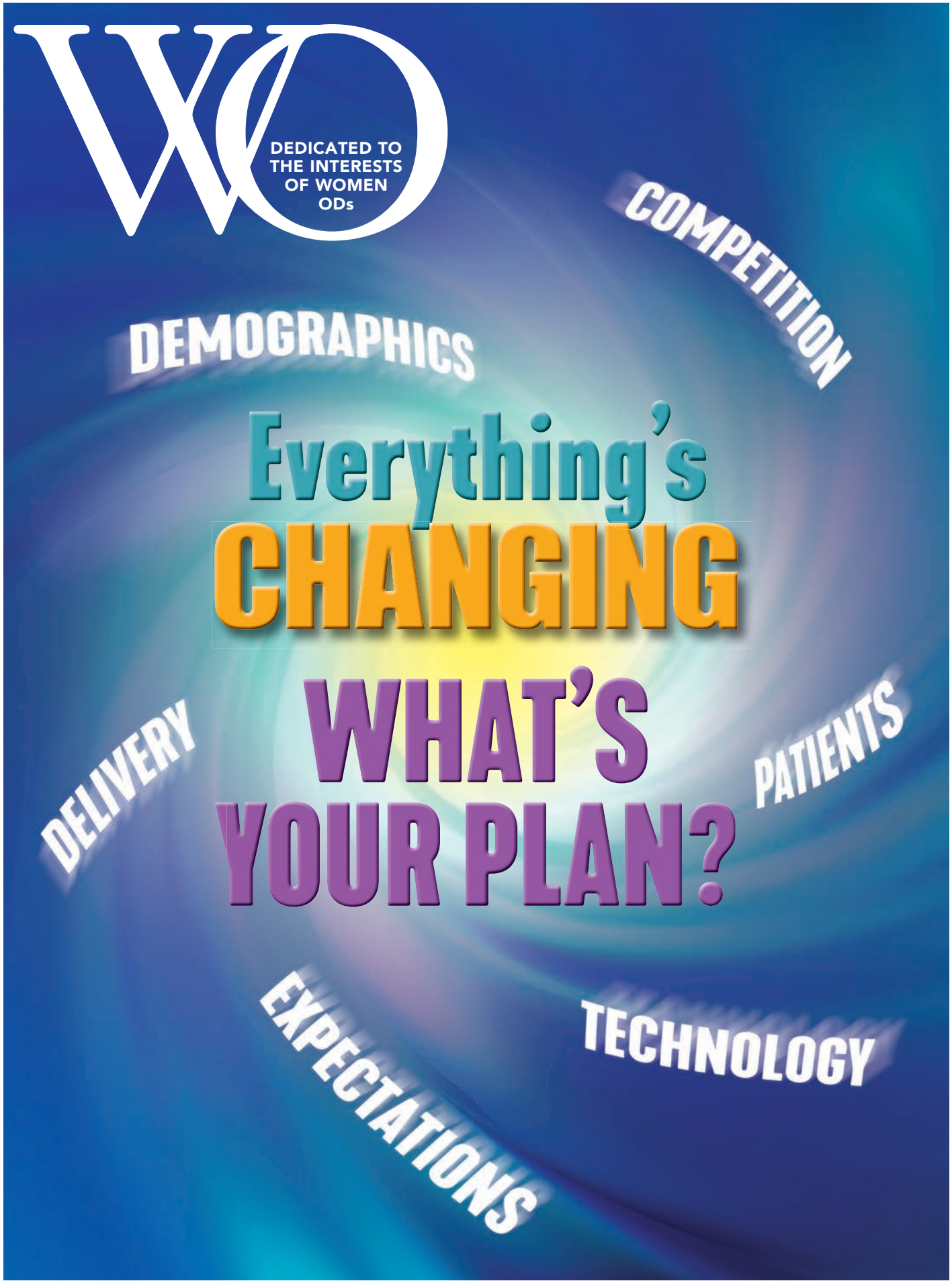
WOMEN IN OPTOMETRY®

MARCH 2018



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XIIDRA

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

Indication

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

Important Safety Information

Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.

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

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

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

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

For additional safety information, see accompanying Brief Summary of Safety Information on the adjacent page and Full Prescribing Information on Xiidra-ECP.com.

Shire

xiidra® (lifitegrast ophthalmic solution)5%

Rx Only

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.

CONTRAINDICATIONS
Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients in the formulation.

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.

Postmarketing Experience
The following adverse reactions have been identified during postapproval use of Xiidra. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Rare cases of hypersensitivity, including anaphylactic reaction, bronchospasm, respiratory distress, pharyngeal edema, swollen tongue, and urticaria have been reported. Eye swelling and rash have been reported.

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.

Shire

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For more information, go to www.Xiidra.com or call 1-800-828-2088.
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MARCH 2018
WOMEN IN OPTOMETRY®
DEDICATED TO THE INTERESTS OF WOMEN ODs

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PUBLISHER:
Al Greco

MANAGING EDITOR:
Marjolijn Bijlefeld
mbijlefeld@jobson.com
540-899-1761

PROFESSIONAL CO-EDITORS:
Katie Gilbert-Spear, OD, MPH, and April Jasper, OD, FAAO

ASSOCIATE EDITOR:
Maggie Biunno

CREATIVE DIRECTOR:
Stephanie Kloos Donoghue

GRAPHIC DESIGNER:
Barbara W. Gallois

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THE *Editorial* Pages

A Snapshot of the Moment

Marjolijn Bijlefeld

By Marjolijn Bijlefeld, Director of Custom Publications Practice Advancement Associates

Sometimes to know where you're going means that you have to see where you've been. The cover story in this issue of *Women In Optometry®* (*WO*), which now enters its 12th year of publication, takes a look at a profession in the crossroads of change.

The demographic changes in the country have been sharp and relatively swift, and that applies to optometry as well. Technological advances are accelerating, as are changes in the ways that patients communicate with providers. So it's no surprise then that the models of optometric practice are changing, too. *WO* was built on the tenet that there is no best way to practice—any more so than there is a best way to parent or be a good citizen. We hope that the stories of the hundreds of ODs who have shared their experiences in the pages of *WO* and on our website have inspired others to find their best options.

And speaking of inspirational, I will turn the rest of this column over to **Lynn S. Hammonds, OD**, who is the current immediate past president of SECO International. Dr. Hammonds joined *WO* professional co-editors **April Jasper, OD, FAAO**, and **Katie Gilbert-Spear, OD, MPH**, in presenting some of this data during a lunchtime symposium at SECO. It's my hope that her or another story in this issue inspires you in some way, too.

Let's Be Proactive When It Comes to Change

Dr. Hammonds

When I was first approached by SECO leadership asking if I had a desire to serve as this association's president, my immediate reaction was, "I can't do it." Quickly, the men who have gone before me—and they've all been men except for Dr. Esther Ingram from Florida, who served as president in 1933-34—all said they felt the same qualms. It takes time and commitment to serve in a leadership position, but SECO is blessed with women and men who have the leadership skills to help steer us forward.

Serving as president has enriched my life. It has provided me with opportunities I did not see myself having. I've networked with some of the finest doctors in the Southeast and the country. I've become a better doctor because I've wanted and needed to know the latest treatment and technological advancements in our profession.

ODs see the importance of community and family. Women ODs may feel more compelled to look closer to home, but your professional family and community rely on you, too. If there's a prevailing myth, it's that women don't want to be involved in the professional community. From what I've seen and the people I've talked with, that's not the case. Many women want to lean in to their families, their careers, their business success and the health of their profession. It's just that they, like everyone, need a network of support.

We cannot do this alone, and we cannot do this divided. The opportunities before optometrists today are wider and more exciting than ever before. Surround yourself with people who have confidence in your ability—and you'll be more successful than you thought possible. We need to help each other along as we face the changing economics, demographics, delivery methods and technological advances that will define our profession.

Lynn S. Hammonds, OD
Immediate Past President, SECO

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WOMEN IN OPTOMETRY®
Advisory Panel

Melissa Barnett, OD, FAAO, FSLS, FBCLA
Sacramento, California

Nhung Brandenburg, OD, FAAO, Dipl.
Atlanta, Georgia

Mario Gutierrez, OD, FAAO
San Antonio, Texas

Tonyatta Hairston, OD
Jackson, Mississippi

Barbara Horn, OD
Myrtle Beach, South Carolina

Dawn Kaplan, OD
Chicago, Illinois

Bridgitte Shen Lee, OD
Houston, Texas

Mary Anne Murphy, OD
Broomfield, Colorado

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

Carey Patrick, OD
Allen, Texas

Maria Sampalis, OD
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Melissa Zaleski
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Measure, Plan, GO!

Meeting personal and professional goals takes planning

THE *Editorial* Pages

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

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

If you haven't done your 2018 planning yet, it's not too late. If you have done your 2018 planning already, be prepared to update it regularly. Plans are meant to be updated because the target goals you set for yourself are meant to be reached. If you consistently fall short of your stated goals and give up on the process as a result, maybe it's time to reassess the process.

Here's what we do, and these ideas apply to personal goals as well as professional ones.

- **Look at the previous period.** At the start of 2018, looking at your total 2017 numbers or performance is a good starting point. Where would you like to improve? What metrics help you gauge that improvement? Identify those and create a benchmark (such as 2017 overall performance).
- **Bring the ideas to the staff.** Don't tackle the professional goals all on your own. First, the team needs to buy into the idea, and the best way to do that is to have team members contribute to the discussion. Secondly, they have great ideas. They're the ones who are making the presentations to patients or who see the frustrations caused by bottlenecks or other challenges. If it's a large goal that requires some significant overhaul of processes, consider holding an after-hours, all-staff meeting and ordering dinner.
- **Set new goals.** Identify your overall goal, and then break it down. For example, if you have a goal to increase your antireflective lens sales by 20 percent for the year, then break it down by quarter. Where would you need to be by the end of 1Q to achieve that goal?
- **Track your performance.** Whether it's during staff meetings, on a white board in the breakroom or via updates from department managers, make sure that everyone knows the progress. If you're falling behind your stated goal, brainstorm to analyze why. If you're way ahead, maybe your goal was too conservative.

> "Dollar gains are not the only measure of success."

- **Take ownership, even if you're employed.** If you're an employed doctor, can your influence improve the practice? Are you aware of what the measurements are? Most ODs who work on a bonus system will know the key metrics, but everyone should know. If you don't know how you're doing, how can you help improve the practice? If you can grow a portion of the practice, the owner benefits, too.
- **Apply these ideas to areas less easily measured.** Your goals might be to expand your vision therapy service, add a new service or become known as a glaucoma specialist, for example. Some of these areas aren't as easily measured, but many of the same strategies apply. You may not be able to hit a target growth goal for vision therapy, but you can measure how many lunch-and-learns you conduct with occupational and physical therapists in the region. That initiative will pay off down the road, even if it doesn't result in dollars earned that quarter.
- **Take care of yourself.** Dollar gains are not the only measure of success. Be sure to include some goals that reward yourself and the team by making the office more efficient, productive and even fun. WO

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Women In Optometry Welcomes 2018 ADVISORY BOARD

Women In Optometry has added six new members to its advisory board for 2018. These six ODs will serve a two-year term on the board. Congratulations to **Melissa Barnett, OD, FAAO, FSLS, FBCLA**, of Sacramento, California; **Nhung Brandenburg, OD, FAAO, Dipl.**, of Atlanta, Georgia; **Tonyatta Hairston, OD**, of Jackson, Mississippi; **Barbara Horn, OD**, of Myrtle Beach, South Carolina; **Mary Anne Murphy, OD**, of Broomfield, Colorado; and **Carey Patrick, OD**, of Allen, Texas.

Dr. Barnett

DR. MELISSA BARNETT

Dr. Barnett is the principal optometrist at the University of California, Davis Eye Center, in Sacramento. She is an internationally recognized key opinion leader, specializing in anterior segment disease and specialty contact lenses. Dr. Barnett lectures and publishes extensively on topics including dry eye, anterior segment disease, contact lenses and creating a healthy balance between work and home life for women in optometry. In 2016, Dr. Barnett was recognized as a *Women In Optometry* Theia Award winner. Dr. Barnett is past president of The Scleral Lens Education Society. She and Dr. Lynette Johns edited the book, *Contemporary Scleral Lenses: Theory and Application,* with the unique perspectives and contributions of international experts.

DR. NHUNG BRANDENBURG

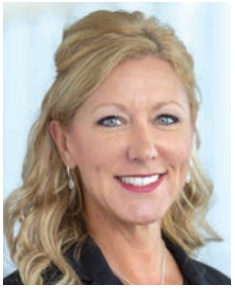
Dr. Brandenburg

Dr. Brandenburg is currently president of the Georgia Optometric Association after serving as a board trustee and past president for the Greater Atlanta Optometric Association. She is the founding Chairperson of Georgia's Women of Optometry Committee, serves on the American Optometric Association Membership Committee, participates as a Board Examiner for NBEO and remains active in optometric legislative efforts. Dr. Brandenburg is a Kaiser Permanente medical center practitioner.

DR. TONYATTA HAIRSTON

Dr. Hairston

Dr. Hairston was installed as president of the Mississippi Optometric Association (MOA) in October 2017, and she also serves the organization as chair of membership development/retention, as well as a board member for the Mississippi Vision Foundation, the nonprofit arm of the MOA. She is the CEO of EnVision Eye Care and Optical Boutique. Dr. Hairston is also an adjunct professor for extern students at Southern College of Optometry and the University of Alabama.



Dr. Horn

DR. BARBARA HORN

Dr. Horn has served on the Board of Trustees of the American Optometric Association (AOA) since 2011. She was most recently elected vice president of the AOA in June 2017. She is a past president of the Michigan Optometric Association (MOA), and she is a current member of both the MOA and the South Carolina Optometric Physicians Association. She was honored by the MOA in 2011 and 2005 and received the 2006 AOA Young OD of the Year and the Ferris State Pacesetter award in 2007. Dr. Horn is in a group private practice.

DR. MARY ANNE MURPHY

Dr. Murphy

Dr. Murphy is the CEO and founder of Front Range Eye Associates, a four-doctor, all-female OD group practice focusing on pediatrics, specialty contact lenses, dry eye and specialty sports/hobby eyewear reflecting her passion for skiing, fly fishing and marksmanship. She serves on the VSP Board of Directors and also serves on advisory boards for several ophthalmic industry companies. Dr. Murphy is a Vision Source® member and former chair of Optometry Giving Sight.

Dr. Patrick

DR. CAREY PATRICK

Dr. Patrick is the owner of Vision Source® Fairview and is board certified in therapeutic optometry by the American Board of Optometry. She is an active volunteer in both her community and in her profession. Dr. Patrick is currently serving on the Texas Optometry Board, served several years on the American Optometric Association (AOA) Third Party Executive Committee and is active in the AOA Cornea and Contact Lens Specialty Section, as well as the Ocular Nutrition Society. | WO |

WO would also like to extend a grateful farewell to the six members leaving the board this year: **Dori Carlson, OD, FAAO**; **Lauretta Justin, OD**; **Priti Patel, OD**; **Tamara Petrosyan, OD**; **Tonya Reynoldson, OD**; and **Jennifer Hidalgo Ong, OD**. "These board members were so generous with their time, expertise and valuable stories. We all learned from them," says **Marjolijn Bijlefeld**, *WO* managing editor.

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Dr. Bussey

When **Emily Bussey, OD**, bought an existing practice in Bartlesville, Oklahoma, eight years ago, she expected it to grow quickly.

And it did. "From the time I bought the practice, I had 30 percent to 40 percent growth every year," she says, which is why, in 2015, she built a new building with a more efficient layout and more space.

That helped her take advantage of the demand, but that new building wasn't big enough. "Last year, we had 1 percent growth," she says. The slowdown wasn't caused by a lack of demand; the problem was a lack of space and an indication of a high-performing practice. "I had maxed out my efficiencies," Dr. Bussey says.

Now she's preparing for another expansion, this one less complicated than the last. In 2017, she bought the building behind hers and moved some of the back-office functions there, such as the ODs' offices and the staff break room. Those two rooms will now be converted into exam lanes.

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

The new space will increase the practice capacity by 50 percent. "We now have four exam lanes, and that's not enough," she says. The backlog was so large "that patients couldn't get in for six months," she says. "We're booked out insanely. If my land were big enough, I could double the size of the practice and be fine. It's a weird problem to have." She and her associate, **Jenny Johns, OD**, will be able to increase their time in the office, too, expanding from a total of five doctor days each week to eight doctor days.

A key part of her success in managing this demand is the technology investments she's made. She purchased an automated phoropter system when the practice opened, not only for the efficiency but because she has arthritis in both shoulders. "I needed it to do my job," she says.

But the investment didn't work out that well, she says. "I couldn't integrate it into the rest of the office systems, such as electronic health records. We spent days on the phone with the company" trying to fix the issues, without success. "I chose it because it cost less," she says.

She had since seen Marco equipment excel in the field, so she replaced the two units she had and added two more Marco TRS systems, knowing she was expanding the exam lane space. Eventually, she expects to have a Marco TRS system in all six lanes. She also has the OPD-Scan III, which provides aberrometry and topography among other diagnostic measures. "Not only is it working with my electronic health records, but Marco's customer service is great," she says. "The equipment is easy to use. I love it."

> "The equipment is so easy to use."

With the previous system she needed a scribe, but with Marco, "if I don't have a scribe, I'm not going to fall behind because it integrates so well. The refraction is quicker, and the data entry is quicker."

Her favorite features help her illustrate the need for eyeglasses to parents for their children and the ability to allow patients to compare their prescriptions quickly. With just a toggle switch on a tabletop unit, "it is so easy to show patients the difference between their unaided vision, last year's prescription and what the new exam showed. I use that every single time. It absolutely helps the capture rate."

So seeing that year-over-year growth had slowed so dramatically was, in a way, a confirmation that expanding the physical space was the right plan. "The practice is so beautifully efficient, and we couldn't have done that without the Marco automated phoropters. I fully believe that." | WO |

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See more about Diagnostic Solutions under Growth Strategies on womeninoptometry.com.

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

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Be RELATABLE

Dry eye conversation touches on a common condition

What Shire has done for optometry is nothing short of remarkable, says Gina Wesley, OD, of Medina, Minnesota. "Patients come in having seen the eyelove® campaign on TV or in magazines, and suddenly there's an increased awareness in their understanding of dry eye."

Dr. Wesley

That makes it easier for her to have a conversation about how she can diagnose and treat their conditions. "I work from the preventive care model, and so often, we start with patients having no thoughts at all about the condition we're going to discuss. I have to start with planting the very first seeds. Then eventually, patients will say, 'Oh, she's talked to me about this often, and now I see what she means.' That's the best thing that has come out of the increased attention to dry eye," says Dr. Wesley.

> "I proactively treat my patients for dry eye."

Dr. Wesley actively screens every patient in her office for dry eye, looking at both the ocular surface and the meibomian gland function. "Everyone hears about it, just like everyone hears about the steps to take to prevent macular degeneration. Millions more people suffer from dry eye than from macular degeneration or glaucoma, so this is arguably the most relevant issue we can talk about with the majority of our patients."

She also uses the SPEED survey, which has patients rate the frequency and severity of dry eye symptoms such as dryness, grittiness or scratchiness; soreness or irritation; burning or watering; and eye fatigue. Based on those subjective ratings and some questions about the use of lubricants, habits and fluctuating vision, she has a solid basis for what to do immediately and what further tests are needed.

"When I started looking for dry eye, I found that so many people have it. It's not dependent on age or activities or demographics; it's widespread," she says.

She often starts patients on Xiidra® (lifitegrast ophthalmic solution) 5% because it relieves both the signs and symptoms of dry eye. "Sometimes patients feel bad, but their eyes look pretty good; some patients present with white, clear eyes, but they have a lot of complaints. If inflammation is an underlying cause, I can see results fairly quickly," she says. Most of the data shows that patients gain relief within 12 weeks, and for many, she says that it's been faster than that. "Every patient's tolerance for discomfort is different, so that's why it's worth having the conversation, no matter what my clinical observations are," she says.

> "Millions more people suffer from dry eye than from macular degeneration or glaucoma."

IMPROVE COMFORT QUICKLY

The key factor is to get patients started quickly. "The crux of success is providing the patient with relief. That will reinforce adherence to the prescribed regimen," she says. She tells them to be a little patient: "You didn't get to this point overnight, and we're not going to be able to solve it that quickly either," she says. Dr. Wesley has built up her dry eye practice recently, adding a LipiFlow system and InflammaDry testing, so that she can continue to work with patients to resolve more severe issues when the inflammation has subsided, too.

Dr. Wesley has returning patients redo the SPEED survey. Typically, that shows an improvement in the subjective measures, which helps to reinforce compliance even more.

Indeed, she doesn't necessarily wait for dry eye symptoms to manifest themselves. "I proactively treat my contact lens patients for dry eye. I tell them that I want to make sure that they're able to wear their contact lenses for as long and as comfortably as possible," she says.

It's a tremendous opportunity for optometrists as the primary eye care providers. "Right now, optometrists are prescribing more Xiidra than any one group of health care providers. It should be that way. We're at the forefront, and we have the opportunity to help these patients before it becomes a dramatic problem for them." | WO |

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Find more stories about dry eye practices on womeninoptometry.com.

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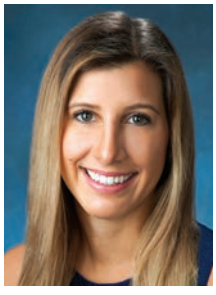
Corporate Optometry Is a PERFECT FIT for NEW OD

In September 2016, Dr. Murray, seen second from right in the front row, attended a mentorship group session.

When Christina Murray, OD, a 2016 graduate of Nova Southeastern University College of Optometry, was still in school, she skipped events hosted by large optometric corporations. "I wanted nothing to do with corporate optometry," she says. But it was a quiet voice that ultimately got her attention. A friend had gone to work within the National Vision, Inc., Doctor of Optometry network and encouraged her to consider all of her options. "That was the first person who told me what it was actually like to practice in an office in the America's Best Contacts & Eyeglasses setting."

> "The patient load is always manageable for me."



Dr. Murray

> "[The patient] had gone from being on the verge of dropping out of school to being a successful student."

As she asked more questions, she determined that she could see herself working happily in this setting. She joined the Boynton Beach office of South Florida Regional Eye Associates, an independent medical practice with multiple locations within America's Best stores throughout southern Florida.

LEADERSHIP OPPORTUNITIES

In addition to working at several locations, she served on the clinical advisory panel, where she helped to rewrite the technician manual. She has also become an ambassador, sharing her own story with students. "I'd say the biggest concern that most students have is that they fear they're going to be overwhelmed by the number of patients they'll be required to see," Dr. Murray says. "When you are accustomed to seeing four patients a day at clinic and you hear rumors of what patient load in corporate might be like, that's scary." She sees it as her role to tell students what a typical day is really like.

"Typical," however, might be oversimplifying it. There are similarities to each day, especially in the way they start and end. "I don't start work until 9:30, so I enjoy my mornings without feeling rushed," she says. And at the end of each day, she closes out her final patient chart and goes home. "I don't miss lunch or have to stay late to catch up on paperwork," she says.

The processes and staff in the office are designed to support the volume of patients who come through. "On some days I might see 10 patients, while on others I see more, but the patient load is always manageable for me. I view it as the more patients I care for, the bigger the impact I make on my community," she says.

FOCUSED ON PATIENT CARE

She also feels that she has the time needed with each of these patients. "Some days, I have mostly healthy young adults who simply need an updated prescription" she says.

Yet it's more common that she finishes exams and needs to tell patients that they have an ocular health issue that needs attention. "I've seen everything here: corneal ulcers, glaucoma suspects, retinal detachments and suspected tumors. We've also been able to catch binocular vision disorders and help those patients find the solutions they need."

It should be unsurprising that patients visiting corporate locations have ocular issues at the same prevalence as the population at large. "When an OD sees the volume that we do here, we might even see these issues more frequently," she says. She practices to the point where she's comfortable and refers patients to other specialists as necessary.

For example, she recalls one 22-year-old patient who came to her last year complaining of visual fatigue and blur. Her initial refraction showed nothing wrong, but a cycloplegic refraction showed that the young woman had undiagnosed amblyopia with a +3.00D prescription. "She came in for her follow-up visit, and the change was incredible. She had gone from being on the verge of dropping out of school to being a successful student," she says. "I was able to take care of everything for her here and improve her life."

Experiences like this result in a high level of patient loyalty—another point that surprises many outside of the network. "I have patients who will drive 20 miles to see me, depending on which office I'm working in. It's flattering when patients find a doctor whom they like and will seek out. In the end, I know that I made the right choice for me in deciding where to practice." | WO |

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VISION IN PRACTICE

New Technology Contributes to a Better Process for PATIENT FLOW and SALES

Dr. Genovese finds that the Phoroptor® VRx in the exam lane helps the patient flow.

Dr. Genovese

When **Lisa Genovese, OD**, and her husband, **Jason MacLaughlin, OD**, purchased a two-location practice from an optician who had owned the business for 30 years, they knew they couldn't make too many changes too quickly. But some changes were necessary. "An optometrist came to the office once a week. There was no autorefractor; there was no electronic medical records system. We were inheriting a patient base that wasn't accustomed to technology," she recalls. The first year they owned it, the goal was to win over the patient base. That apparently worked, she says, as Insight Eye Care in Lockport and Williamsville, New York, has tripled its patient base with the new services they've added.

Some of their additions were in terms of doctor-power: **Adrienne Cassata, OD**, is a pediatric specialist who has helped the practice expand its patient base of families with young children. But much of the growth has come from the efficiency of automated equipment and processes. Key among these is the Phoroptor® VRx Digital Refraction System from Reichert Technologies, which is in one of the two exam lanes of their smaller office and in two of the exam lanes in their larger office—for which they recently moved to a new building about a half mile away.

The doctors recently moved their growing practice into a new location.

NO DOWN TIME

"The technology is something patients notice. That's particularly true of the automated refraction because it's so easy for patients of all ages and also because it has helped us change the way we move patients through the office," she says. When a patient comes in for a comprehensive annual eye exam, the refraction is the first and most important part of the exam, so the patient comes into one of the exam lanes with the Phoroptor VRx. At the end of the refraction process, which typically takes her less than five minutes, the doctor dilates the patient's eyes and sends the patient to the optical dispensary. "I don't want patients to just sit and wait for 20 minutes while their eyes are dilating. They can use that time to select their new eyewear," she says.

The dilated patient is brought back into the exam lane with the manual Reichert Phoroptor® (as by now, a new patient is in the Phoroptor VRx-equipped lane), and Dr. Genovese finishes the rest of the exam. "A technician will escort the patient back into the room, and I always enjoy asking about the experience in the optical. 'What did you pick out?' It's very efficient," she says.

BETTER CAPTURE RATE

It's also very profitable. Dr. Genovese says that her capture rate has increased as a result of both the process and the technology itself. The process helps because patients are more likely to purchase eyewear during their intermediate time in the dispensary. They don't feel the usual rush to leave that they might feel at the very end of the eye exam.

The technology also helps. "Being able to compare the old prescription and the new prescription instantly in the Phoroptor VRx is important. That helps patients see for themselves the benefits of updating their prescription," she says. The speed at which the refraction can be done is also helpful. Patients appreciate the efficiency. "We're also able to illustrate for parents what their child's vision is," she says. "Plus, with one click of the button, the prescription is transferred into the EMR system. I'd feel lost if I had to start inputting this data manually." The tabletop controller with a touchscreen display lets her enter higher powers and more options faster than a manual phoropter can cover. Having the technology builds on her practice brand of providing high-tech, high-touch, superior patient care.

Dr. Genovese and Dr. MacLaughlin had been working for a busy ophthalmology practice for years. They joke that they felt ready to slow down—but buying two practice locations is hardly slowing down. It is, however, giving them greater control and satisfaction. | WO |

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See more about The Patient Experience under Growth Strategies on womeninoptometry.com.

Make a Plan, FOLLOW THE PLAN

Doctor pursues balance methodically

Marketing materials don't need to be dull.

When Tammy Vo, OD, was in her fourth year at the University of Houston College of Optometry, she tackled her business plan. It became her guiding document when she returned from a three-week European vacation after graduation in May 2014, ready to sign a lease and start the process of opening her first practice.

Dr. Vo

"I knew that I wanted to practice in Austin, Texas, and I had an idea of the area I wanted to be in," she says. She had identified a cool, eclectic neighborhood in south Austin, and her timing was just right. "The two streets surrounding mine have just blown up with commercial growth. It would be almost impossible to find a spot like this now," she says.

The space was an old print shop, a 2,250-square-foot, freestanding building just off the main road. There aren't stores immediately nearby, but the general area is busy. Plus, since the practice opened in January 2015, it's been growing by word-of-mouth referrals and an increasing social media presence.

Dr. Vo's practice atmosphere exudes comfort as a focus of the patient experience.

There have been many times that Dr. Vo consulted her business plan because it was so specific, from the Look + See practice logo down to the color of the teal accent paint and the type of wood she wanted for the shelving and the wall behind the reception desk. "I used an architect, but I had a vision of what I wanted it to look like. I wanted it be very open and calming." There was space enough for three exam lanes, an edging lab, a pretesting area, a special testing area, an employee break room and her office.

ACCELERATED GROWTH

A second doctor, **Travis Bailey, OD**, joined her in practice earlier in 2018. That allows her to reduce the two-week wait for an appointment without giving up her treasured 30-minute exam slots or needing to add more hours to her week. In her business plan, she planned for a second doctor to join her by her tenth year, so she arrived at this point much sooner than she envisioned.

She says that becoming part of Vision Source® before she started may have played a factor in that growth. "I needed a support network, so it's very helpful to get ideas from ODs who are wiser than me," she says. The interaction with colleagues who provide her with a different perspective and friendly advice has been a great benefit.

Dr. Vo says that her experience shows that opening a practice straight out of school can be done. "It's possible to open cold, see patients at your own pace, not be open on weekends and close early on Fridays—and still be financially successful," she says. That's even with some challenges particular to her market segment. She has a young patient demographic, most of which doesn't need progressives and includes many who don't buy their eyewear there initially. "I have a low capture rate but a very high per-patient revenue," she says. She believes that her personal attention and customized exam time, along with her commitment to sell only the best products, contribute to that.

KNOW YOUR DEMOGRAPHIC

She uses social media to explain the benefits of great-looking frames and superior products to achieve visual comfort, using patients and staff as models.

She built up her dispensary to include about 1,000 frames, a number she now thinks is higher than needed. "I block time out of my schedule to meet with the frame representatives. I haven't delegated that because I love it so much. We like to stay on top of the trends without trying to push the boundaries of people's comfort zones too much," she says. Her combination of a stunning environment, extraordinary products and personalized care put her solidly on a growth trajectory. WO

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See more stories about Trusted Colleagues under Growth Strategies on womeninoptometry.com.

Looking Bright-eyed and Younger: Not Just for WOMEN

OD finds some male patients are eager to hear how products can help

Stephanie Frankel, OD, works at Hollywood Eye Institute, an ophthalmology group in Fort Lauderdale, Florida, that specializes in beauty procedures, from blepharoplasty to Botox and more. "People want to maintain their youthful appearance," she says, so it's not a surprise that patients are interested in these services.

Indeed, patients' satisfaction with their appearance is a conversation she has with women and men. "Women start the conversation with me. But I initiate the conversation with men," she says. Many are very interested in hearing more. "It's important that men know that there are some techniques and products that can work for them. I'll say something like, 'Have you recognized that your eyelids are beginning to droop?' Or, 'Do the bags/dark circles under your eyes bother you? These are things that we repair for patients like you all the time.' They're often very receptive."

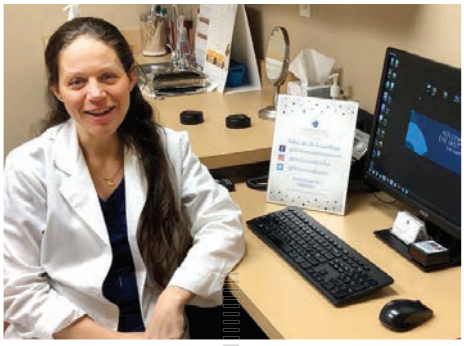
They're receptive, she says, because they know their imperfections. A man with dark circles or bags under his eyes knows they are there. "Patients will often say, 'I don't look like I used to.' That allows me to say that we have products that we can try to fix that. A lot of men are more interested than you might think they would be," she says, especially when the treatments are noninvasive or the products used do not draw attention.

Dr. Frankel often turns to the OCuSOFT products that the practice carries to help resolve a series of cosmetic issues, from redness and irritation that is a factor with dry eye disease for some patients to under eye cream, makeup removers and ZORIA® Lash Boosting Serum or mascara products to stimulate lash growth. Many of the products available are used before bed, such as ZORIA® Boost serum and ZORIA® under eye cream, so patients are less self-conscious about using them, she says.

The practice was already using some OCuSOFT products when Dr. Frankel arrived. "The OCuSOFT Foam is used every day as its primary use here is preoperatively for cataract and blepharoplasty surgeries to minimize the risk of post-op infections. And a lot of patients end up continuing to use it after the surgery because it makes the area around their eyes feel better and makes their skin soft," she says.

Retaine® and Retaine® MGD Lubricant Eye Drops and OCuSOFT pads are also sold for patients who have dry eye conditions and blepharitis. "We offer an in-office blepharitis treatment that includes tea tree oil, OCuSOFT PLUS cleansing product and manual debridement. We recommend that they go home with the OCuSOFT HypoChlor® Spray. When I'm satisfied with the products that a company offers, it makes me want to use more of them."

Dr. Frankel says that her approach could work in many primary care optometry offices, too. "Even if a patient isn't a candidate for surgery, he or she still might be noticing issues. With blepharitis patients, I'll take a photo of the eyelids and show that to the patient. 'This is growing on your eyelashes. Let's clean it up.' Patients are very motivated when they've seen that photo," she says.



Through video blogs and discussions with patients, Dr. Frankel is getting the word out that optometrists can help patients look great and see well.

She says that Retaine MGD Lubricant Eye Drops for her patients with meibomian gland dysfunction is her favorite topical over-the-counter eye drop. "It's preservative-free with a mineral-oil base. Patients love that they come in with red, irritated eyes and that we can help with that as we're identifying the etiology of dry eye," she says. She provides a sample in her exam room, and then the patient can purchase more at checkout. "They trust me."

Not only do they trust her recommendation, but they are actively seeking it. If they didn't buy it in the office, they'd go to the beauty aisles in another store and be overwhelmed by the choices. "If they leave here with a pack of products to address exactly the problems that they and the doctor identified, it's convenient and reassuring." | WO |

> "People want to maintain their youthful appearance."

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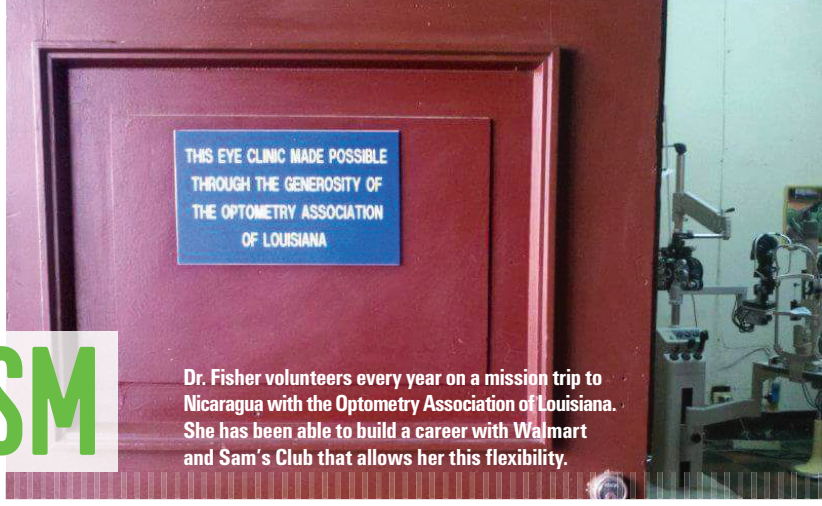

Dr. Fisher volunteers every year on a mission trip to Nicaragua with the Optometry Association of Louisiana. She has been able to build a career with Walmart and Sam's Club that allows her this flexibility.

Allyson Fisher, OD, recalls that it was during a Christmas holiday while working as a cancer research scientist, after completing a master's in forensic toxicology, when she felt she wanted more from her career than laboratory research. "I went for an annual eye exam while visiting family for the holidays, and it suddenly hit me: why didn't I go to optometry school?"

Dr. Fisher

Dr. Fisher says she is as driven to provide mission-related care (above) as she is to provide excellent service to her practice locations.

In a space of two months, she took her optometry admission test and secured an interview at Indiana University School of Optometry. After graduation, she took on an employed position with an optometric company. Shortly after, a doctor who had an independent practice inside a Walmart location in Shreveport, Louisiana, asked Dr. Fisher to cover for her while she was on maternity leave. That plan soon turned permanent, as the doctor, a military spouse, moved when her husband was reassigned.

Dr. Fisher's career ultimately led her back to Indiana three years ago. With family nearby, she decided that home truly is where the heart lies. After experiencing other sublease opportunities, Dr. Fisher opened her own independent practice, NuVision EyeCare, LLC, inside a Sam's Club, and about a year and a half later she added another practice location in a Walmart. "I work six days a week, alternating between the two locations," she says. "I love the freedom and the flexibility to practice the way I want with the schedule I want."

CONFIDENT IN THE CHOICE

She says that her conversations with the Walmart Market Leader and the Vision Center manager made her feel confident in her choice. "Both shared my philosophy about making sure that patients get the best care and have the best experience. The Market Manager wasn't looking simply to get a doctor to sign a contract; she wanted the right doctor for that location. The Vision Center manager was working hard to put together a great team," she says.

Dr. Fisher now has the flexibility she wants to continue with her volunteer efforts with her church, community and the National Optometric Association. Since 2012, she has accompanied the Archdiocese of New Orleans to an annual, week-long medical mission in Granada, Nicaragua, at a permanent clinic established by the Optometry Association of Louisiana. For years, she also participated with OneSight International domestic-based mission efforts and with National Optometric Association's free, mobile vision community eye health exams coinciding with the annual convention.

> "I love the freedom and flexibility."

THE DREAM SCHEDULE

"My dream is to work six months on and have six months off to pursue volunteerism," she says. "My patients know that I do mission trips, and I feel like it's important that they see who I am." She has even left her overseas trips a little early so that she can fly to the U.S. overnight on Friday and come to work straight from the airport on a Saturday morning. That way, her patients don't have to wait too long for her return.

For now, she's content to work hard and long hours. But she's keeping her eyes open for another OD who might be interested in and willing to work a demanding schedule for six months a year. In fact, she may even be leading others to that idea. During this past Christmas break, a patient who is finishing up her undergrad degree told Dr. Fisher that she just wasn't sure what she should do after graduation. Dr. Fisher told her about the many benefits of a career in optometry and encouraged her to apply.

In a sense of déjà vu, the student went home and began making her plans to go to optometry school. The student is shadowing Dr. Fisher as her schedule permits and also carries a busy schedule with school, church and volunteer opportunities. She will even accompany Dr. Fisher on the annual mission trip to Nicaragua this spring. "I use each moment that I can to give back," says Dr. Fisher. "Service is what is most important to me, and this includes uplifting our youth. A few months ago, this young lady had no clue what path she wanted to take, but now she is more than excited about her future. That was my story, too." | WO |

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See more stories about Community ODs under Growth Strategies on womeninoptometry.com.

Everything's CHANGING

You can act, or you can react. A proactive response can lead ODs into a more fulfilling professional career and personal balance.

Change is, as they say, a constant. But in the past decade, the pace of change has accelerated dramatically. These days, the traditional model of a wholly independent practice run by a 40-plus-hour-a-week OD owner is by no means the only model available.

Over the past 12 years, *Women In Optometry® (WO)* has showcased the stories of women ODs who are choosing to create a career that meets their demands for their lifestyle, their neighborhood and their professional community. All of these look different today than they did not long ago.

WHO IS DELIVERING THE CARE?

Man?

Woman?

Device?

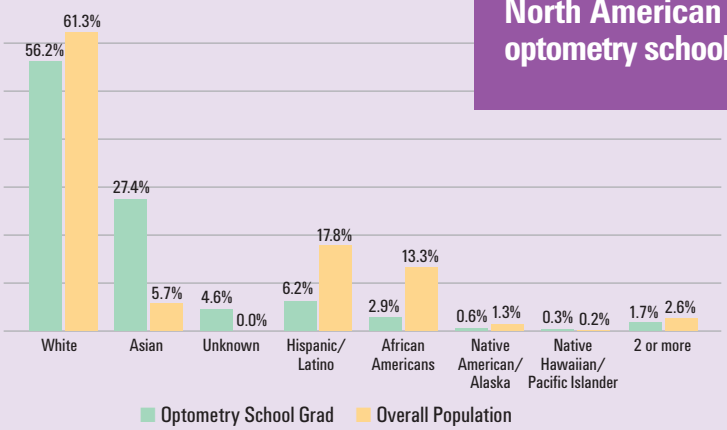
Patients are going to choose the provider who (or that) suits their needs. They will make their choices based on convenience, access, affordability, the languages spoken, personality of the receptionist or optician, frame selection, the coffee bar or any number of factors. Therefore, it's important to be proactive in keeping track of what competitors—real and virtual—are doing. Why are they successful and what can be learned to help you be more successful, too?

Women comprise

66%

of the class of 2021 entering North American optometry schools

Ethnicity of Optometry School Graduates



CHANGING DEMOGRAPHICS IN THE U.S.

- **Millennials outnumber Baby Boomers**
  In 2016, there were an estimated 79.8 million Millennials (ages 18 to 35 in that year) compared with 74.1 million Baby Boomers (ages 52 to 70).
- **Minorities**
  Minorities are expected to become a majority of the American working class in 2032.
- **Rural and urban**
  Just 100 years ago, 54 percent of the U.S. population lived in rural areas; now it's 19 percent.
- **Overall growth**
  The U.S. population is growing by about 0.7 percent to 0.9 percent per year.

MORE ODS, GROWING DEMAND

Even as the number of ODs increases, so does the demand for eye care. Some of this growth is driven by an aging population and new technologies and products that bring these patients into eye care practitioners' offices.

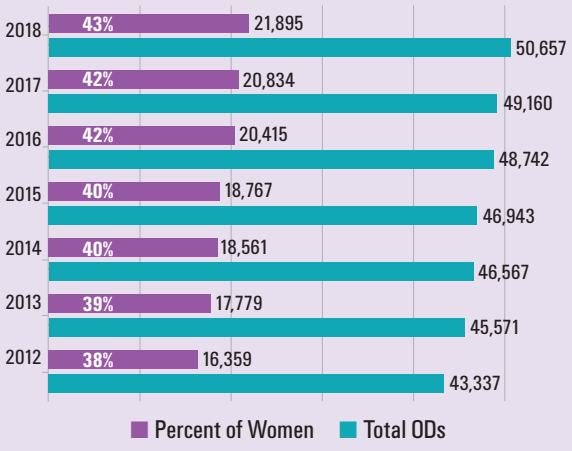
- The vision correction population has increased from 175.5 million adults in 2007 to 190.9 million adults in 2017.
- The percentage of contact lens wearers has increased from 35 million adults in 2007 to 41.2 million adults in 2017.
- Eye care products and services have shown a 4 percent steady annual growth.
- The projected annual exam growth from 2016–2025 is 1 percent for comprehensive eye exams and 2.8 percent for medical eye services.
- More growth is driven by market specialization and the introduction of expanded services.
  - Dry eye specialty centers
  - Vision therapy
  - Specialty contact lenses
  - Beauty: The U.S. beauty market revenue is expected to exceed $62 billion in 2016, growing at almost 4 percent a year. Skincare is the largest category.

WOMEN IN THE PROFESSION

NO MAJORITY YET

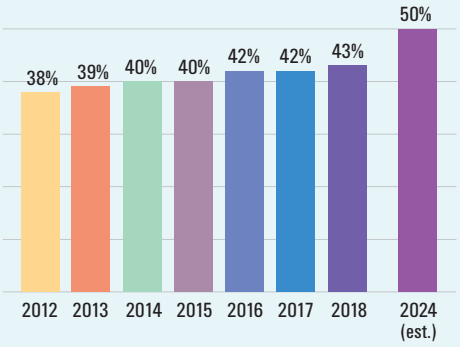
The percentage of practicing ODs who are women has edged up to 43 percent, the highest percentage since *WO* began tracking this. This chart shows that as the number of ODs has increased, so has the number and percentage of women ODs.

The Percent of Women ODs Over Time



WO predicts that the percentage of women in the profession will top 50 percent in 2024. Where does it go from there?

Women in the Profession Over Time

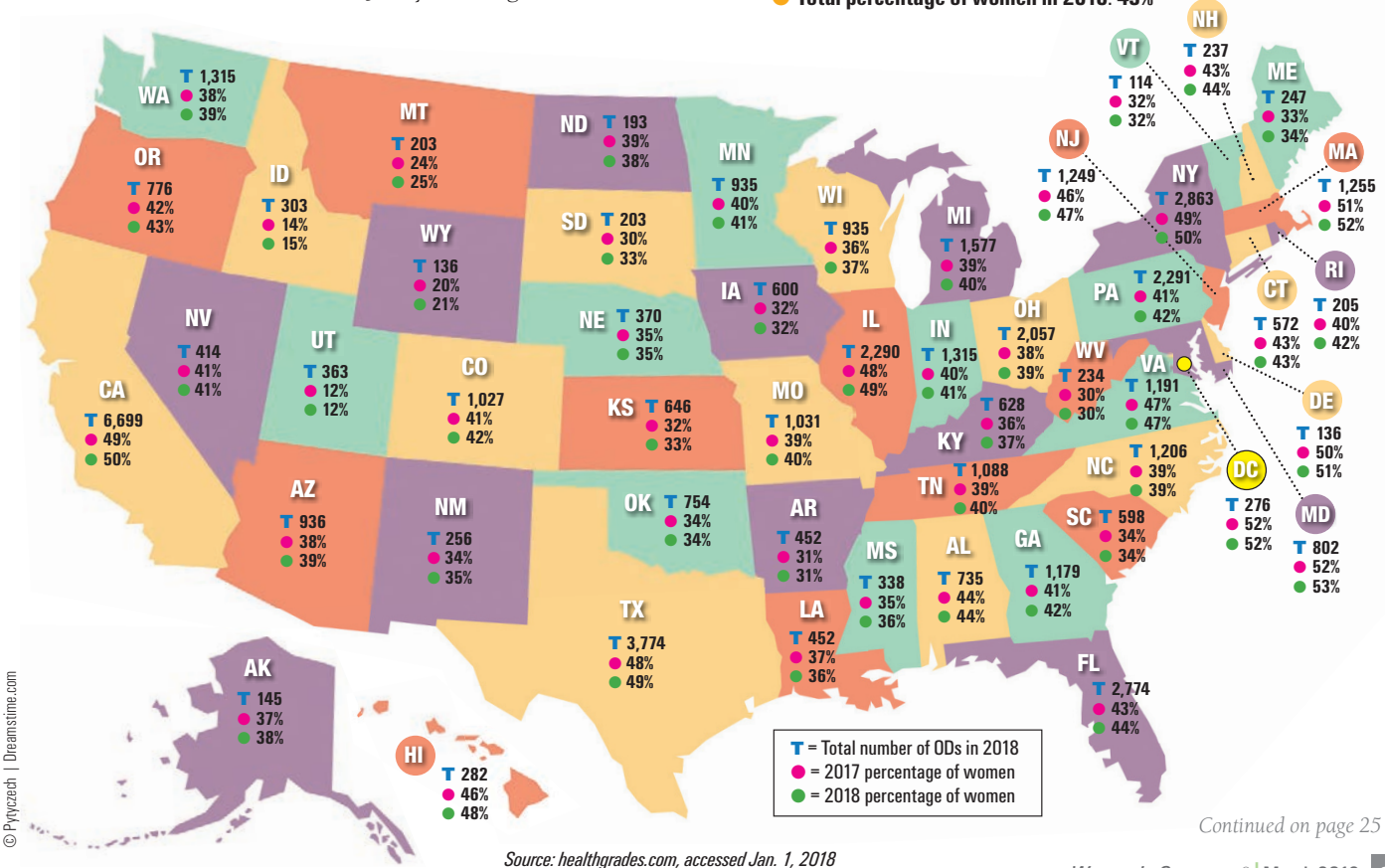


BIG STATES, BIG PERCENTAGES

Women represent fewer than half of practicing ODs in most states. The percentage of women in practice ranges from a high of 53 percent in Maryland to a low of 12 percent in Utah. Maryland; Massachusetts; Washington, DC; Delaware; California; and New York have all tipped the scales at 50 percent. Note that some other large states are getting close: Texas, Florida, Illinois, New Jersey and Virginia.

The percentage of women increased or stayed the same in every state between 2017 and 2018 except for Louisiana and North Dakota.

- **Total number of ODs in 2018: 50,657**
- **Total percentage of women in 2017: 42%**
- **Total percentage of women in 2018: 43%**



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Continued on page 25

Source: healthgrades.com, accessed Jan. 1, 2018

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Continued from page 23

CREATE THE CAREER YOU WANT

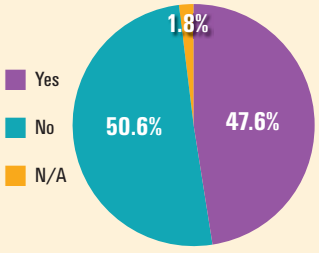
In a *Women In Optometry* Pop-up Poll conducted in 2017, 46 percent of the respondents said that if they had it to do all over again, they would not choose optometry as a career. Why? In their comments, readers mentioned reacting to the changing economy and changing demographics: reimbursement pressures, finding motivated staff, online and neighborhood competition, and the investments in technology that added to financial stress.

But it's also important to note that about 60 percent of the ODs said that they were happier now in their careers than when they started. That might indicate that it takes people some time to find where they feel invigorated. For some, that could be buying or starting a practice. For others, that could mean selling their practice or creating a partnership so that they don't have to be the sole guide.

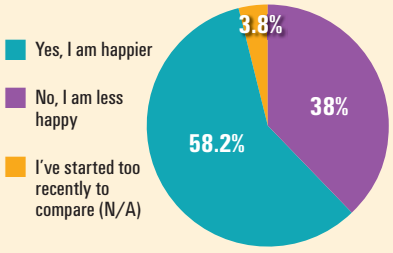
Another poll showed that about 88 percent said that optometry as a profession is meaningful, and indeed, about 77 percent said that they found their daily work meaningful.

Career Directions

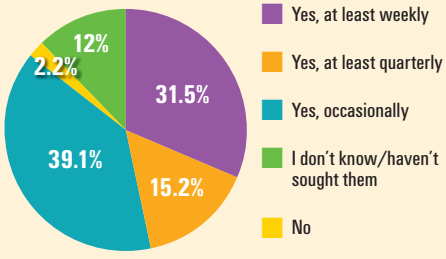
Are you still in the same modality now as you were when you started?



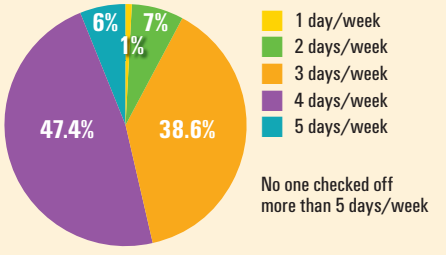
Are you happier in your career now than when you started?



There are opportunities for me to participate in truly meaningful projects

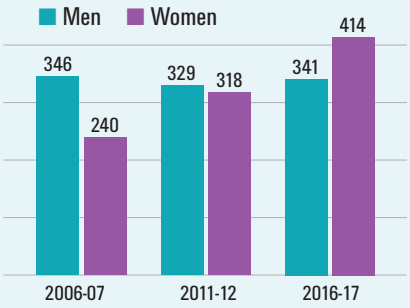


Ideally, how many days a week would you like to work in your practice (both patient care and business admin/planning–requiring your presence in the office)?



No one checked off more than 5 days/week

Women in Academia



The shift in women in the profession is notable in academia.

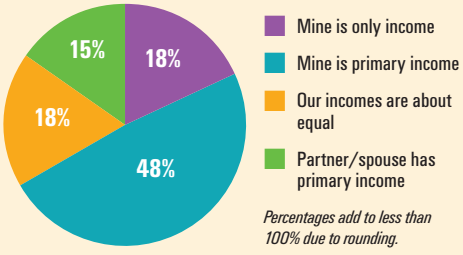
FINANCIAL PRESSURES AND GOALS

Sometimes it's all about the money. And sometimes it's not. Financial pressures are real. About 25 percent of ODs, men and women, work more than one professional job. Some of these responses might reflect new ODs who are working for others while building up their own practice, and some may be out of financial necessity. Forty-eight percent of women ODs who responded to a Pop-up Poll in 2017 said that theirs was the primary income for their household. Eighteen percent said that theirs was the only income for the household. Only 15 percent of women ODs said that their partner or spouse earned more.

However, in another Pop-up Poll, salary came in behind independence and location for respondents who listed the top factor in making a career choice, and salary tied with schedule and flexibility as the third most cited top factor. | WO |

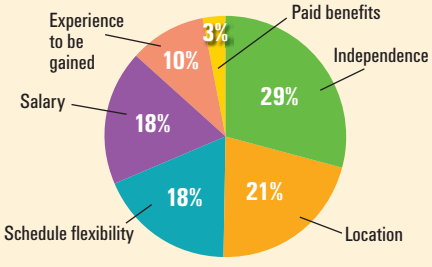
Money Is Important But Not Always Top Factor

Household Income—Women ODs Only



Percentages add to less than 100% due to rounding.

Top-ranked Factor in Career Decisions



The Wage Gap Persists

Employed OD Income

Year	Employed Woman	Employed Man	Gap
2017	$100,751	$117,963	$17,212
2016	$100,147	$117,531	$17,384
2015	$99,914	$115,550	$15,636

Owner OD Income

Year	Owner Woman	Owner Man	Gap
2017	$132,011	$149,029	$17,018
2016	$132,378	$148,389	$16,011
2015	$137,091	$147,322	$10,231

Sources for the data: American Optometric Association Workforce Study, American Schools and Colleges of Optometry, healthgrades.com, Jobson Optical Research in conjunction with Local Eye Site, U.S. Bureau of Labor Statistics, U.S. Census Bureau, Pew Research, Vision Council, VisionWatch, Women In Optometry *data on file and* Women In Optometry *Pop-up Polls.*

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The Gentle TOUCH

Why start patients with medications when a natural approach could work wonders?

Dr. Buck

One of the main reasons Natural Ophthalmics products are part of her practice is because she knows firsthand how they can help, says **Pauline K. Buck OD, FAAO, FCOVD**.

At a 2012 College of Optometrists in Vision Development annual meeting in Texas, Dr. Buck was just getting over a bout of viral conjunctivitis. She ran into Natural Ophthalmics president **Brian Banks** there, and he suggested Ortho-K Thin Eye Drops in place of steroids. The drops are free of preservatives and can be used as often as needed to alleviate dry, red, itchy and irritated eyes. "I did so, and the inflammation went down," she says. "It was great."

Dr. Buck wants to make ortho-k a comfortable option for wearers. The Natural Ophthalmics drops help.

She began to look for ways to bring the products into her vision therapy practice in Miami, Florida. Today, Natural Ophthalmics products "are in the exam room. If I have an orthokeratology patient, the Ortho-K Drops are part of what I provide in the starter pack," she says. "Then they can get refills from me. I keep the price competitive because I want patients to use it." When ortho-k patients can wear and remove their contact lenses with more comfort, they're more likely to adhere to the schedule and will gain the most from the therapy, she says.

She also turns to Natural Ophthalmics products for her dry eye patients. Dr. Buck says the products are more effective and actually cost less than artificial tears or lubricants available in stores. "The lubricants in drug stores are pricey, and they contain a preservative," she says. The goal in treating dry eye is to find the underlying inflammatory cause, she says. That means assessing the whole person and looking for possible causes of the condition while offering a range of possible solutions. Some of the underlying issues that contribute to dry eye symptoms could be helped by acupuncture or practicing yoga, for example. Or there might be a hormone imbalance to be dealt with. "But to make them comfortable immediately, either the Ortho-K or the Women's Tear Stimulation Dry Eye Drops can help."

> "I start with as natural a treatment as possible."

For some patients, allergies can be a contributing factor to discomfort or red eyes. Allergies can interfere with a great contact lens-wearing experience for many patients, and she has seen many children who are exposed to mold or other allergens. "I have no hesitation about using these products with kids. Parents appreciate having a product that isn't another medication. If a patient has an allergy, I start with the Allergy Desensitization Eye Drops. If more treatment is needed, I can write a prescription. But I start with as natural a treatment as possible."

Natural treatments are becoming more widely used, Dr. Buck says, and she encourages that trend. "Anywhere I go, I talk about it," she says. "If I'm talking with a woman and she says she has dry eye symptoms, I say, 'I've got this fantastic drop that I use. If your doctor doesn't have it, give me a call.' Natural Ophthalmics drops are the only eye drops I carry. I use the Allergy Desensitization Eye Drops, the Ortho-K Thick and Thin Drops and both dry eye formulations."

She launched her practice 13 years ago as a traditional optometry provider, but she has shifted over the years into offering vision therapy. In addition to seeing children, she sees plenty of over-50 adults dealing with, for example, decompensating or overcompensating phoria. "These people have had something their entire lives but are now realizing they can do something about it," she says.

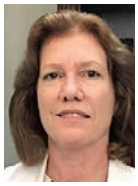
Her practice has evolved differently than most. "Most ODs want more appointments, more frames and more services," she says. "I've seen colleagues burn out because it can be exhausting. I want fewer patients and more time with them. Some people thrive on the fast pace, but I thrive on knowing the patients and taking time to answer their questions." | WO |

WOnline

See more stories about Natural Eye Care under Growth Strategies on womeninoptometry.com.

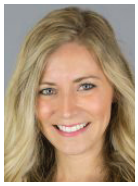
WOMEN IN THE *News*

Dr. Hairston


Dr. Blackmer

Dr. Gossard

Dr. Suppa


Dr. Seutter

Dr. Lyerly

Dr. Crigler

Dr. Duchnowski

Dr. Feis

▲ **Tonyatta Hairston, OD**, of Jackson, became president of the Mississippi Optometric Association. **Amy Crigler, OD**, of Starkville, is president-elect.

▲ **Eva Duchnowski, OD**, received the Faculty Community Spirit Award at the State University of New York College of Optometry in December.

▲ **Alicia Feis, OD, FAAO**, associate dean of academic affairs at Midwestern University, was honored as Young Optometrist of the Year by the Arizona Optometric Association.

▲ **Lori Blackmer, OD**, of Picayune, has been appointed to a five-year term on the Mississippi State Board of Optometry.

▲ **Terri Gossard, OD**, executive director of **ABB** OPTICAL GROUP's Primary Eyecare Network, has been named the Ohio Optometric Association's 2017 Optometrist of the Year.

▲ **Laura Suppa, OD**, of Charleston, was honored as Young Optometrist of the Year by the West Virginia Association of Optometric Physicians.

▲ **Lauren Seutter, OD**, of Kansas City, was elected to the Kansas City trustee position at the Missouri Optometric Association convention.

▲ **Jennifer Lyerly, OD**, of Triangle Visions Optometry in Raleigh, North Carolina, was awarded the 2017 Transitions Brand Ambassador title at Transitions Academy 2018.

▲ **Bridgitte Shen Lee, OD**, of Houston, Texas, was honored in *Houston Woman Magazine*'s 50 Most Influential Women of 2017.

Dr. Shen Lee

▲ At the California Optometric Association, three women ODs were honored among the Young Optometrists of the Year winners: **Amanda Dexter, OD, FAAO**, of San Diego; **Francisca Escobar, OD**, of West Hills; and **Jasmine Junge, OD**, of Berkeley.

Dr. Dexter

Dr. Escobar

Dr. Junge

▲ **Renee Reeder, OD**, of the Illinois College of Optometry, was named Practitioner of the Year at the 2018 Gas Permeable Lens Institute symposium. She is the first educator to receive this award. | WO |

Dr. Reeder

▲ **Ava K. Bittner, OD, PhD, FAAO**, from Nova Southeastern College of Optometry, was the recipient of the Irvin M. and Beatrice Borish Award, presented at the American Academy of Optometry meeting and the 2017 recipient of the Fredric Rosemore Low Vision Educational Grant from the American Academy of Optometry Foundation. Also at the meeting, **Lynette Johns, OD, FAAO, FSLS**, of Boston, Massachusetts, received the Founders' Award from the Section on Cornea, Contact Lenses and Refractive Technologies. **Suzanne M. J. Fleiszig, OD, PhD, FAAO**, of Berkeley, California, received the Max Schapero Memorial Lecture Award.

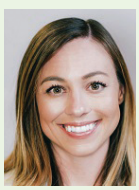
Dr. Bittner

Dr. Johns

Dr. Fleiszig

▲ The American Academy of Optometry Foundation honored the following residents. **Kristen Kerber, OD, MS**, of New England College of Optometry, and **Amanda E. Beaudry, OD, MS**, from Southern California College of Optometry at Marshall B. Ketchum University, were the recipients of the 2017 Terrance N. Ingraham Pediatric Optometry Residency Award. **Rachel Young, OD**, of Pennsylvania College of Optometry at Salus University, received the Alfred A. Rosenbloom, Jr., Low Vision Residency Award. **Ashley Rose Pi'ilani Luke, OD, BS**, of Los Angeles, a resident at Zuni Comprehensive Community Health Center, received the Douglas W. Hopkins Primary Care Residency Award. **Jamie Kuzniar, OD**, of the Indiana University School of Optometry; **Kelsy R. Steele, OD, MS**, of The Ohio State University College of Optometry; and **Grace Liao, OD**, of Southern California College of Optometry at Marshall B. Ketchum University, received the Sheldon Wechsler and George Mertz Contact Lens Residency Award. The 2017 Sheldon Wechsler Contact Lens Residency Award was presented to **Emily M. Korszen, OD**, of Pacific University College of Optometry, and **Jessica Jose, OD**, of Illinois College of Optometry.

Dr. Kerber


Dr. Beaudry

Dr. Young

Dr. Luke

Dr. Kuzniar

Dr. Steele

Dr. Liao

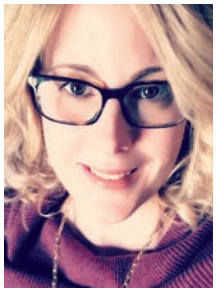
Dr. Korszen

Dr. Jose

OD Finds Selling Practice Provided New FREEDOM and OPPORTUNITY

The MyEyeDr. booth at the American Optometric Association's Optometry's Meeting

When Kirsten Albrecht, OD, and her husband, Marty Albrecht, moved to Charlotte, North Carolina, in 2002, she began to look for an employed position. "I had not envisioned myself owning my own practice," she says. Yet in January 2003, she was offered a chance to buy a practice and did. For years, there was steady and manageable growth. She didn't take a salary the first few years she was open; her husband's work allowed her to plow her resources back into the practice.


Dr. Albrecht

> "Other than the logo and the computer systems, the practices don't outwardly change."

Six years after she opened the practice, the couple was preparing for the birth of their first child. Dr. Albrecht hired an associate, **Catie Earl, OD**. In 2010, MDs with an internal medicine group encouraged her to open a practice in their building to provide convenient eye care for their patients with diabetes. "It was fun to open and plan a practice from scratch," Dr. Albrecht recalls. But a month after that practice opened in 2011, she learned she was pregnant with twins. "I have always been career-driven—but the stress of owning one practice alone kept me busy," she recalls, "and the idea of having two practices with three young children was overwhelming."

That's about the time when she caught up with **Morey Sheffer, OD**, of MyEyeDr., who told her about the organization's foray into North Carolina. "The model was kind of an unknown in the area at that point," she says, but she spent time meeting some of the principals and decided it was the best option for her, especially when her associate said she wasn't ready to take over the practice ownership.

TRADING CONTROL FOR LESS STRESS

Before Dr. Albrecht said yes, however, she said no three times. "I was a little concerned about giving up control of my practice, but I also realized that the company had the resources to come in and quickly take the stress off my plate. Another independent practitioner might not have been able to do that," she says.

Dr. Albrecht merged her two locations into the MyEyeDr. brand in November 2013. The shift was new for all parties, as Dr. Albrecht's practices were highly medical and, before entering North Carolina, the model was focused more on refractive and routine care. "The company listened to what those of us who were former business owners had to say, and the company has learned how to integrate a greater variety of offices," she says.

Her input into those discussions led to an offer about eight months later to become the organization's director of acquisitions for professional services. She can attest to how much or how little an office changes when it becomes part of the MyEyeDr. brand. "The goal is the staff and the doctor, if he or she is interested—essentially the DNA of the office—stays the same. Other than the logo and the computer systems, the practices don't outwardly change," she says. The background logistics and operations, as well as functions such as billing and HR, are moved to the company's home offices.

ONE SIZE NEVER FITS ALL

"My integrations took place when we were under 50 total locations, and now we have more than 370," Dr. Albrecht says. "It's hard to find two that have been identical, and we've learned a lot as an organization along the way, which we are proud of." Some have been retail-oriented practices, while others have been in rural areas where the optometrist is considered a true primary eye care provider for a variety of conditions. "I enjoy making the process work to fit that particular practice," she says.

Typically, an OD who sells a practice stays on for at least three-to-five years after the transition, with many staying longer. Dr. Albrecht's former associate, Dr. Earl, was able to stay on with MyEyeDr. even after her family moved, an option she wouldn't have had with a solo practice.

Dr. Albrecht enjoys talking with young ODs, many of whom have a mountain of debt and can't foresee taking on more, to show them how the model has a range of locations and different levels of medical care. "I love making sure that the practice is a good fit and that the practitioner is a good fit for the location." | WO |

WOnline

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Eat Your Way to BETTER HEALTH

Acorn squash serves up a healthy dose of nutrients.

Photo courtesy of Dr. Sandra Young

Autumn Acorn Squash

Serves 4

Ingredients

2 acorn squash, halved and seeded
2 tsp olive oil
1 recipe Italian Dipping Sauce

Directions

1. Preheat oven to 350º F. Rub cut sides with olive oil. Place squash cut side down onto a glass baking dish.
2. Bake for 40-60 minutes until tender and easily pierced with a paring knife.
3. While the squash are roasting, prepare Italian Dipping Sauce.
4. Remove the tender squash from the oven. Before serving, spoon 1 T of the dipping sauce onto each half. Serve hot or room temperature.

Nutritional facts per serving: calories 205kcals, total fat 11.7g, saturated fat 1.7g, cholesterol 0mg, sodium 232mg, total carbohydrates 25g, dietary fiber 3g, sugars 2g, protein 3g, vitamin A 19%, calcium 10%*, vitamin C 44%*, iron 10%**

Dry eye support: vitamin A, beta carotene, lutein + zeaxanthin; vitamins B1 (thiamin), B2 (riboflavin), B3 (niacin), B5 (pantothenic acid), B6, folate, dietary fiber

See womeninoptometry.com for the recipe for the Italian dipping sauce.

Dr. Young

"Spice it up" is not the advice most people would expect to hear from an eye expert when it comes to living life—particularly in the kitchen. **Sandra Young, OD**, however, enthusiastically encourages people to consider their eye health when cooking. Her newest book, *Heal Your Dry Eyes*, which is scheduled to be released soon in an e-format, is all about cooking with dry eyes in mind.

Dr. Young has a keen interest in how diet and nutrition affect ocular health. Her first book, *Visionary Kitchen: A Cookbook for Eye Health*, featured tantalizing photos and recipes that included eye nutrients. For her second book, she decided to focus on dry eyes.

There are many underlying causes of dry, irritated eyes including hormonal imbalances, medications, diabetes, allergies and arthritis. The one common factor in dry eye is ocular surface inflammation. Proper nutrition can help to modulate both ocular and systemic inflammation, she says. The recipes in *Heal Your Dry Eyes* are designed to reduce ocular surface inflammation and to improve tear composition and production. "It is preventive medicine," says Dr. Young.

The eye nutrients lutein and zeaxanthin are found in leafy green vegetables and egg yolks; EPA/DHA omega-3 fatty acids are found in fatty cold-water fish. Studies have shown these nutrients decrease the risk for progression of age-related macular degeneration. Omega 3s help to modulate inflammation related to other ocular issues.

Here's a bit of advice that Dr. Young offers to today's generation:
"Set up your kitchen pantry for healthful food choices. Avoid prepackaged foods, and preplan meals for the week. The kitchen should be a happy place for friends and family to gather to create food that is nourishing for heart, eyes and soul."

Writing has become her full-time job. She calls the combination of creative science writing and the book business "quite the undertaking." What's next for Dr. Young? A book for children: *Visionary Kids in the Kitchen* followed by a book about her other passion—golf. This year, she hopes to qualify for the first-ever U.S. Senior Women's Open. "The competition is stiff, and I began playing golf at age 38, which is much later in life than most other participants. For me, qualifying is winning!" she says. She has already identified the title of a future book: *Use Your Eyes: Vision Led Putting.* | WO |

Heal Your Dry Eyes: Nutrition & Recipes will be available from Amazon Kindle, Apple iBooks, B&N, Blio, CoreSource, Follett, Freading, Gardners Books, Scribd, Google Play and Wheelers. ***Visionary Kitchen: A Cookbook for Eye Health*** will also be available in an electronic format from these retailers.

An Eye on the FUTURE

Two third-year OD students find support for achieving the practice of their dreams

When these two OD students signed on for eyeFWD, Luxottica's five-day education program, they expected to learn about the business of eye care. They came away with so much more.

Kate Hamm

A TARGETED VISION

Kate Hamm, at the University of Missouri-St. Louis College of Optometry, has gone from thinking about being an optometrist to visualizing herself as a leader in the optometry field.

"I feel really empowered now, like I have people who are backing me," she says. "I never realized I could run my own practice or that a chain of stores could be mine. I'm no longer closing a door on what my future can look like."

The new skills she can bring to that future include filling out a pro forma, planning inventory, knowing how to hire employees who will honor her vision and learning not to spread herself too thin when using multiple social media accounts.

She appreciated that mentors from the optometry, banking, marketing and human resources worlds shared honest perspectives about what goes into launching a new venture. That's why Hamm is hopeful that the relationship she is cultivating with one mentor, a woman OD with two Target Optical-affiliated practices in New Jersey, will give her an edge someday. "She's going to be someone who can put me in successful situations as I get closer to graduation."

Hamm now thinks she'll likely start her career at a Target Optical before opening a private practice in a rural community.

In the meantime, she is studying vision therapy and researching dyslexia to carve out a niche—another tip the program stressed—in pediatric optometry.

Although she'll graduate with a lot of debt, she learned that banks are likely to approve loans for an OD because optometry is a profitable field. As a result, when a guest speaker during a recent practice management course said he had to borrow money from his parents because it was hard to open an optometry practice, she spoke up. "I was able to turn to my classmates and say, 'That's not true.'" | WO |

Elkie Fung

EXPANDED OPTIONS

Elkie Fung, at the State University of New York College of Optometry, uses a string of adjectives to describe her experience: Immersive. Intensive. Educational. Enlightening.

"Just look at the name: eyeFWD. It literally had us thinking of things that are ahead," she says. "But it wasn't about being a step ahead of where the trends are. It was about us being the trend."

That trend includes an increasing number of women like Fung, who can, according to the female OD mentors in the program, successfully balance careers, relationships and well-deserved vacations.

Despite being an introvert, Fung felt comfortable with the heavy focus on collaboration in nearly every session, "even when you had to think about your deepest values and then share how they would help form your practice."

She was impressed that, from general concepts to the smallest details, the program's emphasis was on providing the best patient care over making a profit.

Hoping to open an independent practice "smack in the middle of a big city," Fung enjoyed opportunities schools can't always offer. For example, students visited a LensCrafters, where an affiliated OD shared how new refracting and imaging technology had resulted in smoother, more integrative exams. "We got to see real-life doctors doing real-life things with new technology," she says. "It wasn't just, 'Here's a video about it.'"

Since the program, she has noticed that the questions she asks guest speakers in her classes have shifted. "My friends are like, 'What the heck? Where did you come up with those business terms?'"

Aside from academia, Fung previously thought private practice was her only option. "This opened my mind. There's more than one way to be successful." | WO |

WOnline

See more stories about Independent OD Opportunities under Growth Strategies on womeninoptometry.com.

Mountain: © Vladislav Zhukov | Dreamstime.com

OFFICE Design

Be

Repurposeful!

Dr. Johle

Shiny and new has its place. But many ODs find that an eclectic look that combines antiques and pieces repurposed for a new life add flair and individuality to their practices. Sarah Johle, OD, of Hutto, Texas, finds beauty in the juxtaposition of her brand new practice space and old and interesting furniture (photo at left). Old wooden wire spools serve as tables. Distressed doors with clothespins attached make for visually compelling frame displays. The dispensary takes on the quality of a boutique gift shop with lots of spots for customers to stop and look. Read Dr. Johle's full story here: goo.gl/DaWd1w.

Why throw away perfectly good frame boards just because they're dull? **Gigette Collazo Harfst, OD,** of Washington, New Jersey, decided she wanted the practice she acquired to be filled with bold colors. So she took the backs off the old frame boards, and she and her children laid them on her driveway and spattered paint on them, inspired by Jackson Pollock. Read her whole story here: goo.gl/qwikza.

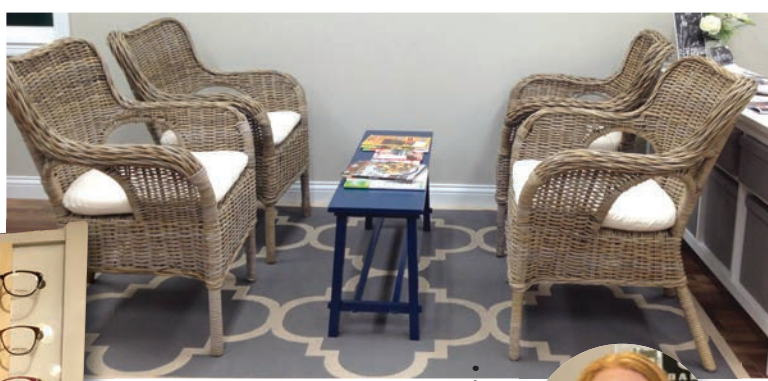
Dr. Harfst

Dr. Denton

Melanie J. Denton, OD, MBA, FAAO, of Salisbury, North Carolina, wanted her practice to have a local feel. Newly out of school, she also wanted to keep her costs down, so she looked for unusual pieces that had a connection to the town and provided her with lots of display space. Read her full story here: goo.gl/MBoUYc.

Dr. Johnsonbaugh

Monica Johnsonbaugh, OD, of Grosse Point, Michigan, turned to the demolition teams in nearby Detroit where old homes were being torn down or completely remodeled. The shelving salvaged from these sites is now being used in her location, and the wall behind her front desk is made up entirely of this wood. Her logo has been burned into the center of the display. Read her whole story here: goo.gl/pfaEhw.



Dr. Lammers

Dr. Mummert

When Anna Lammers, OD, FAAO, and **Amy Mummert, OD**, of Traverse City, Michigan, relocated to a new space, they refreshed their old frame boards with paint and wood accents. The two doctors manage their separate practices under one roof here, but they pool their resources, like frame inventory. Read more here: goo.gl/aeecs6.

Dr. Hornberger

It seems a shame to relegate cozy wicker to the patio, porch or sunroom. **Samantha Hornberger, OD**, of Bright, Indiana, found that wicker chairs lent an inviting and comfortable air to her cheery and light-filled second-floor practice. IKEA dining room cabinets with the glass doors removed provided ideal additional storage and display opportunities. Read her whole story here: goo.gl/RzFN6J.

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OFFICE *Design*

Dr. Pitts chose rough-edged wood shelves, with the bark kept in place, which brings texture against the white walls.

Racing Hurricane Harvey TOWARD THE FINISH LINE

At the end of August 2017, **Erin Pitts, OD**, and her husband were feverishly working to finish work at Eyes on Cypress, her brand new office in Cypress, Texas. In the middle of setting up equipment and installing shelving, Dr. Pitts texted a friend to ask for a babysitting favor. Her friend replied, "Did you know the hurricane is coming?" They were so focused on completing the project, they had not been paying that much attention to the ever-more-threatening weather projections.

Dr. Pitts

Hurricane Harvey hit the Houston area that weekend with devastating impact. The office escaped generally unharmed, but Dr. Pitts' home ended up with 14 inches of water. What followed was a rush to finish the office and clear out the house for repair before mold started to grow in the hot and humid climate.

A FAMILY EFFORT

The process to open her own office had started months before. "The Houston suburbs are growing really fast, and there aren't many opportunities to buy an old building and renovate it. What was a field last year can be a huge apartment complex this year," she says. One lease deal she was working on fell through. That's when she found the home for Eyes on Cypress right across the street. "It's a brand new shopping center with all medical offices," she says. It was a blank slate without even any walls, so she had full range to make it her own.

After signing the lease in April 2017, construction was underway with a tight budget for building and decorating the 1,759-square-foot office. The space is light and airy, with elements of home interior décor to make patients feel comfortable. "I am a minimalist, and I wanted it to look clean and not cluttered."

The couple worked with a commercial contractor, and her husband helped with the IT wiring as well as building frame displays and more. "The frame displays are moveable so that when we add new frames, we can change the setup around," Dr. Pitts says.

Dr. Pitts ordered many pieces from Amazon, which was working out well before the storm hit. But with mail delivery shut down for weeks, many of her packages were lost in the process of trying to reroute them to her office. She ended up adding some furniture that wasn't damaged in her flooded home, such as dining room chairs, to replace the orders that never arrived.

Dr. Pitts' wish list for equipment was designed for a full-scope practice. She bought a visual field analyzer from a friend from optometry school and more equipment from a doctor who was closing his office. "I wanted it to be fast to see kids really easily, so I made an autorefractor work in the budget." One exam room is set up for now, with space for a second; she'll continue to add equipment as the practice grows.

GETTING THE WORD OUT

Dr. Pitts invested in a unique website design and presence to make sure potential patients could find her online, and many referrals come in from her personal and professional Facebook pages as well as her church community. "I didn't realize that my network was that big," she says. The location at a busy intersection with great visibility catches the attention of passersby.

Although it was a little later than initially intended, the practice held its grand opening in February.

Dr. Pitts says that she's thankful for the overwhelming support she received from her local community and also those in the profession to get up and running, just a few weeks behind schedule. "We had a lot of help from people who knew us and people who didn't," she says, adding that her Alcon representative spent an entire day helping clean out her house and returned the following day with his family for extra manpower. Patients were understanding as the final pieces of the office came together. "They understand that we were all just trying to get over the shock." | WO |

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See Dr. Pitts' story here goo.gl/BFKsgS or visit The Physical Space under Models of Practice on womeninoptometry.com.

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Practice of Her Dreams Was 12 YEARS in the Making

Dr. Fitzgerald's dream practice has come to fruition.

Dr. Fitzgerald

> "We were out of space. Some days, we didn't have enough chairs in the waiting room."

Ellen Fitzgerald, OD, and her husband, **Clay Fitzgerald**, purchased land in Douglas, Georgia, nearly four years ago for Dr. Fitzgerald's dream practice. In May 2017, they began the new building.

Dr. Fitzgerald started her solo private practice in May 2005. The retrofitted dental office was serviceable, but the layout pushed the optical dispensary into the middle of the building. As a result, it was not convenient for drop-in patients to view frames.

In addition, the practice simply outgrew the space. That building had 1,500 square feet and three exam lanes. Dr. Fitzgerald converted a closet into a visual field room, and another workstation had to be wedged into another closet. "There was nothing left. We were out of space. Some days, we didn't have enough chairs in the waiting room," she says. The appointment book was filled weeks in advance, while the practice ran at maximum capacity for the space, she says.

"I was seeing about 20 to 22 patients a day, with 12 of those being comprehensive exams. In the new space, I have two more comprehensive exams per day, which will make a difference in the backlog," she says.

The new space has 6,000 square feet, six exam lanes, and an open-design pretest area for **opto**map, OPD-Scan III wave system, lensmeter, iCare tonometer and pachymeters. That pretest design will relieve the bottlenecks they previously faced. There are separate rooms for the visual field analyzer and another for the OCT and fundus camera. "The layout is going to result in a better patient flow." Patients will also be able to access the optical area easily to browse a larger selection of frames.

Except for a period of almost five years, when a dedicated associate made the four-hour, one-way trip to work in the office, Dr. Fitzgerald has been practicing solo. "I am actively looking for an associate now," she says. "The new facility is large enough to accommodate two or three doctors."

COLLECTING IDEAS

Before the couple purchased the land, Dr. Fitzgerald collected ideas, especially for the all-important dispensary. She found Fashion Optical Displays at a trade show, and the representatives showed her how they could help her achieve her mix of contemporary and traditional pieces. "We put contemporary molding on traditional furniture, and we chose pieces from different collections to create a 'transitional' design. We used glass shelves with wires and glass table tops that are suspended over frames displayed in trays," she says.

"I received great support from Fashion Optical," she says. "I carried a folder of ideas and AutoCAD drawings my husband had created for a starting point, and we sat down with the representatives. They emailed me back design layout options. **Lori Estrada** and her team at Fashion Optical also had no problem allowing me to work with **John Glosson**, my friend and personal interior decorator locally," she says. When the building construction was nearing completion, the company shipped the furniture by truck and had their representatives personally fly in to install all the displays.

She found her ideas in other places, as well. When Dr. Fitzgerald was at The Ritz-Carlton at Georgia's Reynolds Plantation, she liked the beveled glass windows that were in the resort's front French doors. She took photos, and now her guests are greeted by a similarly eye-catching entrance.

One of the new elements that she and the staff are excited about is an exercise area upstairs with jump ropes, resistance bands, yoga mats, punching bag and an elliptical. "I wanted to have that space to de-stress and hopefully become more healthy." There is also a room upstairs for her children to finish out their day after school. The kids' area she created is available to employees' kids as well. | WO |

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See more stories on practice design under Models of Practice, then The Physical Space on womeninoptometry.com.

Creating a CULTURE of FUN

You can still be professional while making your office a place people want to work

Dr. Coffee-Gallagher, playing banjo in the back, and her musical friends turn her lobby into a jam-session space on Tuesday mornings.

(l-r): Dr. Looper, Dr. Coffee-Gallagher (seated) and Dr. Meerpohl

> "Laughter is the best stress-buster. It makes each day more bearable."

Patients of **Leslie Coffee-Gallagher, OD, FAAO**, might be surprised to hear that her first career path was in nuclear engineering and physics. That's what she studied as an undergrad at Kansas State University.

But when she got a taste of the engineering life during an externship, she found it a little too isolating. At her regular eye exam that summer her optometrist, **Mark Bettencourt, OD**, asked her how her studies were going. "I hate it," she told him. "He said, 'You should do optometry.'" It's a challenging field of study with a much more social environment, he said.

She took his advice, earned her degree from the Southern California College of Optometry in 2002, and came back to work for him in his Vision Source® practice. Eventually she took over one of his satellite locations, and she and another colleague took on his role as Vision Source administrators following his death because she saw how important it was for doctors to be engaged in the network.

"I never thought I'd be in private practice; I thought I'd be in industry or academics," she says. "But I love it. I love patient care, and I love the behind-the-scenes stuff" of the networking and business management to make a practice succeed. The guidance of Dr. Bettencourt and others in Vision Source shortened her learning curve considerably and helped her see that she really enjoyed the social interactions with staff, patients, vendors and colleagues.

Today, she and her business partner, **Nicole Meerpohl, OD**, make fun a fundamental. "My style of management is to incorporate fun into the culture" of a workplace. Their practice, Lifetime Eye Care of Holton, was launched in 2010 in Holton, Kansas. Dr. Coffee-Gallagher and Dr. Meerpohl are Kansas natives, as is their third OD, **Stacey Looper, OD**, who joined the practice last year after graduating from Southern College of Optometry in Memphis, Tennessee.

FIND YOUR STYLE

That approach reaps many benefits. It can build confidence and trust among co-workers and help employees reach their job goals. "We're always busy, but we make it a purpose to make fun happen," she says. "When it isn't, that's when you have more turnover."

Leaders need to tailor the experience to what fits their different style. She and Dr. Meerpohl, she says, "are like stripes and polka dots. My style is outgoing, and hers is more quiet." Dr. Coffee-Gallagher is, as she puts it, "naturally happy. I like making people laugh." She found that when she let herself get away from that approach—such as during those times when the practice has an overwhelming amount of work—it had a negative effect. "The times I didn't lead by example allowed for more staff burnout," she says. Work is sometimes demanding, "but laughter is the best stress-buster. It makes each day more bearable."

Skeptics of this approach think that fun would get in the way of efficiency in a business. Not so, she says. "It can help you attract and retain good people. If you're known for it, you hardly have to recruit. And that directly translates into better patient care."

FUN WITHOUT SACRIFICE

And fun doesn't mean sacrificing quality. "We're always professional because there are serious things we do," she says. But when patients see doctors and staff enjoying their work, it can build confidence and make them want to come back.

Here's some of what goes on: early on Tuesday mornings, the lobby becomes a jam-session venue. Dr. Coffee-Gallagher says her family is "very musical," so she picked up the banjo. Now, some musical friends and staff members join in on these sessions, and some patients show up just to listen. Local doctors even invited them to play during a recent immunization clinic.

Weekly staff meetings begin with an Ellen Degeneres-style dance. Staff members take turns picking the music. "That helps. Everyone has a more positive mood, instead of, 'Ugh, a meeting.'"

Adding fun can add zero dollars to the budget when it's part of the culture, she says. Consider organized out-of-the-office events, too, to build a better team, she says. | WO |

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