



WOMEN IN OPTOMETRY®

DEDICATED TO THE INTERESTS  
OF WOMEN ODs

$5=2$

$6=4$

$3=1$

$2=1$

$4=2$

ODs who share  
ownership say  
their business model  
promotes balance

$3=2$

$6=2$



**xiidra**<sup>®</sup>  
(lifitegrast  
ophthalmic solution)5%

# MAKE YOUR FIIIR

**Proven to treat the signs of inferior corneal staining in 12 weeks  
and symptoms of eye dryness in 12, 6, and as little as 2**

Xiidra helped provide symptom relief from eye dryness in some patients at week 2—and a measurable reduction in signs of inferior corneal staining in just 12 weeks. Consider Xiidra to help your Dry Eye patients find the relief they've been waiting for.

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

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

# XIIDRA

# ST CHOICE

When artificial tears aren't enough, consider prescribing Xiidra for symptomatic Dry Eye patients.

## Indication

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

## Important Safety Information

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

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

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

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

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

**For additional safety information, see accompanying Brief Summary of Safety Information and Full Prescribing Information on [Xiidra-ECP.com](http://Xiidra-ECP.com).**



## BRIEF SUMMARY:

Consult the Full Prescribing Information for complete product information.

## INDICATIONS AND USAGE

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

## DOSAGE AND ADMINISTRATION

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

## ADVERSE REACTIONS

### Clinical Trials Experience

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

## USE IN SPECIFIC POPULATIONS

### Pregnancy

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

## Animal Data

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

## Lactation

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

## Pediatric Use

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

## Geriatric Use

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

## NONCLINICAL TOXICOLOGY

### Carcinogenesis, Mutagenesis, Impairment of Fertility

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

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

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



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

For more information, go to [www.Xiidra.com](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



Marjolijn Bijlefeld

## A Summer of Possibilities

There's something so promising about long summer days. They feel full of possibilities: there'll be time to spend with kids, take family vacations, catch up on reading and daydream your plans for the future. These days seem alternately unhurried and also fleeting.

In some ways, this issue of *Women In Optometry (WO)* reflects the varied interests of summertime. Our cover story, for example, focuses on ODs who have determined that a 40+-hour workweek isn't conducive to the kind of personal and professional lives that they want. Learn what factors went into their decisions to start out and remain at a part-time pace. Indeed, the results of a recent *WO* Pop-up Poll show that about 80 percent of the respondents said that they feel that a three- or four-day workweek (in the office for patient care or on-site administrative duties) would be ideal. Among the respondents, 48 percent who work full-time now said that they would prefer a part-time schedule.

On page 7, you'll hear from our professional co-editors, **Katie Gilbert-Spear, OD, MPH**, and **April Jasper, OD, FFAO**, who remind us that when it comes to recognitions, there's always time to stop and smell the roses. Be grateful for the people who support you—and tell them so. Are you starting your summer reading list? Then check out page 9, where our professional advisory board shares recent books that have made an impression on them.

There's something wonderfully fresh and exciting, too, as the class of 2017 enters this profession. Congratulations to all the new doctors—and see our story on page 37 that features the top graduates from each of the North American schools and colleges.

We hope that this issue inspires some of your summertime dreaming. Perhaps you'll hear from the experience of others about new products, services or ideas that you'll want to incorporate. Maybe someone else's career path will inspire you.

**P.S.** Please note our growing sponsorship base. It's an acknowledgment by the optometric industry of the role that women ODs play—and we

## In Search of Inspiration?

If you're looking for some ideas to refresh, remodel or even build a practice space, take a look at the unique designs and plans that other ODs have used. On [womeninoptometry.com](http://womeninoptometry.com), you'll find more than 80 stories with photos from women ODs across the country who have shared their practice design and decorating tips. New stories are added constantly. From the main page, look under Models of Practice tab, then The Physical Space. **WO**

Colors, accents, displays, lighting, flooring, layout—it's all in here.

appreciate all of our sponsors' support of our mission to share inspirational and educational stories and provide a platform so that more women's voices can be heard.

Marjolijn Bijlefeld,  
Director of Custom Publications  
Practice Advancement Associates



JUNE 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:



# 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**

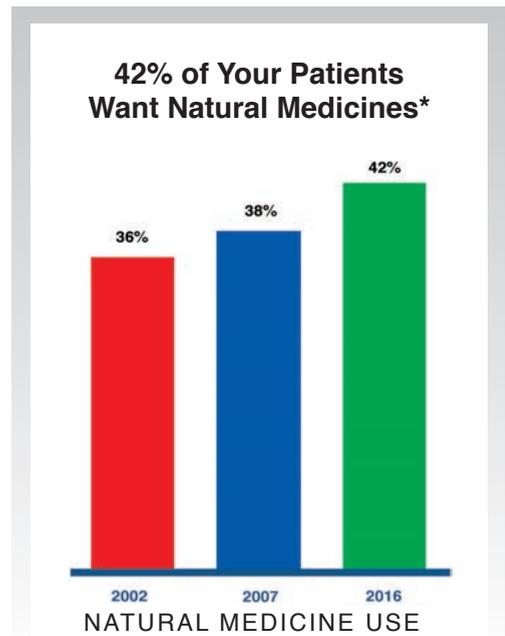
*"I have allergies and your drops are better than Patenol... I have no problem telling patients that these are the newest and best drops available, that they are not available in stores, and must be purchased through me."*

– 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)

## Shine on: Recognitions Are Important

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

**A**t all levels, it's important to recognize the accomplishments of the people you work with. Similarly, it's nice to be recognized for the hard work or good ideas you have.

Organizations that make it a point to celebrate work done well have a culture of positivity. But as a team leader, you have to set the example. Be specific when you thank people for their efforts. It's nice to hear someone say, "Thank you," but it's more meaningful if you can say, "Thank you for the way you handled that situation with Mrs. Jones." Look for opportunities every day to acknowledge your team, your co-workers and your family members. If you make that a part of your routine, you can



**Dr. Jasper**



**Dr. Gilbert-Spear**

change the atmosphere in your practice—and at home. You'll probably hear others start doing it, too.

One way that you can recognize the women ODs you work with or have been influenced by is to nominate them for a Theia award of excellence. In 2016, *Women In Optometry* launched this awards program for women ODs—yielding hundreds of nominations. Look for the nomination forms soon via email and on the website—and plan to join us at our event during the American Academy of Optometry meeting.

We're thankful that this industry finds opportunities to acknowledge the good work of so many people who are dedicated to improving the profession and public health. At the American Optometric Association meeting in Washington, D.C., two women ODs will be honored. Here's a brief introduction to them. You can read more on [womeninoptometry.com](http://womeninoptometry.com). **WO**



**Dr. Steele**

### AOA Optometric Educator of the Year

**A**ssociate Dean for Clinical Affairs at the University of Alabama at Birmingham School of Optometry (UABSO) **Elizabeth Steele, OD**, says that her passion for education may have started with optometry students, but it extends to the public and other health care providers now. Dr. Steele joined the UABSO faculty in 2004 to manage a satellite clinic. It was a temporary position, but after eight months, Dr. Steele was asked to take over the Clinical Evaluation of the Visual System (CEVS) program for second-year students.

Dr. Steele was a co-course master for the clinical skills course for the next decade, focusing on keeping it relevant. "The course changed every year—not just the content, but the way we decided to present it—and it continues to do so," she says. "A crucial part of being a good teacher is being a good listener and being willing to learn from those around you—your colleagues, patients and students." The biggest reward, she says, was watching the students transform from beginners who were intimidated by their surroundings to confident interns ready to see patients. The students themselves were amazed at what they could learn in that one year. **WO**

### AOA Young OD of the Year

**S**everal years ago, **Angelique Sawyer, OD, FAAO**, who is now president of the New Hampshire Optometric Association, volunteered for the organization's outreach in the northern part of the state. "One of the doctors talked about the difficulty of finding someone to take over his practice," she recalls. He lamented that doctors coming out of school didn't seem to want to own a rural practice, and he was wondering if he had unrealistic expectations, she says. So she offered to try to help him connect with other ODs. "The more I started talking to him, the more I realized this was a good opportunity for me."

Everything about the situation in North Conway and Berlin was right. Her husband, **Brian Sawyer**, had run a multilocation ophthalmology practice in Houston, Texas, while she was in optometry school. So she knew she could count on his management experience. Their son was just 3 at the time, and they thought this would be the kind of community that was ideal for raising a child. Plus, the two-location practice had a great reputation. The previous owner had it for 40 years, and another owner had it for 40 years before him. **WO**



**Dr. Sawyer**

## 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

# 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.

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

# Summer Reading

Advisory panel members share their best picks



Books: © Zapet | Dreamstime.com

**W**omen In Optometry asked the professional advisory board members for their top reading recommendations. Here are some of their suggestions, spanning professional and motivational books as well as fiction and nonfiction.



**Dr. Carlson**

"It's hard to pick a favorite leadership or motivational book, but I perhaps quote *Blink* by Malcolm Gladwell the most. We all make first impressions whether we really want to or not. I've used this when my staff wanted to do 'dress down Fridays' (the answer was no) or when we've been redesigning our optical and a variety of other situations. It's led to discussions in our staff meetings. What's the first impression of our office? Do people feel we provide great care? Do we send the right message? It's a good read that you can apply to yourself and your office."—**Dori M. Carlson, OD, FAAO**

"I recommend *Five Days at Memorial* by Sheri Fink. It is the true story (told from many viewpoints) about one of the hospitals in New Orleans that lost power for five days in the aftermath of Hurricane Katrina—truly a disaster situation. It is fascinating to read about the corporate state of health care and the very real and very tough life-and-death decisions that doctors, nurses and hospital personnel were forced to make with nothing and nobody to guide them. This book is a great read and very eye-opening for anyone in the health care industry. It sparked many spirited and controversial conversations in my book club."—**Dawn Kaplan, OD**



**Dr. Kaplan**

"I recently finished reading *Great Small Things* by Jodi Picoult. She is an amazing storyteller completely capable of drawing the reader into the characters, who are often complex and somewhat flawed. The book is a very difficult read because you find yourself challenging your own thoughts about how you would respond to the stereotyping present in the story. Whether you read this book or any other by this author (highly recommended), it will confront how you think about relationships and your own truths—whether they be personal or professional. This is fiction with a take-home message at its best."—**Kelly Nichols, OD, MPH, PhD, FAAO**



**Dr. Nichols**

"I recommend *Team of Rivals* by Doris Kearns Goodwin. It involves one of Abraham Lincoln's tremendous strengths, in being able to get some of his rivals to join and thrive in his cabinet (even though these guys initially hated Lincoln's guts). Lincoln shows that if we believe in our cause/purpose/mission, and we 'get over ourselves' by putting ourselves in the place of others and trying to understand how they think and feel, we can create



**Dr. Gutierrez**

a special team (even if rivals), which can work toward a common goal, if the goal is indeed honorable."—**Mario Gutierrez, OD, FAAO**



**Dr. Reynoldson**

"I just finished *The Book of Joy* by the Dalai Lama and Archbishop Desmond Tutu. It's such an enlightening, thought-provoking book about what is important in life. Here's something to think about: Can you really know true joy without having had hardships, failure and trials in your life?"—**Tonya Reynoldson, OD**

"I'm reading *The Immortal Life of Henrietta Lacks* during this break before fourth-year rotations. It is a well-written book based in rich, scientific research history while also highlighting racial, cultural and ethical concerns. It is a great read to understand the cells and the woman behind HeLa. The research that came from her cells lead to the polio vaccine, HIV/AIDS research, cloning and a legacy that lived beyond her years. I highly recommend it for anyone in the health care field."—**Melissa Zaleski**



**Melissa Zaleski**



**Dr. Jasper**

"*The Strangest Secret* by Earl Nightingale is one of the most inspiring and motivating books you will ever read. It is a must read for you and your children, and even though it is old or maybe because it is old, it is amazing. The back cover of the book reads, 'We become what we think about.' I recommend reading the book once a year."—**April Jasper, OD, FAAO**

"*The E-Myth Revisited* by Michael E. Gerber really helped me understand how to run my business better by learning to think as an entrepreneur. It's a great book."—**Lauretta Justin, OD**



**Dr. Justin**



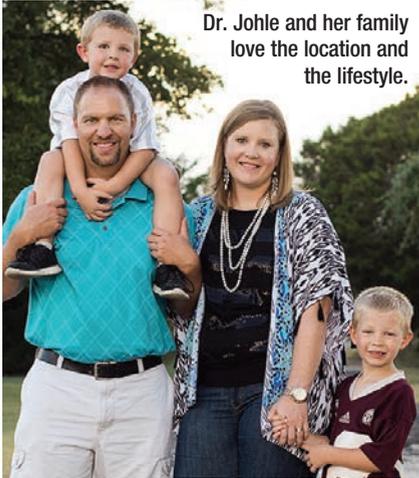
**Dr. Hoscheit**

And a special tip of the straw hat to former board member **Ann Hoscheit, OD, FAAO, FAARM**, who suggested that *WO* post a reading list with reader's suggestions. We encourage you to tell us what books you're reading—and what you like about them. Dr. Hoscheit recommends several, which we'll include online, but one is *Finishing Well* (or other books by Bob Buford), "which is about finding purpose in the second half of life—or as I like to say, becoming rewired not retired."

Join the conversation online at [womeninoptometry.com](http://womeninoptometry.com), [Facebook.com/womagazine](https://www.facebook.com/womagazine) or by emailing [mbijfeld@jobson.com](mailto:mbijfeld@jobson.com). **WO**

# Small Town, Big Demand

Hutto, Texas, 30 miles north of downtown Austin, is not a large town, which might be why there was no optometrist there when **Sarah Johle, OD**, was looking for a place to open her new office. She was completing her internship with **Laurie Sorrenson, OD, FAAO**, a Vision Source® practitioner and administrator in Austin, when she and her husband, **Aaron Johle**, a native of the area, began to consider the option. Dr. Johle ran the



Dr. Johle and her family love the location and the lifestyle.

idea past Dr. Sorrenson, who encouraged her and told her it should be a no-brainer to open as a Vision Source® practice.

That was in May 2008, and she quickly found a house built in the early 1900s that would work as an optometry office. “We opened in August 2008, and a month later, we found out we were expecting our first child,” she says. Even so, she managed to nurture her practice and her son along in the office with two exam rooms (one was retrofitted from an old kitchen).

For five years, Dr. Johle was the only OD, but the demand in the town was surprisingly large. “The goal had been to move after five years, and we did. We now have five exam lanes, my husband is the office manager and I have an associate who works five days a week, plus I’m hiring another part-timer.” Aaron Johle can step in as optician, too.

Dr. Johle recalls that it was a scary step to move into a new office, even as it was necessary to continue growth. “We wouldn’t be able to grow if we couldn’t expand. It’s a small town, but it has a big reach. It helps that my husband is from the area, too. I have a lot of people asking if I’m related to the Johles in town. I like that everyone knows each other. We’re both from small Texas towns that had populations of about 700.” She’s seen her practice grow as one patient in the family will check out the practice, coming in for an

eye exam. Then the patient has all of his or her relevant records transferred and the rest of the family comes, too.

There’s something a little bittersweet about the success she’s seen. By bringing in associates, Dr. Johle is no longer the doctor everyone sees. “Many of these patients have watched my boys grow up, and the little kids who were my first patients are now in high school,” she says. But this level of growth also indicates the need in the community. “I attended a Vision Source® CEO summit in February, and I realized that I really need to bring on another associate so that I can work on the business and have a doctor available to see patients when it’s convenient for them.”

The move was a bit of a challenge for another reason, too. The couple had grown to love the old house that served as their practice home. “It was beautiful and quaint. The living room was the optical; there was a fireplace in the reception area.” Those kinds of details couldn’t be replicated, but the new location did take some of its inspiration from housing styles.

“Two houses in town were our inspiration, right down to the color.”

The practice has a Marco TRS system in four of the exam lanes, and the fifth is more of an overflow room. In 2016, she purchased an OCT while she was at The Exchange®, the annual Vision Source® meeting. And in 2017,



The design for the new practice was inspired by some houses in town. Dr. Johle has added whimsical touches throughout.

she upgraded her Optos lease for the newest technology.

The practice is ideally situated for her, she says, near to an elementary school and a middle school. “You can tell when it’s 3:30 because it starts to get really busy” when the youngsters come in, she says. Those might include the couple’s own sons, now 6 and 8. **WO**

## Digital Devices Present Distractions

Today’s digital age brings both benefits and distractions into our daily lives. It’s handy to send texts to family members and friends, transfer bank balances, pay bills, shop and more online, but those kinds of activities tie people even more to their devices. Seventy-seven percent of survey respondents in a recent *Women In Optometry* poll on productivity said that they use at least two electronic devices for work. About 30 percent have three or more devices.

A majority, 57 percent, said that they only check their devices between 0 and 3 times per day, which leaves 43 percent of respondents who said that they tend to check their devices much

more frequently. Work habit studies have shown that it can take about three minutes to get back on task after an interruption, so those frequent quick checks of email, messages or social media postings can be more disruptive to the workflow than people realize. Here are some suggestions for reducing the disruptions to digital demands.

- ◆ Turn off apps you don’t need.
- ◆ Consider using your “nighttime” setting so only designated texts come in during the workday.
- ◆ For constant checkers, set a schedule (you can use your alarm setting) to increase the time between checking your device. **WO**

# An Opportunity to Fulfill a Shared Mission Leads to Life-changing Experience

For many people, a trip to the eye doctor could be considered uneventful. The doctor's office is likely close to home and an exam is often covered by insurance. But this isn't the case on the Dutch side of St. Maarten, a small island in the Caribbean Sea. Eye care is hard to come by as the island has limited equipment and eye care professionals, making a routine eye exam anything but routine.

Earlier this year, **Carol Record, OD**, of Charlottesville, Virginia, traveled to St. Maarten as part of a trip sponsored by Essilor of America. For three days, she conducted eye health screenings and refractions with help from members of the Essilor brand sales team. "I felt I was able to make a significant impact on the lives of many people, even though I was only there for three days."

The trip is the result of a chance encounter in 2015 that led to a unique partnership between Essilor of America and the Kidz at Sea Foundation, a program designed to introduce St. Maarten youth to all aspects of the marine industry. This year, Dr. Record volunteered with the team as it offered eye examinations and provided eyeglasses to youth enrolled in the Kidz at Sea program, local schoolchildren, faculty and elderly residents.

The Essilor Vision Foundation (EVF), an independent 501(c)(3), was proud to support the initiative by providing screening equipment needed for the exams and frames for the eyeglasses. Essilor provided premium lenses and sun lenses.

## ◆ Eye care with a mission

Dr. Record says that, for her, it's vital to partner with a company whose mission she can support. That's why she didn't think twice about volunteering to go to St. Maarten with the Essilor team. "A mission defines a company's purpose and, with a clear mission, you know and rally around what that purpose is. In our practice, we're the trusted leader in eye care in central Virginia, dedicated to making people's lives better. Essilor's mission is improving lives by improving sight, so this partnership is a natural fit for us."

## ◆ How to help locally

It's not necessary to travel overseas to help people in need. There are 46 million low-income people in the U.S. who can't afford a routine



The Essilor team and Dr. Record in St. Maarten

eye exam or don't have insurance to cover an exam.<sup>1</sup> "I suggest that ODs get involved in local, state and national optometric associations. These associations know of programs where ODs can volunteer at free eye clinics and see underserved patients, so that's always a good place to start," Dr. Record says.

Her practice started a program called Virginia SEE (student eye exams) to serve schoolchildren. "We called all the school nurses in Charlottesville and five surrounding counties and said we would provide a free exam to any student who can benefit from one. We dedicated one full day during the school

year to do these exams and were so fortunate that EVF provided all the eyeglasses we needed for that day."

## ◆ Eye care for all ages

While in St. Maarten, the team saw patients ranging in age from 3 years old to older than 90. "We did very basic eye exams and eye health screenings on the kids to assess their refractive needs," Dr. Record explains. "We saw about 70 schoolchildren, and at least 95 percent needed glasses. I was surprised at the high rate of children needing glasses until I learned the teachers had prescreened the students and selected the ones they thought had vision problems. I was impressed with the teachers' accurate observations."

For the adults, the team did basic glaucoma testing and looked for urgent medical needs. "We found three patients with glaucoma and were able to refer them for treatment. We also referred some adults for cataract surgery,"



(l-r): Ellen Haag; Garth Steyn, Founder of Kidz at Sea, and Dr. Record take a short break during busy days.

she says. It's just as important for adults to get regular eye exams as it is for kids. "Uncorrected vision problems in adults can cause eye strain and fatigue resulting in lack of productivity, and eye diseases such as cataracts, glaucoma and diabetic eye disease can cause blindness."



Fran Lynch and Bradley Davis from the Essilor Brand Sales team make a lasting impact on a nurse in need of eyeglasses.

## ◆ A life-changing experience

Dr. Record says that the trip was life-changing. "It was so heartwarming to see how appreciative the residents were about me donating my time. It felt so good to be able to help people, and I look forward to doing it again." Her patients

back home in Charlottesville have enjoyed hearing about her trip. "Patients love to hear about situations where you go out and help people in need. They can't help but share my enthusiasm when I talk about the trip. When I tell them how Essilor is involved, it makes them feel good knowing their lenses come from a company that also cares about and helps people in need." **WO**

<sup>1</sup><http://www.aoafoundation.org> (accessed on April 26, 2017).



“When I unlocked the door on Day 1, I had patients and everything I needed to succeed.”

I'm Making *Better* Possible.  
Angela, Optometrist

Walmart / Sam's Club Health & Wellness has exciting business partnership opportunities for both Independent and Associate Doctors of Optometry.

We have grown to be a Fortune 500 Company and a leading optical retailer because of our commitment to our customers and patients. With a vision to be “The Trusted Eye Health Care Provider of Choice”, we are committed to offering the best patient experience to all of our patients.

If you are interested in operating your own business or working for someone committed to respect, excellence and customer service, we urge you to contact us today and learn more about “Your Practice Made Perfect.”

Visit [walmart.com/odcareers](http://walmart.com/odcareers)

Wal-Mart Stores, Inc. is an Equal Opportunity Employer - By Choice.



Walmart 



Making *Better* Possible



[walmart.com/odcareers](http://walmart.com/odcareers)

# Optometry Has a Significant Opportunity to Impact AMD-associated Vision Loss

**P**amela Lowe, OD, FAAO, of Niles, Illinois, sees that her patients are aging along with her. “As a baby boomer, I began paying more attention to diseases of aging such as age-related macular degeneration (AMD), type 2 diabetes, hypertension and other chronic diseases. As a primary care practitioner, I realize the importance of talking to my patients about these conditions,” she says.



Dr. Lowe

“I decided to create a center of excellence dedicated to the prevention of AMD. I tell patients how nutrition, diet and exercise can help protect their macular health and vision. The literature suggests if we identify people at the front end of this disease process and teach them how to improve their nutritional status, we can help many patients preserve their vision,” she says.

AMD is one of optometry’s big opportunities, she says. The prevalence of AMD, affecting an estimated 9.2 million people in the U.S., is higher than the prevalence of diabetic retinopathy and glaucoma combined. “We can turn this ship around. We have tests such as macular pigment optical density (MPOD) measurement and dark adaptation to identify at-risk patients earlier; then we are well-positioned to implement proactive measures.”

In her goal to be proactive, Dr. Lowe brought the QuantifEye® Macular Pigment Optical Density instrument into her practice about 10 years ago to measure the thickness or density of her patients’ protective macular pigment. Over the years, she has expanded her pool of candidates for this quick and non-invasive test. “I find that young women in particular don’t eat well, and most are not thinking about their health 30 to 40 years down-stream. Females have twice the risk of developing AMD.”

Dr. Lowe says the MPOD test is very easy to explain. “I tell them, ‘We have this amazing technology that lets us understand an important AMD risk factor from a prevention perspective. Insurance doesn’t pay for screening tests such as this; however, it’s cost-effective and important.’” Macular pigments serve two important and protective roles; they filter high-energy visible blue light and provide

localized antioxidant protection in retinal tissue. The MPOD test determines the quantity of blue light transmission to retinal tissues based upon the thickness or density of zeaxanthin and lutein in the axon of one’s photoreceptors. “We want to identify patients with suboptimal MPOD protection of lower than 0.50 and eliminate this AMD risk factor,” Dr. Lowe says. For these patients, she also prescribes an ocular nutraceutical or eye vitamin brand, available in her office. “I’ve done my due diligence and understand the science, and I’ve seen consistent results in increasing MPOD with the EyePromise® brand.”

Talking about vitamins and vitamin supplements isn’t new to Dr. Lowe, but selling them was, so taking that step was ini-



Optometrists have opportunities to detect macular pigment loss and impact their patients’ health.

tially a difficult decision. “I’m used to writing scripts. It’s medical, and the patient takes the prescription to a pharmacist and I’m not selling anything. I had to focus on the idea that I was providing patients with what I thought was best.” She knows it’s more convenient for her patients too. “The choice of vitamin formulations available at a pharmacy or health store is overwhelming. After I talk about the EyePromise formula being unique vs. retail store brands in several ways, my patients ask where they can find the product. When I say, ‘We have it right here in the practice,’ they love that.”

She adds, “If I have a vegan or vegetarian patient who doesn’t want fish oil in an eye vitamin, there’s an EyePromise lutein and zeaxanthin formula without fish oil. I also recommend the EZ Tears dry eye and DVS diabetes formulations. EyePromise has all the eye vitamin choices necessary to meet my patients’ needs.”

Many of her patients also enroll in the EyePromise autoship program so that their eye vitamins are shipped directly to their homes. “That’s a convenience for my patients. It supports compliance, and it’s a practice management benefit for my staff,” she says.

When Dr. Lowe encounters a patient with a very high risk of developing AMD, she also encourages genetic testing. This test helps Dr. Lowe further refine her eye vitamin prescription. “A recent publication suggests a small percentage of AMD patients fare worse after taking an AREDS formula with a high dosage of zinc. More research is needed, but this author concluded some subjects

shouldn’t consume higher dosages of zinc. EyePromise offers an AREDS 2 formula without zinc for those better suited for zinc-free prescriptive supplementation,” Dr. Lowe says.

“In my practice, we say *prescribe* vs. *recommend* when we talk to patients about eye vitamins. It makes a difference in patient adoption and compliance. As an example, when patients come to the front desk in our practice, a staff member might say, ‘I see Dr. Lowe prescribed EyePromise Diabetes Vision Support for you.’ This approach has contributed to higher adoption, referrals and satisfied patients. The word gets out when you discuss diet, nutrition, exercise and wellness, and we find that many people are eager to learn about preventive measures. They truly feel and appreciate your concern.” **WO**

*Disclosure: Dr. Lowe is a member of ZeaVision’s Speaker’s Bureau.*

# 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. And introducing **ion IMAGING<sup>SM</sup> System** – a highly sophisticated slit lamp integrated anterior segment imaging system that emphasizes image quality, simplicity and efficiency.

**The Difference is Marco.**

AOA • 414



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

# Make the Most of the Leadership Opportunities That Present Themselves

Neither **Carol Alexander, OD, FAAO**, nor **Millicent Knight, OD, FAAO, FAARM**, had expected that their careers would take them into positions of leadership and advocacy at Johnson & Johnson Vision (JJV). They both, however, walked through doors that opened—or that they pushed open.

Dr. Alexander, a 1987 graduate of The Ohio State University College



**Dr. Alexander**

of Optometry, came into the profession serendipitously, she says. She was an optometric technician, and the OD for whom she was working encouraged her to return to school for an optometry degree. "Because of my experience in the field, my classmates made me president of the class, which led to interacting with the leadership in the state association. The year I graduated was the year that Ohio passed its diagnostic pharmaceuticals law." Her involvement in handwriting letters on behalf of the campaign got her noticed by others in Ohio's organized optometry profession. "The networks we form through our actions play an important role in where we end up. My advice to young ODs? When you have an opportunity, say yes and give 110 percent effort. When you do that, others will look to you for participation and leadership in future opportunities."

Dr. Alexander found herself back in legislative advocacy when therapeutic drug use was being debated. "One of the state senators was a patient of mine," she says. "I didn't set out to work on legislative advocacy, but if you care about patients and the profession and have a chance to shape the future, then I say jump in even if it feels a little intimidating."

Dr. Knight also immersed herself in legislative advocacy early, while she was still a first-year student at Illinois College of Optometry. State association reps told the students that ODs in Illinois were not allowed to use diagnostic drops. "Here I was, sitting in class, immersed in learning and spending money on an education that I wouldn't be able to use when I graduated.



**Dr. Knight**

That made no sense," she says. She went along for a visit to the capitol, where she recalls telling legislators this restriction would cause a "brain drain for their constituents. We can practice to the level for which we're trained elsewhere but not here. Why should we stay?" By the time she graduated in 1987, ODs' scope had been expanded.

Dr. Knight learned a lesson from an uncle, a U.S. Congressman, who told her, "Support legislators before you need them." It's a smart strategy because these legislators or their staff members will call on the experts they know for advice. "I encouraged every area legislator to come to my practice for an eye exam. I was confident in the eye care experience they would receive, and they all remained patients," she says.

Dr. Alexander practiced for 20 years,

continuing to serve the profession. She was the first woman to serve as president of the Ohio Optometric Association, and that opened new

doors for her. One of those contacts was the late **J. Patrick Cummings, OD**, who had encouraged her to consider a shift to industry. She began to seriously consider it when she and her husband, **Kevin Alexander, OD, PhD**, grew weary of their two-household, two-state marriage. She practiced in Ohio, and he was dean at the Michigan College of Optometry at Ferris State University. "We decided we were wasting valuable life. We wanted to find work that would let us live in the same house. So I called Pat and he offered me a role at JJV. I've been there now for 10 years." She is now the company's director of professional communications.

Before Dr. Knight joined JJV as vice president of professional affairs for North America, she was increasingly active in her professional and academic communities. She was the first female and also the youngest OD on the board of Illinois College of Optometry, serving 12 years there and nearly six years on the Illinois state

board of optometry. She also served on the National Advisory Eye Council of the National Eye Institute, where her "rationale for supporting research proposals was whether her patients would want to have their tax dollars spent on researching these diseases and conditions. My patients were concerned about conditions like macular degeneration, glaucoma and low vision."

Joining JJV meant leaving behind something she loved; in supporting her, her husband, **Harvey Echols, MD**, also left clinical practice behind. "I wanted to do more for my patients and my profession, contributing at a different level. In my position at JJV, I can advocate for patients in a bigger way, making sure that they continue to receive meaningful innovations with products that will keep them safe and seeing well," she says.

Dr. Knight adds that her position now dovetails with her fundamental belief as a health care professional. "Be of service in accordance

to your expertise." It also fits well with the Johnson & Johnson credo, which reflects on the company's responsibilities to its patients, doctors, nurses, par-

ents, employees, communities and shareholders. "I felt there were synergies between my beliefs in clinical practice and our credo," she says.

Dr. Alexander agrees that her influence now is similar but on a larger scale. "Advocacy is giving voice to someone who may be vulnerable. It's standing up for someone else. Eye care professionals advocate for their patients individually and often through legislative work. We advocate for the profession by sharing the story of what optometry can do with other professionals, patients and legislators. The message is similar: it's all about patient health and safety," Dr. Alexander says.

Dr. Knight agrees, noting she tells younger ODs that joining your professional associations in advocacy is like an insurance policy on the degree you worked so hard to earn. As Dr. Alexander says, "You will practice in the future you help to create; the issues will change but the need for advocacy will be ongoing." **WO**



**The professional affairs team at Johnson & Johnson Vision (l-r): Weslie Hamada, OD, FAAO; W. Lee Ball, Jr., OD, FAAO; Dr. Knight; Dr. Alexander; and Charissa Lee, OD**

# Luxottica would like to recognize the 25 AOSA members who were selected to attend the OneSight clinic in Tanzania in May 2017

**Sara Banilohi** | Southern California College of Optometry  
**Tristan Barrueco** | State University of New York College of Optometry  
**Jessica Bodamer** | The Ohio State University College of Optometry  
**Jaclyn Chang** | University of Waterloo  
**Sarah Gleason** | State University of New York College of Optometry  
**Hannah Greenfield** | University of Alabama at Birmingham School of Optometry  
**Carly Grondin** | Salus University Pennsylvania College of Optometry  
**Jed Harrison** | Southern College of Optometry  
**Maryam Khan** | Illinois College of Optometry  
**Darlene Kim** | Indiana University School of Optometry  
**Paul G. Krabill** | Western University of Health Sciences College of Optometry  
**Charlotte Love** | Michigan College of Optometry  
**Fayiz Mahgoub** | Western University of Health Sciences College of Optometry  
**Katherine McCracken** | University of Houston College of Optometry  
**Caitlin McQueen** | Salus University Pennsylvania College of Optometry  
**Lananh Ngo** | Illinois College of Optometry  
**Tiffany Nguyen** | Southern California College of Optometry  
**Hieu Nguyen** | Nova Southeastern University College of Optometry  
**Brittni Rodriguez** | Inter American University of Puerto Rico School of Optometry  
**Julie Schaefer** | Nova Southeastern University College of Optometry  
**Denis J Shlosman** | New England College of Optometry  
**Shane Stevens** | New England College of Optometry  
**Melissa Tawa** | University of California - Berkeley School of Optometry  
**Jessica Thornton** | Pacific University College of Optometry  
**Jessica Ward** | Southern College of Optometry

Thank you to all 450 students who applied.

Your passion and support inspired us to organize a new clinic to a new location next year! Stay tuned!!



# Online Appointment Scheduler and Text Reminders Save Practice Staff Time

For **Stephanie Mitchell, OD**, and her practice partner, **Krys Gwizdak, OD**, being busy with patients is a good problem to have, but it's still a problem.

There are appointments to make with new and returning patients and reminders to send. The ODs are coping with that challenge with a software platform designed to give optometry practices a more efficient way to keep up.

The software is Solutionreach. They've been using it at Sea View Optometric Center in Long Beach, California, for about six months, after trying a different vendor that Dr. Mitchell says "wasn't a good fit." Solutionreach's three-month trial offer made it easy to go for a test run, she says.

"The software means the practice staff doesn't have to spend hours on the phone reminding patients about upcoming appointments. Even better, the software lets patients schedule their own appointments online. Patients are busy, too, and they appreciate the option of making their appointments when they're free to do so," Dr. Mitchell says.

"We've seen an increase in new patients, and we've also seen returning patients tell us, 'I



Dr. Mitchell

## Three-month trial provides a risk-free way to try a new patient engagement platform

love this; it's so easy to go online and make the appointment. I don't have to remember to call during business hours," she says. "They can

go online to our website or Facebook page and get the time options for an appointment with the doctor they want to see." The appointment scheduler is available with one click from the main page of the practice's website or Facebook page. Visitors select the doctor and the type of visit (e.g., first-time comprehensive exam, annual return, new Medicare patient) and a window opens, showing the available appointment slots for the following three weeks. It's simple and convenient and, by allowing the patient to browse available times, it frees up staff phone time because patients, not the staff member, are finding appointments to fit their schedules.

Patients are told about the online option when they are in the office, and anyone who calls after hours is told about the online option. The

practice also sends email blasts to its patients with details about how to engage with the practice through the platform.

Dr. Mitchell says the practice sends out reminders one week before an appointment, as well as the day before and the hour before. The practice also uses the Solutionreach system to let patients know when orders for contact lenses or new eyeglasses are ready.

"The software is easy for staff members to use," Dr. Mitchell says. When staff arrives in the morning, the Solutionreach system displays an updated schedule and task list. "It's easy; it just pops on the bottom corner of the computer screen when a patient wants to schedule an appointment, and the staff member verifies the time and sends a confirmation to the patient with one click of a button."

Solutionreach has also brought new patients to the practice, she says, which helps offset attrition. "The two biggest draws as far as we're concerned are making it easier for the patient and making it easier for the staff. Solutionreach is cutting down on staff time, allowing staff members to spend more one-on-one time with the patient in front of them. As for patients, this is another piece of technology that makes it easier for patients of all ages, not just younger people, to engage with our practice." **WO**

## Why Patient Retention Matters

The hard work of building your patient base by finding new patients can be a frustrating waste of time if you're not keeping the patients you already have. Nearly 70 percent of patients who take their business somewhere else do so because they feel they are being treated with indifference.<sup>1</sup>

Even as you're figuring out why patients are leaving you, it's important, too, to see how much it happens. To figure out your attrition rate, add up the number of new or short-term patients and divide that by your total number of patients (remember to exclude those who came once and never returned). An attrition rate of 10 percent to 30 percent is considered manageable and tolerable in most practices. Henry Schein places a "normal" attrition rate at 17 percent.<sup>2</sup> An attrition rate of 40 percent is something to pay attention to, and an attrition rate of more than 50 percent may indicate a problem to be addressed within your practice.

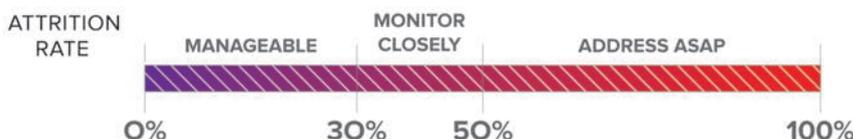
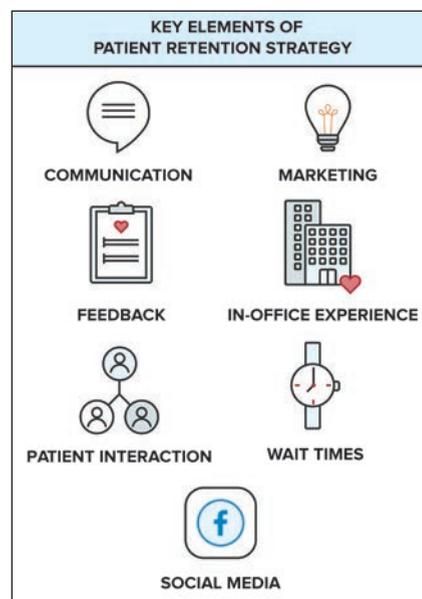
Making sure that every patient feels like the only patient is the key factor in improving your retention. Important elements in a patient

retention strategy include communication that starts even before the patient enters the office and continues past the encounter. It should include marketing, encouraging patient feedback, developing a stellar in-office experience, ongoing interaction with patients, an office process that ensures reasonable wait times and social media outreach to current and new patients.

Solutionreach details these keys of patient communication in a new report, *Patient Retention: Understanding the Value of Your Current Patients to Your Future Success*. **WO**

<sup>1</sup>Patient retention by the numbers. (2012, June 20) *Acupuncture Technology News*. Retrieved June 10, 2016, from miridiatech.com/news/2012/06/patient-retention-by-the-numbers/

<sup>2</sup>www.henryschein.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™  
© 2016 OCuSOFT, Inc., Rosenberg, TX 77471

# Corporate-affiliated ODs Can Learn From Each Other

In the nine years that **Amy Boyer, OD**, has been operating her independent practice at Walmart, she's seen a lot of changes, and the number and impact of those changes seem to be escalating of late. Dr. Boyer, of New



**Dr. Boyer**

Albany, Ohio, was elected to the board of the Energyes Association for corporate-affiliated ODs at its annual meeting in 2016. Since then, the organization has been busy supporting its members with dif-

ferent tools to build their practices, especially with a dry eye practice management session held at SECO earlier this year. "The organization is very much about leveling the platform between private practice and corporate ODs and bringing all ODs into the medical model," she says. The advantages of involvement with Energyes Association are that Dr. Boyer, along with her fellow board members, can help new doctors jumpstart their independent practices, and it shortens the adaptation curve for doctors new to a practice setting that is co-located with a Walmart Vision Center or Sam's Club Optical.

Dr. Boyer also has traveled to Johnson & Johnson Vision recently to attend lectures on several trending topics, including the Ignition program, an Energyes program designed to help member practices fully implement the medical model. This innovative program combines the RevolutionEHR software and clearinghouse services for billing for 12 months, as well as helps doctors become credentialed to participate with Medicare and Medicaid.

She's developed a network with some of the hospital programs in the area that will help patients with diabetes who have no insurance. "We're seeing people coming in for annual eye exams, and we're also seeing more patients with diabetes," she

## Make Sure Associates and Shoppers Know Eye Care Services Are Available

Allow time to accommodate walk-in patients

**D**r. **Amy Boyer** impresses the importance for all doctors to help patients understand that regular health checks should include checks for ocular health.

In addition to getting the message out, doctors have to be sure to welcome the patients in. While Dr. Boyer does not build slots into the appointment schedule for walk-ins, she says that she makes every reasonable accommodation. "I take walk-in patients and same-day appointments every day," she says. **WO**

says. With these shifts, Dr. Boyer is also considering adding new equipment to her office. "As I expand in medical billing, I'm looking at my options for an electronic health record system and an optical coherence tomography unit and camera," she says. "It won't be easy implementing medical billing, but we are already providing these services.

We're consulting with patients and talking about allergic conjunctivitis and prediagnosing glaucoma, diabetes

and hypertension." She says that a review of the medical history of many of her patients has shown her that, often, she's the only health care provider many of her patients see. The accessibility of her independent practice inside a Walmart certainly plays a role, she says.

She believes that being able to provide a fuller scope of services will help her direct her patients to the care they need more quickly. The coordination with staff is critical; on busy days, she may see 20 patients, and about half, typically, are contact lens patients. The relationship depends on good communication, she notes. As a leaseholder within Walmart, part of the fees she pays to the company is for staff help in tasks such as patient intake and pretesting. "The staff is well familiar with my

chart structure and how I prefer things, so the staff members can accommodate that." Staff members do a great job gathering as much information as possible prior to bringing the patient into the exam lane. For example, the more data they can gather about a child's previous eyewear prescriptions, the better she can understand the trajectory of that patient's refractive trends. "By the time I see the patient, I have all the pieces of the puzzle in place. That's how I can get through a busy day," she says. **WO**

*"The staff is well familiar with my chart structure and how I prefer things, so the staff members can accommodate that."*

—Dr. Boyer

## Learn More

**T**he Energyes Association will be holding its **National Meeting June 23-25 in Southlake, Texas.**

**Twelve hours of COPE-approved courses will be available, as well as practice management and other impactful courses. The National Energyes Annual Meeting is at no cost to Energyes members.**

**Many of the board members of the Energyes Association are current Walmart and Sam's Club doctors. Women In Optometry professional advisory board member Dawn Kaplan, OD, a Costco-affiliated doctor from the Chicago, Illinois, area, is also a member of the association's board. For more information, visit [energyesassociation.com](http://energyesassociation.com).** **WO**

# START YOUR PATIENTS ON A HEALTHY ROUTINE TODAY



Now, you can upgrade your weekly and monthly replacement lens wearers with the **ALCON DAILIES® CHOICE PROGRAM**

Recommend a healthy choice for your patients and practice

Reduce the price barrier with \$200 savings\* on a year's supply

A convenient alternative to weekly and monthly replacement lenses

## DAILIESCHOICE.com

\*Via mail-in or online rebate on an annual supply of DAILIES TOTAL1® or DAILIES® AquaComfort Plus® contact lenses. Rebate is in the form of an Alcon Visa Prepaid Card. Must be a new patient to DAILIES TOTAL1® or DAILIES® AquaComfort Plus® contact lenses and must purchase an annual supply of the lenses within 90 days of eye exam and/or contact lens fitting. Applies to purchases from participating retailers only. Visit DAILIESCHOICE.COM for full terms and conditions. Offer ends 12-31-17.



**Alcon** A Novartis Division

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

© 2016 Novartis

12/16

US-DAL-16-E-4914

Rx only

# Decision to Offer Natural Eye Care Products in Office Has Immediate Effect

Patients appreciate the alternative and the convenience of buying during office visit, OD says

**J**asmine Nguyen, OD, had never sold products beyond contact lenses and eyeglasses in her San Diego, California, practice. After all, her location is around the corner from a Walgreen's, so most patients would anticipate paying less or having more of a selection there.



Dr. Nguyen

But that changed recently after a visit to the Natural Ophthalmics booth at a conference she attended. "I happened to stop by and picked up a sample of the Tear Stimulation Forte drops," a homeopathic tear that provides immediate relief while also stimulating eyes to produce more tears, she says. "My eyes are dry, and I've found it hard to find artificial tears that work well and don't have preservatives. I liked it so much, I got an extra bottle for my husband," she says.

She also decided that she'd try selling it in the office, since the professional quality, preservative-free drops are not for sale in the pharmacy around the corner. "I decided to do a small order, and I sold out right away. The second time, I placed an order for 80 bottles, and that sold very quickly, too," she says. What she discovered was that patients told her they appreciated the convenience of being able to take care of everything eye-related before they left the office. "Instead of having another errand to do, they liked buying it here. I also find that many patients will buy more than one bottle now so that it lasts them a little longer."

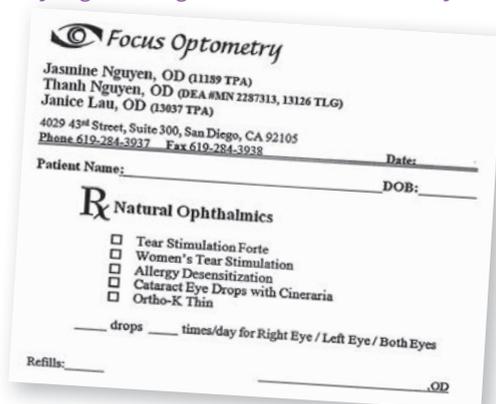
In fact, Natural Ophthalmics' Tear Stimulation Forte and Women's Tear Stimulation drops have become her first-line treatment for patients with symptoms of dry eyes. They like it for all the same reasons she does—primarily because it works well, feels good and is an affordable, effective treatment.

"A lot of my patients don't have insurance or their insurance doesn't cover the cost of artificial tears. The cost of the Natural Ophthalmics products is low compared to prescription products, so it's a good place to start all patients who complain about dry

eyes regularly or even just from looking at the computer or devices too long," she says. It's helped her turn a number of patients away from over-the-counter ocular vasoconstrictors. "I instill a drop while the patient is in the chair. Most immediately comment that it's so refreshing and there's no burn."

In fact, she and her husband have both become regular users. "I keep bottles of Ortho-K Thin drops in my car, in my purse and in my night stand. I think the Ortho-K drop is perfect when someone has eyes that are dry and scratchy. It seems to promote healing quickly," she says, noting her candidate pool for these drops goes far beyond her ortho-k patients. "My 8-year-old daughter uses this, too, with her ortho-k lenses. I dispense it to my ortho-k and contact lens patients," she says.

Dr. Nguyen says she introduced it to the staff and the two other ODs in the office by encouraging everyone to try the drops for themselves. They all agreed that the comfort improvements were noticeable. To help spread the word to patients, she's placed pamphlets in the exam rooms and a copy



Dr. Nguyen fills out a form she created to reinforce her recommendation.

of *Natural Eye Care and You*, the consumer publication about natural eye care, in her reception area and the exam room where patients often browse through it.

In addition, the office has created a tear-off pad with names of the Natural Ophthalmics products it sells. "We circle the products we're recommending so that it looks more like an Rx. We note on there how many drops to use and how often. Then the staff at the front desk sees it and can answer any more questions.

The person checking out the patient might say, "Now that you have the bottle, I can put that slip in the front of your chart so we'll know next time what products you're using."

Dr. Nguyen has had such good success with the tear stimulation drops that she is adding the allergy products from Natural Ophthalmics to her order. "I didn't expect it to go this well," she says. The quick stop at an exhibit hall booth has turned into a new revenue and referral source for her practice, and it has provided a valuable and appreciated convenience for her patients. **WO**

## Input on Inventory

**B**ecause Dr. Jasmine Nguyen had not been selling dry eye products in her practice previously, she says she didn't really have a sense of how many Natural Ophthalmics products to order for in-office dispensing. The Natural Ophthalmics staff helped, making recommendations based on her patient demographics and volume. "They didn't oversell me. I started low and quickly found that the products sell themselves," she says. The Ortho-K, Women's Tear and Tear Stimulation Forte drops particularly began to move very quickly. "It spreads by word of mouth. People tell their friends about homeopathic products, and we get the referrals," she says. **WO**



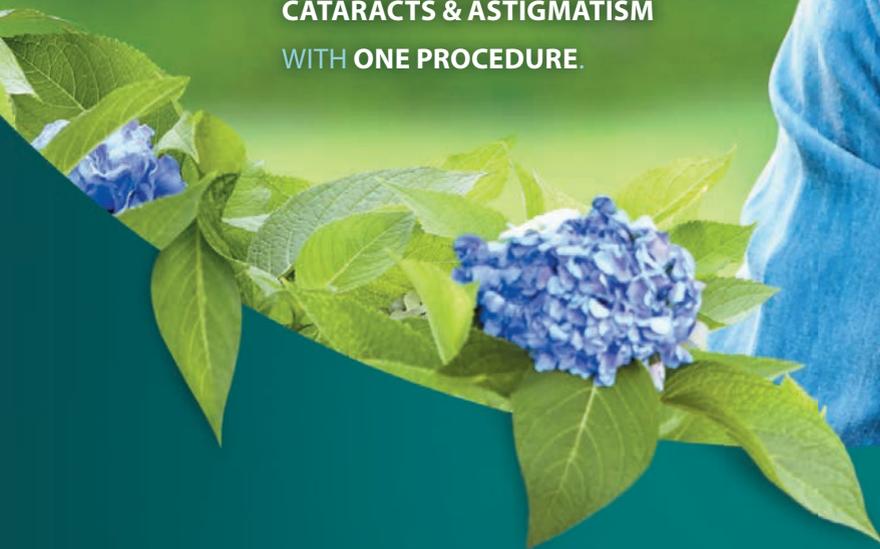


CATHY CATARACTS & ANDY ASTIGMATISM

# 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

# Provide Collaborative Care for Stronger Patient Outcomes

**S**usan Daniel, OD, started her primary care practice one year out of optometry school in 1992. She and her husband **Christopher Davis, OD**, worked in that



**Dr. Daniel**

format for nearly a decade, but their schedules dramatically changed when their infant son became very ill and was diagnosed with severe autism. "Because we were able to adjust our work schedules by owning a private practice, we were able to devote our time to bring our son to 40 to 50 hours of therapy a week." At one of the hospital visits, a stroke rehab physical therapist approached Dr. Daniel during one of her son's sessions and asked her for her opinion regarding a patient who had one eye looking up and one looking down, which was affecting his walking. "When I asked whom they referred to for optometric neurovisual rehabilitation, the therapist said they didn't have anyone."

Coincidentally, it was around that same time that Dr. Daniel first heard of the Neuro-Optometric Rehabilitation Association (NORA), an international, multidisciplinary organization consisting of ODs, rehab therapists, neurologists, case workers and survivors. "My first NORA conference was on vision rehabilitation for children with autism. The conference changed my whole career path," Dr. Daniel says. While there are many vision therapy optometrists who treat reading problems, strabismus and amblyopia, there is a need for more optometrists to work with the increasing numbers of patients with autism, concussion, stroke and other brain injuries.

Dr. Daniel says she had her own experience with double vision due to acquired strabismus from hexavalent chromium poisoning as a child, which the Erin Brockovich movie was about. Luckily, she says, through vision

therapy in optometry school, her double vision was fully treated. She adds that she unfortunately also lost most of her hearing from the poisoning. So when she started working with nonverbal patients, it was a good fit for her. She was one of the first optometrists to get hospital privileges in the acute rehabilitation department, seeing brain-injured patients bedside and working with the rehabilitation team to use lenses, filters, yoked prisms, selective occlusion and visual rehabilitation therapy right after the patient's injury, which improved functional outcomes. She also began working as a consultant to all southern California school districts, evaluating and treating children with special needs, teaching them the visual and perceptual skills they need to succeed and meet their unique educational goals. Since it's an underserved population, NORA's main objective is education—giving optometrists and therapists the evaluation techniques and

treatment tools they need. "Many optometrists don't know how to treat cranial nerve palsies, vestibular-ocular disorders, hemianopsia with field expanders, visual spatial localization shifts with yoked prism, sensory integration and visual spatial inattention. This is where NORA helps fill in the educational gap."

Since that first NORA meeting 16

years ago, Dr. Daniel became a NORA clinical skills instructor and served six years on the board before becoming the organization's president in 2016. Her practice is an externship rotation site for the Illinois College of Optometry, giving students experience in treating special populations. "I love sharing with future optometrists what I have learned from my son's developmental therapies and how to work with nonverbal and sensory-challenged patients. We're changing patients' whole lives and their ability to be independent and communicate. I get goosebumps when

they reach these accomplishments."

Both Dr. Daniel and Dr. Davis have been part of the Vision Source® network for 17 years. The support they have received from the member doctors each month has helped them run their Carlsbad, California, practice efficiently. The vendor support has also been

invaluable, such as the equipment they have purchased for their special needs patients, including the Optos Daytona, Diopsys VEP, Zeiss HFA and FDT, OCT and other diagnostic equipment. The doctors also have a Sensory Learning Center, which uses sophisticated equipment for phototherapy, auditory integration therapy and vestibular therapy to treat sensory integration disorders common with autism and brain injury. Many



**Last year, Dr. Daniel became president of the Neuro-Optometric Rehabilitation Association.**

exams last one to two hours, often done while sitting on the floor or with patients in a swing. "It's imperative to be proficient with a retinoscope since most of her patients can't answer, 'Which is better, one or two?' Every patient has a specialized program to meet unique goals. It is a very creative aspect of optometry."

Throughout this journey, the practice has grown to a \$2 million dollar business with three locations and a therapy space. She spends two days in the main office and the rest of the week in the other offices, at the hospital, lecturing, teaching or visiting classrooms to help teachers work with students. Dr. Davis and their two associates cover the rest of the office hours.

It has also given her the flexibility of writing her own schedule for her business and her family. "Who would have known that having my own optometry practice would give me the flexibility to take care of a special needs child? It works great for us and our four children," Dr. Daniel says, noting the ability to adjust her schedule and learn from her patients. "As patients share their journeys with me, I also learn new things that may help with my son." Matthew is now 19 and through vision therapy, he has developed the skills to communicate by typing on his iPad and writing, she says. **WO**

*"My first NORA conference was on vision rehabilitation for children with autism.*

*The conference changed my whole career path."*

*—Dr. Daniel*

# 4 Reasons to Measure Macular Pigment:

- Identify AMD susceptible patients
- Establish a baseline for nutrition therapy
- Monitor patient adherence and therapy success
- Identify those with low protection against blue light



*“The QuantifEye® MPS II helps to identify patients in need of ocular nutrition support and monitor MPOD improvement over time. It’s been a very useful clinical tool in my practice.”*

— Pam Lowe, OD, FAAO

**Learn how Dr. Lowe uses MPOD measurement as a proactive step in her patients’ long-term eye health.**  
[eyepromise.com/wodrlowe](http://eyepromise.com/wodrlowe)

# ODs and Optometry Students See Full Scale of Global Need During Mission Trip

In May, 13 Luxottica Retail-affiliated ODs and 25 optometry school students were part of a one-week clinic in Tanzania with OneSight. The clinic represented a new partnership between Luxottica Retail, the American Optometric Student Association (AOSA) and OneSight. This special opportunity enabled students to perform comprehensive eye exams under the supervision of practicing ODs while gaining a deeper appreciation for their developing skills in the context of global eye care.

The collective group examined more than 3,500 patients in the Dar Es Salaam region,

while manufacturing more than 1,000 pairs of eyeglasses so that each recipient in need could receive the highest quality eyewear possible. The days were personally and professionally meaningful, the participants say. "This experience has helped me appreciate the importance and opportunities available

for ODs working for a company like Luxottica, a company passionate about domestic and global vision care for others," says **Sarah Krietlow, OD**, a Pearle Vision Licensed Owner from Chaska, Minnesota. **Mahsa Shekari, OD**, an independent, subleasing optometrist affiliated with Target Optical, of Bergen County, New Jersey, adds that it "made me feel proud to work for Luxottica and really made me feel as if we were one big family."

The days were long and challenging, as hundreds of patients were often waiting as the team arrived at 7:30 in the morning. "This experience has impacted the way I practice on a daily basis by expanding my empathy and understanding for every patient I interact with," says **Nishi Mehdiratta, OD**, an independent, subleasing optometrist with LensCrafters, of Houston, Texas. "We have treated patients on this clinic going through incredible hardships,

so it is crucial in patient care to remember this with every patient we see. I like to talk about my experiences on this clinic with patients back home, as it really brings things full circle."

The week was filled with amazing moments, the doctors say. "There were so many moments during this mission in which I witnessed someone being empowered by sight. The first time was when I had a -6.50D, 15-year-old boy who had never had eyeglasses; he was so thrilled with the experience he came

back at the end to thank me and tell me how he wanted to be a part of helping people see," says Dr. Shekari. "The second was when I was working together with one of the student doctors and we had a young boy under 10, with epilepsy and nystagmus, who would not focus on anything. I was holding a Minions gummy pack and a ball in my hand to grab his attention but he

didn't even realize it. Once we trial framed him with a -12.00D, he reached down and grabbed them, and his whole face lit up while playing with them. At that moment we all were moved."

Dr. Mehdiratta says, "My favorite memory on the clinic has been seeing the pure joy on patients' faces when they are given the ability



Dr. Krietlow examines a patient during the Tanzania OneSight clinic.

to see. It is truly life-changing for both the patients and the doctors. I am so grateful to have the opportunity to experience these reactions and empower the people of Tanzania."

Dr. Krietlow says that the experience will resonate when she sees patients in Minnesota. "The lesson I've learned, or had reinforced, is the importance of what I do each and every day. Every individual matters, and what we do is special in that it impacts a person's daily life. I am blessed to be able to help others and practice genuine eye care according to my beliefs; it's all about the patient."

This trip represents the first time Luxottica Retail, the AOSA and OneSight have partnered. "Optometry students are an incredibly passionate group, particularly when it comes to social good and patient care. This passion lines up well with

our corporate mission and Luxottica's nearly 30-year history with OneSight," says Luxottica's Chief Medical Officer **Jason Singh, OD**. "I could not be more proud or more impressed with the 25 students who attended this clinic. They inspired all of the doctors on the clinic and gave us incredible confidence about the future of our profession. Given the success of this clinic, in terms of patients served and the students' experience, we expect to expand this program in partnership with the AOSA next year. The three organizations share a passion for high-quality patient care and eyewear, and our shared impact will only increase." **WO**



(l-r): Dr. Mehdiratta, Dr. Shekari and Dr. Krietlow take a short break in a hectic schedule.

## Learn More About OneSight

Learn more about OneSight, the global nonprofit founded and sponsored by Luxottica, which has provided eye exams and eyeglasses to more than 10 million people across 46 countries as part of its mission to eradicate the global vision crisis. Every year for the past 29 years, more than 1,100 Luxottica associates serve on OneSight clinics to help the world see. Visit [onesight.org](https://onesight.org). **WO**



# SUCCESS CHOICE PROGRAM STORIES

## The Alcon DAILIES® Choice Program is a Win for Patients and Practices

For many eye care professionals (ECPs), helping patients see, look and feel their best means being able to offer their patients daily disposable contact lenses. The **DAILIES® Choice Program** is an opportunity to provide patients with a convenient alternative to weekly and monthly replacement lenses by reducing the price barrier for new wearers with up to **\$200 in savings on a year's supply of DAILIES® lenses**.



**Jessica Crooker, OD**

Director  
Scituate Harbor  
Vision Source  
Scituate, MA

“The DAILIES® Choice Program helps ensure that I get my patients into a **healthy, convenient, and compliant** lens wearing schedule.”

Dr. Jessica Crooker notes, “Whenever fitting patients for contact lenses, I always recommend daily disposable lenses first. The DAILIES® Choice Program has allowed me to recently move many 2-week and monthly replacement contact lens wearers into DAILIES® contact lenses because of the great value.”



**Jeffrey Frank, OD**

Optometrist  
Spex Expressions  
Sycamore, IL

“I’ve experienced **improved patient and practice** outcomes with Alcon DAILIES® due to the DAILIES® Choice Program!”

Dr. Jeffrey Frank also uses the program to help get his patients into DAILIES® contact lenses: “DAILIES TOTAL1® is my go-to lens, and with the DAILIES® Choice program, it offers excellent value to my patients and practice.”



**Douglas J. Bosner, OD**

Director  
Northwest EyeCare  
Professionals  
Columbus, OH

“The DAILIES® Choice Program **lowers the cost barrier** to daily disposable lens adoption.”

Dr. Douglas J. Bosner says, “My patients are able to enjoy the comfort and convenience benefits of DAILIES® AquaComfort Plus® and DAILIES TOTAL1® lenses at a price point that can rival and often beat the cost of 2-week or monthly replacement lenses.”



**Pamela Lowe, OD, FFAO**

Director  
Professional Eye  
Care Center  
Niles, IL

“It’s a win on every front: **patient satisfaction, practice revenue, and patient retention**.”

For Dr. Pamela Lowe’s practice, the DAILIES® Choice Program has helped to increase annual supply sales of DAILIES® lenses. Incorporating the DAILIES® Choice Program into her practice has been easy: “Patients handle the rebate themselves via the online portal, so there is no extra paperwork for my staff!”

Alcon is committed to improving access to its DAILIES TOTAL1® and DAILIES® AquaComfort Plus® contact lenses so that patients can experience the benefits of a daily disposable wearing schedule.<sup>1,2</sup>

**Daily disposable contact lenses are an opportunity to provide patients with the lenses they want.**

**80%** of patients agreed they are more interested in wearing daily disposable lenses when recommended by the eye care professional<sup>3</sup>

**99%** of eye care professionals want to fit more of their patients in daily disposable lenses<sup>4</sup>

The featured optometrists were compensated by Alcon for their participation in this advertorial.

**References**

1. Cho P, Boost MV. Daily disposable lenses: The better alternative. *Cont Lens Anterior Eye*. 2013;36:4-12.
2. Efron N, Morgan PB, Holland M, et al. Daily disposable contact lens prescribing around the world. *Cont Lens Anterior Eye*. 2010;33:225-227.
3. Alcon data on file, 2015.
4. Alcon data on file, 2016.

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



© 2017 Novartis 03/17 USDAL17-E-0351



Sponsored by



# As OD's Corporate Career Advanced, She Saw Few Reasons to Look Elsewhere

**W**hen **Nancy Solsaa, OD**, decided to join America's Best Contacts & Eyeglasses immediately after graduating from Illinois College of Optometry in 1995, she didn't expect it to become the place she would spend her career. But 22 years later, it is still home, as the company has continued to meet her needs.



**Dr. Solsaa**

"I chose America's Best simply because I needed a job. I liked the fact that I could concentrate on doctoring, not on running a business. Plus the guaranteed salary was appealing," she recalls.

As her lifestyle demands changed, she found that she could adapt her job, too. Originally from South Dakota, Dr. Solsaa started working for America's Best in Louisiana. After nearly five years there, she and her husband began to think of starting a family. They wanted to return closer to their roots for that—and the company offered Dr. Solsaa a position in Lincoln, Nebraska, where she remains today.

"One thing that's nice is that it's the same process, just with different people. There's a consistency across the offices. Even though each one might have a little different feel, as far as the major systems and processes, they're the same. That's familiar whether you're filling in somewhere or if you're moving to a different state," she says.

For her family, it meant a solid living, which allowed her husband to stay home when their daughter was young. Now that their

daughter is older, he can participate more actively as a baseball umpire. "I'm grateful I was able to have a job that provided us with those benefits," she says.

Ten years into her career, America's Best was acquired by National Vision, Inc., and Dr. Solsaa says that she noticed it became a more doctor-centric company with that shift.

"Leadership has implemented quite a few changes and programs that are helping doctors succeed in our practice setting," she says. For example, Dr. Solsaa is now an Area Doctor with the company, a role that lets her develop her leadership abilities and ensures all clinical matters are

discussed doctor-to-doctor. She can encourage doctors in her area to share their best strategies with one another, and she can bring to or gain new ideas from her colleagues at the corporate level. She also sets the schedules for ODs in her district. "I coordinate their time off and schedules. I want doctors to feel that they can participate in family life, too," she says.

"One of the newer programs developed by National Vision that I'm involved with, also, is the mentorship program that helps onboard new doctors to the company. I bring them into my store or I go into their store for training. I become a resource for those doctors, providing them with

a point of contact and a sounding board as they gain experience in the store," she says.

That's important because efficiency in the practice is one factor that can help keep prices down, she says. "We do strive to be busy, but doctors should know that there are allowances for patient scheduling. When there are patients who might take more time because of their

The screenshot shows a web-based appointment scheduler. At the top, there are four steps: 'Select Exams', 'Select A Date', 'About You', and 'Book'. The 'Select Exams' step is active. Below the steps, the text reads 'Select Your Exams'. There are three main sections with radio button options:

- Have you had an exam at this location?**
  - Yes
  - No
- What type of exam do you need?**
  - Eyeglasses only
  - Contact Lenses only
  - Both
- Do any of the following apply to the patient?**
  - Under 7 years old or over 70 years old
  - Limited mobility
  - Diabetes
  - Needs assistance with communication

At the bottom of these sections are radio buttons for 'Yes' and 'No'. To the right of the form, a text box states: 'The online appointment scheduler is an added convenience for patients.'

age or a need for a translator, we can block off extra time for them," she says. "By providing well-trained staff members who can take care of the pretesting, National Vision gives doctors the tools to be efficient."

She notes that she has always had a great relationship with technicians. "I want to be approachable so that they will come to me with questions and vice versa. We strive for that relationship with our general managers and staff," she says. For example, National Vision studied the patient flow in the practice and realized that shifting the schedule to take a later lunch break and work later into the evenings allowed the practice to accommodate more patients when they were asking for appointments.

She particularly enjoys seeing doctors whom she has met through the mentorship or Area Doctor programs at the annual CE meeting hosted by National Vision for its doctor network. "During these events, we can satisfy most, if not all, of our CE. It's a great way to meet senior management people who are truly interested in what we think and say, and it's wonderful to reconnect with people I've helped onboard, as well as former classmates and acquaintances who have joined the company in the past year," she says.

As Dr. Solsaa says, it's not that she set out to be a lifelong America's Best OD, "but the further along I got, the less reason I saw to look elsewhere. I've made this my career, and I am happy that I did." **WO**

## Cast out the Stereotype

**T**here may be a perception of the type of patient who comes to a National Vision, Inc., location such as an America's Best Contacts & Eyeglasses store, says **Dr. Nancy Solsaa**. However, she says, "I've had patients who drive in their BMW but shop here because they want the best possible value, and I've had patients who have worked hard to save their \$70 to purchase new eyeglasses."

It is the latter group who tugs at her heartstrings. "I recently saw a woman who had repaired her eyeglasses with pipe cleaners to hold them together until she could buy a new pair. That's why I'm here. It's part of my mission to help those folks. It's also the company's vision—to help people to see their best to live their best. Someone who is walking around with taped-up eyeglasses is not living her best. And we helped to change that." **WO**

# “Here’s What Your Child Sees”

Technology heightens parent education and awareness about children’s vision

**E**xplaining a child’s visual acuity to emmetropic parents is time-consuming and challenging. Or, at least, it used to be. Now **Elizabeth Knighton, OD, FAAO**, turns to



**Dr. Knighton**

her Marco technology to show parents an image of a boat on a beach that she can adjust to reflect how the child sees the same scene without correction. “It’s a real eye-opener, and it saves so much time because I don’t have

to explain what nearsightedness or farsightedness means,” she says. Instead of spending extra time to explain why a child needs eyeglasses, she can move straight into the discussion on why he or she needs Transitions® lenses or specialty eyewear, for example.

That same kind of strategy works when patients—young or old—have refractive changes from year to year. “No patient understands what it means if you say that the prescription has changed a quarter step. But I can pull up what the prescription was before and what it is now so that patients or their parents can see the difference. I’ll hear patients say, ‘Oh, that’s going to help my night driving.’ And that brings them into the dispensary to buy new eyewear.”

Dr. Knighton joined **Nathan Bonilla-Warford, OD, FAAO, FCOVD**, at Bright Eyes Family Vision Care in Tampa, Florida, in 2014 after she had completed her residency in pediatrics at University of Houston. The two had actually first crossed paths years earlier, while she was an undergrad at University of South Florida and Dr. Knighton attended a lecture given by Dr. Bonilla-Warford and hosted by the preoptometric society. When she joined the practice, Dr. Bonilla-Warford was just opening an offshoot pediatric-only practice, Bright Eyes Kids.

She started with just a few days a week but now is full time as the two locations have grown. “We’re both on the same page with a lot of our decision-making,

so that makes it easy to work together,” she says. While both specialize in pediatrics, they have different interests. “He is focused more on myopia control and vision therapy. I like working with children with special needs and brain injuries. We’re technically in the same specialty, but we complement each other very well.”

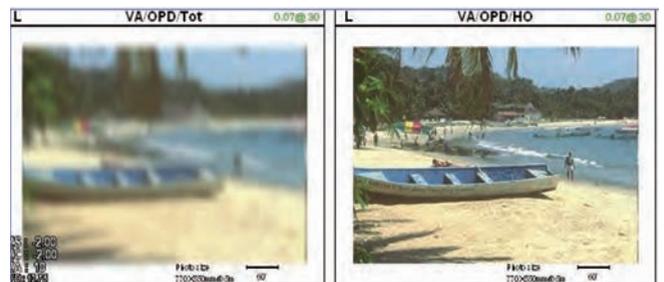
Dr. Knighton recalls that she was pleased

Bright Eyes had the Marco autorefraction system in place when she arrived. She had worked in practices that didn’t, and the efficiency and speed are so much higher with the technology. Not only does she have more data to support her decisions, but the patient education and comparative views that she can provide save a lot of chair time. That’s equally important if she’s working with wiggly children or time-pressed adults.

There’s a TRS-5100 autorefraction system in the exam room and the OPD-Scan III Wavefront Aberrometer in the pretesting area. Using the OPD-Scan III in conjunction with the TRS-5100 provides Dr. Knighton with a wealth of information and data, from topography to wavefront aberrometry, before she even steps into the exam room. The combination of Optical Path Diagnostics and Wavefront Optimized

Refraction is referred to as the XFACTION<sup>SM</sup> Process. A staff member takes measurements, which are transferred electronically into the exam room for the doctors.

A quick look at those results can help Dr. Knighton set the course. For example, if she sees that a patient has subnormal visual acuity or any other finding that might make 20/20 correct acuity unrealistic, she knows that she can



**Dr. Knighton uses this feature to educate parents about their children’s vision. It allows her to show them how their child sees.**

minimize her and the patient’s time and frustration. Instead of frequent, failed attempts, Dr. Knighton can present the findings, set the expectations and make the process much more straightforward.

For patients with normal vision, the refraction process is a snap. “We can very quickly compare different types of lenses. It saves time and is less frustrating for the patient and doctor,” Dr. Knighton says.

The doctors continue to find functions and features to use even though they have had this Marco technology for several years

now. The instrumentation has so many capabilities in addition to what they use daily that can make the exam run more smoothly. For example, while they may not need to use it every day, there are additional binocular vision features that help Dr. Knighton and Dr. Bonilla-Warford automate processes that they used to do manually, further simplifying the process. Dr. Bonilla-Warford adds that he appreciates that measurements are calculated and automatically added to records. Online training or phone support is available if they ever have a question or need a refresher on these less frequently used functions. **WO**

## Mind Your Posture

**D**r. Elizabeth Knighton’s brother is a physical therapist. “He’s always reminding me about the importance of good posture because so much of what I do is repetitive motion. He encourages me to stand a certain way, occasionally do tasks with my left hand instead of my right and choose equipment and furniture that have good ergonomics,” she says.

He’d probably have a lot more advice for her if she were using a manual phoropter rather than the Marco TRS-5100 with its tabletop unit with toggles and buttons. “It’s great having a system where I can sit comfortably and with good posture versus hunched over or leaning into the phoropter and continually raising my arms to adjust the dials,” she says. **WO**

# Financing Option Can Remove Hesitancy About Costs of Services or Products

Coan Eye Care & Optical Boutique in Ocoee, Florida, is known for providing top-of-the-line eye care services and its high-end optical dispensary. **Roxanne Achong-Coan, OD**, and her husband and practice co-owner, **Mark Coan, OD**, have grown their business tremendously since they started it in 2001, and they've earned this reputation as patients spread the word about their positive experiences.



Dr. Mark Coan and Dr. Roxanne Achong-Coan

In the time since the practice first enrolled as a CareCredit provider, its use and benefits for patients have expanded. Dr. Achong-Coan specializes in scleral and ortho-k lens fitting as well as providing dry eye treatment and therapies, and all of these areas of specialty care can come at a high price tag that is not often covered by insurance. "When I have a conversation about LipiFlow or ortho-k, I tell

patients that we accept CareCredit credit cards as a payment option," Dr. Achong-Coan says. These services can cost upwards of \$1,000, "and if you want to buy eyeglasses on top of

that, they might put that purchase on hold. We find that CareCredit really helps when offering high-end services." After she's planted the seed, the staff can fill patients in on all of the details.

Optical purchases continue to be the popular use for CareCredit charges these days, she says, whether it's to try a pair of progressive lenses for the first time or opt for second pairs, such as eyewear for reading or computer usage. And beyond just an individual user, the cardholder can use CareCredit credit cards to get eyewear for everyone in the family. The practice doctors and staff make sure everyone knows that the payment option is available, from listing it prominently on the practice website under the Payment Options tab to the sticker on the front door and all of the conversations with patients in between. **WO**

The doctors pay careful attention to the feedback they receive from their loyal patient base, in addition to offering what they believe to be the best technology and services. Dr. Achong-Coan says that it was more than a decade ago when she and the staff noticed that some patients were hesitant or opting out of purchasing more than one pair of eyewear even when she may have noted the function and benefits of having a second, specific pair during her exam. Others were also shying away from the luxury frames during the selection process. "A lot of patients wanted to buy multiple or higher-end frames, so we decided to give them an option for payments," Dr. Achong-Coan says.

Their relationship with CareCredit began then with a main purpose to help with more costly purchases in the dispensary, and Dr. Achong-Coan recalls that there was a boom in sales after they made that decision. Patients were interested in using the financing option, and some already were familiar with it. "Some patients already had an account, or they could apply on the spot," Dr. Achong-Coan says.

The practice office manager has trained and educated the staff on accepting CareCredit credit cards as a payment option, and they know to present the option to patients so that they know there is another way to make their eyewear and eye care expenses more affordable. "Our staff member jumps on the computer and can say, 'Let's see if you're eligible.'" The process is so quick and simple, and patients know if they are approved on the spot so it can impact their purchase decision that day. Patients appreciate the ability to break up their charge into payments, she says. "They often say, 'I didn't know I could make payments,' and then they are more likely to get the products or have a service done."

## CareCredit Releases *Smart Money* Supplement

CareCredit has released the first supplement to its *Smart Money* publication, *Use Smart Money to Increase Your Capture Rate*. It provides strategies to increase the capture rate in the optical dispensary and the rationale for doing so. Here are some factors that could be holding back the capture rate in your office.



◆ **Delays:** If patients allot one hour for an eye care visit and bottlenecks or a backed-up schedule are keeping them waiting, they're

going to feel like they don't have time to shop for frames.

- ◆ **Selection:** If your optical dispensary doesn't engage patients immediately, they will look elsewhere.
- ◆ **Atmosphere:** If patients don't feel welcomed and encouraged to browse or don't get the help they need promptly, they won't stay.
- ◆ **Price:** Are your prices transparent? Are patients reassured that you have great frames that fit every budget?

All of these spoken and unspoken cues might turn patients off to the point where they will prefer to shop online or at a place where they believe they will get better value, service or selection.

Download both publications on the CareCredit dropdown menu under Growth Strategies on [womeninoptometry.com](http://womeninoptometry.com). **WO**



Both *Smart Money* and the supplement *Use Smart Money to Help Increase Your Capture Rate* are available on [womeninoptometry.com](http://womeninoptometry.com).



# With National Vision, you'll gain a network of ODs you can *lean on* and *learn from*.

Are you looking to be a part of something greater than yourself?

**We get it!** With more than 1,900 optometrists in our network, we are more than just exam lanes – we are a community. And we employ many programs to keep you engaged and connected with your peers throughout your years with us.

**Interested in learning more about joining our team? Reach out and we'll expand on what we have to offer, from mentorship and onboarding, to leadership opportunities!**

*“ Right from the start, National Vision provides its Doctors with resources so they don't feel like they're on their own. For example, I serve as a mentor in our network, which means I help Doctors become acclimated and offer advice and support as they build their careers here. ”*

– Lauren Peluso, O.D.  
Pennsylvania



Call us: 800-992-2134



Send us an email: [ODjobs@pure-od.com](mailto:ODjobs@pure-od.com)

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

**AMERICA'S BEST**  
CONTACTS & EYEGLASSES.

**EYEGLASS**  
**WORLD**

**Vision Center**  
Brought to you by Walmart\*

**vista**  
**OPTICAL**  
In Selected Fred Meyer Stores

**vista**  
**OPTICAL**  
In Selected Exchange Locations



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

# Open the Door to Beauty Products

**K**elly Kerksick, OD, remembers talking with a friend who mentioned that she had begun to sell some beauty products in her optometric practice.

"It made sense to me. We're a female-oriented practice anyway, and I love makeup. I put some effort into trying to look my best," she says. In fact, she believes it's a motivational thing for people to look their best.

When she found the Zoria® product line from OCuSOFT, it seemed like a great fit. She was already using OCuSOFT® Lid Scrub Foaming Eyelid Cleanser for patients who have blepharitis. "It's a great product—easy to use and cost-effective. We prescribe a lot of that," she says.

So she decided to open the door to selling beauty products in the office. "This was our first break into the beauty line," she says. "It's a natural addition." She has found that talking about beauty products, and equally important, having them in the



Dr. Kerksick

beauty products. "The Zoria® Boost Lash Intensifying Serum has been very successful in our office. When we can offer products that are more beauty-oriented, people come in more with the intention of spending money. It's refreshing because it's a product line that we don't have to 'sell.'"

She uses the products herself, and she particularly loves the Zoria® Boost Mascara, so her testimonial carries weight. "With women in the exam room, I can testify that my eyelashes are longer and fuller. Plus, we guarantee it—and we've never had anyone return it. It's an additional peace of mind."

The practice also sells a lot of the Zoria® Recovery Bruise and Scar Cream. "I've used it, and I use it on my kids. It really does work, and it's a great product for anyone who bruises easily."

Dr. Kerksick says there's a high volume of contact lens wearers in the practice. "That creates an opportunity because they struggle with finding a good eye makeup remover and mascara. They like the endorsement from a doctor who can say that a product has been formulated with particular attention to ensure it won't be irritating to the eyes."

Dr. Kerksick once heard her dermatologist say that the face creams she offers for sale in her office are only available to her patients. That badge of exclusivity added to the products' appeal. "I use a similar approach with our patients because this product isn't available in



The line of Zoria products are brisk sellers in the practice.

stores. But patients appreciate that they don't need a prescription from me and that they can stop by any time to purchase more. They like that."

However, it's her recommendation and personal testimonial that carry the day. "When I tell patients, 'I think you'll love it, and if you don't, bring it back,' it makes it very easy for them to say yes," she says. **WO**

*"It's rare to find a dermatologist or dentist today who doesn't offer cosmetic services."*

—Dr. Kerksick

office to purchase, provide patients with a service they want. "Patients come to us not just because they want to see well. They count on us to tell them what they need," she says. Like many ODs, Dr. Kerksick has seen patients whose contact lenses have mascara on them, for example. Those kinds of situations should lead to a discussion on products for removing makeup and even on makeup itself.

The biggest difference that Dr. Kerksick sees is that beauty products are appealing because they're optional. Patients come in, sometimes steered to the idea that they're going to have to spend money in the practice for new eyewear. But they want to spend money on

## Beauty Market Increasingly Blending With Medical Services

**F**ive years ago, Dr. Kelly Kerksick says she might have been hesitant to offer beauty products for sale in her office. But she has noticed the increasing overlap between medical services and beauty services. "I have a friend who is a nurse practitioner in a plastic surgeon's office. I've been there to use the medspa, which has nothing to do with medicine but generates significant revenue for the practice. It's rare to find a dermatologist or dentist today who doesn't offer cosmetic services," she says.

Why should optometry be different? If patients are using products near their eyes, they probably want advice from their optometrist. "I don't feel that it diminishes the professionalism of a practice to offer beauty products. We're essentially filling a void; if we don't provide these, patients will go somewhere else."

She says that she expects that beauty products can do for a practice some of what an attractive dispensary can do. "When I graduated from optometry school, there was almost a stigma to talking about the fashion of eyewear. There was such an emphasis on the medical model and our prescriptive powers. That brings value, of course, but the optical is providing half of the revenue of the practice. Bring patients in with your high-quality services and professional attention, but once they're there, tap into their wants." **WO**



## Business Model Allows ODs to Explore Their Own Interests While Supporting Primary Care

The four ODs who lead Bedford Eye Care have an unusual business partnership. That's because it's not a partnership at all, not really. It just looks like one. "We're four businesses under one roof," says **Toby Mandelman, OD**, one of the four partners with the practice, which is in Bedford, Nova Scotia. It's a practice she started on her own in 1987, but as it grew, each new owner saw the benefits of this business model.

What this arrangement allows is flexibility for each of the ODs in balancing work and home. "None of the owners work with patients more than three days a week," she says. "This is a big lifestyle practice." The lighter patient workload makes a big difference. "We don't want any of us being so exhausted that we hate coming to work."

Making this arrangement work takes planning and discussion—the ODs hold management meetings once a month. They also share the administrative responsibilities of running the practice.

The other partners are **Avila Cox, OD**; **Erin Sheppard, OD**; and **Erin McLeod, OD**. They, along with Dr. Mandelman, are graduates of the University of Waterloo School of Optometry and Vision Science. There are also two associate ODs who have joined the practice—**Amanda Boudreau, OD**, and **Susan Matthews, OD**.

The hope is that the newest ODs will eventually buy in and become owners themselves, Dr. Mandelman says. That has been the pattern in the past. "Each time I had a new associate who bought in, we'd start shifting new patients" to the new OD, she says.

In addition, all of the staff is female, too. Many of the women are mothers, and there's



The Bedford Eye Care team (l-r, standing): Dr. Matthews, Dr. Boudreau and Dr. Sheppard; seated: Dr. Cox, Dr. McLeod and Dr. Mandelman

an understanding that children and their demands are a part of life. "When we schedule meetings, we bring the kids. You'll often see kids at our management meetings; they're watching videos or playing together."

The practice is also unique in the specialty care it provides. It was the first to offer corneal refractive therapy in the eastern provinces of Canada, and it also has a dry eye clinic and has started a traumatic brain injury (TBI) program, she says. It's an interest that Dr. Mandelman picked up only recently, but she's become a passionate advocate for these services. Dr. Mandelman is part of an integrative group of naturopaths, occupational therapists, physiotherapists and more. "We don't have a clinic, but we work together as a group. Last year, I saw about 100 TBI patients, many of them concussion cases. Most people I see have had workplace accidents and motor vehicle accidents. The initial visit with one of these

patients lasts a couple of hours, and then these patients undergo therapy in their own communities. These services are often covered by private insurance if a motor vehicle or workplace accident is involved."

They're also thrilled to have someone who understands the symptoms, as many of these patients have been accused of malingering by other health care providers. "When we can provide these patients with a pair of prism glasses and they can return to work, that's amazing," she says. To ensure that the practice will continue to provide services to brain injury patients when the time comes for Dr. Mandelman to retire, she is working with one of her partners. "When I want to phase out, it's my hope that she can take up the slack with confidence."

Dr. Mandelman says that seeing the results of a neuro-optometric reset is one of the most dramatic experiences a doctor can have. She remembers one of her first patients who had such terrible photophobia, could hardly speak and struggled to walk even with two canes. "I had about four appointments with him where all the lights were out; it was just too painful for him to even look at me. When he tried to walk, he fell to the left. I realized it looked exactly like a midline shift case I heard described in a lecture," she recalls. She created a pair of prism lenses for him and when he came to pick them up, a remarkable transformation occurred. "He took a few tentative steps and then he walked back to us, upright and steady. In a full, clear sentence, he asked, 'Why are you all crying?' The 'normal' guy inside of him just came out," she recalls. Three months later, he drove himself to his visit to order new glasses. "His face looked so different; he was joking and talking clearly." **WO**

# They're Doctors and Owners and Have Time to Enjoy Families

Practice partners say you can, too

**R**ebecca Woodring, OD, and Shannon Mihalacki, OD, opened their practice, Clear Vision Family Eyecare, in Mars, Pennsylvania, almost nine years ago. Becoming practice owners happened at a time and pace that the two partners did not anticipate. Dr. Woodring was working for another practitioner who became ill and needed to take some time away from the practice. Dr. Mihalacki was one of the doctors who helped fill in while he was off. The two women quickly found that they worked very well together and began to talk about owning a practice together one day. "At the time, I didn't think that it would happen for another five years or so; however, a short two months later, we found ourselves in serious discussion about it."

In December 2007, Clear Vision Family Eyecare was formed. The two partners saw eye

to eye on what they wanted for their patients and for themselves. "Our mission is to provide exceptional patient care in a very family-focused environment. When we opened our practice, we had two children between us, and now we have nine. In 2013, Michael Lacina, OD, joined the practice, adding three more children of his own. So, clearly, family is very important

to us," Dr. Woodring says. Being able to create a thriving practice while enjoying a full family life was of the utmost importance to them. "We created one doctor's schedule to start and split it between the two of us, and eventually adding Dr. Lacina has allowed us to create the balance we desired between our family and work lives."

"We have patients of all ages. We'll do eye

exams on the floor for toddlers. We have lots of families we see, and one of my retired patients recently told me that he loves coming here because of the environment," Dr. Woodring says. It all comes down to forming strong relationships with their patients. "We want to serve them and enhance not just their eyes, but their lives."

*Continued on page 34*



(l-r): Dr. Woodring and Dr. Mihalacki



Family fun: The priority on family is clear in this photo of Dr. Woodring and Dr. Mihalacki, with their husbands and nine children between them.



Dr. Lacina; his wife, Jenny; and two of their children

## A Change of Mindset

**E**ven though she shares ownership and patient care duties, Dr. Rebecca Woodring says that owning a practice is no cakewalk. A few years after opening their practice, Dr. Woodring struggled with what she calls "the people stuff." "I had some struggles with the staff, and I was having some people-struggles in my personal life. I realized that I was the common denominator. I didn't know how to deal with this effectively, but I did know that I wanted to build an environment in which we all wanted to be."

So she set out in search of a new perspective that may help her make a change. She credits the coaching of Kim Ades with Frame of Mind Coaching, which helped her discover that her way of thinking was getting and keeping her stuck. "If you think that the world is a scary place, for example, then you behave in a certain way that reinforces those thoughts. This goes beyond optometry; it applies to life," she says. Ades encouraged mindset and journaling exercises that helped Dr. Woodring shift her thoughts to ones that serve her as opposed to thoughts that were getting in her way. Learning how to see the thoughts that were getting in her way and how to shift them to get the results she wanted has made a tremendous difference, she says.

THOUGHTS ⇨ BELIEFS ⇨ EXPECTATIONS ⇨ BEHAVIORS ⇨ RESULTS

"Kim was able to show me that I had a tendency to hold myself back in critical times and that I was hesitant to relinquish control," says Dr. Woodring.

This coaching experience had such a profound impact on her that she decided to become a Frame of Mind coach herself. "If you learn to align your thoughts with your goals, you can achieve them with ease. That's exactly what we teach our clients to do at Frame of Mind Coaching." **WO**

Continued from page 33

She and Dr. Mihalacki enjoy their part-time schedules and shared responsibilities. "Having her as a partner actually makes me step up to the plate more so than if I was doing it alone." Dr. Mihalacki agrees, saying, "When hard moments come up, having a partner helps you pull through and step up. We're on this ride together, and we wouldn't have it any other way."

Dr. Woodring says that she understands that not all doctors who are working and raising a family are as satisfied, particularly if they are doing it all alone. Often it can be exhausting and overwhelming. "They're carrying a full load in two different areas of their lives. I love that I have someone else with whom I can share the responsibilities. As we often say, to have it all, 'it takes a village.'" **WO**

## Part Time by Design

**Mary Anne Murphy, OD**, of Broomfield, Colorado, not only works a part-time schedule herself, but she encourages her three female associates and staff to do so as well. The practice is open about 60 hours a week, but neither she nor any of her associates typically works more than three days plus an occasional Saturday. There's a reason for that. Dr. Murphy



The Front Range Eye Associates team (l-r): Dr. Perez, Dr. Pipkin, Dr. Murphy and Dr. Aigner

says she wants them involved in the community.

"I encourage everyone to be involved in professional, corporate and community organizations. These affiliations are important," she says. Indeed, she estimates that about three-fourths of her patients have some direct link to someone in the office because of these connections in parenting groups, schools, neighborhood associations, business organizations and more.

Dr. Murphy opened her practice in 2006, about a week after her daughter was born. The practice grew, and she moved to a larger location after two years, adding two associates. Now Dr. Murphy is joined by **Shira Pipkin, OD**; **Marisa Perez, OD, FAAO**; and **Tracy Aigner, OD**. The concept was built around the idea of "having it all. We want to have families. We want to have a good job. The concept was never to work too hard; we work hard when we're here, but on the days we're not here, we work really hard in our communities and we work really hard at being moms."

Full time is defined as four days a week, but most of the doctors and staff work three. Dr. Murphy says the schedule provides the doctors with the energy to work hard in the office and "make a difference in our communities when we're not here." **WO**

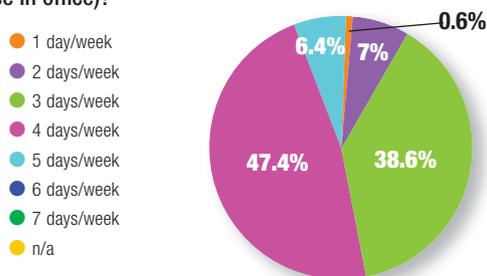
## Most ODs Say They'd Prefer a Part-time Schedule

A **Women In Optometry** Pop-up Poll shows that most ODs say that three or four days a week in the office seeing patients and attending to business that requires their presence there would be the ideal. However, 60 percent also said that they are working in their offices five, six or even seven days a week.

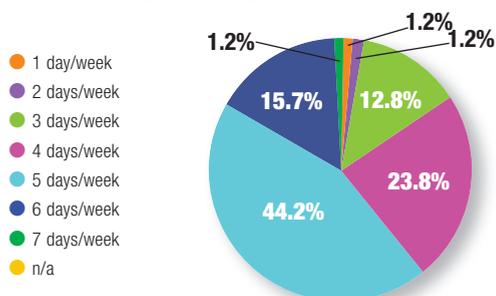
About 48 percent of the early respondents to the poll, 83 percent of whom were women ODs, said that they do currently work a full-time schedule but would prefer to work part time. Twenty-eight percent said that they are happy with their full-time schedule, and 24 percent said that they are happy with their part-time schedule. Only one percent of the respondents is currently working part time and would prefer a full-time schedule.

Full results to this and other polls can be found online at [womeninoptometry.com](http://womeninoptometry.com), under the Surveys and News tab. **WO**

Ideally, how many days a week would you LIKE to work in your practice (both patient care and business admin/planning—requiring your presence in office)?



How many days a week do you typically work now (both patient care and business admin/planning—requiring your presence in office)?



How do you feel about your current schedule?



# Women in the NEWS

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



Dr. Hammonds

◆ **Lynn Hammonds, OD**, is the new president of SECO International.

◆ **Linnea Robbins-Winters, OD**, of South Bend and New Carlisle, was honored as the Indiana OD of the Year at the Indiana Optometric Association annual convention.



Dr. Robbins-Winters

◆ **Karon Nowakowski, OD**, of Muncie, became president of the association in April.



Dr. Nowakowski

◆ **Laurie Sorrenson, OD, FAAO**, of Cedar Park, received the Distinguished Service Award from the Texas Optometric Association.



Dr. Sorrenson

◆ **Brandi Bilyeu, OD**, of Sheridan, became president of the Wyoming Optometric Association.



Dr. Bilyeu

◆ **Jessica Albers, OD**, of Laramie, was honored as the association's Young OD of the Year.



Dr. Albers

◆ **Christine Allison, OD, FAAO, FCOVD**, of Chicago, became president-elect of the College of Optometrists in Vision Development.



Dr. Allison

◆ **Lillian Kalaczinski, OD**, of Grand Rapids, was named Educator of the Year by the Michigan Optometric Association (MOA). The MOA Young OD of the Year was **Krystal Andrews, OD**, of Lansing.



Dr. Kalaczinski



Dr. Andrews

◆ **Elizabeth McMunn, OD**, of East Lyme, was recognized for her years of service to the Connecticut Association of Optometrists (CAO) Board of Directors. **Maria Diaz, OD**, of

East Haven and Madison, was named OD of the Year by the CAO. **Erin McCleary, OD**, of Plainville, is president-elect of the CAO, and **Laura Dake-Roche, OD**, of Naugatuck, is CAO immediate past-president.



Dr. McMunn

Dr. Diaz



Dr. McCleary

Dr. Dake-Roche

◆ **Barbara Horn, OD**, of Washington and Chesterfield, Michigan, is expected to become vice president of the American Optometric Association at Optometry's Meeting in June.



Dr. Horn

◆ **Jenny Terrell, OD, FAAO**, of San Antonio, became vice president of the Texas Optometric Association.



Dr. Terrell

Dr. Fortenberry

◆ **Sandra Fortenberry, OD, FAAO**, of

San Antonio, is now secretary/treasurer.



Dr. Draper

Dr. Covey

◆ **Erin Draper, OD**, of Salus University, was honored as Young Optometrist of the Year by the Pennsylvania Optometric Association.

◆ **S. Candace Covey, OD**, of Bellefonte, received the H. Ward Ewalt, OD, Meritorious Service Award.

◆ **Shazeen Ali, OD**, of Austin, Texas, was the first member doctor to represent the Vision Source® network at its press conference during its national meeting.



Dr. Ali



Dr. Starkey

◆ **Belinda Starkey, OD**, of Rogers, was elected president-elect of the Arkansas Optometric Association in April.

◆ **Leslie Cecil, OD**, of Somerset, was honored as Kentucky Optometric Association's Young OD of the Year.



Dr. Cecil



Dr. Eng

◆ **Karen Eng, OD**, President and CEO of CSMI in Schaumburg, Illinois, was elected as chairman of the board at Illinois College of Optometry.

◆ **Lu Fan, MS, OD**, recently spoke at the United Nations in New York. The speech was part of United Nations Academic Impact Program.



Dr. Fan



Dr. Haverly

◆ **Lauren Haverly, OD**, of Apple Valley, was named Young OD of the Year by the Minnesota Optometric Association. **WO**

*If you or someone you know has been honored, awarded or recognized, let us know. Send an email to [mbiunno@jobson.com](mailto:mbiunno@jobson.com).*

# Productivity Is Important to Mental Health and Job Satisfaction

**B**eing productive is important to feeling satisfied in your work and personal lives, say most ODs. Earlier this year, *Women In Optometry (WO)* conducted an online poll on productivity; nearly 300 ODs responded. While the majority of respondents said that they and the teams they work with are actually quite productive, there was also a keen interest in being more productive—inside and outside of the office—and with the ultimate goal of earning more money.

The survey results were presented to attendees of a luncheon meeting hosted by *WO* at SECO and also in an online webinar. The poll found that 73 percent of respondents said that being productive is important to their mental health, and 79 percent said it's important to their job satisfaction. Most respondents said they felt they are quite productive, with 75 percent rating



Attendees at the meeting shared their strategies and tools for enhancing productivity in the office and at home.

their own productivity at a 4 or a 5 on a 5-point scale where 5 is the highest. Sixty-five percent rated the team they work with at a 4 or 5.

However, as *WO* professional co-editor **April Jasper, OD, FAO**, pointed out in presenting the information at the SECO lunch, even though most of the respondents felt pretty good about their productivity, that didn't quite jibe with another *WO* poll that found that 42 percent of ODs said if they could choose today how they would start out in practice, they would not choose optometry at all. "That's a lot of unhappy women ODs. It's an indication of some deep frustration," said Dr. Jasper.

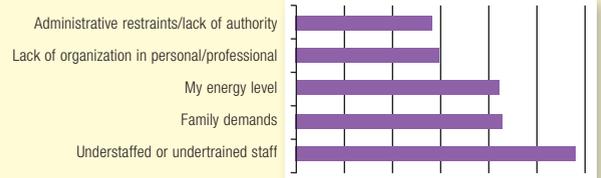
There's some chicken-and-egg logic in what helps and hinders productivity. Lower productivity might result in lower energy overall, which could contribute to the downward cycle, said **Katie Gilbert-Spear, OD, MPH**, *WO* professional co-editor and co-presenter at the luncheon. Survey respondents noted these as their top five issues. Respondents could choose as many as they wanted.

Dr. Gilbert-Spear, who said that she considers exercise an integral part of her day, says that many people find that frequent exercise increases energy levels overall. But many women ODs noted that they don't often exercise.

It doesn't necessarily follow that longer hours would increase productivity. In fact, 75 percent of the respondents said that they are already working at least 36 hours per week. While 62 percent of the respondents to that Pop-up Poll said they could continue at their current pace for the foreseeable future and 11 percent said they have more bandwidth and can work even more, 27 percent—or more than one-in-four women—said that their current pace is burning them out.

It's important to note that working is not optional for many women. A February 2017 *WO* Pop-up Poll to which more than 200 women ODs responded found that two-thirds of women have the only or primary income in their households. Making the most of their time at work so that they won't be frazzled when they get home was a focus of much of the discussion at the *WO* luncheon. **WO**

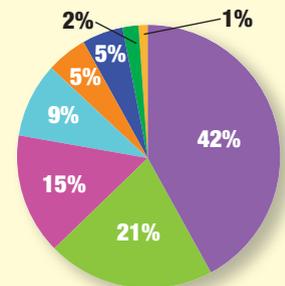
## Impediments to productivity



Source: *WO* Pop-up Poll, February 2017

## How would you start out today?

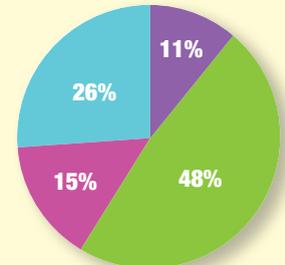
- Not choose optometry
- Start as associate in OD practice
- Start in MD-owned medical practice
- Buy or buy into existing practice
- Start from scratch
- Industry/academia/research
- VA/gov't/military
- Lease/franchise



Source: *WO* Pop-up Poll, February 2017

## How often do you exercise?

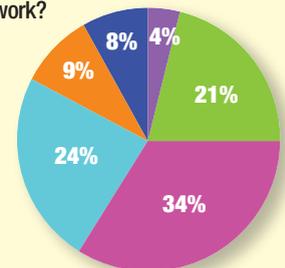
- At least 1x a day
- A few times per week
- A few times a month
- Rarely



Source: *WO* Pop-up Poll, January 2017

## How many hours a week do you work?

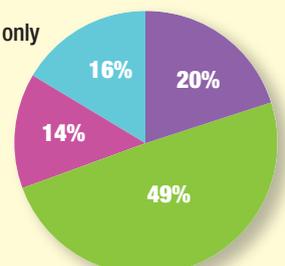
- Less than 20 hours
- 21-35 hours
- 36-40 hours
- 41-45 hours
- 46-50 hours
- More than 51 hours



Source: *WO* Pop-up Poll, February 2017

## Household income—women ODs only

- Mine is the only income
- Mine is predominant income
- My income is roughly equal to partner's/spouse's income
- Partner/spouse has primary income



Source: *WO* Pop-up Poll, February 2017

Some percentages do not add to 100 percent due to rounding.

# Congratulations, Graduates!

A special tip of the hat to the top grade-earners from every optometry school

 **Dianne Lucy Settlege, OD**, of Peoria, Arizona, is the top graduate for the class of 2017 at Arizona College of Optometry, Midwestern University. Dr. Settlege plans to work part time at a private practice in Arizona after graduation so she can also take care of her daughter.

 There were three female valedictorians this year at Illinois College of Optometry (ICO). **Alaina R. Bandstra, OD**, of Pella, Iowa, begins her residency at ICO in binocular vision and pediatric optometry following graduation. **Rachel Hasler, OD**, of Reedsburg, Wisconsin, will complete a residency in primary care and ocular disease at ICO. **Renae Catrina Reynolds, OD**, of Cherry Valley, Illinois, will start a residency for ocular disease at the Newington, Connecticut, VA Medical Center.

 **Brent Hume, OD**, received top honors at Indiana University School of Optometry. From Sheridan, Indiana, Dr. Hume will be serving at least four years as an active duty Navy OD.

 Inter American University of Puerto Rico School of Optometry top graduate is **Biana Gekht, OD**, of Brooklyn, New York. Dr. Gekht plans to complete an ocular disease residency at the New York Harbor Health VA.

 **Rachel Roman, OD**, graduated at the head of her class at MCPHS University School of Optometry. Dr. Roman, of Jackson, New Jersey, will begin her residency in ocular disease/primary care at the VA New England Healthcare System in Manchester, New Hampshire.

 Michigan College of Optometry, Ferris State University valedictorian is **Samantha Gagnon, OD**, of Goodrich, Michigan. Dr. Gagnon will move to Chicago to start her primary care/ocular disease residency at Illinois College of Optometry.

 **Anne Bertolet, OD**, is the top graduate at New England College of Optometry. Dr. Bertolet, of Williston, Vermont, will complete a residency at the Jamaica Plain VA Hospital in Boston.

 The top graduate at Northeastern State University Oklahoma College of Optometry is **Pamela Aryn Martin, OD**, of Tulsa, Oklahoma. Dr. Martin will complete a family practice and ocular disease residency with Northeastern State University Oklahoma College of Optometry after graduation.

 **Bryan Tyrone Arriette, OD**, is valedictorian from Nova Southeastern University College of Optometry. Dr. Arriette, of Pembroke Pines, Florida, will be completing a residency at the Gainesville VA.

 **Katrina Marie Schlarman, OD**, of Osgood, Ohio, is the valedictorian at The Ohio State University College of Optometry. Dr. Schlarman, her husband, Kevin, and border collie, Bandit, will return to her home and she'll practice at Fishbaugh Family Eyecare in St. Henry, Ohio, and Lima, Ohio.

 Pacific University College of Optometry top graduate is **Kelsey Elrod, OD**. Dr. Elrod, of Flagler, Colorado, plans to return to Colorado and practice full-scope optometry in a private OD/MD office in the Front Range area north of Denver.

 **Kirsti Kyser Ramirez, OD**, of Buda, Texas, graduated at the top of her class at Rosenberg School

of Optometry, University of the Incarnate Word (UIW). Dr. Ramirez will pursue a residency in primary care and ocular disease through UIW and is interested in working in a tertiary care facility and in academia.

 The Salus University Pennsylvania College of Optometry Traditional Program had two women tied for top graduate: **Jenae Victoria Stiles, OD**, and **Alyssa Mary Taddie, OD**. Dr. Stiles, of Curwensville, Pennsylvania, will be an active duty Army optometrist in Fort Leonard Wood, Missouri, for three years following graduation. Dr. Taddie, of Homer City, Pennsylvania, plans to work full time in the greater Pittsburgh area and will marry her fiancé, Eric, in December. **Shawn Russell Horsman, OD**, is the valedictorian from the college's Scholars Program. He's from Fredericton, New Brunswick, Canada, and he'll be returning to Canada to work in a private practice.

 **Stephen Ridder, OD**, is valedictorian from Southern California College of Optometry at Marshall B. Ketchum University.

 **Derek Hennig, OD**, of Charleston, Illinois, earned the highest GPA at Southern College of Optometry. He has joined Lifetime Eye Care, a Vision Source® practice in Charleston.

 **Karen Levy, OD**, is the valedictorian at State University of New York College of Optometry. Dr. Levy, of Beacon, New York, will join an OD/MD private practice in Collingswood, New Jersey, after graduation.

 University of Alabama at Birmingham School of Optometry top graduate is **Kelly King Cleary, OD**, of Covington, Georgia. Dr. Cleary will start her optometry career at Vision Source-Albany Eye Care in Albany, Georgia.

 **Annie Lee, OD**, of Fremont, California, is the BSK Silver Medalist and the Class of 2017 student speaker at graduation at University of California, Berkeley, School of Optometry. After graduation, Dr. Lee will complete a cornea and contact lens residency at University Eye Center at Ketchum Health in Anaheim, California.

 University of Houston College of Optometry top graduate for the class of 2017 is **Allison J. Quirin, OD**, from Lake Tapps, Washington. Dr. Quirin plans to practice in the Denver, Colorado, area.

 **Elias Toubia, OD**, is valedictorian from the University of Missouri, St. Louis, College of Optometry. He has returned to his hometown of San Diego, California, where he plans to work in a private practice after gaining his licensure.

 **Éric Lortie-Milner, OD**, is the top graduate from University of Montreal School of Optometry. A native of Montreal, he is moving to Sherbrooke, Quebec, to start his career with an OD-owned practice, Opto-Réseau.

 **Jeffrey Lam, OD**, earned the highest GPA from University of Waterloo School of Optometry.

 **Suzan Burmayan, OD**, of West Covina, California, is the 2017 top graduate at Western University of Health Sciences' College of Optometry. Dr. Burmayan is getting married this summer and plans to work at an MD/OD practice initially, with a goal to open her own practice eventually. 



Dr. Arriette



Dr. Bandstra



Dr. Bertolet



Dr. Burmayan



Dr. Cleary



Dr. Elrod



Dr. Gagnon



Dr. Gekht



Dr. Hasler



Dr. Hennig



Dr. Horsman



Dr. Hume



Dr. Lam



Dr. Lee



Dr. Levy



Dr. Lortie-Milner



Dr. Martin



Dr. Quirin



Dr. Ramirez



Dr. Reynolds



Dr. Schlarman



Dr. Settlege



Dr. Stiles



Dr. Taddie



Dr. Toubia

Not pictured:  
Dr. Ridder and  
Dr. Roman

# And Then There Were Four... Practices

OD couple builds up four-location practice in small radius in Chicago

When **Mona Sood, OD**, and her husband, **Satti Sarai, OD**, bought their first practice together in the University Village area of Chicago, Illinois, 12 years ago, they didn't realize that it was the first

step toward owning and operating four optometry practice locations. "All four of our locations are in Chicago, within five miles of each other," Dr. Sood says.

Each Village Eyecare office has its own neighborhood, however, so the demographics are different in each of them." They purchased the first practice because they saw potential. "It had been primarily a refractive services practice. We were able to grow it fairly quickly," she says. "We added some new frame lines and brought in new technology." The process of taking an underperforming practice and making it shine gave them the confidence to try a cold start with a second practice in the South Loop area about two years later. Since opening the South Loop office, they had three children. "The South Loop office was a great part-time practice allowing me to raise my children during that time."



Dr. Sood and Dr. Sarai

They held steady at two practice locations until 2014, when they purchased a practice in Hyde Park. When they found a fourth practice for sale in late 2016, they pursued that opportunity. "The most recent two offices were opportunities that came to us. We weren't seeking them, but we feel we have the experience and a strong model that has translated well to every location."

The first step in that is to analyze the neighborhood. That's the "village" part of Village Eyecare, and it's an important element to the overall success. While each location has the name and font style of the Village Eyecare branding, the individual spaces have their own character and charm. "There's a cohesive feel to our offices so that if you came to each one, you'd



Each office of Village Eyecare shares an aesthetic but each has its own style to match the neighborhood. Shown from top to bottom: South Loop, Hyde Park, University Village and Wicker Park



recognize it as a Village Eyecare location, but the furniture, frame boards and the way we display our frames are a little different in each one." Dr. Sood and Dr. Sarai also analyze the market for each location. "We look at how strong the patient base is and what we can bring to that community that would deliver a higher level of eye care," says Dr. Sood. The practices all offer a high-tech experience for patients and higher-end offerings in the optical dispensary with premium materials. "We spend a lot of time

on patient education. We feel confident that our emphasis on technology in testing, our exams, our treatment options and our products make a difference to our patients." Dr. Sood says she recognizes that many optometrists would shy away from opening four locations so close to each other, fearing that they'd be competing for the same patients. "For us, though, the proximity helps us manage the offices. If they were even 10 or 20 miles apart, that would be a more difficult management endeavor. I live just five minutes from the new office, and I'm within 15 minutes of any of them."

Since one of Dr. Sood's responsibilities includes hiring and training, she prefers not to split a staff that's working well together. For continuity, they generally promote a longstanding team member to be in a management level position and hire and train new staff for the new location. In an emergency, a staff member from one location can go to another since the operating procedures and policies are the same in all of them. The administrative support staff serves all four locations.

Dr. Sood and Dr. Sarai split the practice responsibilities and duties. "We're very different



in our working styles. He tends to focus on the clinical and patient care aspects. I am more focused on practice management and development, operations, marketing and community outreach. I handle more of the vision of where our offices are going, the staff development and office procedures. I like things to be as efficient as possible."

Dr. Sood first developed a strong passion for vision care and helping others after she volunteered at a blind school for girls in India in 1998. After this experience, she devoted a lot of time to researching more ways she could help to prevent and repair preventable refractive blindness in patients in developing countries. She has since participated in a mission trip to Guatemala with VOSH. And locally, in Chicago, it's a dream of hers to give low-income areas access to vision care through eye exams and treatment because there is a huge opportunity to give back.

Dr. Sood says she has reached a comfortable balance between her busy family schedule and overseeing the operations of their four practices with three associate doctors: **Krista Mathson, OD**; **Cassandra Koutnik, OD**; and **Chelsea Rupp, OD**. "I really spent a lot of time ensuring that our business model is repeatable so that I can trust that each office is operating seamlessly. Having consistent systems in each office is very important to maintain and uphold our brand and values. I feel secure that when I'm not there, everything is running the way I expect it to be running. I also feel very confident with my team and our business model at Village Eyecare. Having multiple locations, OD associates and highly organized teams allow me to pull back from day-to-day operations so I can focus more on my children," she says. It really is the best of both worlds. **WO**

# New Owner, New Space

OD takes over ownership as old lease expires

**N**ina Doyle, OD, FAAO, bought an existing practice last summer, but in many ways it felt like she was launching a brand new one. That's because the prior owner purposely was letting the lease expire on the space where the practice had been for years to give Dr. Doyle a chance to choose her new location and design it to suit her tastes.

The new location for the practice, Crofton Family Eye Care, is just a couple of miles from the previous one. Crofton is a suburban community an equal distance from Washington, D.C., and Baltimore, Maryland.

Dr. Doyle and the practice's previous owner, **Elliott Klonsky, OD**, had a deferred buy/sell agreement in place, so she had more than a year to find a new location and plan the design.

In planning the look, she started with a bit of advice she gleaned from the Lifetime Channel show, *Project Runway*. The advice is



(l-r): Dr. Doyle, Dr. Klonsky and Dr. Greiss

of the practice design, from flooring to wall colors. The tile pattern she likes so much fills the wall behind the reception desk, and the rest of the space is filled with colors from the mosaic pattern. The flooring has a weathered-wood look, as do some walls in the optical display areas.

In the dilation area is a three-panel painting of a California beach scene, which Dr. Doyle describes as "very calming and reminds me of where I was raised in California." Working with Eye Designs was a good fit. "It was helpful that I had a vision, and then Eye Designs was able to make it concrete," she says. Some of her own design ideas are mixed in, like using IKEA shelving in the children's section of the optical display.

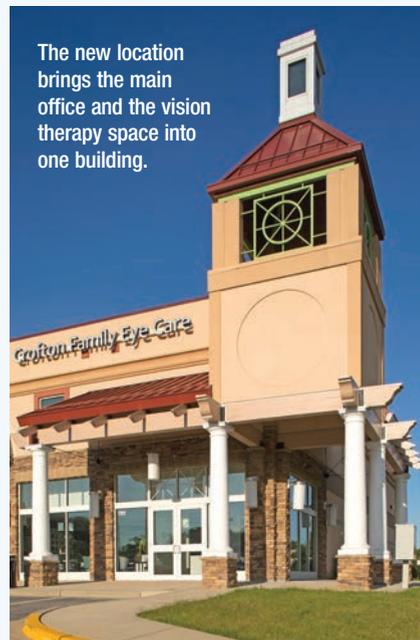
Figuring out the look of a practice space is a process "that's different for everyone," she says. In her spare time, she sews clothes and says that experience helped her. "I like to create things, and this is my aesthetic; this is what I appreciate," she says.

Designing the physical space was more than just the look; there were choices to make about the layout. Besides Dr. Doyle, Dr. Klonsky continues to work at the practice, which also has a third optometrist, **Dana Greiss, OD, FCOVD**. The three share an office. Plus, Eye Designs helped her figure out some of the technical nuances of where the plumbing and electrical would go and how those fixtures would

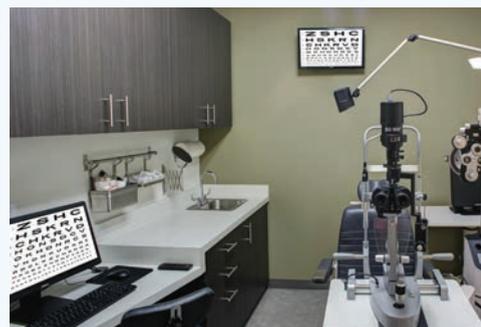
affect her options.

The new location has another big advantage over the previous one, which was actually divided into two spaces in the same retail area. It was about 100 paces from one to the other. "There was the main office and a separate place for vision therapy," she says. It was done that way because neither space had room to expand. So this change in ownership and location has transformed the practice, for patients and staff alike. The

The new location brings the main office and the vision therapy space into one building.



The wall colors, wood floors and some of the artwork evoke a beach-like, calming atmosphere.



previous space "was very annoying for staff and patients," she says. "I really enjoy being all on one place."

Even though the design work has been completed for months, there are still finishing touches to make. "I still have pictures in boxes that I haven't put up," she says. "It's still a work in progress." **WO**



Mosaic tile inspired Dr. Doyle's design.

to find something that inspires you and grow from that.

She found that inspiration at home, in a mosaic tile she and her husband, **Andrew Doyle, OD, FAAO**, had chosen for a bathroom. It has light and dark shades of sand, and blue and gray, and suggests "a beach feel," she says. "I really liked that look. People come in and say, 'It looks like a spa.'"

Dr. Doyle turned to Eye Designs, a consulting firm that helped her assemble the rest

# The Appeal of Urban Renewal

Practice name and features reflect communities' shared history

The practice that **Monica Johnsonbaugh, OD**, opened in April 2016 is not in Detroit, Michigan. In fact, one of the few things that the affluent, nearby community of Grosse Pointe, Michigan, shares with its urban neighbor, is the 313 telephone area code—that, and a tremendous pride in the city's Cinderella story of urban renewal. "It's so exciting to see the growth in Detroit and the variation of culture. I wanted our name to reflect both communities," she says,



Dr. Johnsonbaugh

so that's how she selected Focus 313 Eyecare. While the practice has been open for about a year, she is already imagining a time when she can expand into Detroit itself and bring the same idea of a boutique optical to the city.

Dr. Johnsonbaugh has been practicing optometry since 2009. "I worked in all the different settings, and while I had a goal

to one day open my own practice, I didn't know when or how that would happen," she says. A move to Grosse Pointe opened the door. In such a wealthy community, Dr. Johnsonbaugh was surprised to find that there weren't any boutique-style opticals at all. "The closest ones were about a 30-minute drive away. People in Grosse Pointe tend to like to shop locally if they can, so I saw a need."

Then she saw the building that would be exactly right. "If I was going to try this, I would only do it if I could find a spot right downtown in the village of Grosse Pointe," she says. A building, right on the main shopping street lined with restaurants and boutiques, was being split into four store fronts. She signed a lease on one, where

creative seasonal displays attract the attention of passersby. Inside, the décor also reflects the interest in the city of Detroit with unusual reclaimed shelving from old Detroit homes for shelving and the main wall behind the front desk, with the logo burned into the wood.

Dr. Johnsonbaugh and her husband, **Andrew Johnsonbaugh**, who is her practice manager, manage all the tasks. "He's always been in business, so he has the expertise to make it run profitably," she says. They

decided to start lean in the 1,000 square feet of space with one exam lane and one pretest lane, with a majority dedicated to the optical. That's their focus in this retail-oriented spot, while still offering medical optometry, pediatric care and specialized contact lens fittings.

The practice carries only independent frame lines, and they

carefully make unique selections at Vision Expo East. Initially, they were concerned that some people might balk at some of the prices, but the higher-end frames are doing great, she says. The optical has been drawing in many patients with outside prescriptions, but the fact that Dr. Johnsonbaugh accepts VSP and EyeMed has helped, too.

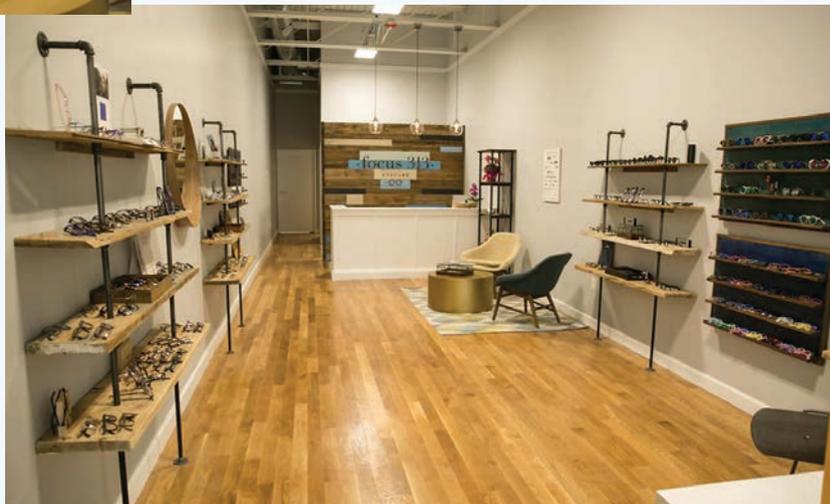
She and her husband take time to educate each and every patient on the medical model of optometry in which she practices, and they focus on converting those outside prescriptions into next year's exams. "We absolutely love to serve our own community and bring a unique practice style to our area with Focus 313 Eyecare." **WO**

*"I worked in all the different settings, and while I had a goal to one day open my own practice, I didn't know when or how that would happen."*

*—Dr. Johnsonbaugh*



Dr. Johnsonbaugh was surprised to find there were no boutique-style opticals in the affluent village of Grosse Pointe. So she created one, catering to the desire of the community to shop locally whenever possible rather than drive 30 miles or so for unique eyewear.



# Voices Voices Voices Voices Voices

## Insist on Quality

**By Julie Dolven, OD, of James Eyecare & Optical Gallery in Little Rock, Arkansas**

**W**e strive to put the patient first in every decision made in the practice. With each patient, I am very conscious of not allowing managed care plans or company mergers to affect my prescribing habits in the exam room. I take pride in knowing that I will not prescribe a patient a product just because the company gives me a higher rebate or the lens is cheaper for my patients. Often when I am prescribing contact lenses, it crosses my mind that certain lenses are more profitable for the practice. But I always take that out of the equation and prescribe the lenses that I feel are healthiest and provide the most clear, consistent vision for the patient. In our optical, we have never charged patients for a PD, to adjust their eyeglasses or even repair eyeglasses not purchased in our practice. I feel that this mentality will help my business in the long run.

The majority of our patients want quality, and we focus on that aspect of our service with each patient interaction. Because quality of care is number one for me, I feel fortunate to be able to spend as much time as necessary with my patients to communicate my recommendations for them. In the vast



Dr. Dolven

majority of cases, patients appreciate this and follow my recommendations.

We do not have a retention rate of 100 percent, and some patients might leave because their managed care plan is no longer accepted here or the prices are too high. But if they leave because they don't want to pay for quality, we let them go—knowing it's possible we'll see them back in the future. One patient, for example, didn't want to pay for high-index lenses for his high prescription, and because my name and reputation is on everything we sell, my staff would not accommodate his request for plastic lenses. We knew that he needed a thinner material to provide the clearest, most comfortable vision possible, and he wouldn't be satisfied with plastic lenses. We feel very fortunate to be able to stand behind offering quality products to our patients.

Often, the patients who stray in search of the lowest price come back when they realize that the quality experience in our practice and the products we provide are not available in every optometry practice. I trust my strength of communication so each of my patients understands his or her options and that we genuinely care. **WO**

*Read more about Dr. Dolven's practice in *The Physical Space* on [womeninoptometry.com](http://womeninoptometry.com).*

## A Positive Light on OD/MD Tensions

**By Stacie L. Setchell, OD, of Virdi Eye Clinic in Davenport, Iowa**

**I** find it interesting that students who intern at my practice always inquire about the future of optometry. I admit there is currently much turmoil between ophthalmologists and optometrists. But I believe a collaboration model is the future for optometry, and I've seen it work for the betterment of our patients every day. Don't get me wrong: I am a firm supporter of progressive optometry. But as a young female optometrist who practices side by side with ophthalmologists, and specifically a young female ophthalmologist, I have a vested interest in the professional collaboration between an OD and an MD. Despite the political turmoil, I want to shine a light onto the reality that an OD/MD marriage can be extremely effective when done well. I think we can move into the future together.

A few weeks ago, a 17-year-old female presented to my office with severe keratoconus. Her best corrected visual acuity was greatly reduced to legally blind. I learned that she was no longer attending high school because she did not feel safe navigating a six-floor building. She had only attended school one day in the past three months of living in the area. Her life was limited to verbal conversations with family members around a kitchen table in order to fill her days. She was unable to see a computer, a phone, a TV or even a book. Furthermore, she was an uninsured patient who had tried eyeglasses and RGP lenses in the past with no improvement.

Our corneal ophthalmologist and I each performed examinations on this patient. We then sat down to determine the best treatment



Dr. Setchell

modality for her. We quickly realized this was a patient who was going to benefit greatly from both an optometric and ophthalmologic standpoint.

As an optometrist, I was able to fit the patient in X-Cel scleral lenses to improve her vision to about 20/40 in both eyes, better vision than she had ever previously experienced. This quickly would allow her to function in a school setting and get her high school diploma. However, given the progressive nature of her corneal disease, I knew the scleral lenses were just a temporary fix. Fortunately, our corneal surgeon has a different skill set to bring to the table, which supports a more long-term plan. She felt this patient may ultimately benefit from a corneal transplant. However, given the recovery required following a transplant and the time needed on the front end to obtain insurance, it was also important to have a short-term plan for her. The tools each of us brought to this patient created a short- and long-term plan for her.

I am aware of many differences between optometrists and ophthalmologists, and no doubt many issues ahead will need sorting. However, throughout the duration of treating this patient, it occurs to me that never once were any of the following issues discussed. We didn't ask who would get paid more for the service, who had more prestige, who was best educated to service this patient or which doctor would ultimately be best equipped to become this patient's long-term eye care professional. We kept it simple. We brought each of our own skills to the table to get the job done, and I believe her life will be forever changed because of it. I am hopeful that once our differences have been worked out, the OD/MD team will prevail as the future of optometry. **WO**

# Living on Purpose

By Laurretta Justin, OD, Orlando, Fla.  
[drlaurretta@drlaurettajustin.com](mailto:drlaurretta@drlaurettajustin.com)

Once there was a man who came across three bricklayers busy at work. The man asked the first bricklayer what he was doing. "I'm laying bricks," the worker replied. He then asked the second bricklayer the same question. "I'm putting up a wall," he said. The passerby then asked the question one more time, this time to the third bricklayer. His response was "I'm building a cathedral."

As this short anecdote clearly demonstrates, three people can be doing the same thing but for very different reasons. The first bricklayer represents those people who labor exclusively for a paycheck. Their job is a list of tasks that needs to be completed, but they take no pride in the outcome. This is what I call a minimum thinker. This kind of person only does the minimum required, nothing more, and is usually a complainer.

The second bricklayer appears to be

motivated by a sense of completion and seems to have a bigger vision than the first worker.

This kind of person works a little bit harder to accomplish the goal. Perhaps this worker will add a few extra minutes here and there in order to see the goal to completion. This kind of person is your average thinker. People like this usually limit themselves to only what they can see and do but lack imagination and sometimes miss great opportunities in their career as a result.



Dr. Justin

But the third bricklayer was no doubt driven by a deep desire to create a structure that would enhance the lives of all who would come to that place for years to come. Every brick was a step toward that grandiose vision and aspiration. Not only would such a person do whatever was needed in order to see the glorious visualization come to fruition, he or she would leave a legacy. This kind of person operates from a deep sense

of purpose. These are what I call maximum thinkers. These people live on purpose and seek to create something bigger than them. They usually have great impact on their families, communities and sometimes the world.

Which one are you? Do you know why you do what you do? Why did you choose your current career path? Those are very important questions you need to answer. Knowing your why will give you passion and fulfillment in your work. It doesn't matter how successful you become in life; if you're not true to yourself, you'll feel empty in the end.

Don't be a minimum thinker; don't even settle for an average thinker. Instead, become a maximum thinker. When you start to live your life on purpose, you will start to dream big, take risks and become the CEO of you! **WO**

*Feel free to email me with your feedback and thoughts at [drlaurretta@drlaurettajustin.com](mailto:drlaurretta@drlaurettajustin.com). Read my new e-book Yes, You Can, which explains why it's important to follow your dreams.*

Voices  
 Voices  
 Voices  
 Voices  
 Voices

## Changing Tides

By Jeannene L. Dieter, OD, in Sarasota, Florida

There are so many different chapters in life. I am reflecting as I complete my 30th year in practice. For me, much of the joy in clinical practice is the connecting with patients and building of relationships. Word-of-mouth compliments were always my very best referrals.

The population that I serve is largely geriatric. Now my patients are coming to me much older and often sick. I see more and more of their names in the obituaries. This is taking an emotional toll. I am wondering if there are others out there like me and if this is part of the circle of practice.

My skill set excels in face-to-face communication, not in technology. Some of you do not know it yet, but it is no exaggeration that "change" becomes more difficult as you age. I am so heavily conflicted by the burden of regulation when these patients truly need more time. But I am still too young to retire. I didn't save enough along the way (young people, pay attention here). I didn't recharge enough along the way. I have been



Dr. Dieter

all in. I am wondering if I am becoming burned out.

I have experienced several modes of practice and want to keep evolving if possible. It's time to explore new dimensions. How ironic that my youngest son has sparked an interest for me in the subject of concussions. It's a hot topic with emerging research and the opportunity to work with a different population subset—youth. I have been working with area schools and youth athletic leagues for screening protocols using the King-Devick test app. This is an OD-designed program that is finding new use in the toolbox for working with traumatic brain injury. I am hopeful that I can find energy to make new connections and make a difference. There is tremendous pushback and lack of interest. It's another area where we need better education and culture change.

What an amazing profession we chose, but it is time for me to somehow step out of the exam lane—and the computer is ruining my posture! If you are a baby boomer out there, struggling to find your way, send me an email at [iseedieter@gmail.com](mailto:iseedieter@gmail.com). I would love to hear your story. **WO**

Go from  
“Arrghh!”

to

“Ahhh!”

The environment can be tough on the eyes. Whether your eyes feel dry, irritated, itchy or red from dryness, allergies or even fatigue, there are natural treatments that can help you and every member of your family.



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



For dad

For mom



## For the whole family

From premium lenses and designer frames to prescription sunwear or an annual supply of contact lenses — families need eyewear that fit a wide range of activities in their lifestyle. You can help make it easier for them to purchase all the products they want right from your practice with promotional financing options\* available through the CareCredit credit card.

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

Call for more information and to enroll at no cost today.<sup>^</sup>

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.

<sup>^</sup> Subject to change.

WO06170A