WOMEN IN OPTOMETRY®

SEPTEMBER 2017

WO

DEDICATED TO THE INTERESTS OF WOMEN ODs

ODs share experiences and strategies for GOING SOLO after years of working for others

pages 32-34

xiidra® (lifitegrast ophthalmic solution) 5%

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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.

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BRIEF SUMMARY:
Consult the Full Prescribing Information for complete product information.

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

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

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

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

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

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

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

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

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

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

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

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WOMEN IN OPTOMETRY®
DEDICATED TO THE INTERESTS OF WOMEN ODs

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THE *Editorial* Pages

Is *WO* Even RELEVANT Anymore?

By Marjolijn Bijlefeld, Director of Custom Publications
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Marjolijn Bijlefeld

Periodically, we at *Women In Optometry® (WO)* are asked whether there's a need for this publication. With women comprising the majority of students in optometry school, aren't we beyond the point of having this focus? Doesn't a magazine highlighting women ODs divide the profession more than help it?

Well, no and no. First, *WO* is, at its heart, a business magazine with a lifestyle twist. As the eye care industry and the profession change, women are necessarily at the forefront of some of these shifts: new partnership models, new ownership arrangements, steps on and off the career track. The Norman Rockwell optometrist who starts a practice and ages into retirement in the same location is a rarefied breed now. Many ODs, especially women who are the primary caretakers of children and households, scale up and scale down their involvement in practice as life's other demands require. People move. Their dreams change, as do their financial situations. The stories in *WO* serve to inspire others to follow their own vision.

Ilana Gelfond-Polnariev, OD, who is part of our cover stories in this issue, decided that after 15 years of working for others, she was ready to tackle her own practice. She told us, "I know I was helped by reading success stories in *WO*." It's not uncommon for us to hear from ODs we talk with about how they were inspired by an OD's story they read here.

While women have outnumbered men in optometry schools now for a number of years, that fact doesn't translate to parity in the profession. Women account for about 42 percent of ODs in practice. That percentage increases only marginally each year, but presumably in the next decade, we'll see the tipping point where women are the majority of practitioners in a majority of states.

Even an equal number of women in practice doesn't mean there's equality. That comes more slowly to leadership positions, among speakers at conferences and authorship of key articles. We're not saying that women aren't represented. But they aren't represented enough. It's not us versus them. It's just us. All of us. That's one of the missions of *WO*—to provide a platform where women can share their experiences, gaining exposure to a national audience that includes other ODs as well as those who are looking for new speakers or leaders to help them tell their story. It's networking—via the magazine, our website, our live events and our social media pages.

We're delighted that so many eye care professionals let us know that they've found inspiration, encouragement or an idea that has made an impact—large or small—on them. That's what makes us relevant. WO

Marjolijn Bijlefeld

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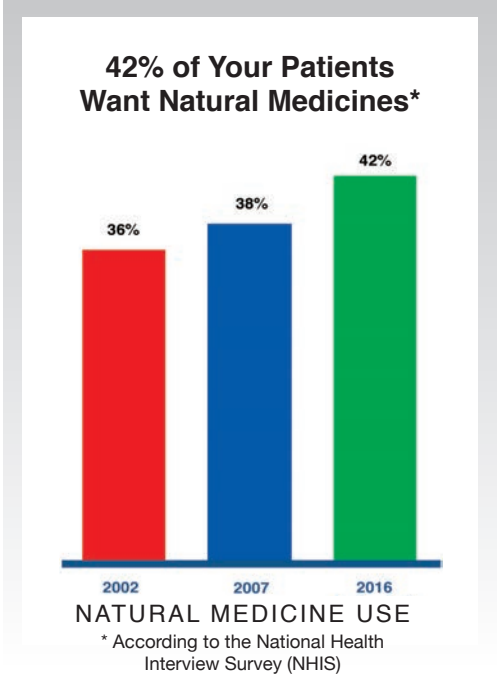

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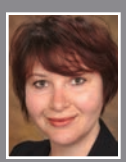
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THE *Editorial* Pages

Is What You're Doing Worth Your TIME?

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

(l-r): Dr. Jasper and Dr. Gilbert-Spear

We've heard from an increasing number of women ODs who say that they're on the verge of burning out. A recent poll showed us that 42 percent of ODs (male and female) said that if they had the chance to start their careers over, they would not choose optometry.

Many of these ODs say they love aspects of their job; patient care, generally, ranks high. It's the administrative burdens that often result in optometrists working late, missing kids' games, performances, dinner, weekend family time, the ability to go to the gym or do what you do to recharge.

During our webinar, we talked about a strategy that we've used in our personal lives, but it applies absolutely to our professional lives as well. Here's Dr. Gilbert-Spear's story.

> "What causes you the most stress? How much of your valuable time do you spend doing it?"

"I'm a micromanager, so I was trying to do all the cleaning and yardwork at home, and it was stressful. My husband told me to calculate my hourly wage as an OD. What's my professional time worth? Then he asked me to calculate how many hours I spend doing these household tasks. The exercise showed clearly that it was worth our money to shift these hours of household work to someone else. I could spend a little more time at work (making significantly more money) and come home and spend relaxed time with the family (with significantly less stress)."

See if that exercise works for you. Maybe it's as little as hiring someone to clean the house every two weeks or someone to mow the lawn. Or maybe it's bringing in a personal chef so that meals for the week need only be heated and served.

Those same calculations can be used in the office. In fact, it's why Dr. Gilbert-Spear and her husband, **Carl Spear, OD, MBA**, outsourced all the human resources aspects of the five practices they owned. The move was triggered by an audit of payroll practices. After hours of reviews, preparing reports and meeting with the auditor, only a small incongruity was uncovered; the penalty was small, but the headache and inconvenience were huge. Since then, administrative burdens have become more complex. The cost of handing over all of the HR services, payroll and withholding, background checks, workers' compensation, OSHA training, onsite ergonomic reviews, 401(k) enrollment and withholding, health care plan enrollment and withholding, HIPAA training, drug testing and more, was about $1,000 per employee per year. Some HR companies offer à la carte services, too.

Do the math in your practice. What causes you the most stress? How much of your valuable time do you spend doing it? If you can hire someone else to cover those tasks for you, you can see more patients and enjoy life a little more. | WO |

BE GOOD TO YOURSELF

- Meditate or get lost in your favorite music. Read a book for pleasure.
- Work out. Run, walk, do yoga. Join a class or enjoy the solitude, but get your body moving.
- Get regular and great sleep.
- Schedule massages or manicures or even kids' haircuts so that task isn't on the to-do list.
- Find a hobby or activity outside of work.
- Delegate at work and at home. Let employees and family members take over tasks. You may be surprised at how adept they are at doing things you've taken on yourself. And if the beds aren't perfectly made, that's OK, too. | WO |

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Getting a JUMPSTART

Doctor credits Vision Source® help in a strong start

In many ways, Shazeen Ali, OD, feels very fortunate and blessed. Being from a family of business entrepreneurs, Dr. Ali knew from the get-go that she wanted to own her own practice. After she graduated from the University of Houston College of Optometry in 2013, she was doing fill-in work, looking for an ideal location where she might be able to open her own practice. The Houston market seemed saturated, so her husband, Naz, suggested they move back to Austin, Texas, her hometown.

After scouting several locations in Austin, she found her ideal location: a 2,125-square-foot shell in a new shopping complex with no other ODs within a three-mile radius. Not only was it well-situated but the location was in a beautiful area overlooking the hills of Austin. The practice, Ranch Road Vision Source®, opened in early 2016.

Dr. Ali opened her office in her hometown with an eye toward the future; her sister is now in optometry school.

She and her husband, who is the office manager, lab tech and jack-of-all trades as needed, designed the space with three exam lanes—one of which is fully equipped now. She built with a specific growth plan, keeping in mind her sister, **Sabeen Ali**, graduates in 2018 from Rosenberg School of Optometry at the University of the Incarnate Word. "I'm hopeful that we have the patient base by then to support bringing my sister on," she says.

Dr. Ali joined Vision Source even before she opened. She considers her administrators, **Laurie Sorrenson, OD, FAAO**, of Austin, and **Oliver Lou, OD**, of Cedar Park, to be her mentors. They helped her see that joining Vision Source with the new practice program, which offers the first year with no fees, would be a fantastic opportunity to reap discounts and start strong. "We were able to open doors with high-tech equipment in place such as an Optos and Visioffice to enhance our patients' experience. Both have been crucial in retaining our patients. Being in a high-tech area of Austin, the **opto**map has allowed us to provide comprehensive eye care for patients who seek care during their work breaks. The Visioffice has been very important especially with inexperienced staff because we are able to provide patients with the sharpest, customized prescription and lens options available," she says.

> "It's in the DNA of Vision Source® members to help each other."

Plus, she's benefitted so much from her colleagues in the network. "It's in the DNA of Vision Source members to help each other. They've provided me with so many shortcuts in the process of becoming successful," she says. "I get help from the many successful ODs not only in my region, and it also expands my access to thousands of ODs in the nation who are willing to collaborate."

Joining Vision Source from the start has put her further along the path to success, she says. "There are benefits I didn't even consider, such as the social media help. Moving back to Austin without a following patient base, I started from scratch, and Vision Source has helped tremendously with branding and marketing ideas. So many of my patients come in and tell me they found me through Yelp, Facebook or Google. Others have sought out our care because they were previous Vision Source practice patients. Not only has social media marketing been highly effective, it's also more affordable than traditional marketing." In her younger, tech-savvy demographic, this has helped achieve great results with a high patient retention.

Now Dr. Ali finds herself in the position of guiding others. Classmates who learn she joined Vision Source are calling her to ask how it works and whether she would recommend the option. Her answer: an enthusiastic yes. "It's a no-brainer. The Vision Source team has provided me with resources to bring in new patients whom I would not have been able to attract otherwise." Dr. Ali adds that her practice is growing at a rate faster than she had imagined. | WO |

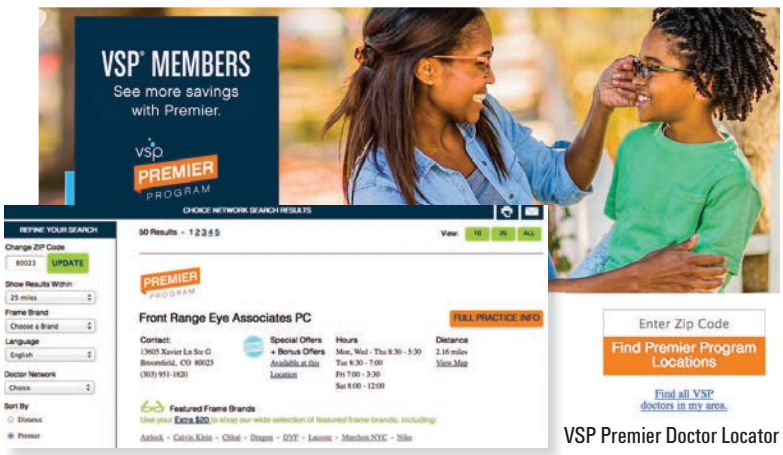
WOnline

See more Trusted Colleague stories under the Growth Strategies tab.

The STICKINESS FACTOR

Savings draw patients in, but it's the doctor's job to keep patients coming back

A lot of providers struggle with whether they even want more managed care patients. **Mary Anne Murphy, OD**, of Broomfield, Colorado, said yes to the VSP Global® Premier Program. "Since joining the Premier Program, our new patient volume has increased two-fold," she says. That's not unlike the experience of other providers participating in the Premier Program, which offers products, tools and services that create opportunities for doctors and value for members.



VSP Premier Doctor Locator

Dr. Murphy credits that increase primarily to the greater visibility she gets on the VSP® doctor locator website. "It allows our practice to stand out and attract patients by highlighting special savings that patients can enjoy here because of that relationship," she says. Dr. Murphy, who is also a Vision Source® member, says the programs complement each other because both organizations are working to protect the interests of private practitioners. "In my practices, I'm seeing tons of people coming in because of the Premier Program," she says.

WEIGHING PROS AND CONS

She has been a VSP provider for 10 years. She analyzed the pros and cons before taking the step to sign on with the Premier Program. "The pros are that it drives patients in. That's a big one. The con that I considered was that as a private practitioner, I work to differentiate my optical from others. If there are now other practices that are using the same guidelines for buying, there's a worry that I won't be able to differentiate," she says. However, that is more of a theoretical issue than a practical one. "The reality is that anyone can buy the brands and frame lines that I have. Ultimately, it's not my product offerings alone that are going to be what differentiates my practice. When I looked at it that way, joining the Premier Program was a no-brainer."

In fact, it has turned out well for her. Her metrics show that Premier Program patients will spend more in her practice. "The profitability that we enjoy is higher because their savings are higher. We are in an area with high employment. Most of our patients are well-employed and well-insured," she says. "They want to use their benefits, and where they can maximize their vision care benefits and also purchase additional products that they want, they see real value."

DATA MINE

- Practices with Premier Program status are now averaging 34 percent more new VSP patients, compared to 22 percent more for those without.[1]
- Nine out of 10 VSP patients say they will return to the same Premier practice.[2]
- Practices with the Premier Program indicator are averaging 2.5 more clicks than those without.[3]
- Ninety percent of practices meeting all targets find the Premier Program valuable to their practice.[4] | WO |

[1] Since inception versus LTM ending Dec. 31, 2016.
[2] Q3 2016 Premier Patient Satisfaction results.
[3] Monthly average January 2016 through December 2016 based on practice data desktop searches.
[4] 2017 Annual VSP Provider Survey.

For example, patients looking for a provider will see that they can leverage their benefits with certain well-known brands, such as Calvin Klein or Nike, and get exclusive member rebates on contact or optical lenses by visiting a Premier Program location. "That extra $20 or $40 toward their frame allowance is borne by VSP or an industry partner, not by my practice," she says.

VSP provides back-end support in terms of staff training and through a business development consultant. "Joining the program has taught us more about product selection, patient flow and maximizing patients' vision care benefits," she says. There are front-end advantages, too, and the prime one is the added exposure. "In my market, as saturated as it is, I simply cannot afford not to be in the Premier Program."

MAKE PATIENTS STICK

That's where the "stickiness factor" comes into play. "If the Premier Program brings new patients in, it's my chance to keep them here. We have the opportunity to provide additional services, such as dry eye or medical treatment, and additional products, such as contact lenses or multiple pairs of eyewear. I see this as a chance to generate extra business and create loyalty with new patients. It has worked for me philosophically," she says. | WO |

Dr. Murphy is a VSP Global board member.

Dr. Murphy

> "The pros are that it drives patients in. That's a big one."

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

Charissa Lee, OD, FAAO, didn't see herself taking on a role in education, despite an early childhood plan of becoming a teacher. Since her 2002 graduation from State University of New York College of Optometry, she's worked in hospital, retail and private practice settings. However, her time as a professional affairs consultant with Johnson & Johnson Vision (JJV) revealed new opportunities to her for interacting with established and new practitioners. So when she was offered a role as director of education with JJV three years ago, she took it.

Dr. Lee

Director of The Vision Care Institute® (TVCI), LLC, **Colleen Jones, CPBA**, a certified professional behavioral analyst, specializes in training on communication techniques and behavioral analysis. Understanding patient differences, meeting their needs and communicating in their behavioral language will help increase the patients' experience and satisfaction, leading to effective teamwork.

That meant moving her husband, **Long D. Tran, OD, FAAO**, a former professor at Southern California College of Optometry at Marshall B. Ketchum University, and children across the country to resettle in Jacksonville, Florida. She was drawn by the opportunity to coach optometrists beyond a traditional classroom setting focused on didactic training. "Teaching institutions are set up to train these students to be doctors, as it should be. The curriculum allows them to diagnose, treat and care for their patients when they graduate," she says.

But there's more to patient education than discussions on ocular health and disease state management. "Being able to communicate why you're prescribing a certain brand of contact lenses is not typically covered in a didactic course, but it's important in patient care and compliance. For example, at The Vision Care Institute®, students participate in a full-day, hands-on training program to gain an in-depth learning of the research and EYE-INSPIRED™ Design behind our contact lenses," she says. "They'll understand the difference in design between our different brands so that they can provide patients with a better experience in the office and with their contact lens wear overall."

The opportunity to practice their communication skills outside of the school's clinic setting is also important. "We focus on the communication aspects—the why—and they get to hear feedback in a safe environment. It's a different perspective," Dr. Lee says. In addition, students have access to the research and development scientists and optometrists who work at JJV. "They come to understand the rigorous science, research and development that goes into creating our contact lens brands. Then they can speak about that more confidently."

The experience serves to open students' eyes to opportunities in the profession. The ODs in JJV leadership come from a variety of backgrounds and arrived at their roles by varied pathways. "I never thought I'd get out of clinical practice. Seeing patients was my passion, but the opportunity here was to help patients on a larger scale," she says.

A VOICE IN THE COMPANY

Under the guidance of **Millicent Knight, OD, FAAO, FAARM**, who sits on the North American Leadership Team, the professional affairs team at JJV encourages the OD perspective in the company's direction. "We have a voice in the company. We can talk about how patients experience our products and how we can make that better," Dr. Lee says. "We can see the innovations in the pipeline, and we can provide input on how the company can augment the experience for patients. The OD voice helps broaden the experience here and helps the company create the reinforcement, such as digital tools, to help practitioners better care for their patients."

LIVING THE CREDO

Dr. Lee says that the first line of the JJV credo speaks to her. *We believe our first responsibility is to the doctors, nurses and patients, to mothers and fathers and all others who use our products and services.* "That's what we do every day. That credo is woven through everything we do. It's why I'm here; it's why I sold my practice and moved across the country to work with a company where the goals and values are in alignment with my own." | WO |

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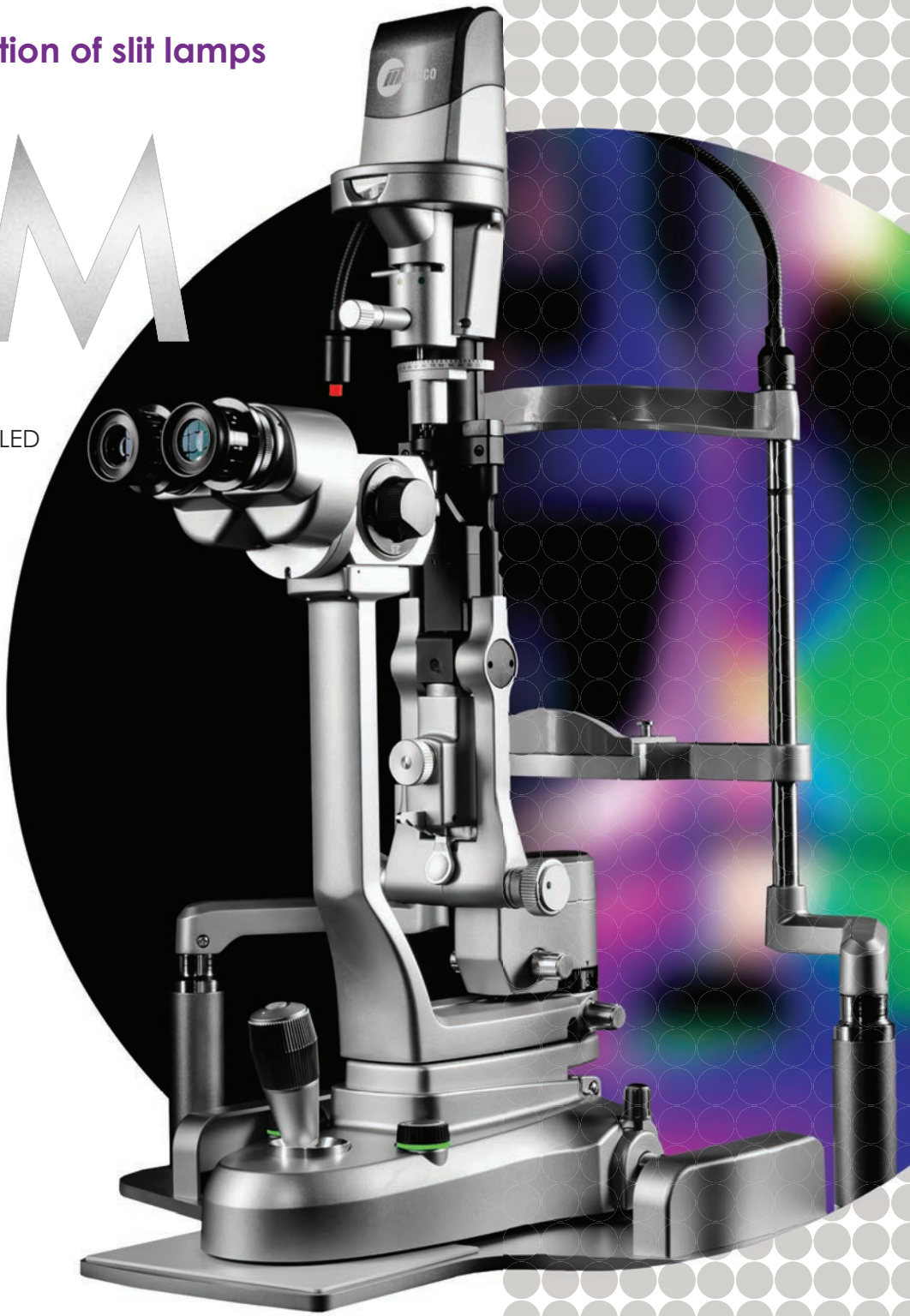

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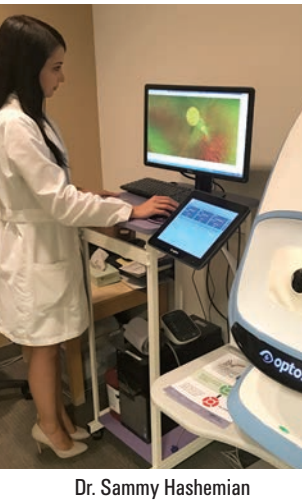
Dr. Sammy Hashemian

Twin Sisters Put a Different Spin on "DOUBLE DOCTOR" DAYS

Dr. Honey Hashemian



Dr. Sammy Hashemian reviews an **opto**map image.

> It had always been our goal to work together. I can't think of a better partner.

Sammy Hashemian, OD, and her twin sister, **Honey Hashemian, OD**, each came across the idea of becoming an optometrist at a different point in her undergraduate career at UCLA. But they started optometry school at Southern California College of Optometry together and graduated in 2012.

At that point, their paths diverged—a little. Dr. Sammy Hashemian started working as an employed associate in a LensCrafters-affiliated practice immediately after graduation. Dr. Honey Hashemian worked primarily in ophthalmology and private optometry practices, where she treated complicated postsurgical eyes and complex glaucoma and dry eye cases.

Then Dr. Sammy Hashemian was offered a lease at a LensCrafters in Newport Beach, California, in November 2016, and suddenly, the idea of working together began to take shape. "It had always been our goal to work together," she says. "I can't think of a better partner."

The fraternal twins have distinctive personalities, their own niche and areas of responsibility. They cover 10 doctor days per week; the practice is open seven days a week. They each work a five-day week, and they're in the office together on Thursdays, Fridays and Saturdays. "Even on the days that we're here together, we are so focused and busy with patients that we often don't get to see each other until the end of the day unless we are looking for a second opinion," says Dr. Sammy Hashemian.

Approaching the end of their first year, they feel that they have the processes in place and are starting to consider adding a second location. "We were offered an opportunity very early on, but we wanted to give our full focus to this one first," says Dr. Sammy Hashemian.

DR. SAMMY HASHEMIAN:

"When I got my first pair of contact lenses as an undergraduate student, it was a life-changing moment for me. We both needed refractive correction, and I think that made us passionate about optometry. Coming out of school, I was looking for a place where I could see a lot of patients, learn quickly and practice full scope. We offer full-scope medical and primary care exams, as well as specialty contact lens fits including keratoconus and scleral lenses. We have an Optos Daytona and the Clarifye Digital Eye Exam from LensCrafters, technologies that impress the patients and deliver great clinical data.

"The doctor who hired me was a great mentor and took me under her wing to learn the business side. I learned so much from the training and coaching that LensCrafters provides. Now it's my turn to give back. I was the Orange County Ignite Coach, where I helped train newly graduated doctors for our region and also traveled the states to train doctors in the new Clarifye technology."

Dr. Honey Hashemian prides herself on comprehensive care.

DR. HONEY HASHEMIAN:

"It was nice to learn by being in different practice settings with ophthalmology and optometry. The sublease was a big draw for us because it meant we could manage the practice the way we wanted. Our patient care philosophy is so similar. We are both outgoing, and we want to get to know our patients and have fun with them. We hear about their life outside of work and help focus on their best visual correction options. Our Net Promoter Scores and patient feedback show that patients appreciate it.

"Although many of our classmates went into private practice after school, they are so impressed by how thorough our exams are and how much we do when they cover for us.

"This is a full family business. We've brought in our brother, **Ehson Hashemian**, who comes in two times a week to help us with management. Our patients love him." | WO |

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Dr. Barnett

Whether **Melissa Barnett, OD, FAAO, FSLS, FBCLA**, is managing dry eye patients or fitting contact lenses, including specialty contact lenses, as the principal optometrist at the University of California, Davis, Eye Center, her high level of patient education is consistent.

She is passionate about the importance of eyelid hygiene and how ocular surface disease and dry eyes can impact vision and the quality of life. These topics have been the subjects of recent publications in *Optometric Management* and *Contact Lens Spectrum*. "We are all on digital devices and are not blinking enough, which causes our eyes to become more dry," Dr. Barnett says. Contact lens wear, similar to dry eye, is intrinsically inflammatory and may lead to dryness, since contact lenses segregate the tear film into pre- and post- lens layers, with the bulk of tears behind the contact lens. Additionally, meibomian gland dysfunction is highly prevalent and is often not diagnosed or treated. Patients with diabetes, diets low in omega fatty acids, autoimmune disease or those experiencing hormonal changes may also be affected with symptoms of dry, irritable eyes. All of these conditions can make contact lens wear uncomfortable and could lead to contact lens dropout.

EYELID HYGIENE IMPORTANT

Dr. Barnett says that it is important to ask questions about blurry vision and how contact lenses feel at the middle and end of the day. Sometimes treatment of the eyelids, lashes and ocular surface can help eliminate fluctuating vision, so it's important to address the problem at its root. "I treat the ocular surface, including the eyelids and lashes, and attempt to get it in pristine condition to prepare for the sharpest vision with eyeglasses and an optimal contact lens-wearing experience."

She includes a care and treatment plan to follow. "When patients know why I am recommending a specific product, they are most likely to follow instructions," she says. "There are many products from OCuSOFT that have helped my patients with dry eye, ocular surface disease and Sjögren's syndrome," she says. "These products have improved the symptoms of burning or dryness and have helped keep contact lens wearers more comfortable and able to stay in their contact lenses."

BE SPECIFIC

Dr. Barnett tells patients the consistency of OCuSOFT® Lid Scrub Original foam is similar to foaming hand soap and to apply it to a flat cotton pad for use. "Although instructions come with the product, a brief explanation is helpful to visualize how to use it," she says.

Many patients ask Dr. Barnett for specific recommendations on makeup products. "It's a topic that comes up every day, so it's nice to have helpful, high-quality products to recommend. The ZORIA™ line by OCuSOFT has many good products," she says. "Removing and replacing old makeup that may have an accumulation of bacteria is so important." She mentions ZORIA™ Boost Lash Intensifying Serum, ZORIA™ Boost Mascara, ZORIA™ Makeup Remover and ZORIA™ Cleanser. She's pleased patients ask her for recommendations rather than turn to retail or online sources. | WO |

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See more stories on Eye and Skin Care under the Growth Strategies tab.

BEYOND BEAUTY

OCuSOFT products go well beyond beauty, too. "Retaine® Liposome spray has been really helpful for my patients with dry eyes, including Sjögren's syndrome, atopy, allergies or eczema," **Dr. Melissa Barnett** says. "It makes flaky eyelids completely smooth and also provides relief for the ocular surface. It's a life-changing product." For eyelids with blepharitis and meibomian gland dysfunction, Dr. Barnett recommends the OCuSOFT® Lid Scrub line and OCuSOFT® Hypochlor Gel and Spray. Tranquileyes™ goggles are great for her patients with mild to severe cases of dry eye, especially those with lagophthalmous and Sjögren's syndrome. Oust™ Demodex® Foam Cleanser has worked well for patients with symptoms of demodex, Dr. Barnett says. "It contains tea tree oil, is gentle yet effective and dramatically improves symptoms." | WO |

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It's Not JUST EYES

Doctor considers the whole patient at her holistic practice

For **Robin Sapossnek, OD, FCOVD**, eye care has always been about the whole person. In fact, she named her Huntingdon Valley, Pennsylvania, practice Holistic Vision to demonstrate that holistic care "has always been my orientation" in her 36 years of practicing. Patients visiting this practice, north of Philadelphia, are aware of the array of therapies she offers, spanning natural and complementary medicines, high-tech therapies and the latest medications.

She's become increasingly familiar with Natural Ophthalmics products, which means that many of her patients are learning about them, too. "I've used them in many ways, many times," she says.

NO EYE-ROLLING

The practice offers traditional eye exams and eye care. It also provides vision therapy, vision rehabilitation, sports vision and orthokeratology. In addition, Dr. Sapossnek is schooled in alternative therapies. "People can talk to me about what they're doing and be confident I'm not going to roll my eyes," she says.

As a full-scope provider, she recognizes that there are times when a prescribed medication might work best for a particular patient or condition, but there are other times when she and the patient want to consider the options. Natural Ophthalmics products "give us another way to help people that isn't just reaching for a medication," she says.

"My go-to products are the Natural Ophthalmics Allergy Drops and the Tear Stimulation Drops," Dr. Sapossnek says. With the Allergy Drops, if a patient comes in with a condition "that is chronic and low grade, I'll offer that as a primary treatment," she says.

With dry eye complaints, she'll often start a patient with Natural Ophthalmics Tear Stimulation Drops. She'll also suggest hot compresses and high-potency/high-quality fish oil supplements. "So it's a combination of treatment options, and nothing stands alone," she says.

A recent patient wanted to move away from prescription allergy drops, so Dr. Sapossnek is slowly weaning her off of them in favor of Natural Ophthalmics Allergy Drops. This patient's initial symptoms were severe, so Dr. Sapossnek started with prescription drops four times a day. "She wanted to get her treatments to a point where homeopathic drops were enough," she says.

BOOSTING THE IMMUNE SYSTEM

Homeopathic allergy drops trigger a response in the body's immune system, so they act differently than immunosuppressive medications. Patients often like that approach because they don't want to take more medication than is absolutely necessary. That request is fairly common, she says. "Some of my patients ask, 'What can you give me that is not a medication?' And I'll use an alternative when I think it is warranted."

She has patients who have been using Natural Ophthalmics products for years, she says, noting that the Women's Tear Stimulation Eye Drops "have been a staple in my office. They are effective and inexpensive, and the fact that you can use it with contact lenses is relevant."

Her approach is to reach for every kind of effective treatment. "Natural Ophthalmics is an adjunct to other traditional and alternative treatments I use," she says. "A patient's diet and lifestyle can play a role. When patients come in, I don't just take a medical history. I'm also interested in what supplements they're taking and what other health care providers they see."

Understanding the scope of a patient's care "lets me know what treatments can be effective," she says. "You have to consider risk and benefits and a patient's lifestyle and how to minimize medical interventions. One of the big advantages of Natural Ophthalmics products is that you don't have side effects. Plus, the cost is low."

She is able to offer patients a variety of options that will fit their lifestyle and to encourage them gently toward healthier choices in nutrition and physical activity. In turn, they leave her office feeling that she is focused on their overall well-being, not only on how well they can see the eye chart. | WO |

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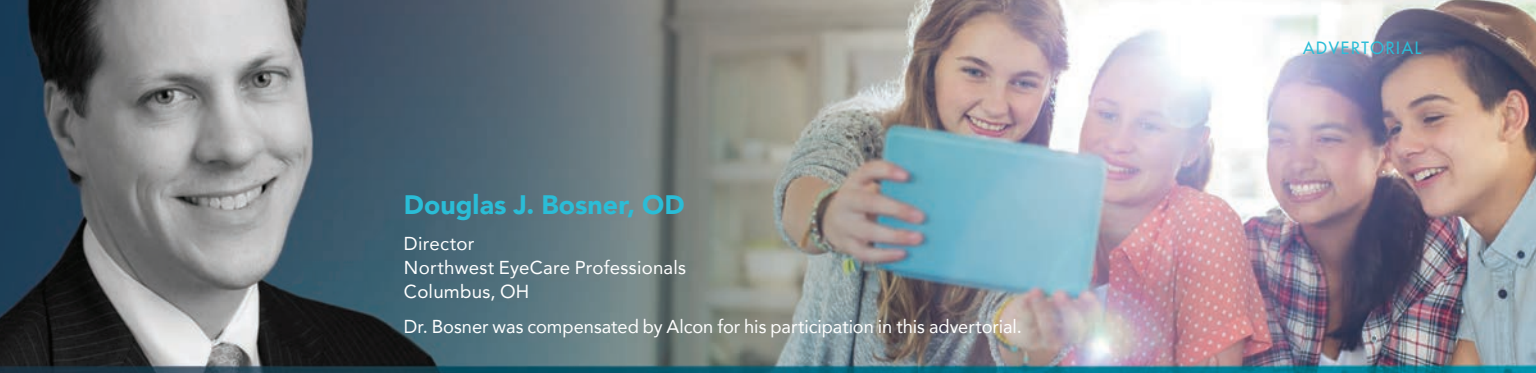
See more stories on Natural Eye Care under the Growth Strategies tab.

Dr. Sapossnek

> "I'm interested in what supplements they're taking and what other health care providers they see."



Douglas J. Bosner, OD
Director
Northwest EyeCare Professionals
Columbus, OH

Dr. Bosner was compensated by Alcon for his participation in this advertorial.

WHY DAILIES® AQUACOMFORT PLUS® IS MY #1 CONTACT LENS CHOICE FOR TEENS

One of the most rewarding parts of being an eye care professional is the opportunity to impact not only how people see, but also how they look and feel. I still remember how I felt when, as a teenager, I got to experience the sense of freedom that contact lenses can provide. While today's eyeglasses are certainly more appealing than what was available when I was a teenager, the young people that I see in my practice are no less excited about experiencing what contact lenses can do for them.

Thinking back to my own experience and about my patients' needs today, one of the real keys is how DAILIES® AquaComfort Plus® contact lenses can make young people *feel*. Teens who wear DAILIES® AquaComfort Plus® contact lenses experience meaningful emotional benefits, including more positive attitudes about their appearance, perceived improved athletic performance, greater overall satisfaction, and feeling accepted by their peers.[11]

After wearing DAILIES® AquaComfort Plus® contact lenses, study results show teens enjoyed:[11]

- More positive attitudes about physical **appearance**
- Perceived improved **athletic performance**
- Higher **overall satisfaction** vs. spectacles
- Feeling **more accepted by peers**

Daily disposable contact lenses allow patients to start with a fresh, new lens every day and support replacement compliance and ocular health,[1-5] which makes them a great option for new wearers. For teenagers and young adults, I recommend DAILIES® AquaComfort Plus® contact lenses. The lenses' built-in compliance fosters healthy wearing habits from the start, a benefit that I emphasize with my patients and their parents.

DAILIES® AquaComfort Plus® contact lenses, which feature Blink-Activated Moisture technology, release PVA throughout the day to help stabilize the tear film.[6,7] Tear film stability is critical to successful contact lens wear,[8] and this is especially important for young people, who are frequent digital device users.[9] Digital device use can decrease tear film stability,[10] so the ability of DAILIES® AquaComfort Plus® contact lenses to support a stable tear film is important.

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SEE LOOK FEEL

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OD Brings Doctor's Perspective Into RECRUITER ROLE

The NVI team at Optometry's Meeting in Washington, DC, where Abe Lincoln, one of the racing presidents for the Washington Nationals baseball team, stopped by

Her career path demonstrates to students and others the range of opportunities available

Dr. Riedy

Pamela Riedy, OD, MBA, loves to hear the questions that optometry students ask her. "They're very honest about their impressions of corporate optometry," she says. As a regional director for the southeast for National Vision, Inc., Dr. Riedy has a great perspective to share.

"Many students don't understand the benefits that come with corporate positions. They haven't studied the tax implications of being employed versus being an independent contractor or a business owner," she says. Having discussions with groups of third- and fourth-year optometry students as she travels her region lets her tell the story of her career with National Vision; she began working as an OD for America's Best Contacts & Eyeglasses in St. Louis, Missouri, after graduating from Nova Southeastern University College of Optometry in 2007.

Dr. Riedy served as a member of National Vision's clinical advisory panel; from there she became an area doctor, where she helped onboard and mentor ODs in her area, and a member of the company's university ambassador team. In 2016, Dr. Riedy stepped into her current role, where she is responsible for recruiting optometrists and representing the company at national meetings and optometry school events.

Dr. Riedy can empathize with students. "When I was in optometry school, I never thought about working for a corporation. I was focused on the thought of running my own business. I completed my MBA and a master's degree in health services management prior to entering optometry school. I can share why my mindset changed and how I realized corporate was the path for me," she says.

"Most recruiters for optometry practices are not ODs themselves," she says. But she feels that her experience has been an advantage because she can address the benefits of joining the network and share her personal experiences of what it's like to practice in an America's Best office.

> "We want people to understand that we care about our doctors."

CHANGING PERCEPTIONS

National Vision also has recently begun hosting events for faculty. "When I presented a session at my alma mater, faculty members whom I've been looking up to my whole career stopped by to tell me that they were proud of what I'm doing. Most of them have never had experience in a corporate setting," she says. During these sessions, a panel of optometrists currently affiliated with National Vision—graduates of the school—answers questions. "We want people to understand that we care about our doctors. We are changing the perception of corporate optometry," she says.

ONGOING RELATIONSHIPS

Helping new hires become acclimated is the aspect of her area doctor role that Dr. Riedy found hardest to leave behind. She's delighted when she receives email updates from a doctor she has recruited. "It's an opportunity to review firsthand the job aspects and new hire likes and dislikes," she says.

Newly hired ODs are brought to National Vision's Retail Support Center outside of Atlanta, Georgia, for sessions that provide them with a chance to meet company leaders, ask questions and develop an appreciation for their support network. "It's a great feeling to see the doctors I've connected with grow and succeed in the same place I practiced," she says. She also looks for her recruits during the annual CE meeting that National Vision holds for its affiliated doctors. Dr. Riedy says, "Through constant communication and feedback, we can continually make improvements for our doctors. At National Vision, we are a team that shapes its members into stronger, smarter people through thoughtful communication between all levels of the organizational chain." | WO |

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Make TECHNOLOGY Part of the Experience

Dr. Iravani's practice held its grand opening celebration in August.

Staff prepares to guide visitors on the technology available.

To say that Nikki Iravani, OD, is interested in technology is an understatement. After being vice president of clinical affairs and professional services for CooperVision, she developed the eyeXam™ app, an industry-leading, patented mobile app that offers a self-guided vision screening and GPS-enabled doctor locator.

Dr. Iravani

So it's no surprise that when she decided to open her own practice, it had to be a technology-focused center. Her brand new practice, eyeXam, in Santa Clara, California, is in the heart of the Silicon Valley and headquarters for many of the major technology companies. So she set out to create a space that is as focused on a "high-tech/high-touch" experience. "I'm passionate about eye care, everything about it—the clinical experience and the patient engagement," she says.

She became familiar with the Vision Source® leadership when she was in the corporate world and saw how hard the leaders worked for the members and how much the vendors valued the Vision Source network. It made much more sense to her to open as a member of the network than to go out entirely on her own.

BROWSE TECHNOLOGY

What she has created is the flagship eyeXam location. (Her grand opening, titled Glasses Up, was held in August.) It was built on the idea of having a physical space for the eyeXam app. Patients and visitors are greeted by Xams, her term for technicians who can check them in, show them around, encourage them to browse and respond to their specific needs (similar to the genius concept at Apple stores). When patients walk in, they can walk up to the visionbar to experience the different screening tests on the eyeXam app and other self-guided tests.

These self-screening tests do not take the place of her comprehensive vision exam, but the idea is to introduce patients to technology. Again, there's some similarity to an Apple store. "I wanted to create an environment where shoppers can be introduced to the latest advancements in eye technology. It's an experience. It's just like the Apple store. Not everyone who walks in wants to buy an Apple watch or iPad that day, but because they've had a chance to play with the technology, that's probably where they'll come shop," she says.

EDUCATE AND ENTERTAIN

"I wanted to blend vision care with technology, medical service and fashion from the latest designer brands. At our eyebar, patients can try on colored contact lenses and receive makeup tips for their new eye color," she says. She's hired a makeup artist to help any patient who says, "I didn't put on any makeup today, so I don't want to shop for new frames. I'm not looking my best." The makeup artist solves that problem, plus she'll provide tips for makeup or eyebrow strategies that enhance the frame selected.

Large video panels on walls display educational and fashion-oriented video loops. As patients walk around, they're learning about treatments for dry eyes, the latest designer brands and more. "It's eye care meets Apple meets fashion and beauty," she says. And it's an experience unlike any other. | WO |

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See more Trusted Colleague stories under the Growth Strategies tab.

BRUSHING UP ON SKILLS

It's been some time since **Dr. Nikki Iravani** has seen patients as a matter of routine due to her industry and corporate involvement. She took on the big challenge of retaking national optometry board exams, and she has been recertified. "I am glad to have the latest training. Passing my boards has prepared me to be very confident that I'm up to date with the newest technology and protocols," she says. | WO |

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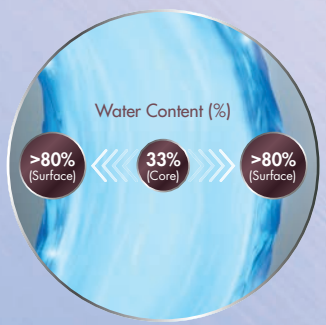

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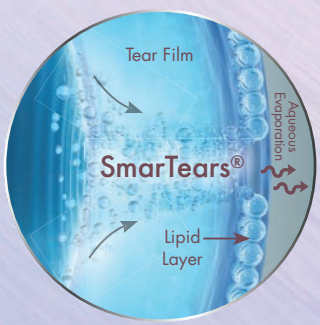

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Extend Your Patient Education Into the RECOMMENDATION PHASE

Make sure patients know you offer the visual solutions they need and want

Dr. DePoe

"I've always been big on educating patients," says **Laura DePoe, OD**. That level of attention in helping patients understand their eye health and visual needs has been a factor in 20 years of growth at DePoe Eye Center, in the Stockbridge and Macon, Georgia, region. She and her husband, **Adam DePoe, OD**, opened their first location 20 years ago; they opened their seventh in September.

"I don't simply examine eyes and say everything's great. I explain everything I see as I go through the exam," she says. First of all, it's more interesting to both the patient and her. Secondly, those discussions lay the groundwork for the recommendations she makes at the end of the exam. "That education carries over into what we can do to protect the eyes and eye health. I can talk about macular degeneration, exposure to UV and harmful blue light and changes to their vision, such as advancing presbyopia," she says. It's not uncommon for patients new to her practice to tell her that they have never received that level of education before.

CONNECT THE DOTS FOR PATIENTS

However, Dr. DePoe didn't at first connect her conversation on patients' needs and eye health with the products available in the dispensary—until a conversation years ago with a patient showed her why it's necessary. "I consider myself more of a nurturer or caregiver than a salesperson. So I didn't feel like I needed to say that we had special features on our ophthalmic lenses, for example. But one patient told me about new eyeglasses with advanced features that her friend had purchased, 'but I didn't have that option,'" the patient told her. Dr. DePoe realized that she could have remedied that perception if she spent just a few seconds saying, "We have new lenses available that will address these issues for you."

Now she's more comfortable talking specifically about how a product benefits patients. "I recommend, based on a clinical standpoint, what is healthy and good for patients' eyes. Then I note that we have access to these products right here," she says. Her Essilor representatives, for example, have worked with the entire team to present features and benefits to patients so that they're eager to try the newest technology, see more clearly and also avoid exposure to harmful blue light.

Michelle Wright, practice director at DePoe Eye Center, says that recommendation in the exam room also makes it easier to finalize the sale in the optical. Opticians can reinforce what the doctor has told them—and they make it a point to address the CareCredit credit card option to every patient. "We have a phrase that we use every time. We say, 'We're excited to offer you the ability to pay for this in monthly installments using special financing.' We say this right at the start of the eyewear selection process so that they don't feel limited by what funds they have available. We don't want them to feel like they have to sacrifice features or benefits," Wright says. "With special financing through CareCredit, we can help fill just about anyone's needs at a monthly payment level he or she can afford."

> "I recommend, based on a clinical standpoint, what is healthy and good for patients' eyes."

Presenting this offer early in the process makes a difference, Wright adds. "We see patients choosing more features than they might have in the past. We see more people purchasing second pairs or prescription sunwear because they have months to pay for it."

The practice brought the CareCredit option to patients about four years ago. One of the managers had used her own CareCredit credit card for her veterinary expenses and saw how the special financing would be applicable at the practice, too. More recently, the practice's billing manager, **Jessica Diver**, has begun promoting it more. That increased exposure on the practice's website, social media and in the office, has increased the uptake from patients noticeably, Wright says. | WO |

WOnline

See more Patient Financing stories under the Growth Strategies tab.

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ELEVATING EYE CARE, FAMILY FIRST

Our eye doctors are putting their vision into practice. Finding fulfillment through their family-run independent optometric practice affiliated with LensCrafters. Connecting on a personal level with patients. Giving back to future Doctors of Optometry. Luxottica Eye Care is proud to count Dr. Sammy Hashemian, OD, and Dr. Honey Hashemian, OD, among our family.

VISION IN PRACTICE

LUXOTTICA EYE CARE

Does Your Refraction Process Complement Your LENS TECHNOLOGY?

Are you still asking the old question: Which is better?

TRS-5100 autorefraction system

Belinda Dobson, OD, of College Station, Texas, says that there can be a disconnect in the patient care experience when doctors use old technology in the exam room but are recommending high-quality ophthalmic lenses. "We have amazing technology in lens designs, but the problem with an older phoropter is that you are using an antiquated process to arrive at the prescription," she says. "When you can couple autorefraction technology from Marco with the digital lens technology, it's a really good fit."

Dr. Dobson

Two years ago after attending a trade show, Dr. Dobson took the advice of colleagues she had spoken with there and integrated the Marco TRS-5100 into her office. "Eye Care Center is well known for the advances in technology, so adding Marco's technology was simply a no-brainer," Dr. Dobson says. She added another TRS to a second exam room this year, and she plans to equip her final exam room with one next year. One of her goals in the practice has been to purchase at least one new piece of technology per year, every year. "There's always something new, and patients always notice," Dr. Dobson says. She and the staff educate patients in the office when they point out what's new, and they also keep the practice website updated with mentions of this distinctive technology so that potential patients can see how her practice is different.

> "As far as the wow factor goes, I score the TRS a 10 out of 10."

AVOID THE SCARY 1-OR-2 QUESTION

The refraction process with the TRS begins during pretesting with her technicians, who are trained to be refractionists and are also ABO-certified opticians. "The digital refraction complements the other testing technology up front," Dr. Dobson explains, adding that Marco does a phenomenal job both training the staff and interfacing its data with most electronic medical record systems. All of the pretesting data is automatically uploaded to the patient file and is available in the exam room. "The efficiency is second to none. When patients come back to see me, I pull all of the pieces of diagnostic data together from the retinal images to the digital refraction." Having staff complete the testing gives her more time to talk about visual function performance, ocular health and the solutions available.

Not only is the process of refraction easy for staff to conduct, but it also lessens patients' worries. "Most patients, surprisingly, are terrified of having to pick 1 or 2 and making a wrong decision," she says. "It's great to let them simultaneously view the old and new prescriptions so that they are more confident. As far as the wow factor goes, I score the TRS a 10 out of 10." She calls that feature the "money button," adding that she saw an increase in her capture rate after implementing the TRS. She tells patients that their digital prescription is forwarded to the optical and that it is more precise than what a paper prescription can provide. Then Dr. Dobson pages an optician to complete the transaction and sale.

FEWER REMAKES = MORE MONEY

The TRS has also led to fewer remakes. "Patients feel that they have been given the best opportunity to make the selection, and because the process is digital, they know it's more accurate and precise. We are able to give them optimal vision, so they are less apt to question their prescription."

Dr. Dobson says that she's thoroughly pleased with this investment, and the proof is that she has designated these purchases as her key technology additions for three years running. "The value of this technology is that the patient loves the experience," she says. "Patients are accustomed to digital elements for every step of the process, so you have to maintain the continuity in the refraction process as well." | WO |

WOnline

See more Diagnostic Solutions stories under the Growth Strategies tab.

Salus University Names NEW DEAN of Pennsylvania College of Optometry

Number of optometry school female deans rises to five

Dr. Trego

Melissa Trego, OD, has been appointed by Salus University to the position of dean of the Pennsylvania College of Optometry (PCO). Dr. Trego, PCO class of 2004, is the first female graduate of PCO to hold this position, and she says that she's truly humbled by the honor. "I went to PCO, grew up here and my loyalty lies with PCO," she says. "We have an unbelievably great team; we are already very proud of what we've done, and I'm excited to be a part of our next chapter."

Dr. Trego says that she envisioned herself in an academic setting as she went through her time at PCO, but she didn't imagine herself in administration so soon, she says. After a two-year primary care residency at The Eye Institute of Salus University, she earned her PhD in cellular and molecular biology from Cardiff University in the United Kingdom. At PCO, she advanced from an assistant professor to associate dean of optometric academic affairs, then associate dean of the Accelerated Scholars Program and became interim dean in May 2016. Dr. Trego says that she's found academia and administration offer "the best of all potential opportunities because you can influence not just students but the profession. Educating the ODs of tomorrow is how you can change the profession and patients' lives. I still love seeing patients, and that's not something I want to lose. You have to be entrenched as a clinician."

The university's Accelerated Scholars Program was the first three-year optometry program in the U.S. not requiring a PhD or other doctoral degree. The first class graduated this past May. "Medicine, dentistry and nursing were offering accelerated programs, and we saw it as an opportunity to have a small program with students who were highly motivated to earn their degree in less time than the traditional four years," Dr. Trego says. She and **Beth Tonkery, OD, MPH**, poured all of their efforts into this program, and she says that the outcome measures have shown that it's been a success. (Read *WO*'s story on the program's start under Modes of Practice, then Women in Academia section of womeninoptometry.com.) The first class had 100 percent pass rates on all three parts of the national board testing. "I've watched these students grow and become these excellent clinicians in a very short amount of time. I'm really very proud, not just of the scholar students, but of all of our PCO students."

Dr. Coyle

Dr. Hoppe

Dr. Nichols

Dr. Zadnik

PCO and other schools face a rapidly changing profession, she says, and her goal with her team is to improve PCO a little bit every day. After being appointed as the dean, Dr. Trego sent an email to the college and students about challenges ahead. "At times I know it appears we have many mountains to move; I strongly believe that if we all work together, moving a mountain amounts to moving a few stones—and there is no greater group of individuals that I can imagine working in the trenches with."

Dr. Trego joins these fellow leaders as female deans: **Jennifer Coyle, OD, MS, FAAO**, Pacific University College of Optometry; **Elizabeth Hoppe, OD, MPH, DrPH,** Western University of Health Sciences' College of Optometry; **Kelly Nichols, OD, MPH, PhD, FAAO**, University of Alabama at Birmingham School of Optometry; and **Karla Zadnik, OD, PhD,** Ohio State University College of Optometry. | WO |

Doctor Finds CAREER STABILITY in Uncertain World

Personal strategy has helped her focus on prioritizing health and what can be affected

Dr. Truong during one of her seminars for The Purposeful Mind

Susan Truong, OD, would say that she's a spontaneous person. She made her career plans, "but you have to keep room to be able to grab opportunities," she says. That strategy worked very well for her, as during the past 13 years that she's been affiliated with Walmart, she had expanded at one point to holding five leases in the Tampa Bay, Florida, area. "I joined Walmart five years out of school after my Nova Southeastern College of Optometry graduation in 2000," she says.

One year later, Walmart built another supercenter location about seven miles away. When Walmart offered it to her, she said sure—just like she did the following year when two other locations opened 12 miles away. By 2008, she had five leases, but four years ago, she whittled that down to three. "I sold the leases to the two locations that were 45 minutes away." The three remaining ones are within 10 minutes of each other, which makes managing the locations easier as she's the primary OD in each of them. "I see patients six days a week; summers were a little quieter, but back-to-school season has kicked off," she says.

ODs ARE COACHES

Staying busy and staying balanced are not always compatible ideas. Dr. Truong says that her own experience in successfully managing multiple locations and growing the businesses has led her to life coaching. "It seems natural. As ODs, we coach our patients on a daily basis. We talk about ocular health, wellness and nutrition. I began to see that your mindset is your most valuable tool when it comes to discipline," she says.

The need to have a broader purpose in your life took on a startlingly clear focus three years ago. Dr. Truong, whose parents fled Vietnam in 1975 with their young children, grew up in a tight-knit family. Then one of her younger brothers was diagnosed with liver cancer and passed away just nine days later, she says. "If I didn't catch myself, I would have spiraled down. But it wasn't an option. I had to be strong for my parents, plan a funeral and run a practice," she recalls.

GETTING PAST GRIEF

The process of grieving and continuing to work and live and be part of her family has shifted the way she's looked at everything, she says. "Patients aren't ever just a pair of eyes in the chair. I tell them that I cannot separate their eyes from the rest of their body. How they manage stress and eat are all part of how their brain and other organs function," she says. "I can see the wheels start turning when they think of their eyes that way."

Dr. Truong speaks also to optometrists and optometry students. "I tell them over and over that your practice location doesn't define you. You make your practice what it is," she says. "After 13 years at Walmart, I've wised up to where I can take advantage of the incredible traffic of potential patients who come through the store. Once they sit down in my chair, it's up to me to make the experience unique and show patients the level of care I provide."

She's taken her coaching concepts honed by years of talking to patients to her colleagues and others through her coaching business, The Purposeful Mind. She has mentored at least six preoptometry students who are now in optometry school, and she enjoys answering questions from them and other students about what she does, too. | WO |

LEARN MORE

Visit Dr. Susan Truong's life coaching page at thepurposefulmind.com.

> "You have to keep room to be able to grab opportunities."

WOnline

See more Community ODs stories under the Growth Strategies tab.

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: online patient resources
1-844-MYCATARACT (1-844-692-2827): cataract counselors

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Ring-REDUCTION

Patient communication system reduces the interruptions of frequent phone calls

Solutionreach makes it easy to send patient reminders in a format that patients want.

It seems like no one listens to voice mail messages anymore. At least that's how it felt to Whitney Klein, OD, and the staff at Eye Care Associates of Owosso, in Owosso, Michigan. "An employee will call a patient to let him or her know that the contact lenses or eyeglasses are ready. The patient doesn't answer, so the employee leaves a message. Thirty seconds later, the phone rings—and it's the patient calling back, wondering why we called," she says. "If the person who answers the phone is not the one who made the call, the staff is scrambling to figure out who called the patient and why."

Dr. Klein

PHONE TAG

Simply put, it was not efficient at all. In June, all of that changed. The office brought Solutionreach on board then, and Dr. Klein says the reduction of time staff spent on the phone was dramatic and immediate. "The staff is spending so much less time on the phone, meaning that the employees can be more productive elsewhere," she says.

Before Solutionreach, "a staff member would call and, in person or on voice mail, offer a few times that we had an available appointment. The patient would call back later; almost every transaction was two or more phone calls instead of one," she says.

The process is faster, and it has increased the response rate and enabled the practice to manage the recalls better. "When we sent out postcards, we'd send them all out for the month at a time. So the phone rang constantly at the start of the month, and people had to wait to get an appointment," Dr. Klein says.

MANAGE THE FLOW

Now maybe 50 recall notices go out in a day. Then another batch of recall notices can be sent a few days later, allowing the staff to manage the flow and scheduling better. "I notice that Solutionreach has these strategies that make so much more sense than the way we were doing it," she says.

The practice has also begun using the system to send birthday messages. Patients love that personal greeting. "When we pull up the schedule, there's a birthday cake icon, too, for any patient who has a birthday coming up. Patients are happy when we say, 'Oh, I see you have a birthday coming up.' It shows them that we're paying attention to details."

Dr. Klein says they've already gained efficiency in marketing trunk shows and sending out announcements, and the patient feedback through the surveys has been tremendous. "We don't want to overwhelm patients, so we ask only that they rate on a scale of 1-10 how likely they are to recommend the office and what the most memorable part or person of their experience was," she says. It's been terrific to hear that patients notice new technology or the kindness of a particular staff member, she adds. "We've also been able to reach out to people who might be struggling with their new eyewear or a part of the experience and we can see what we can do to fix it before it becomes more aggravating to the patient." | WO |

"LET ME CALL YOU BACK AFTER I GRADUATE...TODAY"

On the morning of her 2014 graduation from the Rosenberg School of Optometry, **Dr. Whitney Klein** received a phone call from **Roger Seelye, OD**, co-owner of Eye Care Associates of Owosso. He had received her resume and wanted to talk with her about joining the practice with an eye toward buying out his share of the two-owner practice. She soon started working there and realized that she and **Matthew Maki, OD**, had very similar philosophies, which made it easy to say yes to buying Dr. Seelye's part of the practice in May 2016.

The decision to bring in Solutionreach was one the new partners made together. They had asked their colleagues for opinions and then made the decision after viewing the demonstration at The Exchange, the annual Vision Source® meeting. | WO |

WOnline

See more Patient Engagement stories under Growth Strategies tab.

Taking a Leap of Faith

ODs talk about the motivation that pushed them to open their own practices

In 2012, there were 9,966 women-owned ODs offices, according to the U.S. Census Bureau data, compared to 20,217 male-owned optometric offices. In addition, there were 2,473 offices equally owned by men and women. In other words, 30 percent of the optometric offices were owned by women and 62 percent were owned by men, with the remainder being equally owned by men and women. The 2015 American Optometric Association *Survey of Optometric Practices* showed similar numbers and noted that 55 percent of nonowner ODs were women; among young ODs, 67 percent of the nonowner ODs were women.

Yet the number of women-owned businesses is increasing rapidly in most sectors. Between 2007 and 2016, the overall number of women-owned firms increased by 45 percent, compared to just a 9 percent increase among all businesses, according to American Express' *2016 State of Women-owned Businesses Report*.

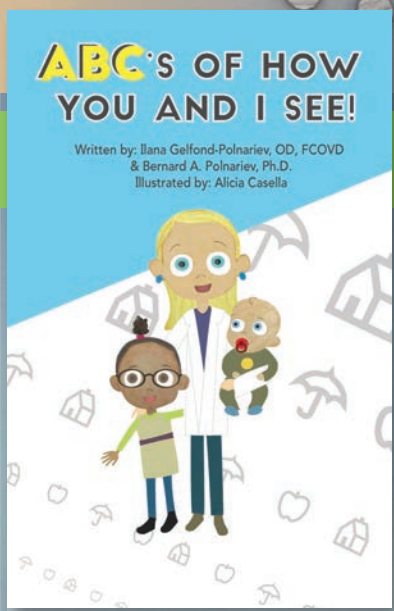
There are a number of reasons why young ODs might choose to be employed, and the equation might be even more complicated for women ODs who are trying to weigh those options with the possibility of having children. **Ray Corbin-Simon, OD,** an associate consultant with The Power Practice, chose that route for herself. "I worked for State University of New York College of Optometry for eight years before opening my own practice," she says. Now, she's helping others do the same.

Dr. Corbin-Simon

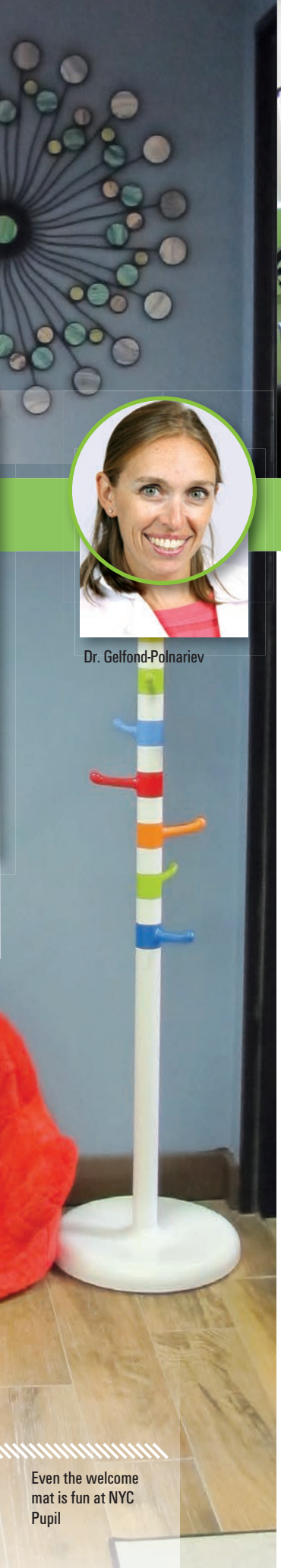
"What I'm seeing more of is doctors feeling burned out by not having the flexibility to practice the way they want or manage their patients the way they want. They begin to think, 'If I did this on my own, I could do it my way,'" she says. But she also understands why many don't start out as their own boss. "We're not taught the business side of how to manage a practice. So it can be hard to know whether you can sustain and manage a business, with the potential toll that it takes on the family," she says.

Dr. Corbin-Simon now has two practices—in Piscataway and Metuchen, New Jersey. She started one cold in 2004 and, in 2016, purchased an existing 40-year-old practice. She's not alone. Most of her clients have been women who have either decided to open a practice or who have purchased one from a retiring male OD. She says that her experience, as well as that of many others, shows that it can be done, of course, but she encourages doctors to find a mentor, coach or even paid consultant. "In my case, I got to my second year of practice and realized I needed help. You don't have to reinvent the wheel. There are resources available to you."

Ask questions and learn as much as you can about all aspects of the business. "It might cost you $100 to spend a few hours in a business course, but it's worthwhile to learn about areas that you are not fundamentally familiar with. Learn about human resources and how to be a receptionist. I took some mini business classes so that I could understand the difference between corporations and limited liability arrangements," she says. There's a lot to learn, but the good news is that learn-as-you-go strategies can work—as long as you ask for help in time. | WO |



Dr. Gelfond-Polnariev and her husband have written a children's book that helps explain visual function and the important link between seeing well and learning.



Dr. Gelfond-Polnariev

Even the welcome mat is fun at NYC Pupil

There's plenty to keep little ones busy.

DO WHAT'S BEST FOR YOU

After about 15 years of being part of a male-dominated group practice, **Ilana Gelfond-Polnariev, OD, FCOVD**, decided she was ready to venture out and open her own practice. She had gained tremendous experience as an associate and even a limited partner, but she didn't have the same impact—or ultimately equality—in the practice, she says.

Dr. Gelfond-Polnariev graduated from Pennsylvania College of Optometry and completed a residency at State University of New York (SUNY) College of Optometry in vision therapy and head trauma rehabilitation. She worked hard to establish her reputation as a vision therapy provider, conducting outreach in the community and attending professional development meetings for educators as well as PTA meetings. She worked to increase the pediatric and vision therapy part of the practice, and when the partners wanted to renegotiate her contract, she says she reluctantly settled.

Five years later, after expanding the vision therapy practice and not feeling fully appreciated, she was ready to propose a plan for an equal partnership, she says. This time, in July 2016, when it came time to renegotiate, she was ready to walk away if she didn't get the deal she felt was just, she says. "At the partner meeting, I realized that being an equal in the practice was not an option they were willing to entertain. I thought about leaving town—or even leaving New York state—but I didn't want to walk away from all of the work I had done educating the community," she says. She began looking for real estate that was outside of the five-mile radius of her noncompete clause.

She found a great space in Staten Island, New York. "It had been an educational facility, which helped inspire the practice name, NYC Pupil, emphasizing the connection between vision and learning," she says. She began seeing patients in June, and she's excited that the facility has an elevator and is completely handicapped-accessible, which will allow her to accommodate patients for head trauma therapy and those in wheelchairs.

The ability to offer additional services has her brushing up on her skills, which she'll do by attending the September meeting of NORA, the Neuro-Optometric Rehabilitation Association.

She let her former team know last year as soon as she signed the lease on the new location. She didn't want them to hear it from anyone else, and she needed to complete the terms of her own contract. Even though a cross-town departure can be emotional, it is important to remain as professional as possible and not burn bridges along the way, she says.

It's been a busy time as Dr. Gelfond-Polnariev geared up. "I'm juggling between working full-time, being involved in optometric organizations and also raising two young kids. I teach on Mondays, supervising SUNY College of Optometry students at an external site. I love the teaching component, so I won't be giving that up." She's also been scheduling contractors to work on the new space and learning as she goes. Women owners of other vision therapy practices have been her mentors. "I can't get over the wonderful responses. They've been my source in guiding me in every step, sending me copies of their forms to view and telling me about equipment or practice design," she says.

For years, Dr. Gelfond-Polnariev was a dreamer. "Every time that I would read a story in *Women In Optometry* about a woman who started a practice cold, I tucked that away. I am finally that person now. I think there are many women in my position who have been afraid to take the risk." While she doesn't expect it to be easy, she's confident that it will be worth it. "I will still have stress, of course. But it will be positive stress, not negative stress." | WO |

Continued on page 34

Most of the walls in Dr. Geiger's office are slate gray, and inspirational quotes throughout the space encourage patients on their path to success.

KEEP YOUR THOUGHTS POSITIVE
BECAUSE YOUR THOUGHTS BECOME
YOUR WORDS.

KEEP YOUR WORDS POSITIVE
BECAUSE YOUR WORDS BECOME
YOUR BEHAVIOR.

KEEP YOUR BEHAVIOR POSITIVE
BECAUSE YOUR BEHAVIOR BECOMES
YOUR HABITS.

KEEP YOUR HABITS POSITIVE
BECAUSE YOUR HABITS BECOME
YOUR VALUES.

KEEP YOUR VALUES POSITIVE
BECAUSE YOUR VALUES BECOME
YOUR DESTINY.

~ MAHATMA GANDHI

Continued from page 33

FOCUSING ON HER PASSION FOR THE NEXT CHAPTER

After nearly two decades in the industry, OD dedicates her own practice to neuro-optometry and creating awareness

Dr. Geiger

"One of my biggest challenges in the last 17 years was trying to incorporate what I enjoy in a primary care environment," says **Manisha Geiger, OD**. Her specialty work in neuro-optometric rehabilitation, vision therapy and pediatrics often requires special tools and instrumentation, and it was difficult to fit into primary care office spaces and schedules. "It's been a bit of a roller coaster," Dr. Geiger says, describing her move to Arizona with her husband following her graduation from the State University of New York College of Optometry to working in a private office where she hoped to transition from an associate to an owner. However, the existing owner was not receptive to her desired changes, such as adding pediatric services. She parted ways and worked in a few corporate roles for several years where she was in charge of the office, but it wasn't quite the right fit for what she wanted.

Over the course of losing both of her parents in the past few years, Dr. Geiger says she knew it was time for a change. "Life is too short," she says. "I realized how important it is to follow one's dreams." Dr. Geiger established her corporation in September 2015. Throughout 2016, she built her patient base in a subleased space in another optometrist's office. Her connections with local neurologists drew in so many patients with traumatic brain injuries, concussions and brain tumors that by August 2016, she was searching for her own place to fulfill the high demand for care.

Her original plan was to lease, but she ended up buying. "Many practices here were not making it because they were in a difficult leasing situation with hidden fees and increases every month," she explains. She and her husband decided it was the right financial commitment to purchase her space, located in a professional complex in Scottsdale, Arizona, just 10 minutes from her home. Many of the offices have a medical focus, and a corneal specialist surgeon there has quickly become a wonderful referral source. Her office opened in April and it's warm and inviting, designed to be comforting to special needs patients who may be overwhelmed in the environment of a typical doctor's office.

The benefits outweigh the challenging and scary moments, she says. Dr. Geiger can spend 45 minutes with patients without feeling rushed, and she's no longer moving around equipment to accommodate each special case. "It's one of the most rewarding decisions I've ever made," she says. "Even when it's overwhelming, you have that patient who comes in and says, 'You've changed my life,' and that always makes it worthwhile."

She hopes to create greater awareness of this specialty and that her colleagues pursue it themselves or find a local specialist to refer to when needed. "There are people who are struggling in school, can't achieve what they want to in sports or have had their lives changed after a traumatic event. We have the tools to help them. I don't expect all providers to pursue this specialty, but all optometrists do have the basic knowledge to assess binocular health enough to refer to the proper specialist." | WO |

WOMEN IN THE *news*

Dr. Marshall

Dr. Rush

Dr. Brandenburg

Dr. Perrine

Dr. Hickman

Dr. Weigel

Dr. Alsop

Dr. Cecil

Dr. Bowen

Dr. Bitton

Dr. Dattolo

Dr. Lowe

▲ **Gabby Marshall, OD**, of Bend, became president of the Oregon Optometric Physicians Association. **Nicole Rush, OD**, of Gold Beach, became the organization's president-elect.

▲ **Nhung Brandenburg, OD**, of Atlanta, became president of the Georgia Optometric Association. **Jeanne Perrine, OD**, of Atlanta, became the organization's secretary.

▲ **Amanda Hickman, OD**, of Hammond, was honored as the Young OD of the Year by the Optometry Association of Louisiana.

▲ **Jen Weigel, OD**, of McLean, became president-elect of the Virginia Optometric Association. **Jenny Alsop, OD**, of Midlothian, became secretary-treasurer.

▲ **Louise Sclafani, OD, FAAO**, has joined SynergEyes as vice president of professional affairs.

▲ **Dorothy Hitchmoth, OD**, of Hanover, New Hampshire, was named the American Optometric Association's Advocate of the Year.

▲ **Rachael Wruble, OD**, of Charlotte, was named Young Optometrist of the Year in North Carolina.

▲ **Leah Johnson, OD, FAAO**, was appointed to the role of director, clinical services, for Paragon Vision Sciences. Dr. Johnson will be responsible for clinical and professional development programs supporting current and future eye care practitioners across the U.S. and abroad.

▲ **Leslie Cecil, OD**, of Bardstown, was named Young Optometrist of the Year by the Kentucky Optometric Association.

▲ **Jacqueline Bowen, OD**, of Colorado, was re-elected to serve another term on the American Optometric Association Board of Trustees.

▲ **Etty Bitton, OD, MSc, FAAO**, received the Lester E. Janoff Memorial Award from the Association of Optometric Contact Lens Educators, recognizing excellence in contact lens education, research and publication. Dr. Bitton is an associate professor, externship director and director of the Dry Eye Clinic at University of Montreal School of Optometry.

▲ **Jennifer Dattolo, OD, FCOVD**, of Woodstock, Georgia, became secretary-treasurer of the College of Optometrists in Vision Development.

▲ **Sue Lowe, OD, FCOVD, FAAO**, of Laramie, Wyoming, received the Peter K. Simpson Advanced Practice Nursing Fan Award for her support in helping to teach nursing students about eye health.

Dr. Sclafani

Dr. Hitchmoth

Dr. Wruble

Dr. Johnson

Dr. Tada

Dr. Szczotka-Flynn

▲ The American Academy of Optometry Foundation has announced its award winners for 2017. **Ava K. Bittner, OD, PhD, FAAO**, of Nova Southeastern University, will receive the Irvin M. and Beatrice Borish Award. **Suzanne M.J. Fleiszig, OD, PhD, FAAO**, of University of California Berkeley School of Optometry, has been selected for the Max Schapero Memorial Lecture Award. **Laura Goldberg, OD, MS**, of Wilmington, Delaware, and **Celia R. Gong, OD**, of Tucson, Arizona, were selected to be the recipients of the Julius F. Neumueller Award in Optics. **Lynette Johns, OD, FAAO, FSLS, FBCLA**, of New England College of Optometry, will receive the American Academy of Optometry Foundation's Founders' Award. **Lorraine Lombardi, PhD**, of Salus University, will be presented with the Michael G. Harris Award for Excellence in Optometric Education. **Harue J. Marsden, OD, MS, FAAO**, will be honored posthumously with the Eminent Service Award. The winners will be recognized at the Academy 2017 awards ceremony in Chicago.

Dr. Bittner

Dr. Fleiszig

Dr. Goldberg

Dr. Gong

Dr. Johns

Dr. Lombardi

Dr. Marsden

▲ **Melissa Tada, OD**, from Colorado Springs, is Trustee from District 5 for the Colorado Optometric Association Board.

▲ **Loretta Szczotka-Flynn, OD, PhD, FAAO**, of Cleveland, Ohio, was named the 2017 Ohio State College of Optometry Alumni Society's Distinguished Alumni Award recipient. | WO |

FOCUS ON DRY EYE

Do You DEWS?

Download the TFOS DEWS II report from tearfilm.org.

Dr. O'Dell

After more than two years of work, the Tear Film & Ocular Surface Society (TFOS) has released the TFOS DEWS II report, as a follow up to the original Dry Eye Workshop (DEWS) report from TFOS in 2007.

Key in this report is the redefinition of dry eye disease (DED) as "a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage and neurosensory abnormalities, play etiological roles," according to the report.

> "Inclusion of the phrase 'loss of homeostasis' is novel."

30 MILLION AFFECTED IN U.S.

The report says that because of its prevalence, dry eye is one of the most common complaints mentioned to eye care practitioners. **Leslie O'Dell, OD, FAAO**, director of the Dry Eye Center of Pennsylvania in York, Pennsylvania, serves on the public awareness committee for TFOS DEWS II. "I wasn't one of the authors of the report, but I've sat in on meetings where ODs, MDs and research PhDs all have the same message: we want to improve the treatment of dry eye."

Dr. O'Dell is pleased by the representation of women, not only in the area of study as dry eye symptoms are particularly common in post-menopausal women—but also by the number of women who were involved in the collaboration and research. The report examines the new understanding of dry eye and also identifies areas yet to be studied, such as the role of sex, gender, hormones and even iatrogenic and cosmetic-related causes.

DIAGNOSIS

The research recommends use of "triaging questions and risk factor analysis as part of a traditional patient history, leading to a detailed anterior eye examination and differential diagnosis based on the answers. If DED is suspected, a positive result to a screening questionnaire such as the 5-item Dry Eye Questionnaire (DEQ-5) or the Ocular Surface Disease Index (OSDI) should trigger further evaluation, with tear break-up time (non-invasive methods preferred), tear film osmolarity determination and ocular surface staining (that includes the cornea, conjunctiva and lid margin) with fluorescein and lissamine green."

MANAGEMENT

Once the diagnosis has been made that a patient has DED, then the practitioner can subtype it as aqueous deficiency, evaporative or mixed to identify the most appropriate treatment. "Our failure in resolving patient symptoms and signs of DED may relate more to a lack of success in determining and targeting the underlying nature or cause of a patient's DED than a failure of the treatment itself," the report says, noting the management of the disease can be complex but needs to be made relatively simple for patients to follow. |WO|

DOWNLOAD THE REPORT

Download the TFOS DEWS II report for free by visiting tearfilm.org.

Alignment of New Options and Patient Awareness Create WHITE HOT OPPORTUNITY

When it comes to optometry and dry eye, "the world is our oyster," says **Whitney Hauser, OD**, of the TearWell Advanced Dry Eye Treatment Center at Southern College of Optometry. "It's a new frontier, with increasing recognition of the role of ocular surface disease and inflammation. Plus, there's a rare alignment of the stars as new research coincides with major advances in public awareness. It's not common to see such an increase in awareness in both arenas—among doctors and among patients."

Usually, it's one or the other. "Patients hunger for a solution to the problem, but the medical profession doesn't really have one. Or the doctor gets excited about new developments, but it doesn't resonate with patients. With dry eye, no one needs to persuade anyone else. It's almost unheard of across medicine to have this kind of convergence," she says.

EYELOVE CAMPAIGN RESONATES

Public awareness shot up with the Eyelove campaign featuring **Jennifer Aniston**. "Shire gets all the credit for that because the company made dry eye so accessible through her," Dr. Hauser says. As a result, more men and younger people are being diagnosed as they report their symptoms to their eye doctors. "I'm not sure if the prevalence is increasing or if we just weren't looking at those populations," she says.

The introduction of Xiidra® (lifitegrast ophthalmic solution) 5% has also provided eye care professionals with another tool in their patient care options. "Up until recently, dry eye was a nuisance condition for doctors but a quality-of-life issue for patients. Doctors almost didn't want to ask because the options for treatment were so limited. This introduction gives both sides some hope," Dr. Hauser says.

That means that the conversations between patients and their doctors might become more honest. "If patients have a fear that their eye doctor tells them they can no longer wear contact lenses because of their dry eye, they may not volunteer the symptoms. So having more options means increased dialogue."

DON'T WASTE THE CHANCE

Now it's up to optometrists to make sure they don't squander this unusual opportunity of patient awareness. "If all you're saying is, 'Here are some artificial tears,' you're not helping patients to the level they want. The rising tide of awareness can float all boats," she says.

WALK BEFORE RUNNING

Dr. Hauser, who consults on this topic through her company dryeyecoach.com, says that dry eye is a practice area that doctors can ease into. "You don't have to have every bell and whistle in the office to be able to help patients," she says. In fact, unless you plan to be singularly dedicated to a dry eye practice, she suggests moving slowly. "There's a parallel here to exercise. If you decide you need to get a little more active, you don't buy a top-of-the-line treadmill. You should take a walk." The most common questions she hears are focused on implementation. "I suggest that before you buy anything, make sure that your commitment is where you need it to be. You can't just call yourself an expert. You have to be willing to go to the classes, take the CE and read the journals. Spend a month or two building up a foundation and getting everything lined up." Otherwise, doctors might invest in equipment but because they haven't figured out how to implement dry eye into the practice, they'll sour on the investment or even their willingness to provide the services.

That would be a mistake—not only for the cash outlay on the front end but also because it leaves the space open for others. Dr. Hauser recently attended an ophthalmology seminar where one of the hot topics was—not surprisingly—dry eye. "It's fair game for everyone. Dry eye is in the wheelhouse of optometry, but it's not exclusive to us." | WO |

Dr. Hauser

> "There's a rare alignment of the stars as new research coincides with major advances in public awareness."

OFFICE *Design*

Let There Be Great *Light!*

Light makes all the difference in how products are showcased and how a space feels. Funky or fancy, these ODs have added some fabulous lighting.

Dr. Le

Dr. Bussey

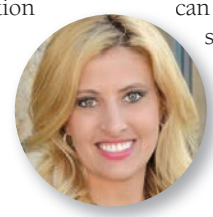
Nothing impacts a person's impression of a place like lighting does. A space with too little lighting feels dreary. A space with harsh, cold light from overhead fluorescent tubes can feel institutional. So lighting sets the mood for the space and, in an optical dispensary, impacts the mood of the buyer.

An optical dispensary needs adequate ambient lighting to make patients feel comfortable, and a well-designed office needs task lighting. First of all, office staff members can do their work, but they can also pay attention to areas where patients are writing checks or completing paperwork near the front desk and where people enter and exit the office.

Accent lighting can highlight focus areas, starting with the frames themselves. Think of how jewelry stores display their offerings; well-lit frames allow people to see the detailed craftsmanship. And decorative lighting simply draws the eye and complements the atmosphere.

There are plenty of websites and contractors who can help you determine the adequate lighting requirements for a location and how to achieve that through some combination of fluorescent, incandescent, LED or halogen lighting options.

One great web resource, fitsmallbusiness.com/retail-store-lighting, provides tips including a detailed plan for lighting in a 1,000-square-foot jewelry store. A reader made the suggestion to take photographs of your space and bring those to a lighting store with you.


Dr. Gaddis

THE CLEAR LIGHT OF DAY

Natural light is fantastic—but it can be a little unpredictable. Huge windows have the benefit of flooding a room with great light on sunny days and providing an amazing view for offices lucky enough to have a vista. But even practices with lots of natural light need to be prepared for cloudy days, evenings and days where it's so sunny or hot that some screening is needed.

Big windows are also an invitation to passersby who can see what you offer. **Emily Bussey, OD**, of Bartlesville, Oklahoma, recently moved out of a 1,600-square-foot practice that she had purchased in 2010. The spectacular dispensary she now has is a far cry from the 10' x 11' space she used to have.

Korrie Lalim, OD, selected her practice location because she loves the Santa Rosa Beach, Florida, area, so she wants to see out as much as others want to see in.

Dr. Lalim also uses LED lighting in her display shelves, which makes them look turquoise to match the translucent chairs.

Susan Reimbold, OD, of Alpharetta, Georgia, got help from her father, **Ed Reimbold**, who helped design, patent and build the 22 frame boards that glow in her office. Her husband, **Glen Carter**, helped create the wiring for the display lighting. They spent about $1,000, compared to the $26,000 that was quoted to them by a builder.

Dr. Michel's chandelier was not in the budget, but it was so worth it.

NOT YOUR FATHER'S TRACK LIGHTING

Track lighting is a great option to bring a lot of light into an area. These ODs have selected track lighting that reflects their overall style.

Kayla Gaddis, OD, of McKinney, Texas, uses an almost industrial-looking track lighting to emphasize the high ceilings and provide a great contrast to the soft, natural colors and stonework. She also added lighting to her display cases and, to prove that you can pair different types of lighting, she added a chandelier for an overall shabby chic look.

The track lighting in the office of **Monika Marczak, OD**, in Pittsburgh, Pennsylvania, spotlights the frame boards and adds visual interest to the overall dispensary.

Opposite page (clockwise from top left): the offices of Dr. Gaddis, Dr. B.N. Le, Dr. Reimbold and Dr. Bussey

Track lighting adds cool interest in Dr. Marczak's office.

A BRIGHT SPOT

Beyond the fundamental purpose of illuminating a room or display, lighting can be downright fun. **B.N. Le, OD**, of Austin, Texas, for example, hung lights that have become their own attractions. She was intentional in her use of color and texture, and even her light fixtures reflect that.

Vanessa Michel, OD, of Redmond, Washington, stayed within her design budget—until she saw a chandelier. It's become such an important element in the overall look of the practice that it was worth the extra bucks. | WO |

Dr. Lalim

Florida sunshine pours into Dr. Lalim's Optikk 30A, as this panoramic photo shows.

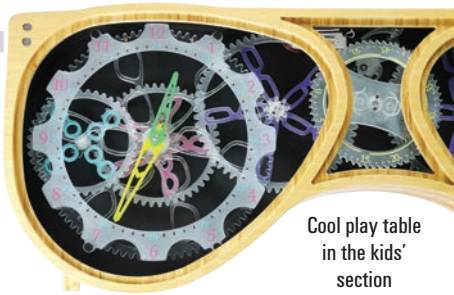
WOnline

Read more about each doctor's practice lighting using the links below.

Dr. Gaddis: goo.gl/M748Z2
Dr. Lalim: goo.gl/zJr5VC
Dr. Michel: goo.gl/8Rt1ev
Dr. Marczak: goo.gl/jWyHrx
Dr. Le: goo.gl/8EFkGS
Dr. Bussey: goo.gl/FjBhQj

OFFICE Design

Stimulate All the Senses for a MEMORABLE Patient Experience



Cool play table in the kids' section

This practice evokes the sounds, sights and feel of a spa, with a focus on high-tech equipment

In 2009, **Heidi Q.T. Pham-Murphy, OD,** and her husband, **Thomas H. Murphy, OD**, were approached by a local credit union with a business opportunity. "We were asked to purchase a practice, and the credit union was looking for someone with experience managing a big practice to take on the challenge," she recalls. Dr. Thomas Murphy, who has been practicing for nearly 40 years, had been managing three locations for his practice, Eye Designs Optometry, where Dr. Pham-Murphy had been working. While she didn't have any plans at the time to venture out on her own, she says that they both saw potential in this opportunity to acquire Visions Optometry, which was established in the 1950s in Sacramento, California.

Dr. Pham-Murphy

Dr. Pham-Murphy became the first female owner in the history of Visions Optometry. For the first five years, she brought in the patient experience and technology, keeping most of the fixtures in the office the same but adding new instrumentation after the transition of ownership.

The office included high-end features such as cherry-wood custom cabinets. "We invested heavily on updating the technology, which is what we are about," Dr. Pham-Murphy says. "We invested in automated phoropters, a new suite of preliminary testing equipment and tools used in managing eye diseases such as the OCT and VEP, as well as retinal photography equipment."

To keep existing patients and attract new ones, she says, "it's key to create that experience where they don't want to go anywhere else." When the chance arose in 2014 to move next door to a more street-front location, she decided to go for it. In addition to a larger space and better visibility, she says she wanted to create a space that reflected the calming, personal-touch experience she had been providing to patients.

"Our goal in the design was to create a spa experience for our patients with sight, feel, smell and sound," she says. "It's always been a high-end practice, but we took it to the next level. It feels very relaxing from the moment you walk into the space. We attempt to stimulate all the senses. There's relaxing music and the smell of lavender or peppermint essential oil flowing through the air," Dr. Pham-Murphy says. Technicians offer patients a refreshing glass of water or a cup of coffee while they are enjoying their experience in the office.

Dr. Pham-Murphy wanted a modern and chic look with elements of great color, such as the interior signage (above left).

SHARE DESIGN IDEAS

Dr. Pham-Murphy, her sister **Lan Nguyen** and her niece **Chelsy Pham** analyzed color schemes and all of the options in the creation of the final design, which incorporates clean lines and a modern, chic style. Through text message conversations, they shared their plans and voted to determine the most complementary look to transform the empty shell. They designed the entire layout and repurposed many pieces of furniture to use in the new office space. She displays eyewear in a recovered open hutch, and her brothers created decorative moustache carvings. There are also etchings of her children playing baseball with her husband in the new office space. "It was a family creation, designed and made by family," she says.

The practice offers many subspecialties in addition to primary care: testing for glaucoma and macular degeneration and a dry eye clinic. Associate doctor **Larisa Johnson-Tong, OD, FAAO,** specializes in keratoconus and specialty contact lens fits, and **Emily Huynh, OD**, is the clinic director for special testing.

"As we juggle children, family and running a business, I've really enjoyed building this team that I work with," Dr. Pham-Murphy says. It also gives her time to dedicate to the Special Olympics Lions Club International Opening Eyes in Northern California as its clinic director. "It's great to represent the profession and screen the athletes for much-needed eyewear." | WO |

WOnline

To read more, visit goo.gl/Ju4des.

CONCUSSIONS:

Eyes Offer a Peek at the Brain

Dr. Weise can provide an objective measurement on concussions right on the sidelines.

This fall, Katherine K. Weise, OD, MBA, will be on the sidelines as the University of Alabama at Birmingham (UAB) Blazers take to the football field. Sure, she'll be wearing her green and gold, but her presence there is also part of a new initiative called Blazer Vision, a collaboration led by the optometry school with the department of ophthalmology and the university to ensure that all athletes on campus have an eye exam, the best contact lenses or eyeglasses for their needs and baseline concussion testing. Plus, each of the sports teams will have an OD from the optometry school's faculty assigned to it, one who will come to all of their games and help coaches make an objective call on not just eye injury but also concussions.

Cheering on the Blazers and keeping them safe

BENCHED?

Coaches want and need to know if the injured athlete needs to be pulled, and if so, how long a sub player will take that athlete's place. Based on recent research, Dr. Weise and other ODs for other teams will be ready with four tests measuring convergence, pupil function, subjective visual vertical and an iPad that can measure reaction time. "It's a multisystem question. Whether someone has a concussion should never be determined with only one—or even no—system tests," she says.

Dr. Weise is part of a team at UAB that is working to bring objective testing in concussion to sports and even childhood injuries. "Children who have had concussions sometimes have difficulty returning to school," she says. So the 12 authors from UAB and Children's of Alabama—Dr. Weise and two other ODs, a neurosurgeon, concussion physicians and athletic trainers—conducted a retrospective study looking at the symptoms and circumstances of 1,000 kids who had a concussion. In a cohort of school-aged kids with at least three symptoms who were at least 10 days out from concussion, 29 percent reported academic struggles. Forty-six percent reported vision problems that were strongly associated with difficulty returning to school a month after concussion, she says. "Concussion is so exquisitely in optometry's focus area. Ocular motor testing, eye-tracking and recognizing convergence insufficiency are skills we've had as optometrists for 100 years," she says.

GET THE BASELINE

UAB School of Optometry staff and students have also provided preseason visual screenings for area high school athletes, measuring their pupils in different lighting conditions, even in the excitement of game time. At the college, there's high-tech equipment, such as a vestibular ocular reflex chair, a rotating chair used in the dark for a test to measure eye movements and the vestibular system together. An injured player sits for 25 minutes in the dark, part of the concussion protocol. The player wears goggles that monitor his or her eye movements. One of the tests involves seeing whether the patient can use a controller to straighten a red line projected on the wall. "Humans are good at doing that, but some concussed players cannot do it," Dr. Weise says.

There has been a pendulum swing in attitudes about concussion. The old thinking was total denial, a shake-it-off attitude. Now, with reports about professional football players' struggles from repeated concussions, parents, especially, but also coaches, administrators and athletes themselves are more concerned. Dr. Weise is excited about the possibilities of using the eyes to have a noninvasive look at the brain.

"I love sports. I just want the athletes to be safe," she says. She was a high school athlete; her father was a high school football coach and her brother played on the team. When the Blazers take the field, she'll be out there cheering—and hoping that no one gets hurt. | WO |

LEARN MORE

Read the research, "Academy Difficulty and Vision Symptoms in Children with Concussion," in *Optometry and Vision Science*.

OUT WITH THE OUTDATED

The conventional wisdom used to be that it would take seven to 10 days to recover from a concussion. Now it seems clear that children and adults recover differently, and the normal clinical recovery time for adults is at least 10 to 14 days, while for children, it is more than four weeks. | WO |

DISCOVER THE CEO IN YOU

Create a WINNING Strategy

Leadership: discover your inner DIVA

Dr. Justin

By Lauretta Justin, OD, Orlando, Florida

A patient walked into my office recently complaining of red, irritated eyes for the previous few days. The patient was on vacation in Florida and had been spending time on the beach, where she got salt water in her eyes while wearing her contact lenses. To get rid of the resulting redness and irritation, she used an OTC ocular decongestant four times per day for the five days *while* wearing her contacts.

As I listened and looked at her in total disbelief, I realized something. I had this reaction because I was approaching this from the perspective of a trained eye care professional. However, when I looked at the situation from the patient's perspective, I realized she had the right idea but the wrong strategy. So I used my training and expertise and gave her a better strategy so she could get better results. It's not enough to have an idea; you must have the right strategy to get the right results.

Your strategy is your pathway to success. Leadership consultant Lee Bolman says, "A vision without strategy is an illusion." The implementation of a winning strategy is the most crucial step in achieving any success because your results depend on the quality of your strategy. Even if you have a great mission, vision and purpose (MVP) and a great team, your success will be limited without the right strategy.

There are five pillars of business success, according to the CEO in YOU© business model: leadership, administration, operations, promotions and sales. Let's look at leadership.

The CEO in You leader is a DIVA: decisive, influential, a visionary and an artful communicator.

Being **decisive** is not always about being right or wrong; it's about making a choice. Be aware that you will make some bad choices, but don't let that possibility intimidate you. Most, if not all, bad choices can be rectified. Here's a question I always ask myself when making a decision: How will that decision affect my MVP? The answer guides me.

Influential leaders have the ability to rally people and get them to work together willingly to achieve a definite goal. To increase your influence, remember practice your AIM—authenticity, inspiration and motivation. As you develop those skills, you'll increase your sphere of influence; and the greater your sphere of influence, the greater your success.

Visionary CEOs must constantly think about and plan for the future. That is why you must regularly update your MVP. Your primary job is to know what your team is doing, where your business is going, why you're doing it and how. It's not your job to do it all. Your job is to lead. Stop doing and start leading.

Artful communication requires practice. An artful communicator listens more than he or she speaks, seeks to understand more than to be understood and knows when to speak clearly and when to be artfully vague. The success of your strategy will depend on your capacity to communicate effectively; that is why you must never stop practicing the art of communication.

Your strategy is your pathway to success. In order to win, you need to implement a winning strategy. Next time, we'll look at the second pillar: administration. If you enjoy these articles, email me your questions or comments at drlauretta@drlaurettajustin.com. | WO |

WO POP-UP POLL: HOW DOES YOUR OFFICE CELEBRATE BIRTHDAYS?

In a recent *Women In Optometry* Pop-up Poll, readers were asked whether they have a policy for celebrating birthdays in the office (half do and half don't). Here's how birthdays are celebrated, according to respondents. See more details or results from other Pop-up Polls at womeninoptometry.com. Look under Surveys and News. | WO |

Percentages do not add to 100 percent due to rounding.

Voices

An Optometrist and a Makeup Artist Walk Into the Exam Room...

Dr. Kalberer

To form an unexpected interprofessional team

By Danielle Kalberer, OD, in Hicksville and Manhasset, New York

Conversations regarding the latest cosmetic eye products are becoming commonplace in the optometric exam room. I am fortunate at my practice to have **Briana Dietrich**—an ophthalmic technician and professional makeup artist. We are a unique team for educating patients.

Briana Dietrich

Our collaboration started after a discussion of makeup removal and eye cream products. Although I had been recommending oil-free and hypoallergenic products to my patients, they continued to inquire about natural oils, like coconut oil and olive oil. After researching the topic, I was pleasantly surprised by the potential anti-inflammatory, antioxidant and even immune-modulatory effects of certain natural oils. It was at that point Briana and I began discussing some of the popular beauty products and composed a list of our own recommendations.

We recommend that patients should steer clear of mineral oil (petroleum-based) products in favor of coconut or olive oil products. These are less likely to clog pores and glands and less likely to promote infection. Apply only a dime-sized amount along the lower orbital rim. It will be absorbed as the product is warmed by the skin. Some common mistakes include applying these products too close to the lower lid margin along the lash line and on the upper lid.

As we treat the ocular surface—whether it be for dry eye with RESTASIS® or Xiidra® or chronic blepharitis with Retaine® or OCuSOFT wipes—it is important to consider the cosmetic products being used and where they are being applied since these products can affect outcomes. We need to be aware of the latest products in order to best advise patients in achieving an appropriate balance between cosmesis and ocular health.

As an optometrist, I enjoy collaborating with experts inside and outside of the medical profession. I appreciate the opportunity to work with Briana. Likewise, I know that my patients are grateful for the integrated care that we are able to offer. | WO |

Dr. Dobson

Comfort Dog Eases Worries in the Office

By Belinda Dobson, OD, in College Station, Texas

I dreamed of becoming a veterinarian as a child. Although my career led me down another avenue of medical practice, my love of animals continues and has become a staple in my practice. My Goldendoodle, **Laci**, has become somewhat of a practice mascot as the office's comfort dog. I got the idea when I was traveling in Europe, and the doctors there do a lot of unconventional things compared to here. In a few practices I visited, they were utilizing a therapy dog for first-time or apprehensive patients.

We like to make the eye exam a very enjoyable process instead of something to cross off patients' to-do lists. I saw how a therapy dog could be especially helpful for children who were getting dilated. Some kids don't like going to the dentist because they associate the visit with pain, and I do not want them to feel that way about me if the drops sting upon insertion.

Laci, still a youngster at 1.5 years old, was first integrated into the office at eight weeks old. Since then, she has become a valued part of the team as our comfort dog. She sits with kids, and it takes their minds off of the dilation and directs their attention to something they can relate to. It's a different and unique experience. Parents appreciate that the office goes the extra mile to make sure that their children's experience is less traumatic.

Laci is frequently seen on the practice's social media platforms and is in the office every day.

Laci is also very popular when children come back to pick up their new eyeglasses. They want to take a picture with her, and some patients stop by just to get a hug. | WO |

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