

The Debt Effect

How student loan repayments
shape personal and career choices *pages 26-29*





Grad Student.



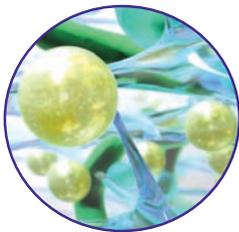
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- JJVC data on file 2017. HydraMax™ Technology Definition.
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Address advertising materials to Scott Tobin, advertising production manager, Jobson Professional Publications Group, 11 Campus Blvd., Suite 100, Newtown Square, PA 19073, or stobin@jobson.com or call 610-492-1011.

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The RIPPLE EFFECT of Decisions Made Today

By Marjolijn Bijlefeld, Director of Custom Publications Practice Advancement Associates

Wouldn't it be nice to see 10 years into the future? I would be so curious to see the impact of the decision that New York University (NYU) made in August to offer free tuition to current, new and future medical students. These students, theoretically, could be roughly \$200,000 less in debt than they would have been had this offer not been made. How does that impact their choices? Will NYU draw students who otherwise could not have afforded medical school? Do these graduates feel less pressured to pursue a high-income specialty or position?

The topic of student debt resonates with many ODs. Earlier this year, *Women In Optometry* (WO) created a Pop-up Poll on student loan debt, and nearly 600 ODs responded. Ninety-six percent of respondents said they had graduated or expect to graduate with student loan debt—and more than one-third said their debts exceed \$200,000. We followed up with another poll on strategies used to manage this debt; those results and more are in this cover story section. Not surprisingly, some ODs find that their debt load limits their options—or pushes them to become as successful as soon as possible.

The decisions that people make now have a ripple effect for years to come. That's true for the student debt load—although as some of the doctors explain in our cover story, it's possible to change your strategy and outcome with some determination. But are the choices the same for an OD who starts her career with \$200,000 in debt as they are for one who starts with no debt?

The cover story is just one example of decisions made that impact a future. Some ODs talk of decisions made almost serendipitously while others detail decisions that are the result of careful planning. It's a wonderful combination that shows how the right message or invitation at the right moment can change the course of a career or the way that an office can deliver new services or products. Planning and being ready for the unexpected or unknown can co-exist, and that recognition could open the door to tremendous opportunities that affect not just today but tomorrow as well.

Let's keep the conversation going online. Join us at our website womeninoptometry.com, on Facebook at [womagazine](https://facebook.com/womagazine) or on Twitter or Instagram at [womenods](https://twitter.com/womenods).

Marjolijn Bijlefeld

THE Editorial Pages



Marjolijn Bijlefeld



Women In Optometry has launched its podcast series, *WO Voices*. You can find us on our website and on iTunes, Spotify, Stitcher and Google Play. Just search *WO Voices*. If you'd like to be part of our podcast series, email wovoicesonline@gmail.com.

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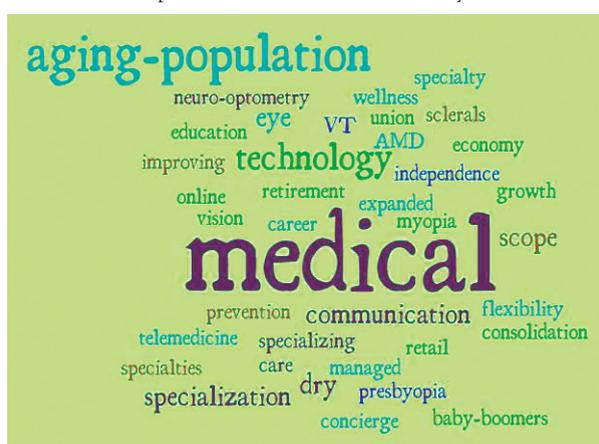
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Where You Might See a THREAT Others Might See an OPPORTUNITY

By Katie Gilbert-Spear, OD, MPH, *WO* Professional Editor and Member, Advisory Panel

In a recent *Women In Optometry* Pop-up Poll, ODs responded with a single-word response to indicate the biggest threat and the biggest opportunity they saw in optometry. We put the responses into word clouds—and you can see them here and on page 9. What I find so interesting is that some words appear on both lists.

In a way, it's the old glass-half-empty or glass-half-full question. One person's threat can be another's opportunity. One way to look at this is to determine where the disrupters are (the threats) and how you can fill a void in their market



Biggest opportunities identified by *Women In Optometry* Pop-up Poll respondents

office was somehow less technologically advanced than an online app or site, we began scripting explanations that all the technicians used to help explain what our technology does and why it's important. If patients are looking for high-tech solutions, we've got them. We just weren't sharing the information well enough if they didn't know it. That's an example of being better at what the market disrupter is doing.

The other way to make an opportunity out of a threat is to move into a space where the competitors are not. When I first graduated optometry school, I was very interested in vision rehabilitation. No other eye care provider in the two surrounding counties was offering those services. My part-time occupational therapist and I went to every rehab facility to explain what we could do. As we became busier, that portion of the practice grew, and we began to get referrals for stroke patients, brain injury patients and kids with binocular vision issues. What I thought would be a small niche grew to be a substantial part of the practice.

Here's the key. We didn't value our vision rehabilitation practice solely by the professional fees for these services. Of course, we didn't want to lose money on the endeavor, but bottom-line value to the practice came because our quality of care extended to our other services. Adult children who brought their elderly parents in for vision rehabilitation services after a stroke would ask us, "Oh, you do eye exams, too?" Parents who brought in their children for binocular vision services would ask the same thing. We proved our worth to these family members because we did everything that the offices in town did—and more.

It's not always easy to identify an opportunity where others see threats. But when you can, chances are that your practice will blossom in new and unexpected ways. | [WO](#) |



Dr. Gilbert-Spear

strategy or move in a different direction from that. In other words, either be better at the game or play where they are not.

Here are some examples. On-line vision apps are popular in part because they're technologically cool. For the patient who has come into his or her eye doctor's office every single year and gone through the same "which is better" kind of exam, an online test seems convenient and new. As ODs, we know the shortcomings of that approach—but our patients don't. That's the problem. To counter the perception that our

“If patients are looking for high-tech solutions, we've got them.”

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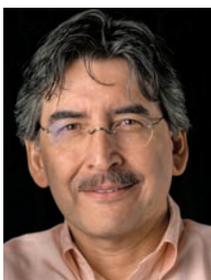


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BE PREPARED

Identifying the areas of opportunity and concern will help doctors create a stronger future

Women In Optometry (WO) recently conducted a Pop-up Poll asking respondents to cite in one word the biggest opportunity and the biggest threat facing optometry. Those results are represented in the word clouds here and on page 7. Several WO advisory panel members also weighed in.



Dr. Gutierrez

Mario Gutierrez, OD, FFAO, of San Antonio, Texas, reflects the consensus. “The greatest opportunity facing optometry is growing the medical aspects of a practice, which necessitates efforts to participate and work—or even sacrifice—to help expand the scope of practice of optometry,” he says. “As America ages, there will be a

growing demand for our services. Now is

a great time to enhance our clinical skills, our billing/coding skills and our medical optometry education skills to primary care providers, nurse practitioners, physician assistants, accountable care organizations and, especially, to our patients.”

Mary Anne Murphy, OD, of Broomfield, Colorado, agrees, noting that the “coordination of care, in which optometrists are working at the core of the doctor-patient relationship, and specialty services, including dry eye and specialty contact lenses, are prime growth areas.”



Dr. Murphy

Furthermore, Dr. Murphy takes a step back to look at how optometry is positioned in the health care arena. “The greatest opportunity in optometry is workstyle flexibility. I have so many options when it comes to practice modalities,” she says. She owns a Vision Source® member practice where nearly all doctors and employees work less than full time, allowing them a chance to be ambassadors for the practice through their other community involvements.

Pressure and concerns come from a variety of directions. **Melissa Barnett, OD, FFAO, FSLS, FBCLA**, of Sacramento, California, says that online contact lens sales from sources other than the provider or reputable source are problematic for patients and providers. “Patients may not be receiving the actual contact lens prescribed,” she says. If the material

distributed by an online source is inferior to that prescribed by the provider, “patients may experience dry, irritated and tired eyes with these materials and may want to discontinue or drop out of contact lenses.”

Not only does that translate into fewer visits or a lost patient, potentially, for the provider, the risk to the patients is real. In her 2008 study in *Ophthalmology*, head of the School of Optometry and Vision Science at UNSW Sydney, **Fiona Stapleton, PhD**, reported a four-times increased risk of microbial keratitis for patients who



Dr. Barnett

purchased their contact lenses online, Dr. Barnett says. In addition, according to the *Journal of Forensic Sciences*, contamination occurred in 60 percent of suspected counterfeit contact lenses and 27 percent of authentic, noncorrective decorative lenses. Organisms discovered included *Pseudomonas aeruginosa* and *Bacillus cerus*. In contrast, 3 percent of authentic, prescribed contact lenses showed contamination. “Contact lenses are FDA-approved medical

devices. It is of utmost importance that they are purchased with a valid prescription,” says Dr. Barnett.

Dr. Murphy says that the most significant threats are unregulated technology, lack of a unified representing body for the profession and the lack of top-tier applicants for optometry schools that drive the future of our profession.

That’s a concern that is echoed by Dr. Gutierrez, who notes that in addition to drawing top students, we “all—schools, organized optometry, individual ODs and students—need to contemplate and be creative to help reduce the financial stress on our graduates. At the same time, we need to figure out how to attract and absorb the best new graduates into private practice. If we do not address these concerns, then private practice optometry will suffer in the future. If this happens, then, ultimately, the profession will suffer.” | WO |



Biggest threats identified by Women In Optometry Pop-up Poll respondents



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Dr. McCarthy was disappointed she couldn't expand the practice she purchased. But in June, she reopened, just a block away.

Mirjana McCarthy, OD, FAAO, says it took nearly a decade of gaining experience in the profession before she even considered taking on a role as a practice owner. "I always thought it was interesting and appealing to work for yourself for the flexibility and ability to make your own decisions for your patients and practice, but it kind of scared me as a new graduate," Dr. McCarthy says.

She had been working for the past three years as the only OD in an MD multispecialty group, coordinating with the oncology and neurology departments to provide eye care and disease management. She previously completed a six-month rotation at the Bascom Palmer Institute, a one-year residency at Illinois College of Optometry in primary care and ocular disease and five years at a laser eye surgery center. All of these experiences prepared her with a high level of confidence. So by early 2017, Dr. McCarthy "was getting an itch for what was next

when I saw a practice for sale."

Located in Clarendon Hills, Illinois, a village about 25 miles west of downtown Chicago, it was close to home in a convenient location, and the business has been in the community for 70 years. "I could branch out to do my own thing but keep the tradition of private practice going," Dr. McCarthy says. She submitted her interest—along with several other parties who wanted to buy the practice. The process was long and drawn out as a result, and Dr. McCarthy says that she's grateful to mentors she has met as a member of the Vision Source® network and her consultants with iCare Advisors for leading her through the process. "I am so thankful for the expertise and insight for the business side that I'm not as familiar with," she says. "They brought things to my attention—issues that I wouldn't have thought to look at, like zoning. I assumed because the building had vacancies that we could expand—but it wasn't that way."

Dr. McCarthy says that she was devastated to learn that she could not expand or renovate the space and keep the practice in its longtime home. "Part of the appeal was the history of that OD being there for so many years," she says. She was lucky to find new construction just a half a block away.

The practice name Moda Eye Care represents her without having her actual name

in it. "Moda means fashion in many European languages," Dr. McCarthy explains. "I'm 100 percent Serbian, so I wanted to keep part of who I am in the name." Her love of fashion influenced her selection of frames for the optical, and she's stocking it with many options including handmade lines and those from philanthropic companies that give back with each eyewear purchase.

Most of her instrumentation is new, and being a Vision Source member helped her make purchases at more affordable prices. "The top of my wish list was the Marco Ion Imaging System, which will upload to my electronic health records," she says. "It's super modern and sleek." Her new topographer will allow for better management of ocular disease and easier fits for medically necessary and scleral contact lenses.

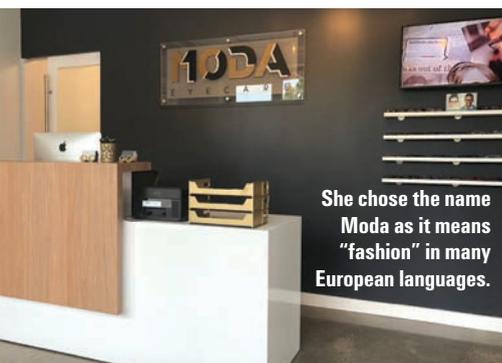
The new office opened in June, and Dr. McCarthy looks forward to seeing returning and new patients in her new space. She's trilingual, which has been beneficial in drawing in new patients and providing more comfortable exam experiences to the area's large Serbian population. That's just one more way she's putting her own twist on a business with so much history in town. | [W](#) |



Dr. McCarthy



Attention-grabbing signage



She chose the name Moda as it means "fashion" in many European languages.

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Dr. Vuong explains orthokeratology in several patient videos posted on her website.

“I tell patients that I’m very careful with the products that my family uses, and when I have the chance to use natural ingredients, I’ll do that.”

Connie Vuong, OD, of Garden Grove, California, is a label-reader. Her own children and her husband all suffer from allergies and eczema, so she’s careful to look at the products she buys in case they trigger reactions in her family. When she came upon a Natural Ophthalmics booth at a professional meeting, she stopped and asked the company’s president **Brian Banks** a lot of questions. “I’m very much into the research, so I wanted to hear more about homeopathy and natural ingredients,” she says.

She was convinced enough to try the products, and eventually she began replacing the other products she had on her shelves with Natural Ophthalmics products instead. She has several groups of patients, all with distinct interests or needs, who are very happy to purchase their natural eye drops at her practice.

Dr. Vuong, a graduate of Pacific University College of Optometry, has a busy orthokeratology practice; many parents are willing to invest in the option to try to control their children’s myopia. Dr. Vuong appreciates that Natural Ophthalmics has products that can help make lens removal and the wearing process more comfortable for some patients. That can lead to greater compliance and better results.

She has grown the ortho-k practice over the years. “We use either the Ortho-K Drops or the Tear Stimulation Drops. These cushion the surface of the eye so that it feels moist and smooth,”

she says. “Then we have the patient put on the lens—and because of the drops, we don’t hear many complaints about the comfort.” When patients choose to pursue ortho-k as their treatment, Dr. Vuong puts a bottle of the Ortho-K Thin Drops into the packaging as a gift. “I want them to start using it as soon as they get home, and then they have developed that pattern. If they wake up and their eyes feel dry, they’ll get used to putting in a drop. And they get in the habit of using a drop before inserting the lenses at night,” she says. When that first bottle is used up, these patients return to buy more.

Another group of users is women who suffer from dry eyes. They like the preventive nature of using the Tear Stimulation Forté Drops or the Women’s Tear Stimulation formula, and they like knowing that the products are natural. Unlike lubricant artificial replacement tears, Natural Ophthalmics drops work therapeutically to stimulate the eyes to moisturize with their own mechanisms. The Allergy Desensitization Drops are also popular—with her own family as well as her patients. “We don’t have our symptoms of ocular allergies anymore,” she says.

In fact, her own family’s experience has been part of her presentation to patients. “I tell patients that I’m very careful with the products that my family uses,

and when I have the chance to use natural ingredients, I’ll do that. ‘It’s your choice, and I can write you a prescription, too, but for my family, this is what I use.’”

Dr. Vuong has learned that she needs to keep fairly high quantities of Natural Ophthalmics products on hand. Periodically, members of the community who are returning to Vietnam or else-

where to visit family come and buy six to 12 bottles of Natural Ophthalmics formulas to take with them. “I’ve learned to keep a few bottles hidden so that we still have a small supply for a patient who wants one or two bottles before the next shipment

arrives,” she says.

She finds that once patients have a chance to see for themselves how effective these products are, they’ll choose to stay with these natural eye drops. For many patients, it’s a great place to start their treatment regimen. If they need additional intervention, Dr. Vuong can help them; but when the drops resolve the issue and increase their comfort, they become very loyal users. | [WO](#) |



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“Simply put, raising awareness about the cause of vision is what we do. We are very passionate about healthy eyes and great vision.” That’s how Ann Gallagher, OD, describes the work she and her colleagues do at Professional Vision in Ellicott City, Maryland. And while Dr. Gallagher prides herself on providing exceptional eye care to her patients, giving back to her community is also something that is near to her heart.

“Our office recently participated in the Foundation Fighting Blindness 11th Annual Baltimore Vision Walk. This is the first time our practice has been involved in an event like this and worked together to raise money for a worthy cause. Even though it was a rainy Sunday, everyone who was there really enjoyed it,” Dr. Gallagher says. As a fundraiser for the walk, Professional Vision held an in-office raffle and sold tickets for prizes. The practice matched the amount raised through the raffle for a total of \$1,200 and made a large donation to the Foundation Fighting Blindness and also to Essilor Vision Foundation.

She says that her staff embraces the opportunity to help others. “Giving back and taking care of people who need an exam or a pair of eyeglasses reminds us why we do what we do, which is to help people see and live a better life. When the staff doesn’t have to worry about insurance coverage and copays and can just focus on helping people—this is what we love to do.”

Patients are also an important part of the equation. “Our patients love that we do this and often help support our efforts, whether it’s through a fundraiser like we did for the walk or collections for people in need in our community. Our patients help us with anything we do to give back,” she says.

ADVOCATING FOR CHILDREN’S VISION

Dr. Gallagher also is passionate about children’s vision. “Healthy eyes and good vision are essential for a child’s growth and development. In fact, learning is 80 percent visual, which means a child’s success in school, athletics and many other

aspects of life can be impacted by poor vision.” That’s one reason why Professional Vision participates in Essilor Vision Foundation’s See Kids Soar™ in-office cause campaign that is designed to help eye care professionals talk to their patients about vision care. The

campaign is intended to inspire parents, patients and optometrists’ staff to adopt the cause of vision and give them an opportunity to raise awareness

“Our patients love that we do this and often help support our efforts.”

that millions of children in this country need vision care. Professional Vision also has donated frames to Essilor Vision Foundation to help more kids get glasses.

“Every child of school age should have comprehensive eye and vision exams on a regular, yearly basis to assess their eye and vision health and ensure that any issues are addressed as soon as possible,” she continues. However, nearly 25 percent of parents can’t afford a comprehensive eye exam for their children¹, and Dr. Gallagher is doing her part to bridge the gap. “I also volunteer at community health fairs and work with school nurses to improve school screenings” to help more children have access to good vision, she says.

GIVING BACK AND GETTING BACK

Dr. Gallagher says giving back helps ground her. “I am able to remember why I like to do what I do. I can step

away from the distractions of the administrative side of the job and just take care of patients and help them have healthy eyes.” She encourages other eye care professionals to help make the difference in their communities as well. Not only can it be a great team-building activity and practice-builder, but “you will get more out of these activities than you expect and definitely more than you put into them.” | [WO](#) |

¹The National Health Commission on Vision & Health.



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Dr. Lakkis

“It’s vital... to preserve the eye doctor-patient relationship.”

When Carol Lakkis, BScOptom, PhD, testified before a Federal Trade Commission committee in March 2018, the forum allowed her to share her own experience as an optometrist and an ocular microbiologist with more than 20 years of experience in researching contact lens-related infection and inflammation, disinfection and discomfort and the therapeutic management of ocular disease. Dr. Lakkis is the head of applied clinical sciences within the contact lens research and development group at Johnson & Johnson Vision, where she leads exploratory research to support new product development.

She told the committee that “it’s vital that our vision care regulatory framework continues to preserve the eye doctor-patient relationship to achieve two important goals: first and foremost, to minimize health-related risks and complications associated with contact lens wear; and secondly, to bring new and innovative contact lens technologies for physicians and patients.”

PRESERVING THE EYE DOCTOR-PATIENT RELATIONSHIP

As new contact lens designs and materials have been introduced in the market, optometrists have opportunities to fit a greater number of patients and play a critical role in selecting the most appropriate contact lenses to meet each patient’s unique and evolving needs. The impressive successes in contact lens development and safety make it easier to assume that fitting or refitting contact lenses is “simple” because so many people achieve excellent vision. While patients’ eyes may seem to be healthy enough to wear their lenses, it is important that they consistently go to the eye doctor for a comprehensive eye exam. She says, “In clinical practice, I would regularly explain to my patients that finding the appropriate lenses for their eyes doesn’t just promote their overall comfort and enhance their lens-wearing experience, but, more importantly, it can minimize the negative impact on their eye health not just over the next year but for the next 50 years.”

It is important to avoid potential contact lens-related complications, such as inflammation and infection. Inflammation, which is more common than infection, may not sound serious, but without treatment, she told the committee, it can escalate to something more serious or cause permanent eye

damage. Plus, she noted that comprehensive eye exams can uncover other potential systemic health issues.

CONTACT LENS SAFETY

In addition to access, it’s important that the regulatory checks are in place to help reduce the risk of adverse effects of contact lenses. “When looking at adverse events globally, the research suggests there are higher risks in markets where patients don’t need prescriptions for contact lenses or in those markets that don’t require a comprehensive exam with an eye care professional,” she says. “For example, in many Asian countries, patients don’t need prescriptions for contact lenses, and, as a result, higher infection rates are reported.^{1,2} Indeed, in unregulated markets such as Taiwan,³ contact lenses can be the leading cause of corneal infections, which is not always the case in studies from regulated markets like the U.S. and Australia, where ocular surface trauma and disease are common causes of infection,” she says.

That reinforces the need to balance the sources of supply of contact lenses with guidance and supervision from an eye doctor, she says. “At Johnson & Johnson Vision, we take our role as a leader in eye health seriously. It provides us with a platform to advocate for better standards of care for all patients. As part of this commitment, we support the eye doctor-patient relationship and continued patient access to innovative lenses, which best address their evolving eye health needs.”

Read more at jnvisioncareinfo.com/2018-ftc-contact-lens-rule-review. [WO](#)

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²Young G, Young AGH, Lakkis C. Review of Complications Associated With Contact Lenses From Unregulated Sources of Supply. *Eye and Contact Lens*. 2014; 40: 58–64.

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Peter Menziuso, president, North America, Johnson & Johnson Vision, and Dr. Lakkis, testified at the Federal Trade Commission in March 2018.

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W009180A

New Opportunities in a FAMILIAR SETTING

Doctor and company both experience expanding professional horizons



Dr. Paul-Blanc

Deanna Paul-Blanc, OD, accepted her first role within National Vision, Inc.'s Doctor of Optometry network at an America's Best Contacts & Eyeglasses location because the initial job she took after graduation from Indiana University School of Optometry was not the right fit. "I needed something immediately," she says, and National Vision offered her a position opening a new America's Best store in Peoria, Illinois, in 2009. "I loved it. I loved the company's culture, and I was able to focus on patient care," she says. "It was so much more than a paycheck."

In 2011, she moved to Cleveland, Ohio, and was able to continue her practice in the



Dr. Paul-Blanc (bottom row, second from right) received recognition at the company's 2017 CE meeting for being an Optometrist of the Year.

National Vision network as she joined Buckeye State Optometry Associates, PC, an independent optometric practice with multiple offices within America's Best stores in Ohio. Two years later, she became the Area Doctor for the practice and began mentoring and onboarding new ODs. After four years in Ohio, Dr. Paul-Blanc and her husband decided they were ready for something different in their lives. She wanted a climate that would allow her to be outside more reliably year-round with their children.

Soon, Dr. Paul-Blanc learned that America's Best was expanding to Tennessee. When she was contacted by a recruiter for the physician

practice opening offices within those America's Best locations, Nashville Regional Eye Care, PC, about the need for an Area Doctor to help new ODs acclimate to the setting, she jumped at the opportunity.

In the nearly two years since America's Best and Nashville Regional Eye Care have come into the state, the growth has been phenomenal, she says. There are now 16 offices in Tennessee, and she continues as Area Doctor for the middle and eastern part of the state.

"We've gone from brand new to very successful in a short period of time. I'm so proud of the doctors here who embrace the culture. We all believe that everyone deserves to see their best to live their best," she says.

Moving into a brand new territory can be unsettling. "Any time that you begin a new venture, you hope it's going to take off. In Tennessee, the great need for affordable eye care and eyewear is obvious. We've seen patients return for their second annual exams who are so happy with their care and their eyeglasses," she says.

For many of these patients, the visit to one of the America's Best locations is the first visit ever to an eye care provider. "Eyeglasses and eye care aren't a luxury; they're a necessity. I'm grateful that we are here to make that feasible for people," she says.

In addition to market growth, the National Vision network has also been experiencing other signs of growth. For example, in addition to other state-of-the-art equipment, all Nashville Regional Eye Care offices have retinal imaging instrumentation, and—somewhat to Dr. Paul-Blanc's surprise—patients are willing to pay for it. She works primarily in the Murfreesboro, Tennessee, location, and "even

though many patients come here because of the low price, they see the value in having these images and tests done. They're impressed by the technology available," she says. Those images expand the educational element of the exam.

She also appreciates that her practice allows her to choose whether to offer an image as an essential part of an exam for a patient who cannot or will not pay for one. "If I suspect that a patient is developing diabetic retinopathy, those images can be so important. Not only can I use those to establish the referral to another provider, but I can show the patient what I'm seeing and emphasize the importance of taking control of the disease," she says.

The practice also expanded the number of insurances it accepts. It recently signed on with Davis Vision, "and on the first day, we had three times as many patients."

If the managed vision care allowance is bringing patients in, that opens the door to getting them additional medical help, if necessary. Making sure that patients connect with the right provider for their needs is Dr. Paul-Blanc's goal, and she's proud that her practice and the America's Best locations in Tennessee are helping her achieve that. | **WO** |

“The great need for affordable eye care and eyewear is obvious.”

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Multiple Factors Play a Role in DRY EYE DISEASE

Now, one solution might help many sufferers

Jennifer Lyerly, OD, of Triangle Vision in Cary, North Carolina, says that trying to identify dry eye as either being aqueous deficient or evaporative is an “antiquated” identification system. “So often, it’s both,” she says. The DEWS II report would support that, noting, “The management of dry eye disease, whether evaporative, aqueous-deficient or mixed, is focused on restoring tear film homeostasis.”¹

Dr. Lyerly recently appeared in an ODWire webinar talking about SYSTANE® COMPLETE and its impact on dry eye treatments. The first thing that practitioners need to keep in mind is that the “classic dry eye patient—the middle-aged woman”—is not the only profile doctors should keep in mind. “Other factors are extremely prevalent in our society. Medications can cause dry eye—everything from mast cell stabilizers to antidepressants,” she says. “Here in North Carolina, allergy season is a year-round issue, and I have many patients who are on a year-round cocktail of Allegra and Benedryl, which is not so great if they already have dry eyes.”

She adds that ocular surgeries can exacerbate pre-existing dry eye, as can this major factor, particularly among millennials and younger patients: digital device usage and the resulting reduced blink rate.² While the conventional wisdom used to be that doctors could identify whether the patient’s dry eye was primarily due to evaporative or aqueous-deficient causes, Dr. Lyerly says that just doesn’t make sense anymore. “The majority of patients I’m seeing have both. And when we recommend solutions, we need to think about both issues.”

She’s pleased that SYSTANE® COMPLETE from Alcon combines the best of SYSTANE® BALANCE and SYSTANE® ULTRA with a nano-molecular structure that allows the active demulcent to spread very quickly over the surface of the eye.³ “The HP-Guar is the difference.⁴ It’s an amazing component: a polymer that helps deliver the active ingredient [lubricant] and becomes a gel upon instillation in the eye,”⁵ she says.

That’s one of the key factors in Dr. Lyerly’s success with the drops so far. “I want to recommend products that work,” she says. If the patient has blurry or fluctuating vision after instilling drops, the



patient isn’t going to want to use that. “SYSTANE COMPLETE is one simple step for both the patient and the doctor—no matter what major type of dry eye the patient has.”^{1,3,5-7}

HOLD THAT REFRACTION

Dr. Lyerly says that she has had patients for whom she simply can’t get reliable refraction results. “If I’m getting nowhere, I might take a step back,” she says. If patients’ fluctuating vision is a factor of dry eye, then trying again to fine-tune the refraction isn’t going to have any better results. “That’s a great time to let them see that dry eye is a factor in their vision.” Having SYSTANE® COMPLETE in the office allows her to instill a drop to provide the patient with some fast symptom relief.⁸ “The issue is your dry eye,” she tells them.

To ensure that they’re using the drops she recommends, she often tells them to take out their cell phones and snap a photo of the bottle she’s holding. “I provide coupons, too, but when the patient has a photo of the product, taken in my office, that’s a good reminder of what I recommend.” | [WO](#) |

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Dr. Lyerly

“When we recommend solutions, we need to think about both [evaporative or aqueous-deficient causes].”

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The Reichert Phoroptor® VRx Digital Refraction System



Dr. Lam says that bringing the Reichert Phoroptor® VRx Digital Refraction System into her practice has brought her physical comfort and practice efficiencies.

“I was starting to feel fatigued in my shoulders and arms [from doing manual refractions].”

For 15 years, Taylor Lam, OD, had been using a manual phoropter at Garvey Optometry in El Monte, California. However, the repetitive motion began to take its toll. “I was starting to feel fatigued in my

shoulders and arms, to the point where I couldn’t even lift up my arms to do a refraction anymore,” she says. So when she attended Vision Expo in 2017, she stopped by to look at all the options for an automated phoropter system. She settled on the Reichert Phoroptor® VRx Digital Refraction System for several reasons.

EASIEST FOR RETINOSCOPY

The number one priority for any system was that it allow her to do retinoscopy. “The panel is bright, and the buttons are big. If I’m working in a darkened room, I would want a system where it’s easy to feel and find what I needed,” she says. She was so adamant about the instrument’s ability to do a reliable retinoscopy that she asked the doctor at the booth to perform one on her. “I was very impressed,” she says.

Dr. Lam ordered the Reichert Phoroptor, and it was installed in February. Despite her engagement with it in the exhibit hall, she was a little reluctant to switch over to a new system initially. She kept

putting off learning how to use the system. But then her hand was forced—literally. Dr. Lam suffered a fractured elbow and she could barely raise the arm that had a cast on it. “So I started to work on the Reichert system with just one hand, and I began to realize that it really was easier and faster.”

Now, she cannot imagine working without it. The Reichert Phoroptor VRx is in one of the two exam lanes—and that’s the exam lane Dr. Lam now prefers. “I hardly ever go back to the manual system,” she says. It has brought her efficiency and practice management advances, and it’s brought her patients a higher regard for her practice.

FAST AND SMOOTH

Exams move more quickly for two reasons. First, the Reichert Phoroptor arrives at the prescription efficiently. But just as importantly, patients no longer ask her to slow down. The transition of powers is so fast and smooth that patients routinely say, “Oh, this is much clearer.” Patients like this better,” she says. It’s less stressful for them, and they appreciate the technology. “I even tell them, ‘Welcome to my new exam room where I have all this wonderful new instrumentation.’ And they say, ‘That’s the reason we like to come to you.’”

IMPROVED REVENUE FROM SALES

With the toggle switch that allows her to show patients their current correction and the one she

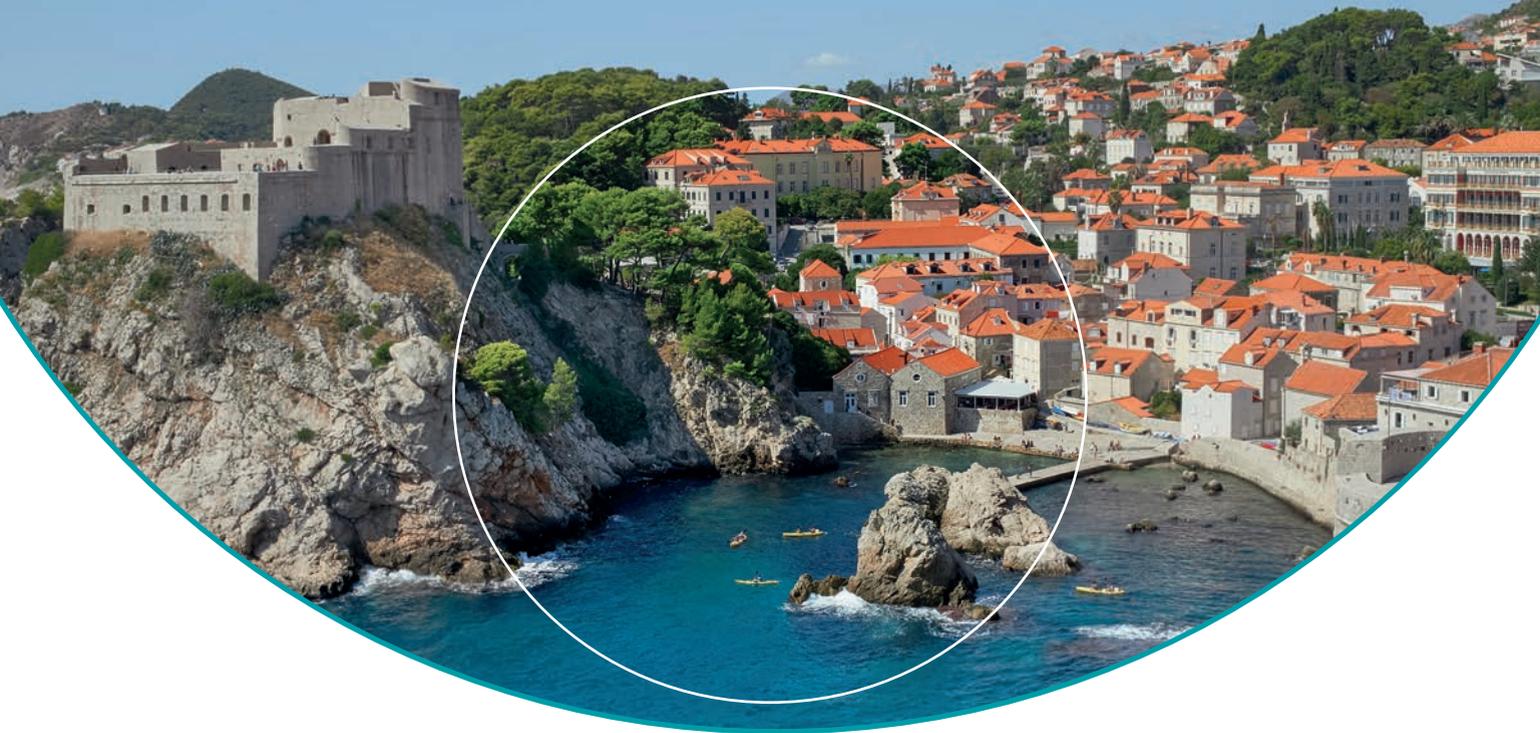
derived that day, patients can make an immediate decision and often choose the crisp, new correction. “They see the value of getting new eyewear,” she says. Because the refraction moves more quickly, it leaves Dr. Lam with more time to talk about other products and services, or it leaves the patient more time to spend in the optical dispensary selecting eyewear. Most importantly, Dr. Lam says that she has time to educate patients about their eye conditions and the products that would be beneficial to them.

The support from Reichert is “phenomenal; starting with my rep and her manager all the way to management and technical support. Everyone in the company is so responsive,” she says. Service technicians use Facetime to walk her through steps for troubleshooting, a system that she finds effective and highly efficient.

To top it all off, she’s comfortable again. She can complete most of the exam seated, using the buttons and toggles rather than standing or stretching to adjust a manual phoropter. She’s glad now that she listened to the aches and pains—because the Phoroptor VRx cured more than that. | WO |

WOnline

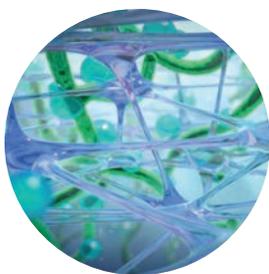
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NEW INFORMATION

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1. JJVC data on file 2017. Compared to ACUVUE OASYS® Brand Contact Lenses with HYDRACLEAR® PLUS Technology. Three visit, non-dispensing study conducted in the US, n=35, visual acuity and contrast sensitivity results of current contact lens wearers testing ACUVUE OASYS® 1-Day Brand with HydraLuxe™ Technology (with high optical precision) compared to ACUVUE OASYS® Brand Contact Lenses with HYDRACLEAR® PLUS Technology 2-Weekly reusable contact lenses.

2. JJVC data on file 2015. LACREON®, HYDRACLEAR® Plus, HYDRACLEAR® 1, and HydraLuxe™ Tear Film Technologies. Revision 2.0

3. JJVC data on file 2017. Optical Precision of ACUVUE OASYS® Brand 1-Day Contact Lenses with HydraLuxe™ Technology.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available by visiting jvisionpro.com, or by calling Johnson & Johnson Vision Care, Inc. at 1-800-843-2020.

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OA-00082GL-F

Bringing Affordable, Quality Eye Care Services to **THOSE WHO NEED IT**



Dr. Brewer was part of a VOSH mission to Honduras in August.

Allison Brewer, OD, just wasn't finding the right fit after her 2016 graduation from Northeastern State University, Oklahoma College of Optometry. She did a trial run at a medical/ophthalmology practice and a vision therapy-based practice. "At that time, Walmart was not even on my radar," she recalls. Frustrated, she reached out to a practice management professor who connected her with a former resident who had become a Walmart recruiter. "That's how I ended up in Monett, in southern Missouri," she says.

As an associate OD, she says she has advantages without the start-up costs that are associated with opening an independent practice or even taking on a lease. "Being an associate has given me the opportunity to feel like a small business owner without the hassles. I get to enjoy the reasons why I wanted to go into optometry—the patient care—without the stress of actually running an entire business."

She also feels that she gained much more autonomy than she would as an employee elsewhere. "I am able to schedule patients for what I feel are adequate appointment slots for each one. And I get to establish what will be the standard of care for each of my patients," she says.

Plus, she enjoys being part of the team with the optical staff. "If patients leave unhappy with either the professional services or the optical experience, it will reflect

on the other," she says. "I enjoy helping associates learn and grow. We talk about the company's goals, which are in line with mine. I want patients to have second pairs of eyewear and antireflective lenses, too," she says.

HIGH LEVEL OF NEED

Dr. Brewer says that her biggest surprise has been the number of medical cases she sees. "We're in a rural area with a population of about 10,000 people. The closest MDs are about an hour away, so I'm proud that I've been able to bring quality medical eye care at an affordable price to rural Missouri," she says. "We're helping patients who need it."

At least once a day, she is faced with a situation requiring a medical diagnosis, she estimates. "I am routinely the first health care provider who suspects that a patient has diabetes or hypertension. There are not a lot of family physicians here, so if my patients haven't been getting annual medical care, we'll advise them to seek special medical care."

She's grateful for the network of Walmart ODs. Since she is still a new graduate, there are experiences she hasn't had yet. "I have had to learn how to share bad news about a diagnosis. I was still learning how to manage doctor/patient communications, so it was very helpful to have other Walmart associate doctors nearby to consult with," she says.

PLENTY OF MOTIVATION

To Dr. Brewer, being a Walmart associate is far more than simply showing up to see patients. Walmart offers a bonus structure beyond the salary, so there is incentive to work on building a practice. But the real motivation comes from seeing the impact she can have on the community's health. "It would be hard not to be excited about growing a practice here. I can see how much I'm changing the lives of my patients," she says.

For example, she recently saw a male patient in his early 40s. He hadn't received any medical care in years, but he felt he needed reading glasses. She ran a visual field test and quickly realized that he was missing large areas of vision. She began to suspect that he had multiple sclerosis and arranged for a clinic appointment, where that diagnosis was confirmed. "If patients hadn't come here because they noticed some fluctuation in their vision, their conditions might have gone undetected longer."

I ♥ SATURDAYS

It's one reason that Dr. Brewer enjoys working Saturdays. "I feel that Saturdays are the days that I can help patients the most. The patients who come in then are the ones who cannot afford to take any time from work, so they're so grateful that we're open," she says. | [WOnline](#) |



Dr. Brewer

“It would be hard not to be excited about growing a practice here.”



Dr. Brewer with a youngster she met during the Honduras mission.

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See more stories on Community ODs under Growth Strategies on [womeninoptometry.com](#).

The

DEBT EFFECT

For some ODs, the weight of the student debt load shapes their personal and career choices

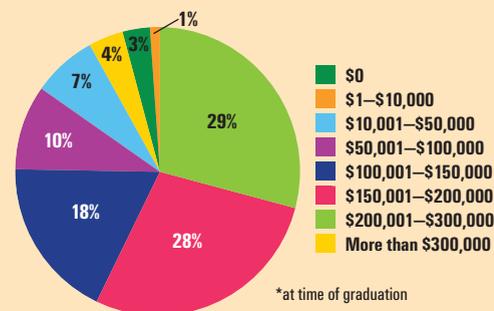
Most optometrists end up borrowing some money for optometry school. At an average of \$30,000 to \$40,000 per year for tuition, fees and other expenses, it's no surprise that 96 percent of respondents to a *Women In Optometry* Pop-up Poll said that they had or expect to have student loan debt. However, the amount of debt that students and young ODs have taken on has climbed.

The poll showed that among respondents who graduated in 1985 or earlier, nearly 70 percent said they had accumulated student loan debt of \$50,000 or less. However, among the 2018 graduates and those still in school, about 70 percent said that they have debt of \$150,000 or more.

HIGH DEBT-TO-INCOME RATIO

In April 2018, the finance company Credible found that among graduate school degree-holders, optometrists have the highest debt-to-income ratio. On average, optometrists are paying 14.9 percent of their monthly income toward student loans. That's based on an average \$1,369 monthly

Approximately, what is/was your educational debt?*



Source: *Women In Optometry* Pop-up Polls, 2018.

loan payment and an average \$110,000 annual income. Note, however, that in the annual *ECP Compensation Report* produced by Jobson Optical Research and Local Eye Site, the average compensation for employed women ODs has not reached \$110,000 in the eight years that the report has been tracking this data.

According to Credible, veterinarians, physician assistants, dentists and pharmacists rounded out the top five highest debt ratio careers, while computer scientists and MBAs had the lowest. Credible analyzed federal and private student loan debt levels and salaries across 16 graduate school programs.

Indeed, the amount of debt carried by some medical professionals gained new attention in August when New York University made a surprise announcement that it was offering free tuition to new, current and future medical students. What kind of advantages will that create for those medical graduates who don't need to pay or borrow more than \$55,000 a year in tuition?

“Seventy percent of 2018 grads have student debt of at least \$150K.”

Join the Conversation Online

Women In Optometry encourages readers to share their stories and ideas in an online discussion at womeninoptometry.com, via Facebook @ [womagazine](https://www.facebook.com/womagazine) or Twitter or Instagram @ [womenods](https://www.instagram.com/womenods).

DEBT BY GRADUATING PERIOD

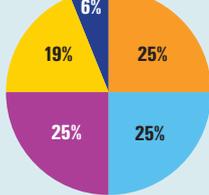


* Reported amounts of student loan debt upon graduation.

Percentages may not add up to 100% due to rounding.

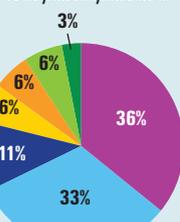
1985 or earlier*

3% of poll respondents



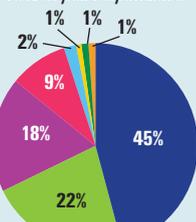
1986 to 1997*

7% of poll respondents



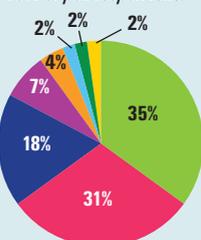
1998-2007*

15% of poll respondents



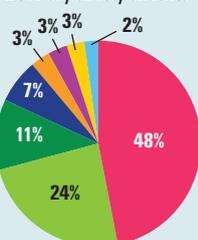
2008-2012*

19% of poll respondents



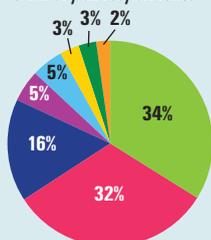
2013-2017*

23% of poll respondents



2018 or still in school*

34% of poll respondents



RIPPLE EFFECT OF BURGEONING DEBT

The impact of the student debt load isn't felt just by students and new or recent grads; it affects doctors and organizations that would like to hire them and need to offer a competitive salary. While optometry has appeal for being a flexible career, that flexibility typically comes with reduced wages. Income-based repayment plans can temporarily delay some of the loan payments, but those also end up extending the life of the loan. For the 2018-19 school year, Direct Stafford loans carry a 6.6 percent interest rate, 2 percent higher than last year. That's higher than the average 30-year mortgage rate, making student loan repayments a financial priority for many.

REPAYMENT STRATEGIES

In another *WO* Pop-up Poll, 42 percent of respondents who are carrying student loan

debt said that they are paying off their monthly balances plus additional principal every month. Another 20 percent said they pay down on the principal in addition to the monthly balance when they can. However, more than one-third of respondents (34 percent) said they are paying off monthly balances alone. Another five percent noted that they're seeking or currently in deferment or are using an income-based repayment plan.

Overall, about one-in-five ODs said that their debt load has no impact on the career choices they're making. However, more than half of the ODs who responded said that it has impacted career and personal decisions.

- Fifty-five percent of respondents said their debt load has delayed making larger personal purchases, such as a car or home.
- Thirty-seven percent said that their debt has affected where they have chosen to work.
- Thirty-one percent said that they've delayed or chosen not to open or buy into a practice because of their debt load.
- One recent grad noted that her student debt actually convinced her to go into practice for herself sooner.
- Smaller percentages of ODs said that they've delayed equipment purchases or other investments in their optometric practice or other business ventures, and several noted that they delayed making or maximizing contributions to retirement plans or other investments.

IS INCOME KEEPING UP?

One of the challenges facing ODs is the relative stasis in income. Data from the past eight years of the *ECP Compensation Study* shows that in addition to women ODs reporting lower earnings than their male counterparts, all ODs are seeing revenues increase only slightly. Note that in the 2018 *ECP Compensation Study*, the average compensation for employed male and females ODs was at an eight-year high. Yet among men and women who are owners or partners, the average compensation was down from the year before.

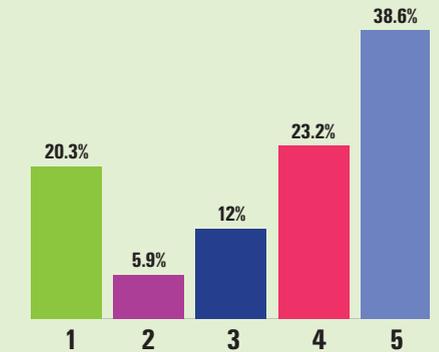
BIG CONCERN FOR MANY

While 17 percent of the nearly 600 respondents to the poll said that they have paid off their student loan, 74 percent are still carrying student loans; nearly 10 percent of respondents to the poll said the question wasn't applicable. Women ODs comprised about 73 percent of the respondents.

The amount of student loan debt is of significant concern to ODs, with nearly 62 percent rating their concern over their education debt at a 4 or 5 on a 5-point scale.

If the trend lines of escalating debt and modest revenue increases continue, the challenges for ODs and employers will become more acute. | [WO](#) |

On a scale of 1-5 with 1 being of very low concern and 5 being of very high concern, how big a factor is your student loan obligation to you now?



Source: Women In Optometry Pop-up Polls, 2018.

LOAN REPAYMENT PROGRAM GIVES A BIG BOOST



Dr. Johnson

Brandi Johnson, OD, graduated from University of Missouri–St. Louis College of Optometry with an accumulated student loan debt of about \$180,000 in 2007. “Most of that was from optometry school, but there was some undergraduate debt in there, too,” she says. It never worried her too much, though, in part because before her third year of optometry school, she was able to consolidate her loans to date at a very low 2.77 percent interest rate. The interest rate for the loans for her final two years jumped to about 6 percent.

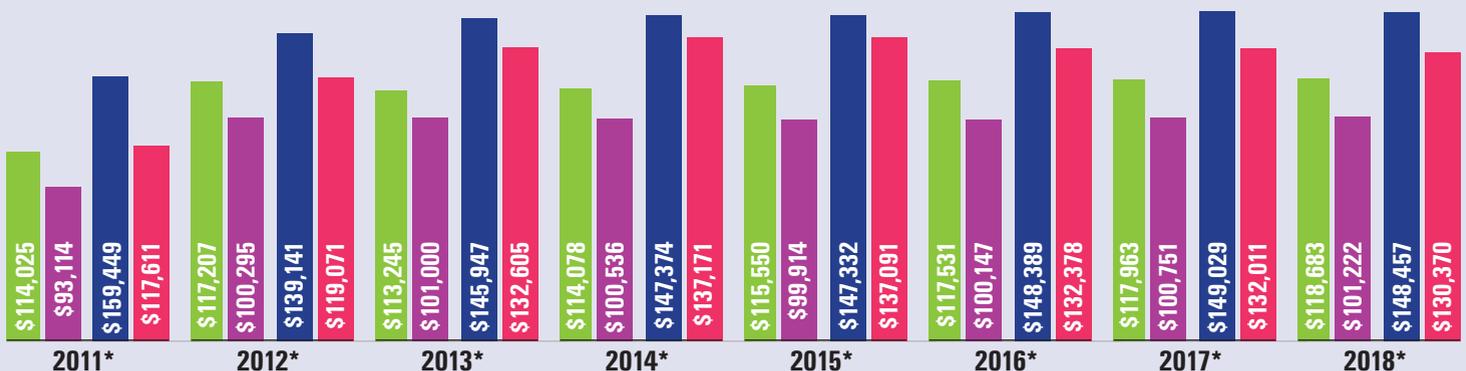
After doing a disease and refractive surgery residency with two ophthalmology practices in the Tulsa, Oklahoma, area, Dr. Johnson and her husband began paying the minimum amount due every month. She started looking for work and found an opportunity in a clinic for the Muskogee Creek Nation in Coweta, Oklahoma. She also applied for the Public Health Service’s loan repayment program; it took a year for that to be approved, but it cut her contribution to annual loan payments down dramatically.

Earlier this summer, 11 years after she graduated, Dr. Johnson paid off her loans. “I didn’t apply to work at a tribal clinic for the loan repayment program, but it was a nice bonus,” she says. Note that loan repayments are taxed as income, and payers are required to make up the difference between their annual payments and the program allowance.

Learn more about the Indian Health Service Loan Repayment Program here: ihs.gov/optometry/. | [WO](#) |

Continued on page 29

OD Average Compensation Over Time



* The year of the report reflects the prior year’s data.

Source: Annual *ECP Compensation Study* (2011-2018), produced by Jobson Optical Research in conjunction with Local Eye Site.



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Dr. Wildermuth

AN ACCELERATED PAYOFF PLAN *Doctor decides to ditch debt fast*

Sarah Wildermuth, OD, roared through her undergraduate studies in two years on a full tuition scholarship, studying engineering with some optometry classes on the side. She was accepted into optometry school at that point, and she tried to keep her student loan borrowing to a minimum. “I borrowed \$130,000 for all four years of optometry school, but I was scared to death when my loans hit \$100,000,” she says.

She graduated in 2015 and created a plan for paying off the debt in 10 years. “I didn’t start paying until the grace period ended, and then I paid my minimum. After the first year, I looked at the numbers and saw my loans were just a few thousand dollars less. It was so discouraging to see two-thirds of my payment going to interest each month, so I started to think that I should pay this back a little faster,” she recalls. She began by adding additional principal payments each month, but even that wasn’t making a big enough difference.

So last year she and her husband got serious. Despite two

years of loan payments, accumulating interest kept her loan total at about \$130,000. “So we took our \$30,000 in savings and paid the debt down to \$99,999 before refinancing it. Then we got aggressive in paying down bigger sums,” she says. First, she thought she might be able to pay it off in 2019; then she adjusted that to the end of 2018. When she realized in July how close she was, she paid it all. Her husband made it through his undergrad engineering degree with no student loans, which motivated her to pay her loans off faster, too.

She worked hard as much as possible, five days a week at Eyes on Main in Findlay and Ada, Ohio. “Maybe owning a practice one day will be a goal, but I’m learning so much where I am,” she says. “I have a better understanding of how private practice works. Plus, I’ve got a lot going on with two kids. Adding the stress of starting up a new practice out of school might have been too much,” she says.

Now that the loans have been paid off, the couple is ready to start saving toward the next goals. “We haven’t taken any big vacations or fun trips; that’s something I’d like to do more of. We want to build a dream house, but we held off on that because we don’t want to be house-rich and cash-poor,” she says. | [WO](#) |

TWO ODs, TWO LOANS *A three-year strategy*

Nicole Trabuc, OD, and her husband Kyle Wainwright, OD, are careful planners. They had to be; between the two of them, they carried \$231,000 in debt from optometry school after their 2012 graduation. “The government loan programs outline a 10-year repayment plan, but our goal was to do it in five—and we ended up doing it in three,” she says.

Each worked six days a week, every week. “At the end of the month, after everything else was paid, we put any additional principal payments on the loans with the highest interest rate, which was 6.8 percent,” she says. That student loan interest rate was higher than the interest on the mortgage for their house, so those repayments took priority.

The couple got married about two weeks before they entered University of Houston College of Optometry. They had their first baby in

2013 and a second in 2017. “We were still in our college lifestyle of spending as little as possible,” she says.

Dr. Trabuc is employed, first in two offices and now in one. Dr. Wainwright started Wainwright Optometry in Manhattan, Kansas. The couple is now building a second location, which is expected to open this fall. Dr. Trabuc plans on seeing patients in that office as well, once it’s open. “It’s a growing area,” she says. | [WO](#) |



Dr. Trabuc and Dr. Wainwright are now building a second practice.

FINANCIAL AID TOUCHPOINTS

Financial education comes early and often at many optometry schools. Southern College of Optometry (SCO) starts with a webinar on financial aid and debt management in the winter for the following year’s incoming students, says **Cindy Garner**, director of financial aid at SCO. She is also on hand during orientation to answer questions.

Students also receive “a debt analysis report each year, which shows them their debt so far and what their monthly payments would be.” At several college-wide events throughout the year, students are provided with updated reports and access to financial aid counselors. Third-year students meet with the financial aid office before choosing their extern sites so that they fully understand the financial implications of that choice. And graduating students attend a mandatory financial aid exit counseling during their three-day return to campus. “We speak about repayment options,” she says. “They are given an individual exit

Optometry School Average Tuition and Fees

Years	All optometry schools	Public optometry schools	Private optometry schools
1988-89	\$8,503	\$3,455	\$12,050
1993-94	\$10,385	\$5,325	\$14,156
1998-99	\$14,066	\$7,890	\$17,848
2003-04	\$17,439	\$11,537	\$20,955
2008-09	\$22,125	\$16,285	\$25,757
2017-18*		\$30,874	\$39,826

Source: (for 1988-2009) National Center for Education Statistics, 2010.

*(for 2017-2018): Association of Schools and College of Optometry data (in-state rates).

binder that includes a debt analysis report; expected monthly payment; loan servicer information and how to contact the loan servicer; a report with each loan, interest rate and servicer; and information about Income Driven Repayment, forbearance, consequences of default and Public Service Loan Forgiveness.” It takes Garner about a month to put all of this information together. | [WO](#) |

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New practice management streamlines staff education and management without disrupting daily routine



Dr. Dake Roche

Laura Dake Roche, OD, was serving as president of the Connecticut Association of Optometrists (CAO) when she found out that the optometric practice of OptiCare, the MD/OD 16-location practice where she had been practicing for nearly 30 years, was being sold to MyEyeDr. As a leader in the state, as well as “serving in a senior position at OptiCare, namely one of 20 doctors in our practice becoming one out of hundreds, I was a little bit worried,” she says.

MyEyeDr. leaders were responsive to Dr. Dake Roche’s concerns, and she says that they invited her to connect with **Andy Cook, OD**, of Garner, North Carolina. “It was neat to meet Andy, who has been very involved in the profession through Southern Council of Optometrists, where we both had previous leadership positions, and were now becoming a part of this larger group,” Dr. Dake Roche says. Dr. Cook alleviated her concerns and assured her that MyEyeDr. could support a very progressive medical practice and that it wouldn’t interrupt her day-to-day interactions with staff and patients.

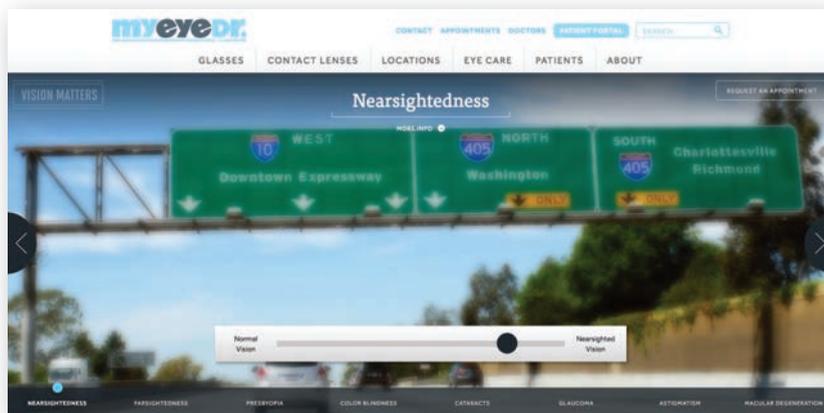
Dr. Dake Roche’s former MD partners are now colleagues, which she says is a bit of a different relationship, but it has felt like business as usual in her Naugatuck, Connecticut, local office. That’s been a relief for Dr. Dake Roche and also her patients, who had many questions about MyEyeDr. “It didn’t change our patient flow, and my office staff has stayed the same,” Dr. Dake Roche says. “It’s made my patients happy.” She also continues the same referral patterns with her colleagues.

The biggest changes that she’s seen have been in centralizing management and staff training. Dr. Dake Roche says that she appreciates the simplified education since she was involved in training for OptiCare’s multiple locations previously. Having a team dedicated to streamlining the process is a positive change across the board, and she can remain a valued part of the process in a less demanding role. She helps keep the team on track with the variety in regulations from state to state, mainly in Connecticut and Massachusetts, and she’s contributed to modules that are available online for staff training related to coding and billing and contact lenses.

Another big impact was the switch to using electronic records. Dr. Dake Roche says that her

location was one of the last offices to make the change because her patients’ medical cases are so complex. “I have been there so long that my patients are mostly older,” she explains. MyEyeDr. has an onsite team devoted to helping doctors and staff understand the electronic health records systems and take advantage of all the benefits that it can offer in documentation, coding and billing.

Dr. Dake Roche is also thankful that the new practice management provided by MyEyeDr. didn’t affect her existing flexible schedule. When she had her first child 20 years ago, she dropped down to four days of work per week; then 3.5 days with her second, and



The MyEyeDr. website offers interactive vision simulators for a variety of vision conditions.

then about three days with her third. She’s kept that schedule over the years, and her longtime office partner provided coverage on her days out of the office to offer full-time access to a doctor. When that doctor recently moved to Georgia, Dr. Dake Roche hired a new associate doctor who is learning the ropes and filling in so Dr. Dake Roche can continue to dedicate time to her busy volunteer life.

It’s important to her to continue to advocate for the profession. She’s been involved with the CAO for most of her 30 years since she graduated. Dr. Dake Roche says that she enjoyed the political side when she was not on the board and the networking opportunities that are available to her through the CAO and also the American Optometric Association. “My forté is mentoring. It’s fun, and I encourage my colleagues to get involved in optometry’s infrastructure.” | [WO](#) |

“It didn’t change our patient flow, and my office staff has stayed the same. It’s made my patients happy.”

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The OPD Scan and TRS refraction system comprise the Marco XFraction process.



Dr. Drake

When **Jenny Drake, OD**, relocated Drake Eye Care and Eyewear in Murfreesboro, Tennessee, having enough space for all of her instrumentation was a top priority. “We’re pretty big on technology here,” Dr. Drake says. It’s not unusual for the experience to wow patients, and Dr. Drake has even heard it referred to as a “Star Wars eye exam. My patients joke that I have too many toys,” she says, laughing.

The new office is right next door to the previous one, and, at 5,000 square feet, it was designed with her technology in mind. Separate rooms, or pods as she refers to them, house each piece of pretesting instrumentation, including her OPD-Scan III Wavefront Aberrometer from Marco. She had purchased the OPD-Scan III and two TRS-5100 Digital Refractor systems the year before the move, and “we knew we wanted more from Marco while we were in the smaller space,” Dr. Drake says. Once in the new office in 2015, she added another TRS-5100. In 2017, she brought in a fourth to complete four refracting lanes and two medical lanes for herself and associate **Kate O’Hara, OD**.

BENEFITS OF DELEGATING

There were positive changes immediately after implementation, Dr. Drake says, as the doctors could delegate refractions to the staff, allowing them to see a few more patients per day. “We are able to have more face-to-face time to discuss orthokeratology, vision therapy, dry eye and the other medical services that we offer. Patients appreciate learning about that.” Dr. Drake says that through this delegation, her team members have increased their skill level across the board. “They feel more empowered now that they have a larger position with the practice.”

With so many available functions, Dr. Drake says that there are a few tried-and-trusted features to which she frequently returns. “On the TRS, I love being able to compare the old and new prescription. That has sold so many pairs of eyeglasses,” Dr. Drake says. She adds that the red/green balance and cylinder aspects of the test have helped improve accuracy.

On the OPD-Scan III, she likes the function that can help her explain night myopia to her patients. “I pull it up in the exam lane, and I can show that their

prescription is higher with increased pupil sizes,” Dr. Drake says. This technology has also been valuable when talking about keratoconus, orthokeratology or scleral lenses. “When I have someone who is not a perfect 20/20 and we get the same prescription over and over, I can show that it’s from higher-order aberration and we can’t do anything about that. It helps patients understand that their prescription is more than just a set of numbers.”

Dr. Drake says she’s thankful to Marco and her local rep **Alyson Robey** for her support of the practice. “It’s more a friendship, and she’s there if I need anything. She’s a rock star,” she says, from the initial training when a team member traveled to Jacksonville, Florida, to in-office training for new staff members and everything in between.

HAVING PROCESSES IN PLACE

Dr. Drake is known to many Vision Source® members from her powerful testimony during The Exchange® 2017 when she told of her frightening experience of going into labor in her 25th week of pregnancy. Her daughter, baby **Zoey Ireland**, was born in Dublin, and the family needed to stay there until the baby was strong enough to bring home. The Vision Source® Foundation and others supported her financially while colleagues stepped up to help with her patients and keep her practice going. Vendors also stepped up. “Alyson was in constant contact with my staff while I was in Ireland to make sure things were squared away.”

While Dr. Drake and Dr. O’Hara are spending less time with each patient while using Marco technology, the conversations and interactions are more meaningful. “It’s more quality time, face-to-face and not behind the phoropter,” Dr. Drake says. “It helps set our practice apart as a high-tech office, and I think patients are more satisfied having a better exam with less time.” | [WO](#)

“On the TRS, I love being able to compare the old and new prescription. That has sold so many pairs of eyeglasses.”

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Taking a Teamwork Approach to DRY EYE CARE

MAKE IT CONVENIENT

OCuSOFT introduces its Clean 'n Spray™ Convenience Kit containing both OCuSOFT Lid Scrub® Original Eyelid Cleanser Pre-Moistened Pads and OCuSOFT HypoChlor™ Solution (0.02% hypochlorous acid) in one convenient package for optimum results.

The root cause of anterior blepharitis is the overproduction of oils. Surfactants in OCuSOFT Lid Scrub Eyelid Cleanser dissolve and remove oil, debris and desquamated skin. When the most severe conditions occur, the combination of OCuSOFT Lid Scrub and OCuSOFT HypoChlor is ideal. While hypochlorous acid is fast-acting against micro-organisms, a surfactant like those found in OCuSOFT Lid Scrub is necessary for removing oil and foreign material. | [WO](#)



When Julie Phan, OD, and husband Toan Nguyen, OD, created the layout for their office at San Marino Optometry in San Marino, California, a dry eye treatment room was on the blueprints from the start. With blue and gray colored walls, candles and beachy décor, the room was designed to create a serene and relaxing experience for discussion and treatment. “In this digital age, everyone is on the computer or cell phone,” Dr. Phan says. “That leads to decreased blinking, more dryness and more symptomatic patients who are unhappy with their ocular comfort at the end of the day. I wanted to provide a service that addressed this big part of the population.”



Dr. Nguyen and Dr. Phan

CUSTOMIZE A PLAN

“Everyone is different, so it’s a multi-faceted approach,” she says. Once she’s learned about a patient’s symptoms and how those affect his or her lifestyle, Dr. Phan reviews what she sees as the best treatment plan. That might be artificial tears, anti-inflammatories or heat therapy—or more commonly a combination of the three.

Dr. Phan uses thermal heat in the office to treat the oil glands coupled with home remedies to maintain the results. She invested in the MiBo ThermoFlo therapeutic medical device for her in-office heat treatment for MGD and has been extremely pleased with the results. “I stress the importance of the heat maintenance at home and liken it to going to the dentist.” She offers a bundled package of three in-office sessions, and patients can purchase the specific at-home products from her prescribed regimen at her office. That often includes using a heat mask at least once a day for 10 minutes, combined with OCuSOFT Retaine MGD ophthalmic



drops during the day, and to clean their lids and lashes with OCuSOFT Lid Scrub® Foaming Eyelid Cleanser before bedtime.

TAKE A PROACTIVE APPROACH

Some patients may say that they are asymptomatic, but imaging paints a different picture. “When we image the oil gland, we can follow how it changes over the years and catch it before there is oil gland dropout,” she explains to patients. “We tell them that we are proactive in our approach. We want to prevent chronic dry eye,” she says, so patients don’t experience vision reduction, fluctuation and ocular discomfort that can affect their lives.

MAKE THE MOST OF EACH PATIENT INTERACTION

These patients return to the office more frequently for treatment and to monitor their conditions. Dr. Phan says that she enjoys building stronger relationships with patients over the course of these interactions, and she believes that their treatment and technology plan elevates the total patient experience. The success stories are proof that the investments she’s made are worth it. “Patients have said that their eyes have never felt like this before or thought they couldn’t feel like they had 20 or 30 years ago,” Dr. Phan says. “We are doing a disservice if we are not telling patients about the technology to detect and treat dry eye more effectively and naturally.”

Dr. Phan focuses on education to show patients the value of both the in-office and at-home treatments. “Patients will pay for a service if they understand the value, especially if it changes their lives. They come to us as the doctor to get that treatment plan, and we lay it out and work on it together,” she says. | [WO](#)

“We are proactive in our approach. We want to prevent chronic dry eye.”

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Patient Financing Can Put Full Range of Recommendations WITHIN REACH



Make sure that patients know that your office accepts CareCredit. Patients can use the CareCredit website to apply online.



Deliah Rouse with husband Dr. Craig Rouse

“With the [medical] coverage that so many people have now, these deductibles can be very high, but patients can use their CareCredit cards to cover these charges.”

Deliah Rouse, co-owner with her husband of Rouse EyeCare Center in Lacey, Washington, first heard about CareCredit from her own mother, who had seen signage about it in the dentist's office. As it turns out, that dentist also lives in the neighborhood, so Rouse was able to ask him how accepting CareCredit worked for him. Her husband, **Craig Rouse, OD**, wasn't sure that discussions on financing fit with the office culture, but the dentist told him it was the best thing he had ever done for his patients' convenience and his practice cashflow.

With that endorsement, Rouse brought it into the practice, and acceptance and usage of the service has grown steadily over the years.

Many practitioners see the benefits of accepting CareCredit because it allows qualified patients special financing to help them with their optical purchases, she says. But the benefits of CareCredit extend beyond the optical, and in her role managing public relations, Rouse says that accepting CareCredit can help people worry less about a family's cost of necessary eyewear and eye care.

Perhaps because of the perceived costs or the strained budgets at back-to-school time, some families put off children's exams, she says. "It's



part of my emphasis to educate the community about the importance of annual eye health exams and having a first exam around a baby's first birthday," she says.

Through the information available on the practice's website and the signage on the front door and prominently displayed in other visible areas of the practice, she and the other staff can let patients know that CareCredit can

help them budget the expense of medical services as well as any needed eyewear or products.

"Our practice is mainly medical. We offer amniotic membrane placement, advanced testing for glaucoma and dry eye treatment, and Dr. Rouse sees a variety of eye diseases and injuries," Rouse says. "Those kinds of services are not covered by routine vision coverage, so these visits often count toward patients' deductibles. With the coverage that so many people have now, these deductibles can be very high, but patients can use their CareCredit cards to cover these charges."

With some medical insurances, it can be difficult to determine before the patient comes in how much they've paid toward their deductible, which means that these services might be billed to the patient. "When we send out our billings and the charges are about \$200 or more, we always include a CareCredit brochure in the envelope," she says. Patients can apply at home or online and use their CareCredit available financing to pay the practice.

Similarly, the billing coordinator can sit with a patient who has been told that he or she needs more testing or additional services and explain the CareCredit option immediately. It does take the pressure off for qualified patients who learn that there's an option for monthly payments.

"We never want patients to have to delay or defer treatment or products that can help them right now for financial reasons. If we can treat dry eye sooner, the patient gets relief sooner. If we can fit a child with eyewear as soon as it's needed, that child has greater opportunities to learn well in school," she says. "CareCredit helps us to help that patient follow all of the doctor's treatment protocols and/or eyewear prescriptions." | [WO](#) |

BUILD AN EYEWEAR WARDROBE

Deliah Rouse has seen plenty of patients over the years limit their choices for eyewear and lens options because they're working with a specific budget in mind. "What I love about accepting CareCredit is that I can show patients that if they buy a higher-quality frame than they bought last time, they can start building their eyewear wardrobe. I ask them if they have a wardrobe of shoes, and most do. Then I ask, 'What's the first thing people see about you: your shoes or your eyes?'" | [WO](#) |

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Patient Care for the Modern OD

There is a common trend in society to move towards a healthier lifestyle. With this trend, the market for vitamins and minerals has also grown, and it continues to grow about 6% year over year. This growth is due to the aging population, as well as an increase in awareness of preventative healthcare. Eye care professionals can use this growth to their advantage and begin dispensing nutraceuticals in-practice.

Why Supplement?

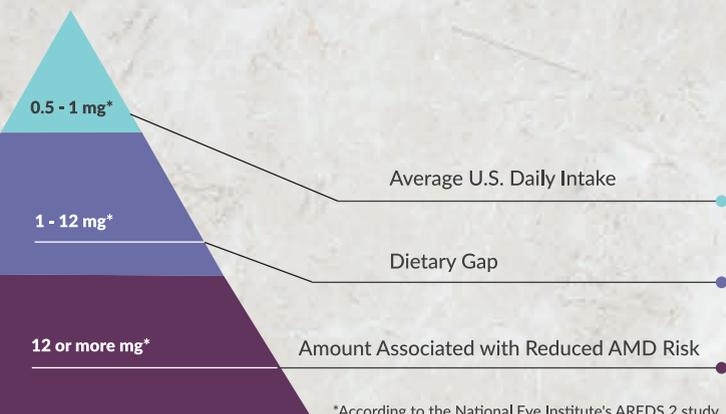
While there is a trend towards living a healthier life, most Americans are woefully lacking in the nutrition their eyes desperately crave. Specifically, the typical diet lacks two important carotenoids: zeaxanthin and lutein. Nutritional counseling and dietary modification can help, but it's difficult to get the amounts of these two antioxidants from food alone. It's often easier for patients to take a daily nutraceutical to bridge the dietary gap.

Who Needs Supplements?

To be frank, MOST people could benefit from starting a nutraceutical regimen because the standard American diet doesn't support eye health in the way it needs to. Those with other risk factors for diseases like AMD and diabetic retinopathy should be supplementing with a nutraceutical to help protect their vision.

Risk Factors Include:

Zeaxanthin & Lutein Dietary Gap



Beyond nutritional support, eye health nutraceuticals can protect against eye health concerns like age-related macular degeneration (AMD), diabetic retinopathy, and dry eye. Patients tend to find supplementation easier than making a dramatic lifestyle and dietary change, and it ensures they are actually receiving all the nutrients their eyes need in the amounts that will make a true impact.

Age-Related Macular Degeneration



- Family history
- Age
- Female
- Light skin and eyes
- Low MPOD
- Smoking (past or present)
- High BMI



- Diabetic
- Pre-diabetic



While there are no concrete “risks” for dry eye, patients experiencing any of the following symptoms can benefit from a dry eye nutraceutical:

- Itchiness
- Irritation
- Blurred vision
- Dryness
- Grittiness

How Do You Know They’re Working?

When patients are on a dry eye nutraceutical, they can usually feel if it’s taking effect or not. Some can even feel relief within the first week of supplementation, depending on the product. Macular health nutraceuticals are more difficult to prove their effectiveness. In my practice, I measure macular pigment optical density (MPOD) with the QuantifEye® MPS II. The macular pigment is made up of zeaxanthin and lutein, and without nutritional support, it can become less effective, resulting in a lower MPOD score. Patients consistently supplementing with these two carotenoids will be able to see a noticeable improvement in their MPOD scores.

I consider supplementation to be a best practice among eye care professionals because it’s important for both eye and overall health. With MPOD measurement, I’m able to track my macular patients’ progress, and they get a simple score to associate with their eye health, making adoption of the nutraceuticals easier. It’s important to choose a lineup that is supported by sound science and guaranteed to make an impact. I recommend researching what products you’d like to offer your patients. One great way to become more knowledgeable and stay current with the latest science is to become a member of the Ocular Wellness Nutrition Society; for more information visit www.ocularnutritionssociety.org.



Pamela Lowe, OD, FAO, is currently Director/President of Professional Eye Care Center, Incorporated, a full-scope primary care practice she founded in 1992 on Chicago’s Northwest Side. She is a 1988 graduate of the Illinois College of Optometry; the college named her the Alumnus of the Year in 2002. Dr. Lowe is active in organized optometry and is a Past President of the Illinois Optometric Association and a career long member of the American Optometric Association, currently serving as Chair-elect on the AOA Contact Lens and Cornea Section. She is a Fellow with the American Academy of Optometry and a Diplomate of the American Board of Optometry.

Disclosures: Dr. Lowe received honoraria and consulting fees from EyePromise.



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eyepromise.com/betterpatientcare

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Ask, Look and DO SOMETHING

Simple mantra helps identify and create treatment plan for dry eye



screen responsibly

make things easier on your eyes
improve screen habits in the blink of an eye

Patients can learn more at the
screenresponsibly.com website.



Dr. Nichols

“Train staff and create ideas around the office that reinforce this health information.”

From an optometrist's point of view, the increase in dry eye patients has been dramatic, and patients of all ages are affected. Whether that's because more doctors are screening for it or because more patients are aware of it and are asking questions, the result is that patients want relief.

With the launch this summer of Shire's screen responsibly educational initiative about the intersection between screen use and eye health, patient awareness is likely to climb even higher. “I find these sorts of surveys of practitioners and members of the general public who have dry eye very interesting because my research is different from these real-world experiences,” says **Kelly Nichols, OD, MPH, PhD, FAAO**, dean at the School of Optometry at the University of Alabama at Birmingham.

“To some degree, it confirms what many people expect: screen use is taking over our lives. More than 60 percent of patients said that nothing gets in the way of their screen time, and 50 percent said that they would give up something like wine, chocolate and makeup before they would give up their digital devices.”

But the high numbers of patients who admit to these activities is different from many eye care practitioners' (ECPs') assumptions. The study that supports this initiative found that 89 percent of ECPs don't think their patients typically spend 10 or more hours per day using screens, while one-in-three adults reported that they do, in fact.

Dry eye represents a fascinating intersection of practitioner and consumer awareness. “Since 2003, we had a prescription therapeutic approved, and within the past two

years, we've gained another,” says Dr. Nichols. With more reliable diagnostic methods, doctors can detect more cases, treat more people and provide better advice. Dr. Nichols says she's done “a 180 with the way I talk about digital devices and screen time. We can follow up with helpful environmental hints when we talk about dry eye signs and symptoms,” she says.

For example, the survey found that 61 percent of patients who have dry eye disease signs or symptoms continue to use their smartphones, even when their eyes are bothering them. “Some of these people are sitting there at the end of the day with contact lenses that feel dry, their smartphones at their side, the TV on and maybe even a laptop nearby,” she says. Now the website screenresponsibly.com can make it even easier to have that conversation with patients because they can look up tips such as checking the placement of their computer monitors and their workspace in connection to the air vents. Similarly, the myeyelove-ecp.com website can help doctors and staff streamline their conversations with patients.

Dr. Nichols says that the educational initiative has its roots as a public health campaign. “Counseling patients on pre-

vention takes some time, but it doesn't all have to come from the doctor. Train staff and create ideas around the office that reinforce this health information,” she says. The doctor's role could be as simple as saying, “We want you to have eye health information that can help you for the rest of your life so that you can avoid developing a serious case or dry eye

SURVEY SAYS

The Shire survey on dry eye found the following.

- ▶ Eighty-nine percent of eye care practitioners don't think their patients typically spend 10 or more hours per day using screens, while one-in-three adults report that they do.
- ▶ Three-out-of-four eye care practitioners (ECPs) reported that they are diagnosing more patients with dry eye disease compared to five years ago; 88 percent who have seen an increase in the diagnosis or symptoms of dry eye in their patients have attributed that to smartphone use.
- ▶ Only 30 percent of ECPs believe that their patients are knowledgeable about ways to care for their eye health, compared to 77 percent of adults who self-reported the same. | [WO](#) |

disease or dropping out of contact lenses. My staff is going to address that with you.”

The take-home message from the survey data and the educational campaign is that “doctors shouldn't be afraid to do something. That's why I like the ‘ask, look and do something’ mantra. Ask some questions about dry eye symptoms and the patient's use of artificial tears. Look at the ocular surface and make an assessment, and then do something—which can be as simple as reminding patients about responsible screen time strategies,” she says. | [WO](#) |

OD Finds Role Allows Her to Build on



When she was in the Navy, Dr. Spencer spent some time on the hospital ship, the USNS Comfort.

MILITARY PRINCIPLES

Luxottica Retail position lets her balance commitments to patients and family

After a nine-year career in the U.S. Navy, **Mary Spencer, OD, FAO**, wanted a different pace—but she also wanted a similar dedication to patient care. The military veteran, who spent time on the Navy's hospital ship, the USNS Comfort, between the first and second Gulf Wars, eventually found what she wanted with Luxottica Retail.

Dr. Spencer joined the Navy immediately after her graduation from Pennsylvania College of Optometry in 1993. She was the recipient of a military health scholarship during her final two years of optometry school; her commitment to the Navy was for three years, and she had earned the rank of Lieutenant Commander.

She sought a career situation that would allow her to raise her two sons—now 14 and 12—that reflected some of the values that the military instilled: dedication to duties, discipline, integrity, teamwork, leadership, working for the benefit of others and putting other's needs above your own, she says.

She had worked in some Luxottica locations and she taught at the Massachusetts College of Pharmacy and Health Sciences University School of Optometry in Worcester, Massachusetts, during her years working part time and balancing family and work. In December 2018, she signed on with a LensCrafters at Macy's in North Attleboro, Massachusetts, not far from the Rhode Island state line. "As an independent business owner, I am able to spend the amount of time that each of my patients needs to provide exam

testing for their routine eyeglasses as well as for medical eye health. Patients can continue to enjoy the vision needed to have a full, active life without me feeling the pressure to rush exams to make more money, something I had experienced in other offices," she says.

The location is less than two years old, so she is building a patient base. But she has the diagnostic instruments and the support to do that well, she says. That's another aspect of her time in the military that she enjoyed. "In

the military, the patient came first. Luxottica gives its doctors that same opportunity to focus on the patient," she says.

BE AWARE OF THE UNEXPECTED

Plus, Dr. Spencer can encourage patients to have comprehensive eye exams that include dilation. On a very personal level, she understands the impor-

tance of preventive screening and thorough exams. Two years ago, her son, then 10, was diagnosed with a relatively rare ameloblastoma, a tumor in his jaw. "I tell my patients that because of my military background and my personal experiences, I want to ensure that there's not any ocular health issues," she says. She tells them that the military protocol was to dilate all personnel before deployment as a precaution. She provides patients with a document explaining dilation and what to expect. If patients choose to opt out, they need to sign the form, noting that they're refusing.

However, she also emphasizes that these patients are welcome to return for a dilation at no additional cost. "I

don't expect to find a tumor, but I wouldn't be providing you with the best care if I didn't offer this," she tells patients. She doesn't want them to think that following her recommendation is going to cost them another office visit. About 50 percent of her younger patients agree to the dilation at the time of the exam while almost all of her older patients understand the value of the dilation and welcome her exam explanations. Some patients who were not expecting to be dilated do check the box saying they'll return for a dilation at a later date that works better for their work or family schedules.

She adds that patients enjoy new instrumentation, especially the Optos imaging system, to help her show patients their diagnoses and increase their education of the condition. She says that the level of care and education that she provides will be a factor in having patients return for their annual exams, which is important to word-of-mouth referrals and keeping her patients as healthy as possible. | [WO](#) |



Dr. Spencer

“In the military, the patient came first. Luxottica gives its doctors that same opportunity to focus on the patient.”

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Help Monthly and Two-week Contact Lens Wearers Achieve SUPERIOR COMFORT



One-day lenses are a fast-growing market segment, but don't overlook the other options

To the ODs at Eye Care Associates of Michiana—**Linnea Robbins-Winters, OD**; **Tom Morton, OD**; **John Offerle, OD**; and **Kristina Offerle, OD**—the more often a patient replaces his or her contact lenses, the better the success for the patient. So although the doctors' first recommendation typically is for a one-day contact lens, there's a thriving and important business in two-week and monthly replacement wear in this practice with offices in South Bend and New Carlisle, Indiana, because not every patient is willing or able to purchase one-day contact lenses.

The practice has a reputation for its ocular disease management and specialty contact lens fits, and the practice draws patients who want the best experience, an education and the most suitable products. For soft lens patients, Dr. Robbins-Winters says that with ACUVUE® Brand Contact Lenses, there are options to cover nearly every soft lens patient who wants to wear contact lenses. She estimates that, outside of the specialty lens patients, 50 percent of the contact lens patients in the practice are single-use, one-day lens wearers; 30 percent are in a two-week replacement lens; and 20 percent are in a monthly replacement lens.

"The opportunity and room for growth may be strongest in the one-day market, but there is absolutely room for growth in both the two-week and monthly replacement market, too," she says. So it becomes a matter of matching the patient's visual and functional needs with the contact lenses that will provide them with the greatest comfort and performance. Dr. Robbins-Winters says that she starts with ACUVUE Brand lenses.

Dr. Robbins-Winters asks all current contact lens wearers to tell her the details on how they wear their contact lenses: when they remove them each day, when they replace them and how they feel during the entire cycle. "Don't just assume that it's all going well because the patient says he or she

is doing OK with the current lenses. I'll ask if the contact lenses are as comfortable in the evenings as they are in the morning. So many patients who experience a decrease in comfort during the day believe that's simply the way contact lens wear works," she says. "They don't realize that there's something that could work better for them unless we educate them."

Similarly, many of her monthly replacement lens patients will tell her that their monthly replacement contact lenses become fairly uncomfortable in the third and fourth week, but they continue to wear them anyway to get the full value from the lens. Since Johnson & Johnson Vision introduced ACUVUE® VITA®, she now has an option for these patients. She notes that her monthly replacement lens wearers whom she has switched into ACUVUE VITA tell her that it's a more comfortable lens for the full duration of the monthly cycle. "The majority of my ACUVUE VITA wearers say that they are more comfortable throughout the month," she says.

Prescribing ACUVUE OASYS® Brand Contact Lenses with HYDRACLEAR® PLUS Technology is another option that helps patients gain superior comfort in two-week lens wear.

Patient comfort cannot be overstated, she says. Discomfort with contact lens wear is a factor in patients choosing to drop out of contact lens wear. If that happens, not only does the practice risk losing that patient as a high-value contact lens wearer, but the patient's discontent with the whole contact lens-wearing experience may also affect his or her choice to seek another eye care provider. In other words, as long as contact lens patients are having a great experience with comfort and vision, the practitioner increases the chance of keeping that patient in the practice.

"Not only is the brand known for its comfort, but we also spend a lot of time talking



Dr. Robbins-Winter

about the UV protection† in all the contact lenses on that platform. A discussion on overall eye health and UV protection† also opens the door to a discussion on sunwear, so it's a natural lead in," she says.

Indeed, educating patients about their ocular health and solutions to their visual needs is a critical component of every patient visit. Patients come to hear their doctors' expertise and recommendation. "We have to educate and prescribe what will be best for the patient's wants and needs." | **WO** |

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available by visiting acuvueprofessional.com, or by calling 1-800-843-2020.

† Helps protect against transition of harmful UV radiation to the cornea & into the eye.

WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed. **NOTE:** Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye care practitioner for more information.

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WOMEN IN THE News



Dr. Shay



Dr. Gustin



Dr. Kohn



Dr. McConaha



Alyssa Berry



Dr. Patterson



Dr. Rodman



Dr. Weiss



Dr. Hinkemeyer



Dr. Brown



Dr. Dolven



Dr. Starkey

▲ **Courtney Shay, OD**, of Burke, Virginia, was a Midterm Graduate Award recipient from the Hayes Center for Practice Excellence at Southern College of Optometry.

▲ **Crystal Gustin, OD**, of Lafayette, was honored as Young Optometrist of the Year by the Optometry Association of Louisiana.

▲ **Jennifer Kohn, OD**, of Merrillville, was honored as Young Optometrist of the Year by the Indiana Optometric Association (IOA). **Debra McConaha, OD**, of Indianapolis, was honored by the IOA as Optometric Educator of the Year. **Alyssa Berry**, class of 2019 at Indiana University School of Optometry, received the Jack Bennett Humanitarian Award.

▲ **Nicole Patterson, OD, MS, FAAO**, was has been appointed as the Assistant Dean of Student Affairs and Admissions of Nova Southeastern University College of Optometry.

▲ **Julie Rodman, OD, MS, FAAO**, has been named Primary Care Chief for Broward at Nova Southeastern University's The Eye Care Institute.

▲ **Ellen Weiss, OD**, of Omaha, Nebraska, was honored as the Heart of

America Eye Care Congress Optometrist of the Year.

▲ **Stacy Hinkemeyer, OD**, of Sartell, Minnesota, is president-elect of the Alumni Council at Illinois College of Optometry.

▲ **Katie Brown, OD**, of Little Rock, is the Arkansas Optometric Association's (ArOA) 2018 Young Optometrist of the Year award recipient. She was also elected to the board at the 2018 meeting, as was **Julie Dolven, OD**, of Little Rock. **Belinda Starkey, OD**, of Rogers, became the association's president. **Allison Hall, OD**, of Clarksville, was appointed to the board of Vision Arkansas, the charitable foundation of the ArOA.

▲ **Amber Gatti Dunn, OD**, of King City, was awarded Young Optometrist of the Year by the Oregon Optometric Physicians Association.

▲ **Millicent Knight, OD, FAAO, FAARM**, has joined Essilor as its senior VP, customer development group and member of the leadership team.

▲ **Stephanie Parrish, OD**, of Staples, Minnesota, is the recipient of the 2018 Dr. W. David Sullins Jr. Infant-SEE® Award.



Dr. Hall

▲ Several women ODs were honored among the *Vision Monday* 2018 Most Influential Women. **Michele Andrews, OD**, senior director, professional and academic affairs at CooperVision, was honored in the Visionaries category. **Jenny Terrell Feenstra, OD, FAAO**, president of the Texas Optometric Association, was recognized in the Executive Suite category. **Carrie D. Alfieri, OD**, of McKinney, Texas; **Whitney Hauser, OD**, of Dry Eye Coach in Memphis, Tennessee; **Roxanna Potter, OD**, of Sylvania, Ohio; and **Angela Tsai, OD**, of Fredericksburg, Virginia, were all recognized as Rising Stars. **Barbara Horn, OD**, president-elect of the American Optometric Association, was honored in the Mentor category.



Dr. Andrews



Dr. Terrell Feenstra



Dr. Alfieri



Dr. Hauser



Dr. Horn



Dr. Tsai



Dr. Potter

▲ **Lorie Lippiatt, OD**, of Salem, Ohio, has become the executive VP professional strategies for Healthy Eyes Advantage.

▲ **Amanda Lee, OD**, of Myrtle Beach, South Carolina, was appointed director of professional relations for MacuLogix. | WO |



Dr. Parrish



Dr. Lippiatt



Dr. Lee

▲ National Vision, Inc., named its doctors of the year, and eight are women ODs: **Carla Anderson, OD**, of Atlanta, Georgia; **Sandra Barthram, OD**, of Aurora, Colorado; **Stacy Bragg, OD**, of Sacramento, California; **Christina Isaman, OD**, of Kent, Ohio; **Lan Le, OD**, of Indianapolis, Indiana; **Natalie Nguyen, OD**, of Santa Ana, California; **Michele Roberts, OD**, of Morrow, Georgia; and **Diana Tran, OD**, of Hybla Valley, Virginia.



Dr. Anderson



Dr. Barthram



Dr. Bragg



Dr. Isaman



Dr. Le



Dr. Nguyen



Dr. Roberts



Dr. Tran



Dr. Gatti Dunn



Dr. Knight

OFFICE *Design*



Things looked bleak after Dr. Baker's office flooded in 2016. Friends and colleagues pitched in to help; a Vision Source® representative stopped by with a check, even though she's not a member.

RECOVERY

MODE

After a disaster, doctors figure out how to keep their businesses going



A fire started on a Sunday afternoon when no one was in the building.

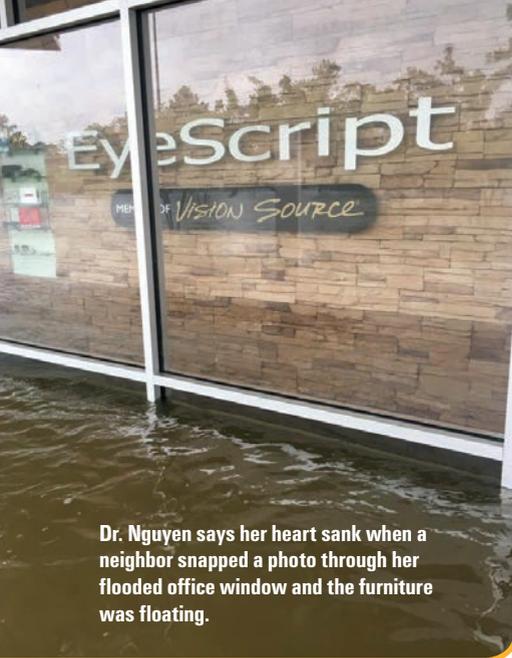


#EyeSiteStrong



(l-r): Dr. Brown and Dr. Zollinger are still rebuilding, but they were able to open in a temporary building on their own lot.





Dr. Nguyen says her heart sank when a neighbor snapped a photo through her flooded office window and the furniture was floating.



When disaster strikes, it can leave the most prepared business owner feeling vulnerable and worried about his or her business, employees and patients. These ODs have lived through it—and have rebuilt or are in the process of rebuilding. While these stories here focus on the physical space they've rebuilt, these and other ODs have also provided these ideas for minimizing damage and the quickest possible recovery.

- Consider a cloud-based electronic health records (EHR) system. At a minimum, keep a backup of the EHR off-site. Wet, burned or wind-blown paper records are extremely difficult, if not impossible, to reconstruct.
- When hazardous conditions are predicted, take action early. Move equipment to higher places so flood waters don't damage it. Cover what can be covered in case the roof leaks. Bring a copy of the patient schedule home if your office doesn't have a patient engagement system to alert patients of changes in the schedule.
- Know where your important insurance papers are. At least know your policy numbers and carriers. Even if the office has to be closed, you can already start the process of calling your insurance carriers.
- Ask for help. These ODs all found that help was offered generously—with use of other ODs' offices or from those who volunteered to help patients. On the flip side, be ready to offer help if your practice escapes the damage.

FLOOD LEVELS

Cynthia Baker, OD, felt like it was time to update her practice a little—but Mother Nature had a different idea. In August 2016, the Amite River in Denham Springs, Louisiana, flooded and destroyed much of her office. Thanks to contributions from colleagues and professional organizations and a dedicated work crew, she was seeing patients again just seven weeks later. Read Dr. Baker's full story here: goo.gl/EA9mzM.

RAGING FIRE

Julie Brown, OD, and her practice partner, **Shannon Zollinger, OD**, of Collinsville, Virginia, were called to the site of The Eye Site, the practice they created featuring salvaged furniture and displays when a fire engulfed it on a September 2017 Sunday afternoon. The building was

destroyed, but their lot was huge. They moved a trailer in, made it as nice as possible and continued to see patients. Their new office is expected to open in December. Read Dr. Brown and Dr. Zollinger's story here: goo.gl/Ys3pRW.

HARVEY'S WRATH

Jennifer Nguyen, OD, thought Hurricane Harvey would bring heavy rains, but she didn't expect it to ruin everything that wasn't raised high in her Houston, Texas, office. The process of tearing out soggy contents as soon as she and friends could reach the building was physically, emotionally and mentally exhausting, she says. Read Dr. Nguyen's story here: goo.gl/qQoHLM.



Dr. Nguyen

OFFICE SPARED, BUT TROUBLE AT HOME

Erin Pitts, OD, was so excited about installing instruments and shelving in her new practice in Cypress, Texas, that she was barely listening to the weather reports as Hurricane Harvey was bearing down. The storm hit—and spared the office mostly. But the water rose 14 inches inside her



Dr. Pitts



family's home. So she spent her days preparing the office for opening and making sure the housing repairs were underway. Eventually, her family of four moved back, crowded onto the second floor, sharing one bathroom. "At least we were home," she says. Read Dr. Pitts's story here: goo.gl/ZjwHzw. | [WQ](#)



Dr. Pitts was putting the finishing touches on her new office when Hurricane Harvey swept through. Her house suffered more damage than her office.



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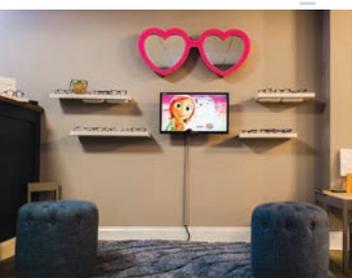
Dr. Yannelli reopened a former optical shop as a primary care practice.

Casual Conversation Turns Into **TRANSFER** of **OWNERSHIP**



In the space of four years, Dr. Yannelli found herself with the opportunity to own two practices.

A kids' area helps showcase her interest in patients of all ages.



When Jessica Yannelli, OD, opened Precision Eye Care in Downingtown, Pennsylvania, in 2014, an optical shop owner in nearby West Chester noticed. He approached Dr. Yannelli with an offer: spend a few hours a week offering optometric services in his optical. He figured it would help them both; as she was building her primary business, he'd be able to bring more services to his customer base. She loved the pedestrian-friendly community of West Chester, too, with its shops and restaurants in a neat downtown.

Late in 2017, the optical shop owner mentioned to her that he would be unable to renew his lease. "It was a casual conversation, and we talked about a transfer of ownership," she says. "Expanding was something that had been on my mind for years, and I decided that it was time."

She knew she'd have to move, so she began searching for a new practice home in the same town. "It's a great

community hub with visibility and accessibility for new patients, and I wanted to be nearby for our current patients so it was easy for them." A leasing agent was able to show her a perfect spot that hadn't even hit the market yet. She jumped at the opportunity.

In May, the former optical shop reopened as Precision Eye Care West Chester. "I couldn't have done it in such a tight timeline if I hadn't done it before," she says. "There are a lot of logistics to figure out first." Several years earlier, she had converted the former Downingtown Chamber of Commerce office into Precision Eye Care.

The new West Chester site had a good layout to start with. It had previously been a jewelry store, so only a few new walls were needed. "Aesthetically, my two practices have a similar vibe, but I did try to adapt to this neighborhood, which is a little more modern and edgy," she says. Downingtown is a traditional suburban neighborhood, whereas West Chester is a college town with students, young couples, baby boomers and empty nesters. "I wanted to pick up on that flair and feel, but you can tell it feels like Precision Eye Care." She compares that crossover experience to that of visiting a luxury car dealership.

Dr. Yannelli says that she envisions building upon the primary care foundation and letting the needs of each patient base establish the specialty care areas she will provide. She established the two offices as separate corporations, a strategy that she says requires a bit

more work on the front end but is more valuable down the road. "I did this for long-term clarity of value and performance metrics." Dr. Yannelli spends a full day in each practice and splits the remaining days between the two locations.

She continues to focus on growing each of her locations. "One of the potential pitfalls of new locations is availability," she says. "Even if a doctor is not there every minute, your doors have to be open in case someone might want to walk in to make an appointment or need a service or material." She keeps a full-time staff member in the office and has another team member to help with the workload when she is in. "People grab on to that full-time presence and consistent hours."

Dr. Yannelli just added a new baby to her family this summer, so while she's cutting back on her hours for now, she's hoping to add more doctor hours with an associate doctor in her West Chester office. And she's not ruling out the potential for further expansion in the future. "I would never close the door on more locations," she says. "We could build from our great team of professionals and expand our presence. It has to be the right opportunity at the right time." | **WO**

WOnline

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

WHAT I WISH I HAD KNOWN WHEN I BOUGHT MY PRACTICE



Dr. Bissoon

By Natalie Bissoon, OD, of Richmond Hill, New York

I purchased a historic practice in our community, and it's been a great fit for me, allowing me to practice close to home and make time for my children. But there are many things I wish I had known that would have helped me with my financial planning from the beginning.

Here's my best advice for my colleagues who are looking to purchase a practice.

- **Look closely at the details, specifically the cosmetic features of the office, the instrumentation and patient base.** I had no idea that there was no subfloor beneath the space, and my equipment was functional but so outdated that hardly any of it could be serviced or updated. The practice did have an existing patient base, but some of it had dwindled due to the former owner's limitations and health issues.

- **Start the process for credentialing/recredentialing for insurance plans as soon as possible.** I was moving to and practicing in a new state, so there was a recredentialing process that could not begin until I officially took ownership and had the paperwork to prove it. Make this a priority.

Insurance is a big deal, and I was here but couldn't see those patients because I wasn't on the panel. The process to get your approval can be lengthy—ranging from 30 days to more than one year.

- **Understand all important processes, even if you intend to delegate eventually.** I'm licensed as both an optician and optometrist, and I attended a three-month CE program on medical billing because I'm handling that responsibility in the office for now. You have to teach yourself; you have to know how to do it. At the end of the day, the practitioner is solely responsible for the billing. You have to make sure your staff is doing it right for you. | [WO](#) |

Read more about Dr. Bissoon's practice and the changes made when she purchased by visiting goo.gl/p1fa97.



Dr. Bissoon remodeled after purchasing the practice.



Dr. Koeck

BRINGING CONCIERGE CARE TO OPTOMETRY

By Anna Koeck, OD, CEO, of Theia Vision Care of Hartland, Wisconsin

I am bringing the concept of concierge care specifically to optometry. Concierge care is a relationship between patient and physician where, for an annual fee, the doctor provides enhanced care. The resulting decreased patient load ensures adequate time and availability for each patient. By removing the barriers between doctor and patient care, I can focus on our why.

The Direct Concierge Care model I employ removes third-party restrictions that many insurance companies place on the medical services as well as products to be in-network. This approach allows the doctor and staff to focus wholly on the patient and, in turn, directly pass on the savings. At Koeck Concierge Care, we offer yearly payment options that include all—yes all, no questions asked—all of our services. Period. We offer individual, two-person and family plans. Furthermore, with one-year service membership, there is an additional 10 percent benefit toward products. We post that information directly on the website at theiavisioncare.com, which allows for complete transparency.

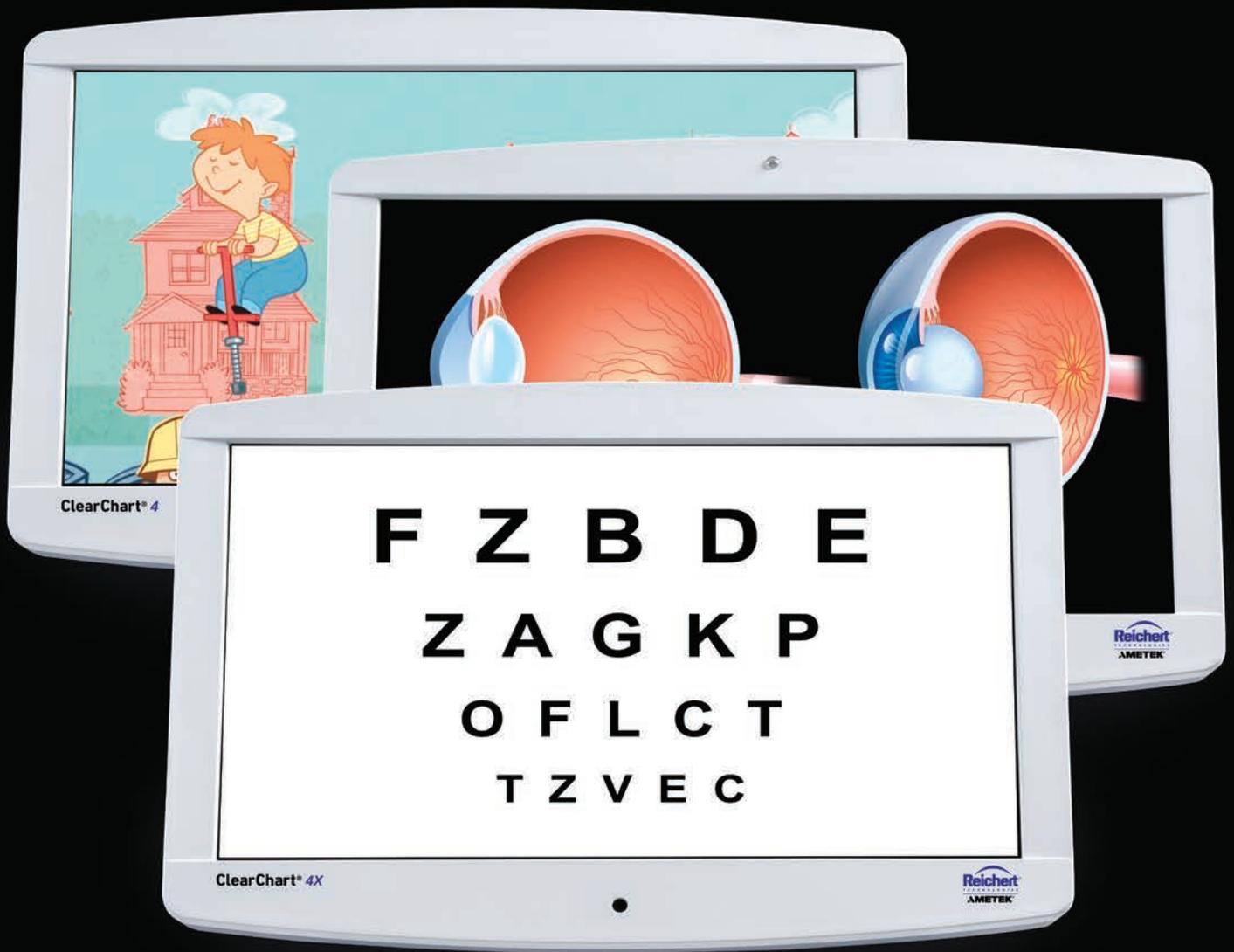
One recent 2017 evaluation of the U.S. medical system by the Commonwealth Fund reported that

the U.S. spent more and performed the worst out of 11 similar countries. This is staggering! Therefore, we at Theia Vision Care have set out to simplify how we provide eye care.

Concierge care eliminates all of the uncertainty of pricing. In business, there is a concept of variability, or how much something can deviate from the normal. The more variability, the more risk. Insurance and vision plans increase the volatility and therefore the risk to your business. You may not know how much you will ultimately get paid for the work you do, when you will get paid or even if you will get paid at all. Does this model make sense? According to the 80/20 rule, 20 percent of your customers provide 80 percent of your profits. In reality, it is more like 90/10 or even 95/5. So, what if—let's get crazy here—we focus on the quality?

If you are unhappy about how insurance and vision plans treat you, concierge care may be the way for you. | [WO](#) |

Read a longer version of Dr. Koeck's story here: goo.gl/bYNEM6.



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“

Their resources and guidance paved the way for me to make my practice a success.

AMY DEVRIES, OD



“

Having my consultants guiding me along the way was invaluable.

JEAN NHAM, OD



“

This was life changing and the best thing for my staff, my practice, and for myself.

MICHEL PAWLOSKY, OD