctors and staff. One of her favorite spaces is what she calls "a doctor's library. It's where the doctors hang out and can chat when not seeing patients. Being able to go to work and talk about patients or life or share funny stories has really renewed my passion for the work," she says. She's also added a zen room, where a massage chair, spa music and an aromatherapy diffuser help her team members relax. "It has soundproof walls, so if a staff member is really struggling, it's a great place to get away for a few minutes, collect yourself and even scream, if you have to," she says, laughing. The new office has a large full kitchen with tables and lockers.

During her sabbatical travels, Dr. Sobchuk determined that a calm, supportive work environment was at the top of her list of demands for her future. If she can make it that much better for her associates and staff, that's important, too. "I had a lot of help on my journey; that's something I want to provide to others, too." **WO**

# Voices Voices Voices Voices Voices

## Building a Bigger Team

By Stephanie Lyons, OD, of Chicago, Illinois

I opened my practice in 2011 with a goal of building a family-friendly practice in an urban environment. My husband, **John Lyons**, joined me on this venture as the office manager of Lyons Family Eye Care. Many practices in the city are high-end opticals geared for adult patients, but we wanted to cater to families and children. Having that niche, along with providing vision therapy (VT), has helped us become really successful.

About a year after opening Lyons Family Eye Care, I was approached by **Dominick Maino, OD, MED, FAAO, FCOVD-A**, about joining our team. Dr. Maino had been one of my professors at Illinois College of Optometry, and I had first explored the avenue of VT in his private practice. He came to my office to schedule a meeting, where he handed me his resume and explained why he wanted me to hire him.

He recognized the investment that we had made on technology, and he also appreciated our focus on family and VT. The shocking moment for me was that, after only a year, I wasn't sure if we were ready to hire another doctor.



It didn't take much consideration before we reached a decision. Dr. Maino is one of the greatest VT specialists in the world, so we didn't really have a choice: we hired him. Having Dr. Maino on board has helped us grow along the way, giving us exposure to other professionals in his network.

The other doctors on our team joined when I went on maternity leave, taking off a year per child for our two children,



**Eyeglasses rule. There are plenty of reminders of that throughout Lyons Family Eye Care.**



Dr. Lyons



Dr. Lyons' colorful skirt hews close to the theme.

now ages 3 and 1. I've been out of the office quite a bit but John has kept me in the loop the whole time. Having children forced us into hiring even more help sooner than we thought we were ready for it, but ultimately, we really needed the people to handle our volume.

As a result, my schedule is very flexible. We have full-time doctor coverage with **Kelsey Frederick, OD**, on the team, and I come in as a secondary doctor seeing patients one day per week. I'm home three days with my kids, and I spend one day working on the business—the practice management and administrative side of ownership. It's been a perfect set-up, and I've been so lucky to have a situation where I can take as much time as I want with the kids now and after they were born. Soon, I expect to increase my hours again.

Our practice's reputation has earned us many referrals. School administrators as well as other medical

teachers, reading specialists and professionals have been recommending our practice to others. Our vision therapy segment has taken off from its small start when I served as our only OD and vision therapist. We now have four vision therapists on staff, providing VT for a total of 50-60 patients per week. We've expanded into our basement to designate a special VT area, nearly doubling our square footage.

We're looking at our next step: either purchasing our existing office space or moving to a new location. We have room here for additional expansion, which is rare in an urban setting, but, depending on how the next few months pan out, a move may be on the horizon to accommodate our special needs. **WO**



More than 50 patients per week are seen for vision therapy.

*Dr. Lyons first spoke with WO five years ago in 2011 for a story as her practice had just opened. Read that story and other throwback stories from the WO archives under Private Practice Insights under the Modes of Practice channel on [womeninoptometry.com](http://womeninoptometry.com).*

# Voices Voices Voices Voices Voices

## For Mom With Young Children, Distance Makes the Heart Worry

By Alinah Ali, OD, of Sugar Land, Texas

The day that I got the phone call that my baby daughter had a fever of 104 degrees and I had to make my apologies to a patient and leave the office was the day that I realized I couldn't sustain a 40-minute commute to my corporate location. The drive home was so stressful, and even when I learned upon arrival that my daughter's fever was just 100.4, I knew I was just too far away for comfort. So I began looking for an option closer to home, and what I found eventually was a practice for sale just two minutes from my house.

The office itself was underutilized; it had equipment for more comprehensive testing, but patients didn't hear why the testing was useful. My nine years as an optician helped me, too, because I was able to manage just about everything—from finishing lenses on our in-office edger to answering the phone and ordering inventory. Initially, those were long days as I came in early and stayed late to complete tasks like those.

As I became busier, however, that didn't make sense financially for me. I could hire an optician cross-trained in insurance and front desk and still provide relief as necessary. Even as we added staff, my focus

stayed on maintaining a personal connection to patients because that's what's helped me grow. Patients tell me that they have never had such a personalized visit before. It's still fun for me to be able to come out of my office and compliment a patient on a frame selection he or she has just made. We've also started to provide more medical services for patients with glaucoma and diabetes. We now have three or four staff people, and we use part-time staff to fill in the gaps.

The search for my own practice took about a year, but the timing was perfect. I was pregnant with our second child, so while it felt like a lot to juggle, it was also more comforting to know I'd be nearby. I worked until the day before I delivered, and although my leave as an employed OD was twice as long as the six weeks I was able to manage here, I felt connected to this office on a regular basis. I was picking up deposits almost as soon as I got out of the hospital, and I could see that our fantastic office manager was able to keep the practice's reputation on social media going strong. I was able to find coverage for a six-week maternity leave, and I have one other OD who works here on Saturdays.

Every day isn't easy, but I felt ready for this challenge. **WO**



Dr. Ali

## Now What? Retired OD Says "Find Your Passion"

By Polly Hendricks, OD, of Indianapolis, Indiana

When I sold my three LensCrafters leases in 2015, I found myself at loose ends. I had been so active in the Indiana Optometric Association and the American Optometric Association; my staff was my family. I had thrown my heart, soul and life into the practices, and I felt a little lost with so much free time. I began to think of what in my professional life gave me pleasure, and I remembered the words and action of Linda Casser, OD, my mentor and friend. At her encouragement some years ago, I took optometry students to a home exam for an older woman who lived in downtown Indianapolis. She lived in poverty, cooked with a toaster oven and had practically nothing. I thought it was good for students to see that this situation isn't entirely uncommon.

Even though this was 20 years ago, I came back to that image. Which patients most tugged at my heartstrings? For me, it was children. I was active in a Communities in Schools program (communitiesinschools.org), where

we screened all 2,500 first-graders in Clark County each year, and the old folks, especially the shut-ins. That helped me find my passion now that I've retired.

I'm grateful that I have the time to

give back to the communities that supported my professional career. I encourage all of you to begin identifying those groups and patients whom you can support at some point. Begin by identifying those patients you gravitate toward. For me, it's the folks of my father's generation, and I've also been deeply touched by the children I've worked with, both those whom I see only a short time during a free exam and those with whom I've spent much more time through programs like Big Brothers Big Sisters. For some of you, it might be working with children or pet rescue organizations.

Cultivate these relationships now with service organizations. When you retire or otherwise find yourself with some extra time on your hands, you're going to want to tap into those networks. These organizations won't be your referral networks anymore, but they might well help you find your passion for a different kind of service. **WO**

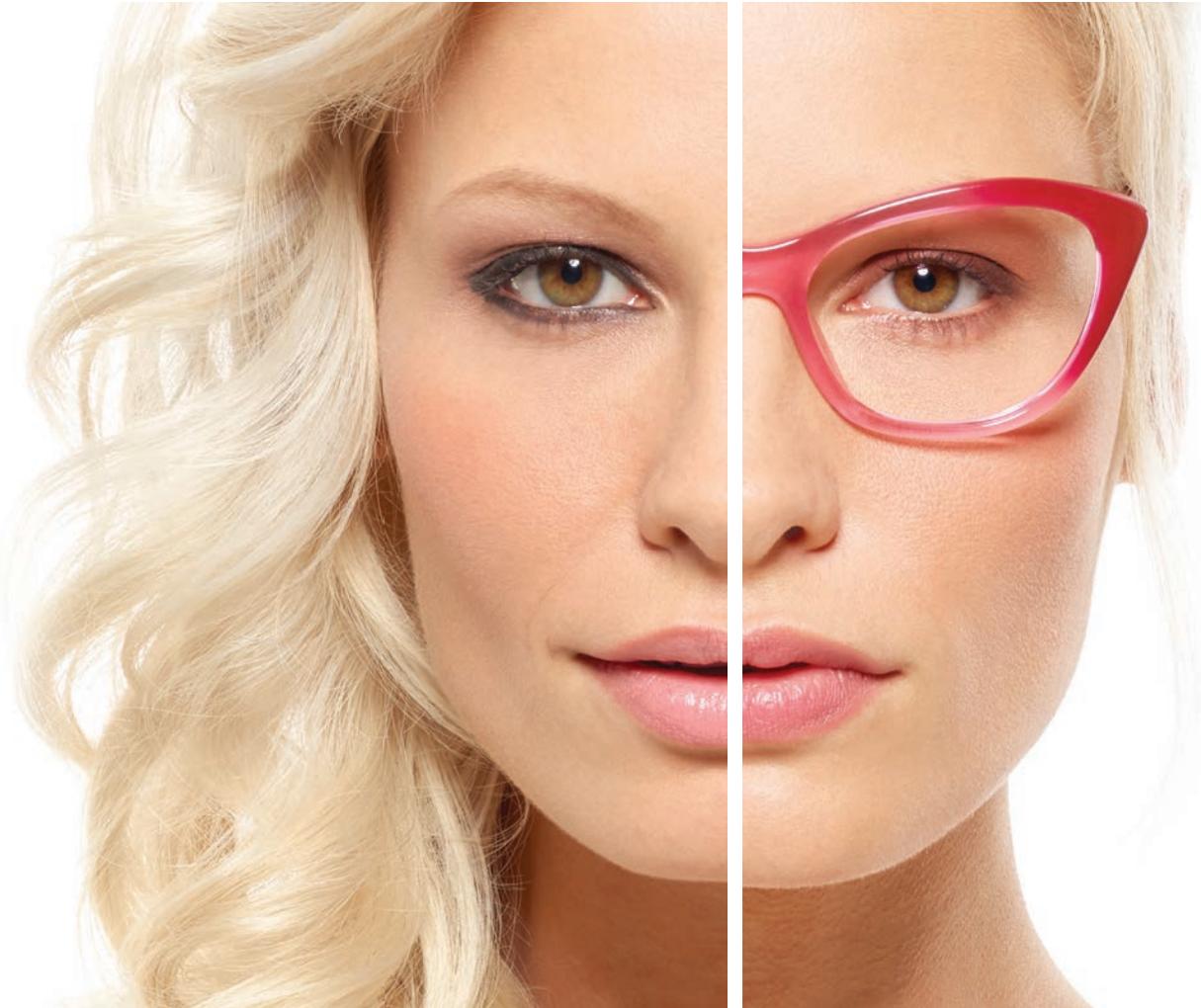


In 2016, Dr. Hendricks connected with Meals on Wheels and the local Lion's Club to distribute food baskets to elderly shut-ins on Christmas Eve. She delivered nine baskets to three elderly couples.

### Looking to Get Involved?

Approach your favorite charity directly. Your local United Way is a great place to start for a general sense of which organizations in your community are looking for volunteers. **WO**

# For **work, play** and **everyday**



## **An annual supply of contacts and eyeglasses for any occasion...**

It's easy to help your patients get all the eyewear options they want — right from your practice. Simply introduce promotional financing options\* available with the CareCredit healthcare credit card.

**Visit booth #1927 at Vision Expo East.**

Or call for more information and enroll at no cost today^.



866.853.8432 ■ [www.carecredit.com](http://www.carecredit.com) ■ [visioninfo@carecredit.com](mailto:visioninfo@carecredit.com)

\* Subject to credit approval. Minimum monthly payments required. See [carecredit.com](http://carecredit.com) for details.

^ Subject to change.

W003170A

Go from  
“Arrghh!”

to

“Ahhh!”

Rather than sampling lubricants and prescribing antihistamines for dry eye or allergy—now you can dispense therapeutic treatments that your patients will prefer.

**Try a dozen bottles on  
your toughest patients**

**12 @ \$6.39 ea = \$76.68**

*100% money back guarantee*

**Call today**

**1-877-220-9710**

**Professional Quality  
Available Via Doctors**

**Natural**  
**OPHTHALMICS** RX  
Quality



[www.NaturalEyeDrops.com](http://www.NaturalEyeDrops.com)