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Eight ODs share their paths



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References: 1. Alcon data on file, 2012. 2. Alcon data on file, 2014.

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

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A Little Encouragement Goes a Long Way

We've heard from plenty of ODs over the years who have told us how much they appreciate it when patients send them a note or stop by the office or even pull them aside at some community event to say what an impact the doctor's recommendation had on their lives. It's a great feeling that serves to reinforce why you work to give the best patient care that you can with every patient.



Marjolijn Bijlefeld

In the past month, here at *WO*, we've had several such boosts. These have been wonderful moments because they have allowed us to see the creation of a network within the community of women ODs. The first came when we were talking to **Dr. Kathryn Collins**, who told us that she was inspired to learn more about neurovisual optometry because of a story that associate editor **Maggie Biunno** wrote about **Dr. Debby Feinberg** in June 2013. Dr. Collins read that story and saw that patients in her Pennsylvania area were traveling all the way to Michigan to receive care. Dr. Collins told us that she called Dr. Feinberg, who said she was working on a way to share her training, and Dr. Collins could be in her first group of trainees.

She's not the only one who was affected deeply by that story. **Dr. Cheryl Berger Israeloff** told us that she was on an airplane in the summer of 2013, looking through the publications she saves for flight-time reading, when the story with Dr. Feinberg caught her eye. She contacted Dr. Feinberg, too, went through the training and now has opened the Neuro Visual Center of New York. All three doctors are featured in our cover story this issue.

So imagine our surprise when yet a third OD interviewed for this issue mentioned a *WO* story that made an impact on

her. **Dr. Ehryn Cartwright**, whose story appears in the section on office design, said that she saved the September 2006 issue of *WO* because the cover story, "A Woman's Touch" with **Dr. Margaret Foley**, included many photos of a spa-like practice that Dr. Cartwright wanted to emulate when she opened her own practice.

It's humbling to hear that someone would tuck away an issue of a magazine for years or be so excited by a story that it makes her want to reach out to the doctor featured. But that is and always has been our goal. You'll see that in this issue, too. Look to the next page, where *WO* Professional Co-editors **April Jasper, OD, FAAO**, and **Katie Gilbert-Spear, OD, MPH**, share some strategies for developing a business and marketing plan for next year.

We truly hope that *WO* readers find something in every issue that resonates. These inspirations can be big—affecting your professional future—or small. For example, I once emailed a doctor for her photo to include on our Women in the News page. She responded within seconds with a photo attached. I replied thanking her for the super-quick response. She told me that if a task can be completed within two minutes, she tries to do it immediately. I've tried to adopt that for myself—and I know that my desk would be a bigger mess if I hadn't because it has shortened my to-do list considerably.

It shouldn't be too much of a surprise that the ODs featured on these pages inspire others. In many cases, a colleague or friend or the OD herself has contacted us about an accomplishment, a new way to approach a problem or a challenge overcome. We welcome those calls. **WO**

Ready to Negotiate



A *Women In Optometry* luncheon meeting at American Academy of Optometry drew a crowd. Read more on page 7.

Marjolijn Bijlefeld,
Director of Custom Publications
Practice Advancement Associates



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This Is the Time of Year to Review and Plan

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



Dr. Jasper



Dr. Gilbert-Spear

Whether you're an employed OD or own a practice, the end of the year is a great time to analyze your goals and your business. Review your financial metrics as well as the busy and slow periods of the year to make decisions on how to allocate your resources wisely.

Having year-to-year comparisons within your own practice is helpful because it lets you see your practice progress. But it's also helpful to compare your data to national benchmarks. For example, the *2015 Key Metrics: Assessing Optometric Practice Performance* from the Management & Business Academy indicates that the median gross revenue per complete exam was \$306. Practitioners on the lower end of the scale can work toward increasing their capture rate, increasing sales of multiple products and analyzing and adjusting their dispensary offerings. To calculate, divide total dollar collections by the number of comprehensive exams.

It is estimated that independent ECPs capture more than 60 percent of eyeglasses sales and more than 75 percent of contact lens sales. To calculate, divide number of eyeglasses sold by number of spectacle prescriptions written, or divide the number of contact lens boxes sold by the total number of contact lens exams.

Another indicator to track, especially for ODs who are incorporating medical services, is the percentage of medical visits (99--- codes). The MBA *Key Metrics* report indicates that the median optometric practice sees about 17 percent of its visits as medical visits. High-performing practices see more than 40 percent of their patients for medical visits.

Establish a baseline of metrics to track, and use these to create monthly

and quarterly goals. Consider how marketing your services can help you reach these goals. We've found some inexpensive and highly effective marketing strategies, such as participating in health fairs for local businesses where we are listed as providers on their insurance plans, luncheons and quarterly deliveries of office information to local primary care doctors and pediatricians, and educational events for school teachers and school nurses on importance of eye care and vision to children.

Use a 2016 calendar to plan marketing events. For example, in January, as many patients with vision insurance become eligible for a new frame and lenses, educate patients on computer glasses and sunglasses. Health fairs typically occur in October and November during open enrollment, so contact human resources administrators earlier so that you can have two, well-spoken and enthusiastic members of your team ready to attend. Spend some time and effort into setting up your booth or table. Consider a branded tablecloth, branded banner, branded bags and give-away items including snacks.

Remember the national awareness campaigns that occur throughout the year, and information is available from the American Optometric Association, the American Academy of Optometry and organizations such as Prevent Blindness.

You'll almost certainly need to make adjustments to your marketing plan—and maybe even your business plan—as the year progresses. But by starting your planning now, you can ensure greater success next year. **WO**

Track Your Marketing Budget Each Month

Month: _____

Awareness focus: \$ _____

Special event: \$ _____

Ongoing monthly costs*: \$ _____

Other marketing (circle below): \$ _____

TOTAL: \$ _____

EXTERNAL MARKETING:

- Newsletter
- Brochure
- In-community event
- In-office event (e.g., trunk show)
- Refractive surgery seminar
- Awareness kits to providers

INTERNAL MARKETING:

- Referral program
- Letterheads
- Promotions/value packages
- Brochures
- Recalls

*Ongoing monthly costs include: signage, website, media advertising, etc.

AWARENESS FOCUS:

- January—Glaucoma Awareness Month
- February—AMD/Low Vision Awareness Month
- March—Workplace Eye Wellness Month
- April—Women's Eye Health and Safety Month
- May—UV Awareness Month
- June—Cataract Awareness Month
- July—Fireworks Safety Month
- August—Children's Eye Health and Safety Month
- September—Sports Eye Safety Month
- October—Home Eye Safety Month
- November—Diabetic Eye Disease Awareness Month
- December—Safe Toys and Gifts Month

(SOURCE: Prevent Blindness)

Adapted from *The Williams Group* by Dr. Jasper

WO Advisory Panel



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Read More on the Web

Women In Optometry (WO) regularly updates its website with exclusive stories, columns and photos, as well as featured stories from nine years of archived issues of the magazine. Visit womeninoptometry.com frequently, and feel free to contact WO editors with suggestions for stories. Also make sure that you are subscribed to the WO eblasts, such as Makeover Monday, which features a story about an office redesign or remodel; and WO Wednesdays, featuring new stories or newly placed content on the web. Sign up for the eblasts by going to womeninoptometry.com/subscribe/ wo-emails. Also visit us on other social media.

- ◆ [facebook.com/WOmagazine](https://www.facebook.com/WOmagazine)
- ◆ twitter.com/WomenODs
- ◆ [linkedin.com](https://www.linkedin.com)—and search “Women In Optometry” to join the group





Focus on Outcomes

By JeanMarie Davis OD, FAAO



JeanMarie Davis, OD, FAAO, is Global Performance Development, Vision Care Technical Head at Alcon.

Share Your Knowledge

There are simple and effective ways to share the science and technology highlights of new products

Technology in eye care products is changing rapidly. Many of these changes are substantial and important, and, as doctors, you know this. Perhaps you've been to CE or read articles in clinical journals. But the challenge for many practitioners is to take this information and distill it in a way that's meaningful and effective to patients.

Why is that important? It's actually critical to patient acceptance of new products. After all, if you're not telling them why a product might present them with specific benefits, they're just not going to know it. So in the absence of this information, patients are likely to assume that there isn't much that's new that could be relevant to them.

Without you providing patients with some of your scientific and technical knowledge, they might be less likely to believe a contact lens technician who later tells them that there's a great contact lens that a lot of people are wearing successfully. It's hard to blame the patient for being skeptical. If it was that good, or if the difference was that great, the doctor would have mentioned it, right?

Yet this discussion doesn't require extra time in the exam room. Patients don't need to know everything about the developments. They need to know what's important to them. So during your conversations with patients, help them identify what matters most to them. Is it end-of-day comfort with contact lenses? Are they frustrated with the cleaning schedule or admittedly noncompliant with their replacement schedule? Focus in on the patient's compliance and address the benefits of the recommended contact lens or contact lens solution, specifying how the material and design of the lens or ingredients in the formulation can help improve their vision, comfort or convenience.

You can also assess those patients who are particularly interested in newer technologies. Chances are, a patient wearing an Apple watch or who has the latest iPhone will be interested in hearing about new technology. If a patient has just told you how his or her new carbon fiber bicycle has shaved off 6 ounces of weight, you've got a gadget geek. That's the person who would

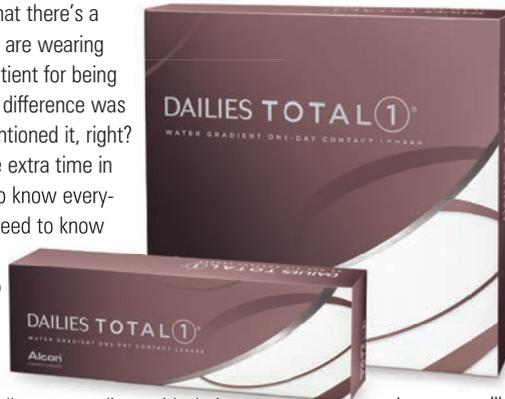
probably enjoy a little more of a technical explanation—and would probably share that information with like-minded friends.

These patients might enjoy hearing, for example, how DAILIES TOTAL1® contact lenses are the first and only water gradient contact lenses for exceptional end-of-day comfort. They might want to know that the Dk/t of 156 @ -3.00D provides superior breathability and white, healthy-looking eyes.^{1*} Or they might be interested in hearing that the lens materials transition from a silicone core to a high-water content surface² for outstanding lubricity. The extended hydrophilic polymer chains help the contact lens approach 100 percent water content at the outer surface^{†2}.

Similarly, if you have a patient who mentions frustrations with aging and emerging presbyopia, these are patients who want to use the advances of modern science to stay youthful. "You don't have to change your lifestyle," tell them. Explain the benefits of multifocal contact lenses not just as a way to avoid wearing readers or progressive ophthalmic lenses, but also mention that newer products are designed to address the comfort issues that sometimes emerge with aging. As multifocal contact lens designs are applied to more lenses, including silicone hydrogel and daily disposable lenses, you'll be more able to address patients' physiological changes and refractive changes.

You're already making an assessment as you're working with each patient. Is this a multifocal contact lens candidate? Is this a premium daily disposable contact lens candidate? In making your recommendations, include why you're recommending that specific contact lens. Make sure that you include comfort and vision in your discussion. After all, patients want to see their best, look their best and feel their best with the products you prescribe.

As the parameters of DAILIES TOTAL1® contact lenses expand, these changes will enable you to cover a wider range of refractive error, helping even more people.



"If you're not telling them why a product might present them with specific benefits, they're just not going to know it."

* Dk/t=156 @ -3.00D

† Based on laboratory measurement of unworn lenses.

¹ Based on the ratio of lens oxygen transmissibilities; Alcon data on file, 2010.

² Angelini T, Nixon R, Dunn A, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. *Invest Ophthalmol Vis Sci*. 2013; 54: E-Abstract 500.

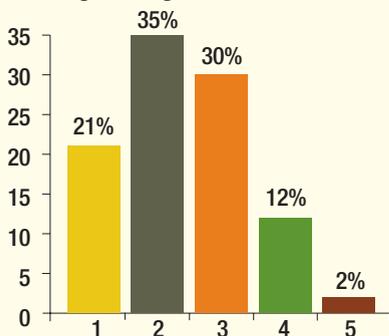
See product instructions for complete wear, care and safety information. 

Flex Your Negotiating Muscle

More than 200 attendees came to two live *Women In Optometry (WO)* events held during Vision Expo West and American Academy of Optometry this fall. The focus of both events was becoming more comfortable and confident in negotiating.

Prior to these events, attendees rated their comfort level with negotiating using a scale of 1 (I avoid it when I can) to 5 (I really enjoy engaging in negotiating). A significant majority of attendees said that they were not comfortable negotiating. Indeed, only 2 percent said that they really enjoyed the process.

How Did You Rate Your Negotiating Comfort Level?



At both events, *WO* aired a video available through Lean In on negotiating. Presented by **Margaret A. Neale**, professor of management at



Dr. April Jasper speaks at the WO event during Vision Expo West.

the Stanford Graduate School of Business and co-director of the Executive Program for Women Leaders, the video focused on the four steps to achieving a successful negotiation. These steps are reiterated in a companion workbook that Lean In posts on its website, as well.

Assess. Can you have influence in this situation?

Prepare. What are your interests in this negotiation? What are the interests of your counterpart?

Ask. Engage with your counterpart.

Package. Make proposals that package together issues and solutions.

In the video, Neale continued saying that there are three primary questions to ask yourself prior to entering a negotiation. The first is to determine why you are asking for a solution. The second is how you're asking, noting that bundling requests is more effective. An "if/then" statement is more effective than an issue-by-issue request. Saying something like, "If I open a dry eye specialty within the practice, then I'd like to see a percentage of the additional revenue generated as part of my salary," or "If I cover two Saturdays a month, then I can finish at 3 p.m. on Wednesdays and Thursdays," provides a better platform than simply saying that you want a salary raise, for example.

The third element is to identify for whom you are asking. When women negotiate as a representative, they can be more effective. Neale suggests that women use this as a strategy in their preparation. How might their families or children, their employees or co-workers or their cause benefit from the solution for which they're asking?

Multiple studies have shown that women are less likely to ask for a raise

Alcon WIN Partners with WO

Alcon's Women Innovating Now (WIN) employee resource group partnered with *Women In Optometry* for the first time as a sponsor of the publication. At the luncheon at the American Academy of Optometry, **Megan Chittenden**, of Alcon's U.S. Vision Care Marketing division, explained that the WIN mission

is to connect, develop and empower a diverse community of leaders at Alcon and in the eye care industry. The vision is to cultivate an inclusive environment where both men and women can work together to develop a future generation of leaders while driving business results in a diverse, dynamic marketplace.

The organization is comprised of three pillars: Community, Marketplace and Talent. Within the talent pillar, for example, the goal is to provide opportunities for networking, skill development and exposure to new experiences that help individuals maximize their career aspirations at Alcon and within the industry. The community pillar is designed to engage with the internal and external community, and the marketing pillar provides insight to WIN members about the dynamic marketplace while enhancing connections between external customers and Alcon.

Alcon is committed to women in the optometric community and values the feedback and guidance it has gained from Women's Ad boards that have spurred technician training in the office, *Howard and the Amazing Eye Exam* book regarding the experience of a child at his first eye exam and the Power of One program focused on practice and patient outcomes. **WO**



Photo (l-r): Dr. Katie Gilbert-Spear, Marjolijn Bijlefeld and Megan Chittenden at the WO luncheon in New Orleans

than their male colleagues are. A *Wall Street Journal* story from October 2014 cited a *Glamour* magazine survey of 2,000 men and women; just 39 percent of women said they asked for a higher salary when starting a new job. That compared with 54 percent of men. Of those in existing jobs, 43 percent of women said they had never asked for a raise, compared again with 54 percent of men. That data reflects the responses of women ODs who responded to a survey by *WO* earlier this year, which showed that 40 percent of employed women ODs did not negotiate their starting salary, and 47 percent of employed women ODs said they have not asked for a raise or for more money than was offered. **WO**

View the Video

Lean In provides many videos that can be used in Lean In Circles for group discussions. *WO* has created a virtual Lean In Circle that readers can join at leanincircles.org/circle/woleanin.

The negotiation video is available in the education tab or directly here: <http://leanin.org/education/negotiation/>

Access the companion workbook here: cdn-media.leanin.org/wp-content/uploads/2013/03/Negotiationfinal3.15.pdf





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Maximize Time and Benefits

Take advantage of end-of-year opportunities for patients and the practice

Patients at Progressive Family Eye Care in Plymouth, Michigan, receive reminders to come in for their annual exam and to use the flexible saving dollars before they expire in the months leading to the year's end. "We want patients to take full advantage,



Dr. DiPonio-Tulchinsky

so we send out a postcard and make it a point to address on our website and social media," says practice owner **Sarah DiPonio-Tulchinsky, OD**. Passersby might see a sign in the window. "It jogs a lot of people's memories that they have money

in their health accounts and can get a new pair of eyeglasses or order contact lenses." It can also remind them if they haven't had an annual eye exam in 2015.

For many patients, annual eye exams are covered services, so even patients whose health savings dollars roll over can have an incentive to come in.

She says that this little extra push picks up business during November and December. Dr. DiPonio-Tulchinsky and her staff also schedule a reminder for themselves as the holidays approach: take time to evaluate what's been happening in the optical dispensary over the past 12 months. "As we go forward into the new year, we reassess frame lines, pricing and what's been selling," Dr. DiPonio-Tulchinsky says. The practice may make tweaks to its offerings throughout the year, such as swapping out a style that isn't moving from the board. But this is the time of year when she and the staff look at the big picture and their frame lines overall. "You need to give a frame line a fair chance and a full-year cycle before making changes," Dr. DiPonio-Tulchinsky explains. "Give your patient base a chance to respond."

Doctor and staff work with frame representatives to prepare for the changes in stock, and the team from Marchon has been a part of these discussions since Dr. DiPonio-Tulchinsky started her practice cold in her hometown in

2009. An array of brands from Marchon has been a part of the dispensary selection since she opened, and it has evolved and grown over time due to patient response. Currently the practice carries frames from Salvatore Ferragamo, Nike, Nautica, Lacoste, X Games, Calvin Klein Collection, Flexon and the core Marchon line. "There is name and brand recognition with certain products," she says. "Marchon offers high quality, and there is a wide price range from the core Marchon to the Salvatore Ferragamo. There is something for everyone in the mix." Nike has been a top-seller in the practice, certainly due to its name recognition among patients of all ages, and also its sporty, lightweight styles.



Dr. DiPonio-Tulchinsky has been carrying Marchon frames in her dispensary since she opened.

Patients looking for a high-end product often love Salvatore Ferragamo.

With a focus on family eye care, Dr. DiPonio-Tulchinsky says that she stresses to parents the importance of seeing young kids into adulthood. So it's important that her frame offerings also continue to attract her youngest patients so that parents don't have to take their children elsewhere to find the cool eyewear they want. The Nike Kids and X Games frames are very popular for boys and girls in her office. The core Marchon line offers great children's products for a lower price point. "The Lacoste Tweens collection has been expanding over recent years," she says.

Dr. DiPonio-Tulchinsky and her staff can

Year-end Messages

"If you haven't had an annual eye exam in 2015, your vision or health insurance might cover most of the cost."

"May we check to see if there are other family members who have a vision benefit that can still be used this year?"

"You can use your flex savings or health savings account money toward the purchase of eyewear. It's actually a great way to buy those computer glasses [or prescription sunwear] that the doctor mentioned." **WO**



turn to their Marchon representatives at any time for advice, and conversations will soon begin for 2016. "They are very knowledgeable about their products and what's selling and not selling as far as style and color," she says. "It's a huge help when something is not working, and they can redirect us to a brand that will be more successful." Each year as different choices and changes are made, Marchon continues to remain a strong player on the frame displays at Progressive Family Eye Care. "We've had a great experience with the company, our reps and the product lines and their diversity of products." The variety of styles and price points continues to be a great draw for the practice and its patients. **WO**

Refraction

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Dry Eye Identification and Treatment

Becomes More Integrated Into Optometric Education

In early 2013, when the University of Houston opened the doors to its Health and Biomedical Sciences Building, the Dry Eye Center (DEC), which was established several



Dr. Gaume Giannoni

years prior, found its permanent home. DEC Director **Amber Gaume Giannoni, OD, FAAO**, says that the decision to establish it was pushed for by several members of the faculty and administration in the University of Houston

College of Optometry (UHCO). They felt they should be on the cutting edge, offering specialty services that weren't available elsewhere on a routine basis.

"When a patient has a severe case of dry eye disease, it's an obvious problem-focused medical exam, but there are many mild cases that go undetected or unaddressed," Dr. Gaume Giannoni says. "Perhaps the patient is already self-treating so clinical signs are masked, or there are more pressing issues to tackle at the time of the exam. An artificial tear sample might be given with the patient being asked to return if it doesn't help. With the decision now solely in the patient's hands, a follow-up visit is never scheduled because the patient feels better, but meanwhile, the disease progresses."

This is a mindset that Dr. Gaume Giannoni is trying to change, even as the care delivery paradigm is shifting. "I explain to my students that they may not be able to meet all of their patients' needs in a single visit, nor should they be expected to. It is important to be able to identify dry eye during an exam, but it's OK to reschedule the patient for a medically oriented visit to address the issue specifically on another day," she says. Additionally, Dr. Gaume Giannoni teaches that requiring follow-up visits is paramount to monitor for disease progression, regardless of whether the patient feels better.

Dr. Gaume Giannoni points out that dry eye disease is a chronic, progressive condition with no cure. She emphasizes to her students that early detection and intervention can make a life-changing difference for that patient. "By the time a patient experiences symptoms severe and constant enough to voice a complaint, he or she may have had five or 10 years of disease progression. It's imperative to screen for dry eye whether a patient has symptoms or not, especially if risk factors are present." She relates this to

general medicine. "MDs are expected to detect elevated cholesterol and hypertension early. By the time a patient has symptoms, the disease has a strong foothold and permanent changes may have taken place that cannot be reversed. The same is true for dry eye," she says.

"Eye care practitioners are often concerned that their dry eye patients will be upset if asked to return for frequent follow-up visits," Dr. Gaume Giannoni says. "I've actually found the opposite to be true. These patients are suffering from the moment they wake up to the moment they go to bed and are happy to have found someone who takes them seriously. It's easy to require multiple visits for conditions like glaucoma because everyone recognizes the risk for significant vision loss, but we often underestimate the significant impact even mild dry eye can have on daily life. Patients want relief and are quite willing to do what it takes."

Dr. Gaume Giannoni understands the challenge for practitioners who are expected to see multiple patients an hour. "Managing a dry eye patient can be frustrating and time-consuming because the disease itself is in constant flux. In the DEC, we're able to spend

60 to 90 minutes with a single patient, which just isn't possible in most traditional practices." Even so, she says that there are ways to work dry eye care into the schedule. Perhaps it's a matter of setting aside a few appointment slots one morning per week for dry eye-focused exams or taking a couple of appointments before the optical staff arrives, for example.

The DEC has created a loose protocol for initial dry eye evaluations. "We conduct a full medical history along with a symptoms questionnaire. The rest of the examination is guided by this information and could include an assessment of tear film osmolarity, inflammatory markers, tear production, stability and/or infrared meibography."

"These patients are suffering from the moment they wake up to the moment they go to bed and are happy to have found someone who takes them seriously."

—Dr. Gaume Giannoni

The DEC at the UHCO is gaining attention from other medical providers, she says. Referrals are coming in from primary care physicians, dermatologists and local rheumatologists who send patients with dry eyes related to autoimmune disease. They even have patients who travel in for care from other countries. "Helping these patients is extremely rewarding. Some have been suffering for a long time and are especially thankful for the care we are able to provide," she says. **WO**

Dry Eye Impacts Quality of Life

Dry eye impacts many different aspects of a patient's life, according to the study, "Impact of dry eye syndrome on vision-related quality of life." The study appeared in the March 2007 issue of *American Journal of Ophthalmology*. The researchers noted that among the participants, those with dry eye syndrome were more likely to report problems with reading, carrying out professional work, using a computer, watching television, driving during the day and driving at night. The researchers found that the adverse impact of dry eye symptoms made this an important public health problem.

The quality-of-life impact was also noted in an article that appeared in the April 2014 issue of the *American Journal of Ophthalmology*. That study, "Dry eye in the Beaver Dam Offspring

Study: prevalence, risk factors, and health-related quality of life," set out to estimate the dry eye prevalence in the Beaver Dam Offspring Study (BOSS). In this study, 3,275 participants were asked about health history, medication use, risk factors and quality of life. Participants were able to self-report frequency and severity of dry eye symptoms. The overall prevalence of dry eye in the BOSS group was 14.5 percent, with more women (17.9 percent) than men (10.5 percent) reporting symptoms. Contact lens use, allergies, arthritis, antihistamine use and steroid use were also considered factors. The researchers concluded that dry eye was associated with lower quality of life on a health-related, quality-of-life instrument and vision-specific surveys. **WO**

Gentle Around the Eyes, Please

Gina M. Wesley, OD, MS, FAAO, of Medina, Minnesota, doesn't just promote Zoria® Boost Mascara with lash intensifying serum, she uses it herself. "It's a great, go-to everyday mascara. It conditions



Dr. Wesley

the lashes, is very good for healthy maintenance and removes easily. It's been a nice addition to my office and my personal life," she says. The mascara, as well as the Zoria® Boost Lash Intensifying Serum, are part of OCuSOFT®'s line of cosmetic products for sensitive eyes distributed by eye care professionals. The line also includes Zoria® Makeup Remover, a gentle, water-based makeup remover ideal for contact lens wearers and people with sensitive skin.

Dr. Wesley also carries additional products, including the OCuSOFT® Lid Scrub® Foaming Eyelid Cleanser, for her patients with

meibomian gland dysfunction (MGD). "Patients really like it, too. It's affordable and it really cleans the lid margins. It's a great practice product, and it's a part of my dry eye regimen," she says.

About one of every seven American adults experiences dry eye symptoms, and women are twice as likely as men to report dry eye conditions.

It's important to her that she can offer her patients cosmetic products, as well as effective facial and eyelid cleaning products. MGD

and dry eye symptoms are increasingly prevalent.

About one of every seven American adults experiences dry eye symptoms, and women are twice as likely as men to report dry eye conditions. Heavy makeup and harsh cleaning products might be contributing factors for women, she says. Being able to address some of these needs in the office means that she can make patients more comfortable and that contact lens wearers may be able to stay in contact lenses longer rather than deciding that their contact lenses are too uncomfortable. **WO**



Zoria® Boost™ serum

An Evaluation of the Lid Margin Should Be Part of Every Exam

In the 20 years that **Christine W. Sindt, OD, FAAO**, director of the contact lens service and clinical associate professor

of ophthalmology and visual sciences at University of Iowa, has been working as a contact lens specialist, her views on lid hygiene have evolved, she says. "My general sense is that the eyelids are the cause of most of the evils and discomforts we see on the ocular surface, including meibomian gland dysfunction (MGD) and blepharitis. Clean eyelids are the key to keeping patients comfortable." Over time, she says, she has become more assertive in telling patients that they have to clean their eyelids. "Dentists tell you, 'Of course you have to brush your teeth.' Optometrists should be saying, 'Of course you have to wash your eyelids.'"

Dr. Sindt says that blepharitis is very common, and it's also very commonly overlooked. "We're generally treating symptoms, and unless

the patient is complaining, we don't want to dig up something and make it a problem," she says. However, the irony is that treating blepharitis and MGD early on is actually easier than treating it after the ocular surface is in a chronic inflammatory state. "Chronic inflammation of the eye will actually cause the meibomian glands to dry and drop out. Once that happens, they cannot be resuscitated, and the ocular surface loses its protective coating. Then the patient has evaporative dry eye disease."



Dr. Sindt

Maintaining lid hygiene is the most important thing that patients can do. "Simply cleaning the lids reduces the bacterial load. Washing your eyelids removes the oil, debris and excess bacteria. But most people don't know to wash their eyelids," she says.

Dr. Sindt recommends a daily routine of using coconut oil. "It's a bipolar molecule, so like a surfactant, it acts like a soap and will surround dirt and remove it," she says. Since

it's not a nut oil, the hypoallergenic effect is very low, and it's also an antimicrobial. If that doesn't achieve an adequate level of hygiene, she'll recommend a formula with hypochlorous acid. "That provides the extra kill on bacteria."

Dr. Sindt says that an evaluation of the lid margin should be a part of every exam. "You start at the eyelids and you work your way to the back of the eye. Look at the adnexa of the ocular area. Have the patient close his or her eyes and look at the lids, lashes and eyelid margin. Make sure there aren't any strange bumps. See that the lid margin is flat and the glands are open. Make sure the glands aren't keratinized," she says. Just as babies and young children typically have fabulous skin until they hit puberty, eyes have a protective effect for some time, too. People often don't realize that eyelids are an important part of their daily hygiene routine. "It's as simple as making instructions part of your after-visit summary," she says. "It needs to become part of their habit." **WO**

Start Cold With a Reasonable Budget

By Alicia Telega, OD, of Pittsburgh, Pennsylvania

As I moved from Virginia to Pittsburgh, I was planning the cold start of my practice, Shadyside Eye Associates. I had considered purchasing a practice or becoming a partner, but I discovered the best financial decision was to start from scratch to make the business my own. I was up and running for \$230,000—half of the price that many doctors were asking for existing businesses that needed lots of TLC and updating and did not include the sale of the building. You can do it right, and you don't have to cut corners. I couldn't afford to spend half a million dollars for a practice grossing half of that.

I opened my doors in September 2013, sometimes seeing just one patient per day. Now the schedule has grown to accommodate at least eight full exams per day, and appointments are booked for three weeks out. We have a steady stream of new patients. We've hired an additional tech to the team, and a back-up optician helps when the dispensary gets busy.

I'm often asked how I did it all. Here is some of the advice that helped me make the practice my own without breaking the bank.

Just get started. Once you've made your decision to open, stop hesitating. I remember distinctly the moment when I decided I wanted my own practice, so I wrote a business plan and I sent it to the bank. Once it was approved, I needed a space. If you take it step by step and put in hard work, it will fall into place without becoming overwhelming. Enjoy the process!

Be smart when choosing office size. While I saw 2,500-square-foot spaces that were appealing, I opted for a 1,400-square-foot office that was more within reach, especially considering rising rent costs. While it would be nice to have the larger space, the cost comes along with it. I still accounted for room to grow in my office, and there's space available to add a second exam room when it's necessary.

Find a knowledgeable real estate attorney. My attorney shared great advice on working with our landlord and helped me negotiate the allowances I owed toward final construction and renovations. When we were signing our lease, the construction was not yet complete. Our attorney showed us that



Dr. Telega

*"I was up and running for \$230,000—half of the price that many doctors were asking for existing businesses that needed lots of TLC."
—Dr. Telega*

permanent work, such as plumbing and HVAC duct work, should be covered by the landlord since those components would stay with the building if we were to vacate the space. If we would have had to cover those expenses, the space would have become unaffordable.

Re-evaluate your instrumentation wish list.

You don't need every new piece of technology to start a practice. Ask yourself, "What's my specialty? What do I need in the practice to achieve my goals?" Start small to

keep expenses down. As you grow, you can add more instrumentation. With an anterior segment camera on my slit lamp, I focused on specialty contact lens fits and medical eye care, starting with dry eye patients, to establish my expertise in the community. I was able to invest in more complex diagnostic instrumentation such as iFusion™ SD-OCT and digital fundus photography a year and a half later as my cash flow increased.

Let your exceptional service advertise for you. Every patient is greeted with a smile, conversation and a cup of coffee. We strive to send patients home with anything they need, and we want them to feel special so they will want to return. Pittsburgh is a huge word-of-mouth town, and while I have never been a fan of online reviews, they really have helped to drive our

business. These stellar—and unsolicited—patient reviews have helped grow my practice.

Map out a path. I have had an eye on the future of my practice since I started it. I picked the name Shadyside Eye Associates because I hope that one day it will be a multidocor office serving many patients for specialty care. While it may take some time to get to that point, I continue to make changes every year so that the office is always fresh and modern and never stagnant. My next big project is covering the front wall of the office with cork from Portugal—not only will it be visually pleasing, but it will also help control echoes in the office space. I also plan to add new vertical signage in the front of the office that will be easier to see when driving by. So far, my patients have been enjoying seeing these new elements that make my practice different and special. **WO**



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Reclaiming Hours of the Day

OD finds that using communication system frees staff members to focus on patients

Kelly Riley, OD, opened her practice cold five years ago in rural Brownfield, Texas. “It was me and one employee” for a while, she recalls. Now she’s up to four employees—and a busy patient load. “As



Dr. Riley

we grew, I noticed we were spending a lot of time on the phone. We were calling patients to confirm appointments or to let them know that their eyewear or contact lenses were in. Often, it took multiple calls,” she says.

In search of greater efficiency, Dr. Riley signed up with Solutionreach. The service contacts patients via email, text or a phone call—depending on the patient’s preference—to remind them of appointments. “Taking that appointment confirmation and follow-up time out of the office has allowed us to be so much more efficient. It has freed us up to take care of the patients who are here in the office.”

When she first signed on about two years ago, she estimated that Solutionreach was

providing services equivalent to a part-time staff person—at a lower cost. “We began to grow quickly then, as we added more patients and were able to increase our sales per patient. I’d estimate now that Solutionreach services are about the equivalent of one full-time employee,” she says.

Solutionreach contacts patients who have a scheduled appointment. If the patient confirms, nothing is required of the practice staff. If a patient cancels, the staff can turn to its waiting list, which includes the names of patients who have said they’d like to be notified if an earlier appointment became available. That message can be sent to these patients electronically, so filling in the gaps in the schedule has become much easier, too.

All four employees benefit, she says,

because they all have fewer phone calls to make and follow-ups on their to-do lists. “Because we’re in a small town, communication with our patients is huge. People like the relationship we’ve built with them in five years, and patient communication builds loyalty. Also, our patients want to see that we have the technology that a larger, urban practice would have,” Dr. Riley says.

The town has a population of fewer than 10,000 people, and there’s been no OD in town since 2002. The next nearest optometry practice is 35 miles away, which is also the distance to the closest ophthalmology practice. “In choosing to open here, the location was definitely key.” But Dr. Riley was adamant that her patients would not need to settle for less than they would receive if they traveled for their care.

She practices full-scope optometry and co-manages with the ophthalmologists. But she has also developed a strong referral network among the local primary care physicians. When

she first opened, she visited their offices, dropping off a gift basket and inviting the doctors to come in for an eye exam. At that point, she’d have a chance to show them the advanced technology, including Optos, a Heidelberg Spectralis with BluePeak™ blue

laser autofluorescence imaging and a visual field analyzer. “I’ve been able to show these primary care physicians what we can take care of, right in town,” she says.

“Once primary care physicians send a few patients over and see that we send back a report that explains what our follow-up and management will be, they gain confidence.” In addition, referrals flow both ways. For example, she says that she has detected diabetes in a number of patients through a comprehensive annual eye exam, and she detected another patient with a malignant melanoma in the eye.

She says that the primary care physicians also appreciate having someone who will take over eye-related issues for them. “They may prescribe a first line of treatment for a patient who comes to them with red eye, but they tend



Match your office communications to patients’ lifestyles.

to send those patients to me for follow-up or additional diagnosis.”

Just as she has the latest technology in the exam and pretesting lanes, it’s also important that she offers her patients the kinds of frames that they would want. “It has been challenging to create a dispensary that meets the diverse needs in this small town. We have a number of low-income patients, and we have patients who want and are willing to pay for stylish and unique frames.” By asking patients in the latter group what they’re looking for, she and her optical staff have expanded the product offerings and lines that they carry. “Patients realize that it helps them to talk with us about their desires because it’s not just a 70-mile round trip to order eyeglasses. They need to make that trip again to pick up or even adjust the eyewear and buy their contact lenses. It’s much more convenient to stay in town,” she says.

Dr. Riley says that she and the staff stepped up their social media presence once the practice signed on with Solutionreach, too, as a way to keep patients informed of the new technologies and products that were coming into the office. “We weren’t doing much before with social media,” she says. But now, the practice Facebook and Twitter pages share patient reviews and announce products and events, and the practice sends electronic newsletters to patients as well. “It’s a far cry from just using our old postcards,” she says. **WO**

“Our patients want to see that we have the technology that a larger, urban practice would have.”
—Dr. Riley



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Dr. Leslie O'Dell, OD
Director, Dry Eye Center of PA
Manchester, PA

Build on a Foundation of Technology

Instrumentation improves office efficiency, accuracy over 15 years

Janet Mint, OD, had a specific plan when she started her practice cold in 1996. She brought experience from practicing in two ophthalmology offices over the course of 12 years before she set out on her own. "Working in ophthalmology is great,"



Dr. Mint

she says. "You are busy with a lot of patient encounters, and you learn a lot when there are other doctors with whom to discuss cases." But she says that, in her heart, she knew that she wanted to be independent for the next leg of her career. "I wanted to build equity in a business."

With her vision mapped out, she opened her doors in a developing area of Jacksonville, Florida. There weren't even places to get lunch nearby when she got her start, she says, laughing. But her office was equipped and ready for patients, thanks to Marco. "I met **David Marco** in the early 80s [when working in ophthalmology]," Dr. Mint says. "When I established my practice, there was no question in my mind what equipment I would buy."

Dr. Mint started out basic with chairs, stands, phoropters and slit lamps from Marco. In 2000, she made the upgrade to the EPIC refraction system. "The area was blossoming, and I was booked out with patients for three months because I was doing so much by myself," Dr. Mint recalls. At a SECO meeting that year, she met with David Marco again. "He had sold many EPIC systems to high-volume, multidocor practices, but he said that he could show me how I, as a solo practitioner, could benefit." Dr. Mint decided to trust him in the investment, and it really paid off. "Once we got through the learning curve, we were able to double the number of comprehensive exams I could do in one day," she says.

The team at Marco trained her staff so

that she could delegate refraction responsibilities. Refractions move to the pretesting area, and the results are in before the patient even comes to the exam room. "Some doctors think that in order to see more patients, they need to redesign the office or add more space," Dr. Mint says, adding that she disagrees. "You can increase your efficiency and productivity using a system like the EPIC."

As new instrumen-

tation was released, Dr. Mint was quick to keep up. She sold her autorefractor in 2004 and upgraded to the OPD wavefront system from Marco. "Patients are impressed by how the wavefront technology measures so many data points on the eye and blends that information to come up with a very accurate starting point



Dr. Mint says that both she and her patients are impressed by the quality and quantity of data she gets from her Marco OPD wavefront system.

for their prescription," Dr. Mint says. "Some patients get so stressed about, 'Which is better: 1 or 2?' but when you can zero in on that number, the speed and ease are comforting to the patient." She can bring up the results on her screen in the exam room and help patients understand a little more about the complexity of their vision.

The accurate starting point is just one of the benefits that Dr. Mint has realized over the past decade with Marco technology in her practice. Dr. Mint can dedicate her time in the exam room to customize the prescription for each individual based on the most appropriate

Independent ODs are Not Alone

Dr. Janet Mint may practice as a solo doctor in her Vision Source® practice, but if she ever needs a second opinion on an image from her OPD wavefront system, she knows where to turn. "Mayah Bowen and the folks at Marco are just amazing," Dr. Mint says. "If I have a patient with a particular complaint, Mayah can pull up my screen, view the maps and try to figure out the problem. She walks me through it and helps me dissect the complaint." Dr. Mint says that there are endless resources for education, training and support from Marco, from helping staff gain confidence in using the system efficiently to helping ODs redesign their schedule or office space to improve office flow. **WO**

focal points for computer use, driving, career and hobbies. "It all starts with the prescription that the technician and the patient determine," Dr. Mint says. More accurate prescriptions result in fewer remakes.

Dr. Mint's long-time dedication to patient education and keeping up with technology doesn't go without notice. She's even had patients who have moved to other states return to her office for their eye care. "They told me, 'We feel like you were taking the best care of our eyes,'

and it puts it all in perspective that technology really does make a difference," Dr. Mint says.

There's always something new to learn about the capabilities of her technology from Marco, and Dr. Mint says that the Marco support staff has always been there through software updates and whenever she has a question. "The amount of information you can extract from these systems is mind-boggling," she says. "It's exciting to keep learning and helping patients solve their problems. It makes it exciting to be practicing for a long time. The day you think you know it all, you might as well quit." **WO**

Finding Your Forte

There's a spectrum for specialty practices

To specialize or not to specialize? Is it better to focus completely on a smaller patient pool that needs specialized services or to provide the broadest range of care possible to the highest number of patients? Is it possible to do both, somehow? *Women In Optometry* spoke with eight ODs who have decided to offer specialty care—some within their primary practice and some who have become more concentrated on the specialty. These stories show that there is no formula to help you decide. Each OD has taken into consideration her demographics, patient needs, access to primary and specialty services and her own enthusiasm for a specialty area to come up with the service offerings that work. Here are their stories.

Singular Focus Needed to Become Content Expert

Whitney Hauser, OD, says that specialization is quite natural in practices with multiple doctors. "Ophthalmology mastered this years ago with cornea, retina and glaucoma specialists electing to practice together. Their cohesion doesn't water down their specialization," she says. Even solo optometry specialists can survive and thrive, she says, noting that vision therapists, low vision specialists and sports vision doctors can capitalize on their unique offerings.



Dr. Hauser

"Of course, drilling down in eye care narrows your patient base significantly," she adds. "Marketing and solicitation of referrals must be directed. Casting a wide net will reap few rewards. Before breaking ground on a specialized practice, careful analysis of demographics and community demand are mandatory. While passion tends to drive doctors into a particular specialty, diving in recklessly will lead to inevitable failure."

Dr. Hauser, who is clinical development consultant at TearWell Advanced Dry Eye Treatment Center at Southern College of

Optometry (SCO), says that she spent the first decade of her career trying to cover as many bases as she could, serving a diverse patient base that included surgical and ocular disease cases. In 2013, when she turned to academia as an assistant professor at SCO, she set a course for dedicating herself to ocular surface disease. "That singular focus pushes me to examine my patients with a more critical eye and keep current with emerging technologies and therapies. It also reassures patients that they are in a location devoted to their complaint. It's a luxury to direct attention to one condition. Singular focus is required to become a content expert at any profession," she says. **WO**

A 10-year Shift to a Specialty

Pauline Buck, OD, COVD, of Miami, Florida, has made the transition from providing behavioral and developmental optometry as a niche in her practice to making that almost her exclusive focus. About 90 percent of her patients come to her for functional evaluations and therapy.

Ten years ago, her practice was comprised of primary care and pediatrics, but the focus has evolved. "As I began doing more behavioral and developmental optometry, with patients ranging in age from six weeks to 96 years, I found that this specialty was not easily covered through insurance," she says. Patients who had insurance coverage were finding their insurance denied often, and she spent a lot of time trying to track down payments from insurers and patients—and wasn't always successful. "I began dropping off the insurance panels so that I could bill patients directly. It takes a lot of time to create a plan for someone. Often, the initial evaluation takes an hour, the report takes another hour and the patient/parent conference

takes a third hour," she says.

That part of the business kept growing, and each year, Dr. Buck would drop one more insurance plan. In 2014, she dropped Medicare and Medicaid, and the only panel she's still part of now is VSP. "I like having some access to the general population because a percentage of these patients can benefit from vision therapy." But she feels she is at about the right balance now for continued growth.

It can be difficult to grow a vision therapy practice within a general practice, she says. "People who come for primary care have a different mindset. They think, 'I'm here for eyeglasses or contact lenses.' They're skeptical when you begin to talk with them about how vision therapy can benefit them." As she dedicated more time to vision therapy, she also began presenting sessions to teachers, parents' groups, occupational therapists and speech

therapists, all of whom remain her primary referral sources.

To encourage referrals from other ODs, she makes it a point to refer to area ODs first herself. "If there are retinal or cornea issues, I'll refer to my qualified colleagues before considering a referral to an ophthalmologist," she says. And her dispensary offerings are very limited. "I have a single cabinet with a large number of budget frames," she says. She'll send her complex prescriptions, requesting ground-in prism and spheres defined to 1/8D steps and other specific recommendations for lens types and treatments to several optometrists or high-end opticians in town whom she knows can fill her prescriptions to exact specifications. "This is a win/win as my prescriptions are upgrades from basic lenses, and there is no selling involved. The upgrade is written into the prescription," she says. **WO**



Dr. Buck

Determining Food Triggers Helped Resolve OD's Migraines

Now she incorporates epigenetic testing into her primary care practice

For most of her life, **Anna Hopkins, OD**, of Lancaster, Ohio, suffered from migraines. "A health center doctor in college was the first one who mentioned that certain foods might be triggering the migraines. He told me to keep a food diary, but it took me 20 years to figure it out."

The migraines stopped with menopause, so Dr. Hopkins began reintroducing some of those foods—such as bacon—into her diet. "I was recently diagnosed with high blood pressure, and that didn't make sense to me because I've never had that. In the meantime, she underwent a noninvasive genetic test, a cheek swab that mapped her methylation pathway. The results shouldn't have surprised her. All the foods that she suspected triggered her migraines were identified as problem foods for her. "If these foods triggered migraines, why was I surprised that reintroducing them was manifesting itself as high blood pressure?" Once she readjusted her diet, she's been medication-free. "As long as I stay away from things like ham sandwiches and pepperoni pizza, I'm good," she says.

She decided to introduce the option for genetic testing for her patients with chronic pain, such as migraines and other conditions

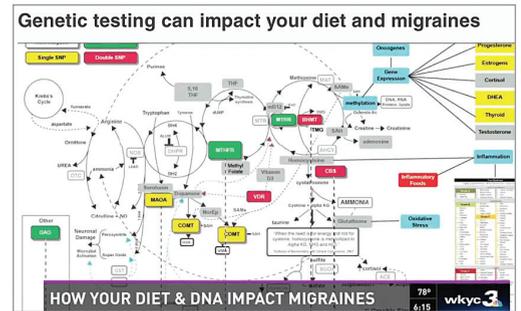


Dr. Hopkins

that result from an inflammatory process. "I'll see how receptive they are when I say that what we eat can make a difference in how our bodies work. I have brochures and posters in the office, and if someone seems interested, we'll talk about it more," she says.

She says she has had some impressive results. The wife of a patient with age-related macular degeneration (AMD) said that her husband's dementia was progressing and the doctors had started him on medications. Because of his dry eye and AMD, Dr. Hopkins recommended some ocular vitamins and the genetic testing. "When he came back in, he was doing much better, and the results of the genetic testing showed that he needed more D3," she says. The couple had stopped going outside because of his communication issues, and the lack of exposure to sunshine exacerbated the deficiency. "The most recent time I saw him, he drove himself in. He was a different person, and we were communicating without going through his wife. I would have been hard-pressed to say that he had dementia," she says.

She explains it to patients, saying that the body is "like an assembly line. If you are missing parts or adding pieces that do not fit, it



Optometrist **Scott Sedlacek, OD**, in Olmstead Falls, Ohio, was featured on WKYC TV talking about epigenetic optometry and migraines. Shown is methylation pathway map.

won't produce what it is supposed to produce very effectively. When poor food choices are made, it leads to chronic inflammation, among other things."

Dr. Hopkins says that in her 26 years of practice, she has been a big believer in letting patients talk. "I take a very complete history, and I feel that I get a pretty good overall view of the patient's health. It's important for me to know what problems they're dealing with," she says. While genetic testing is not a major part of her practice, it is an important component that she can offer, especially to those patients who struggle with some condition. **WO**

Opening as a Specialty Practice

OD starts with vision therapy practice to take control of her career

Rosalyn Coleman, OD, found herself in a variety of practice settings in the five years since her 2010 graduation from Southern College of Optometry (SCO),



Dr. Coleman

and each experience took her a step closer to starting her own practice. While that wasn't her original intention coming out school—she thought she might teach at an optometry school—Dr. Coleman ultimately came home to Atlanta to open Envision Therapy, her vision therapy office.

There is great responsibility with owning a practice, particularly one in a niche market, but "I felt the need to do it," Dr. Coleman says.

"Every day is scary, but I'm really glad that I branched out and took a risk. It's so much more satisfying and fun, and I like to have control of the decisions."

Dr. Coleman visited several locations that were for rent before finding the office she

picked, which offered the first 14 months rent-free. "It's been a great way to start my business, especially with me not providing primary care," she says. "I can focus on building my business and team, and I don't have the pressure of worrying about how I am going to pay the rent." The space was

also nearly ready to move into. The walls she needed were in place, a feature she says that she was happy to find since many other offices she considered were empty shells. Dr. Coleman repainted, added floor coverings and assembled

Continued on page 21

Specialize for Success

While it can be intimidating to put all of your eggs in one basket, **Dr. Rosalyn Coleman** says that a distinctive specialty can help doctors survive the many upcoming changes in health care. "It can be a rat race in primary care, so if you are passionate about low vision or something else, just do it," Dr. Coleman says. "There are not enough ODs who specialize, and it's necessary. If you're motivated, you can specialize to help keep your business afloat." **WO**



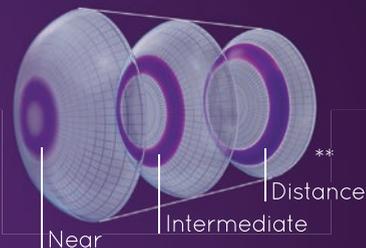
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References: 1. Based on third-party industry report, 12 months ending March 2014, Alcon data on file. 2. Eiden SB, Davis R, Bergenske P. Prospective study of Iotrafilcon B lenses comparing 2 versus 4 weeks of wear for objective and subjective measures of health, comfort and vision. *Eye & Contact Lens*. 2013;39(4):290-294.

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

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Continued from page 19

furniture herself to keep costs down.

With a focus on vision therapy, Dr. Coleman only needed specialty equipment, so she was able to open her doors in early 2015 without making a tremendous investment in traditional optometry instrumentation. "I wanted a *wow* piece," Dr. Coleman says, so she added a Sanet Vision integrator that includes a giant touchscreen to be used for activities and tests. She also regularly uses her balance boards and beams, perspectograms, electronic chart and evaluation prisms and lenses. Despite a brief setback one month in, when the office was broken into and electronics were stolen, Dr. Coleman has been able to provide thorough, quality care with a limited instrumentation budget. Dr. Coleman's insurance covered most of the losses from the burglary.

Dr. Coleman, who is a Region III Trustee for the National Optometric Association, balances her

time throughout the week as she continues to build Envision Therapy. She works two days a week with children and adults and also keeps a position at a Target Optical located about 45 minutes away. She's developing referral contracts with local practitioners, pediatricians and occupational therapists, who often have the best understanding of the vision problems and their relation to learning and reading.

Dr. Coleman is getting her name out in the community, participating in local events and holding speaking engagements at the office to create awareness. "A lot of people don't know about the connection between vision and learning," Dr. Coleman says, and she educates individuals on how improving their vision can enhance and benefit their quality of life, as well.

Dr. Coleman never knew that there was a problem with her double vision until she was in a lesson on the subject while studying at SCO. While she says that her vision never interfered with her grades in school, she had trouble



Vision therapist Christalyn Lewis working with a patient

reading and driving until she had vision therapy. The experience changed her life, and she says that she looks forward to continuing to help others in her community. "Vision therapy became my passion," Dr. Coleman says. "There's something new and different every day."

Despite the hard work, Dr. Coleman says that the flexibility of being her own boss is already paying off. She can schedule her last appointment for 1:30 and then leave to spend time with her 4-year-old daughter. **WO**

Train Others in Specialized Technique

Ever since **Debby Feinberg, OD**, started specializing in neurovisual optometry, she's received questions and inquiries from prospective patients. Some patients have driven many hours, flown or traveled by train to get to her practice, Vision Specialists



Dr. Feinberg

of Michigan in Bloomfield Hills, Michigan. "We still get emails, at least 25 a week, from all over the country and the world," Dr. Feinberg says. "The second I get someone from New York, I know where to send that patient's information."

That's because Dr. Feinberg has been busy developing a referral network. Around the time Dr. Feinberg was last featured in *Women In Optometry* in June 2013, she and her husband, emergency room physician **Mark Rosner, MD**, were developing an 800-page manual that embodies the work they've done, much of it related to binocular vision dysfunction, a condition where the eyes are misaligned, causing severe headaches, dizziness, anxiety and neck pain. They created an in-person course to train other ODs on their techniques for treating these neurovisual optometry conditions. Over six days, doctors can earn up to 40 COPE credits while they visit in Dr. Feinberg's office and receive personalized education and instruction. "We

also realized that these doctors would need necessary tools that aren't standard in optometric offices, so each graduate goes home with a rolling suitcase, and they are ready to see patients as soon as they get home," Dr. Feinberg explains. The course covers billing, clinical care and marketing.

"My goal was to train optometrists so that patients would not have to travel for care," Dr. Feinberg says, adding that she's provided neurovisual optometry care for more than 500 patients who traveled great distances to see her. "We need colleagues trained in each town." So far, nine graduates from California, Kentucky, Texas, New Jersey, New York and Pennsylvania have trained in her program. Dr. Feinberg's website contains a doctor locator, so patients who find her might be able to get in touch with a trained neurovisual optometrist closer to home.

Neurovisual optometry opens doors for both the patients (who find relief through treatment and new eyewear) as well as for practitioners who now have the opportunity to care for a new population of patients. "Who would have thought that eyeglasses could help people with headaches, dizziness, motion sickness, anxiety and neck pain?" Many have been suffering for years. "We're providing guidance in a new specialty in optometry. It's



Dr. Feinberg spoke in October at a TEDxDetroit event.

a paradigm shift for doctors that they don't need to see 20 patients a day. They can slow it down and see eight patients a day. It's a financially viable model that is professionally very satisfying."

Dr. Feinberg has been working with medical doctors to create awareness, and she spoke in October at the TEDxDetroit event, an opportunity at national exposure to lay people on this important topic. While it was a step outside of her comfort zone, Dr. Feinberg says, she is eager to help medical doctors and the general population think about eyes in a new way.

Visit the website vsinst.com for more information on Dr. Feinberg's education program. **WO**

Continued on page 22

Neurovisual Optometry Services in High Demand

Kathryn Collins, OD, of Lititz, Pennsylvania, read about an interesting case that a fellow OD posted on the social media forum ODs on Facebook.

The patient in the case had been in a car accident, and despite working with neurologists,



Dr. Collins

physical therapists (PTs) and occupational therapists (OTs), her progress had stalled because she couldn't see well. Dr. Collins reached out to the colleague, **Margaret Shirk, OD**, also from Pennsylvania. Dr.

Collins sent Dr. Shirk a validated questionnaire for the patient, which could help them determine if the patient could benefit from the neurovisual optometry services she offers.

In 2013, Dr. Collins read an article in *Women In Optometry* magazine featuring **Debby Feinberg, OD**, who had started a neurovisual optometry practice in Michigan. In that story, Dr. Feinberg had said she was drawing patients from as far as Pennsylvania. Dr. Collins recalls thinking that wasn't right. So she contacted Dr. Feinberg to ask how she could bring neurovisual services to her community. Dr. Collins and another OD went to Dr. Feinberg's office and spent a week learning and training with Dr. Feinberg and her patients with traumatic brain injuries, binocular vision disorders and other imbalance issues.

So Dr. Collins recognized the symptoms of

dizziness and instability that Dr. Shirk's patient,

Debra, presented with. Debra came to see Dr. Collins, who determined after a detailed examination that eyeglasses with a small amount of vertical prism would help her symptoms.

"After she received her glasses, Debra was able to return to the rehab hospital because the OTs and PTs thought that she could make progress again. The patient was hoping to return to work where she teaches inner-city kids. Now she can," Dr. Collins says.

Neurovisual optometry isn't like vision therapy, where patients return to the practice for weeks or even months. "We're fitting them with glasses that have been shown to reduce patients' symptoms so they can get back to work, driving and normal life. Sometimes, that means that they can continue on to vestibular, occupational, physical and/or vision therapy with greater success," she says. But most times, it is not needed. For the past two years, she has been offering these services in her primary care office. "I hope at some point to be doing mostly neurovisual optometry. I have local patients, but many are coming from as far away as North Carolina and Virginia, so there are enough patients in our communities for many more of us to be offering these services,"



Dr. Collins works with Debra, who was referred to her by a colleague who realized the patient needed neurovisual support.

she says. Her patients are often referred by neurologists, who think there may be some visual component to a patient's problem; rheumatologists, whose patients have myofascial pain; and PTs, whose patients continue with dizziness and imbalance. "Many of their debilitating symptoms can be alleviated by realigning the patients' eyes. In the past, that wasn't successful because we were not asking the right questions, measuring the right parameters or knowing what to do with the information once we had it. But with the proper research, education and digitally designed lenses, we can prescribe smaller amounts of prism, and it is really helping."

Neurovisual exams typically last about 90 minutes for a first exam. "But the response is amazing. I've gotten more hugs and shared more tears in the two years I've been offering neurovisual optometry than I have in my whole career. Patients are so appreciative." **WO**

Launching a New Service With a Makeover

Leslie O'Dell, OD, recently joined Wheatlyn Eyecare to bring dry eye services to the region. The timing was good, not only from a service-delivery perspective, but also because the practice was undergoing a remodeling and adding new signage. As a result, the Dry Eye Center of Pennsylvania, housed within Wheatlyn, had a chance to open up with a little extra fanfare.

The partners at Wheatlyn embraced the idea of a dry eye center where patients could be diagnosed and interventions could start earlier, she says. One of the exam lanes in



Dr. O'Dell

the practice is dedicated exclusively to dry eye services, with a microscope for demodex cases. The patients who come for dry eye consultations are provided with different questionnaires at check in. Even though the practice offers primary eye care, Dr. O'Dell is making it a point that patients referred

from other ODs return to those ODs for their primary and general eye care. That will help her build more referrals.

"We are now providing more dry eye products at retail," she says, noting that it's important



When Wheatlyn Eyecare remodeled, it added space for the Dry Eye Center of Pennsylvania.

to her to know that patients are purchasing the prescription and over-the-counter products that

she is recommending. Patients can purchase these products at the dispensing bar, where they also pick up contact lenses or have their eyeglasses adjusted. Wheatlyn has a second



location, but the dry eye services are centralized at the main office. "We have set up good protocols that the doctors follow to know when to send

them over," she says. She has also been busy developing step-by-step protocols for in-office manual expression for meibomian gland dysfunction (MGD), following the LEO method: liquefy, express, observe. "LipiFlow is a great way to treat MGD, but if a patient is not going to elect to have that treatment, other options need to be offered. MGD is chronic and progressive in nature, so



The opportunity to bring on a new doctor and new services coincided with the practice remodeling.

simply not treating it is not an option," says Dr. O'Dell. **WO**

OD Builds Exclusive Neurovisual Practice in New York

While she was in Michigan to visit her daughter, **Cheryl Berger Israeloff, OD**, visited the office of neurovisual optometrist **Debby Feinberg, OD**.

Dr. Feinberg wasn't there that day, but between the phone conversations the two women had had and speaking with the doctors and office staff in Michigan, Dr. Berger Israeloff says, "I knew in my heart that I wanted to dedicate my professional life to helping people with neurovisual problems." It's been a two-year journey that is taking on a new dimension now as Dr. Berger Israeloff is opening the Neuro Visual Center of New York (NVCNY) in Garden City, New York, an eastern suburb of New York City. "I'm trying to clone Dr. Feinberg's practice in New York," she says.

She is also maintaining her primary care practice. The two locations are about 10 miles apart, but the offices are different. "One is very retail, general optometry. The other is a suite in a medical office with all new state-of-the-art equipment, and we're starting as paperless as possible," she says. She is working to transition herself to working exclusively in the NVCNY.

Dr. Berger Israeloff says that moving toward neurovisual work was an opportunity to do something different and very meaningful. "This is a patient population that needs help. We can make a big impact on someone's life—and it's one area where we don't have a lot of competition. In New York, there's an optometry practice and an ophthalmology practice on practically every corner."

Dr. Berger Israeloff had been seeing these patients in her regular practice, but she says that a dedicated facility will be helpful.

"Patients who have vertical heterophoria or migraine sufferers or traumatic brain injury patients know a lot of the same people. They've gone to multiple doctors for help," she says. "I have had patients whom I haven't even helped yet who are so thankful that I sat and listened and didn't call them crazy. They are so grateful I was able to validate their feelings."



Dr. Berger Israeloff

She's been introducing herself to vestibular therapists and concussion doctors in the area. She explained that she uses a binocular vision dysfunction questionnaire that is scored. The score can raise a red flag that the patient warrants a binocular vision assessment. "During our first visits with prism and trial framing, we can see right away if this is going

to help," she says. Patients sometimes return a few months later for some lens adjustments as their results progress. "We can get them back to functioning fairly quickly," she says.

She encourages ODs in primary care practices to screen patients with migraines and other chronic complaints. A binocular vision dysfunction test for adults and children is available on Dr. Debby Feinberg's website, vision-specialists.com, as well as on her own site, nvcofny.com. "If you suspect that a patient has symptoms of binocular vision dysfunction, have the patient complete the questionnaire and share those results," says Dr. Berger Israeloff. "Sometimes in the optometric community, doctors are hesitant to refer out, but this is a good cause. A lot of the symptoms aren't visual; they're vestibular. I've had a patient who got dizzy pushing a shopping cart, for example. Neurovisual optometry isn't for everyone, but it's important to have this in the toolbox of options." **WO**

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Questionnaire

Please take our test if the following applies to you. Your symptoms may be caused by an undiagnosed Binocular Vision Dysfunction (BVD) that would not be found on a routine eye exam.

- you have experienced symptoms such as headaches, blurry vision, dizziness, or anxiety over a short or extended period of time
- you have seen one or more specialists for your symptoms and have found no relief
- you have experienced a concussion or traumatic brain injury (TBI)
- you have been diagnosed with ADHD, dyslexia, other learning disabilities

Could all your symptoms be coming from your eyes? A BVD causes one eye to see an image differently (vertically, horizontally—or both) than the other eye. The body corrects this by overusing and severely straining the eye muscles, causing the symptoms of BVD which include headaches, blurry vision, dizziness, difficulty with reading, learning and concentrating, and even anxiety in large spaces.

A binocular vision dysfunction survey can help ODs and patients determine where they could benefit from neurovisual services. All the neurovisual ODs in this cover story include this questionnaire on their websites.

Overall Enrollment Increases

Percentage of women entering optometry schools stays at 68 percent

Enrollment in North American schools and colleges of optometry increased to 1,949 students who entered the class of 2019, an overall increase of almost 2 percent over 2014. Women accounted for 68 percent of the incoming students, the same percentage as the year before. Ten schools saw an increase in the percentage of women enrolled, compared to 2014, and 12 reported a decrease in the percentage. One school's ratio

didn't change. At University of California, Berkeley, School of Optometry, 87 percent of the incoming class is women, the highest percentage of all schools. In two schools, men are in the majority in the incoming class. At Midwestern University Arizona College of Optometry, 39 percent of the incoming class was comprised of women, and at Northeastern State University College of Optometry, women account for 46 percent of the new enrollees. **WO**

School	2015 total	# of women	% of women		
 ILLINOIS COLLEGE of OPTOMETRY	Illinois College of Optometry	171	131	77%	
 INDIANA UNIVERSITY	Indiana University School of Optometry	80	50	63%	
	Inter American University of Puerto Rico School of Optometry	63	40	63%	
	Marshall B. Ketchum University	100	72	72%	
 MCPHS UNIVERSITY	MCPHS University School of Optometry	69	45	65%	
 MICHIGAN COLLEGE OF OPTOMETRY	Michigan College of Optometry, Ferris State University	38	21	55%	
	Midwestern University Arizona College of Optometry	54	21	39%	
	New England College of Optometry	119	80	67%	
 NSU OCO	Northeastern State University College of Optometry	28	13	46%	
 NOVA UNIVERSITY	Nova Southeastern University College of Optometry	105	76	72%	
 THE OHIO STATE UNIVERSITY	The Ohio State University College of Optometry	69	54	78%	
	Pacific University College of Optometry	94	56	60%	
	Rosenberg School of Optometry, University of the Incarnate Word	68	44	65%	
 SALUS UNIVERSITY	Salus University Pennsylvania College of Optometry* <i>Not including Scholars Program</i>	167	113	68%	
	Southern College of Optometry	136	96	71%	
	State University of New York College of Optometry	100	74	74%	
	University of Alabama at Birmingham School of Optometry	49	32	65%	
	University of California, Berkeley, School of Optometry	69	60	87%	
 UNIVERSITY OF HOUSTON	University of Houston College of Optometry	103	67	65%	
	University of Missouri, St. Louis, College of Optometry	42	27	64%	
	University of Montreal School of Optometry	46	29	63%	
	University of Waterloo School of Optometry	91	59	65%	
	Western University of Health Sciences' College of Optometry	88	69	78%	
Source: North American schools and colleges of optometry as of September 2015		TOTAL	1,949	1,329	68%

Extra Credit: Students Start Networking Now

Getting through optometry school is no small task, but those years can deliver more than just a degree, says **Sandy Trybus**, who is studying at the Southern College of Optometry (SCO). It can be a time to make contacts with more experienced ODs who can show you the ropes. Those contacts are especially important for young women coming through optometry school, says Trybus, a member of the class of 2017.

So Trybus and a classmate, **Michelle Moscow**, came up with a way to help make those connections happen. They launched a service organization for female students at SCO called Gamma Omicron.

The group has about 50 members. Its biggest networking event is its Speed Leading session, which lets students sit for a few minutes at a time with more experienced female ODs. This year's event, held in September, was



The events include time to network and time to learn.

the group's second. Each of six ODs sat at a table with six students. Every eight minutes, the students moved to a different table.

"Everybody loved it," says Trybus, who is the organization's current president. "It's kind of nice to just ask them personal questions in that group setting. It's harder to do that in a crowd."

The group is a revival of sorts of a previous campus organization. The Gamma Omicron name comes from a group started at the school in the mid-1970s, by **Martha Rosemore Morrow, OD**, a 1974 SCO graduate. Back then there were just a handful of women enrolled at SCO. The G.O. initials of the group were informally meant to stand for *girls only*. Those days are gone: the 2019 class that enrolled this year is 71 percent female, the school's highest percentage ever.

But while the number of women entering



Gamma Omicron officers, front row (l-r): Jenna Steffen, Sandy Trybus, Julia Ham and Erin Keim. Back row (left to right): Sharon Rothstein, Michelle Moscow and Sarah Henderson. Not pictured: Maddie Coughlin



the profession is up, the share of women at the highest levels hasn't yet caught up. "We're no longer the minority" of enrolled students, says Moscow. "But the purpose of the club is to get women into the leadership positions because, there, we are the minority."

For the Speed Leading session, the students invited ODs from SCO's Alumni Council and its Board of Trustees. They got a good response and students at the event were able to ask questions of women ODs with a broad range of experience.

Among the ODs participating was **Sallye Scott, OD**, who graduated from SCO in 1978 and began a private practice. She's been active in state and national optometric groups. **Whitney Hauser, OD**, the group's faculty adviser at SCO and a 2001 graduate of the school, also participated.

Another was **Jarrett Johnson, OD, MPH**, who graduated from SCO in 1990 and has been in private practice since 1994. She's held several leadership roles with SCO, including two terms as the chairwoman of the school's Board of Trustees. She's also been active in public service efforts, including the

New Orleans AIDS Task Force and the Red Cross's Hurricane Katrina Project. In September, she received the school's 2015 Lifetime Achievement Award.

Talking in small groups makes it easier for students, Moscow says. "We wanted people to not be intimidated by asking personal questions in front of a large group." Besides asking about career choices, the students wanted to ask the ODs about balancing work and family "and how they did it," she says. "It is kind of inspiring to hear how it is possible to achieve your career goals and have a family life."

Plus, students get to make a contact they can reach out to in the future with other career questions, Moscow says.

"They're willing to talk to you about it. You just need to ask them."

The group has been involved in other campus events. In April, it hosted **Dori Carlson, OD, FAAO**, the first



The group invites mentors in optometry; in April, Dr. Dori Carlson joined the panelists.

woman president of the American Optometric Association. It's also involved in serving the local community, and devotes most of its volunteer efforts to the Boys & Girls Clubs of Greater Memphis.

Kristin Anderson, OD, SCO's vice president for institutional advancement, says reviving Gamma Omicron makes sense, given the demographic changes in the profession. "One of the things I found exciting about the approach they've taken is these students recognize that they have a professional obligation within the optometric community," she says. "They want to develop themselves as active professionals and leaders." **WO**

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Rosie Flores, OD

floresoptometry@att.net

The Only Difference is The Optical DreamSM

OD credits Vision Source[®] training and incentives with the increase in annual supply sales.

Rosie Flores, OD, of San Leandro, California, had to give her staff a push to get on board with The Optical DreamSM when it was first introduced. Now that the staff is in, reaping the rewards and seeing the sales increases, Dr. Flores is telling her Vision Source[®] colleagues to stop delaying their own implementation. Dr. Flores has seen a 12.4 percent increase in revenue this year compared to the same point last year. "The percentage of annual supplies of contact lenses is higher, too, and the only thing we've done differently is start using the training and tools from The Optical DreamSM."

In Dr. Flores' office, her two most competitive staff people were the first to become involved. When The Optical Dream^{SM2} expanded the program, making it easier for the whole staff to participate, the numbers picked up.

"We all began to realize that if you don't make it a habit to ask every patient if he or she is interested in sunwear or computer eyewear, for example, we'll never know," Dr. Flores says. The Optical DreamSM videos, which the staff watched together, helped reinforce what to say and how to say it so that everyone's comfortable.

The summer months, typically the quietest of the year, have been busy this year. "We're usually just breaking even at this time of year," Dr. Flores says. But with the staff members all using the strategies they've learned through The Optical DreamSM, "it has literally been a dream for me," she says, laughing. "Even our shyest employees are confident about asking patients questions that spark an interest in eyewear sales."

The program is simple to implement, she adds. But what makes it work so well are the ongoing incentives. "Even if I had made increased annual supply sales and second-pair sales a goal in the office, I couldn't have come up with a program like this that continually incentivizes employees to keep them on track. Now that we've been doing this for three months or so, it's become a habit to ask these patients questions," she says.

Dr. Flores says that she has heard from colleagues who say that they doubt that prizes would motivate their staff. At first, she thought that was the case in her office, too. But as the prizes arrived, first for one employee and then a second, interest (and a little bit of envy) began to increase, too.

In her office, two opticians handle most of the sales. The process that has worked for this office is that when two prizes arrive, one of the opticians gets one and the other is awarded to a member of the staff who plays a supporting role. "Everyone remembers to log his or her points in the system," she says.

The Optical DreamSM builds on Dr. Flores' system of bonuses for second-pair sales and other upgraded purchases. It has had the effect of increasing those bonuses for employees – but obviously, the impact to her bottom line has been even more significant.

"What The Optical Dream(SM) did to make our whole system more effective was that it gave us the verbiage. It helped us all learn how to present annual supplies, second pairs and high-quality products to our patients," she says.

In this practice, opticians also do the pretesting on patients. "Now they're already asking patients questions even before I see them. 'Did you bring your computer glasses?' Or, 'Did you bring in your prescription sunwear?' Opticians can start developing ideas for what to discuss with patients even before they come back to the dispensary. It used to be that opticians would think of selling the first pair, and anything else could be addressed later. Now they're thinking about multiple pairs right from the start."

Dr. Flores has made some staffing adjustments as a result of the increased business. She noticed that increased multiple sales required more of the opticians' time. It was time well spent, of course, but Dr. Flores didn't want patients to have to wait for an optician to help them. So she expanded the hours of some of her part-time staff to make them full-time employees. "It raised the payroll, but it's a better situation. Full-time employees are more invested in the success of a practice than part-time people are, generally. There's more continuity, too. They hear what's going on, they're thinking about issues here all the time. They're more likely to see a patient they worked with when that patient returns to pick up eyewear."

That has led to an increased emphasis on the quality of the final presentation of eyewear to patients. "Previously, our opticians would open the packaging when the patient arrived. That means the opticians were unwrapping the frames and taking stickers off right in front of the patients. Now we do that first and make any preadjustments we can. Then we place these frames in velvet boxes so when the patients arrive, it gives us a chance to reinforce to them the value of the eyewear they've just purchased here," Dr. Flores says.



For more information go to VisionSourcePlan.com

Emphasize Lid Hygiene as an Important Part of Daily Care

At Omni Eye Surgery in New York City, the focus of the day is on cataract, glaucoma and retinal surgeries. Yet Center Director

Katherine Mastrota, MS, OD, FAAO, is quick to note that the health and condition of the eyelid, eyelashes and lid margins play an important role in surgical outcomes and patient satisfaction. “My love of the ocular surface precedes my joining this practice. In my opinion, the lid margin and lid hygiene of the lash line are of utmost importance for the production, maintenance and spread of the tear film,” she says. “Normal flora that reside on the lid margin may overpopulate because of makeup, eye diseases and systemic conditions such as diabetes.”

Problems can arise with all patients, says Dr. Mastrota, but women—especially those who wear heavy makeup—may be particularly at risk. “Paragon BioTeck has a line of new lid cleansing creams, and I welcome that this line has hyaluronic acid (HA), which has both water-retaining and restorative properties. This attribute may contribute to a better tear film and better visual function,” she says. *ilast Clean*® is a 0.2 percent hyaluronic acid cleanser formulated to gently clean and moisturize the sensitive skin around the eye. *ilast Care*® is formulated to soothe and moisturize dry or irritated skin around the eye.

HA is a glycosaminoglycan. Importantly, HA has a greater capacity to hold moisture than any other natural or synthetic polymer, retaining skin’s moisture content. HA also provides antioxidant defense against free-radical damage and reduces inflammation.



Dr. Mastrota

“Intuitively, HA-containing products won’t strip the delicate surfaces of the eyelids: if you improve the lash follicles, it would follow that the lashes themselves will be stronger. I’ve certainly seen patients who have compromised eyelash follicles, and the result is stunted lashes,” Dr. Mastrota says.

Lid hygiene should be a part of every conversation with patients, says Dr. Mastrota. Men neglect cleaning the lid and lash area, too, she says. “There are a wide range of solutions, but at a minimum, it should include a gentle wiping. Just as people brush their teeth and shower, it’s important to think of lid hygiene daily. It’s a part of proper system maintenance,” she says.

However, she knows it’s not top of mind for all clinicians. She thinks of the students/residents/young doctors who come to Omni Eye Surgery and skip right past the lid margin. “They are eager to look at the cornea and the red eye, even if there’s irritation or debris. I remind them that bacteria will create biofilms there, and the

patient will need mechanical action to disrupt it. Patients will benefit from antibacterial products containing hypochlorous acid. Hypochlorous acid products alone, however, will not effectively remove waxy cosmetics, allergens and cellular debris that are difficult to remove.”

Lid hygiene issues are becoming more pervasive as makeup formulas and applications are changing. Dr. Mastrota notes that today’s creams, shadows and mascaras have sealants or activators, and makeup users often apply makeup to the mucocutaneous junction of the lid margin, not just above the lashes. In other words, patients are occluding their meibomian glands daily, which can disrupt the secretion of meibum or transfer into the tear film, contributing to dry eye symptoms.

“As we age, too, there are some degenerative issues going on. If you look closely enough, in most cases, you’ll find some changes in the quality of the lid margin,” she says. “When it affects the tear film—if the tears aren’t smooth or of good quality—that will impact the outcome of the clinical exam.” Indeed, that presents an opportunity for optometry. While she hasn’t introduced cleansing products for sale at Omni Eye Surgery, she recognizes the advantage in having recommended products for purchase immediately after an exam. It’s convenient for the patient and reiterates the doctor’s recommendation that lid hygiene is an important part of overall ocular health. **WO**

HOW TO BECOME THE CEO OF YOU

Develop a Winning Strategy



Dr. Justin

By Laretta Justin, OD, Orlando, Fla.

Developing a strategy is a very important step to your success. You will save a lot of time and money by enlisting the help of mentors, advisors and coaches. Your strategy should include the following components.

Leadership: Develop and communicate your Mission, Vision and Purpose (MVP). Write in plain language and communicate the MVP to your team often, with passion and enthusiasm. An organizational chart will help establish

the structure of your practice and chain of command.

Administration: Describe how your administrative department will manage these five areas of the business: information technology, human resources and payroll, financial metrics/benchmarking, communication systems, and business development and protection.

Operations: Describe the processes and resources that you’ll use to produce the highest quality products and services efficiently. This standard operating procedure manual will cover these five key areas: physical location description, procedural outline for all job tasks, equipment inventory, product inventory and product/service delivery.

Promotions: Your promotional plan will detail these five key areas: the patient experience process from A-Z, brand loyalty development, direct marketing, public relations and advertising.

Sales: Address lead generation and capture, merchandising, sales philosophy and processes, inventory management and pricing strategy.

Enlist the help of your support team throughout. Remember, success leaves clues, and your team may have the clues you need to achieve your goals quickly. Next time, I’ll address how to develop a winning team. Until then, dream big, take risks and become the CEO of YOU. I’d love to hear your thoughts; email your comments to drlaretta@drlarettajustin.com. **WO**

Making the Old New Again

After buying a practice in a small Virginia town a few years ago, **Julie Brown, OD**, and **Shannon Zollinger, OD**, knew they wanted to ditch the standard office decor in favor of a rustic design using locally reclaimed materials.

So they did. Gone are the brightly lit, white optical displays and laminate-covered dispensing tables. Now there are custom-built tables made of “bourbon wood” from an old distillery, and hand-made optical displays using weathered barn planks, steel pipes and antique nails.

Now that the project is done, it’s hard to say which is more remarkable—that they came up with the idea, or that they got it done in six weeks and under budget.

The reaction so far from patients “has been fantastic,” Dr. Brown says. “They like the



Dr. Brown (left) and Dr. Zollinger pose with Black Dog Salvage co-owner Mike Whiteside.

the optical displays.

The practice was able to stay open even through the renovation. “The staff was amazing; the employees were a huge help,” Dr. Brown says. Staff members helped with the

project work, and they moved the previous optical displays in and out of the way as needed.

The two also came up with the idea for using piping to hold the frames on the optical displays. “Then it was just figuring out what would hold the nose piece. That’s when we came up with the ideas for the nails,” she says.

The task of getting these displays built fell mostly to Dr. Brown’s husband, **Frank Manuguerra**, and Dr. Zollinger’s husband, **Jeff Hook**. “Dr. Zollinger and I did most of the designing and that kind of thing, but they took down the barn, got the wood ready and put in all the nails,” Dr. Brown says.

Manuguerra, who is also the practice manager, says that putting in the nails was a lot of work—2,196 holes, done with two



Frank Manuguerra drilled 2,196 holes in pipes to insert antique nails for frame supports. See more at theyesite.com.

drill presses set up behind the practice building. “I went through about two dozen drill bits,” he says. The husbands also custom-built a large mirror, using the barn wood as framing.

The practice’s new design got a lot of attention this summer when it was featured on an episode of *Salvage Dawgs*, a show on the DIY Network. The company at the center of that show is Black Dog Salvage, based in Roanoke, Virginia, which is about an hour’s drive away. Black Dog made the four dispensing tables, using the bourbon wood and sections of rusted iron fencing.

“They did the tables, and we did the rest of it off that theme,” Dr. Brown says. The episode aired on July 26, and Black Dog co-owner **Mike Whiteside** told viewers, “It takes a little courage to use this old stuff, but the value is a real *wow* factor when you walk into a place like that.”

The doctors are taking the design concept to another level—they’ve launched a company called Podtical Designs with the goal of “pioneering the change of the optical showroom industry,” as the website, podtical.com, says. The goal is to make the same design elements available to other optometric practices looking for something different. “What we did in our optical as far as the design aspects, the geometric piping, the rustic wood, we’re offering that to anyone who wants to try it,” Dr. Brown says.

The two doctors met while attending The Ohio State University School of Optometry, where they both graduated in 2009. They launched their partnership in October 2013, after their respective husbands each found job opportunities in Virginia. So they share a profession and a taste in design, too. **WO**



Black Dog Salvage created the bourbon wood tables, but the doctors and their husbands created the rest of the office design. The look is unique and distinctive.

material we used. They like the workmanship. We have so many craftsmen in this area, and we knew this look would fit and be timeless.”

The practice is in Collinsville, Virginia, near the North Carolina line, a region with a long history of furniture manufacturing. The doctors worked out the design themselves and started the project last fall. It began with tearing down a couple of old barns on a nearby property. That wood was used as backing for

WO sends out Makeover Mondays via email. Visit womeninoptometry.com to see these and other great ideas.

If you have a makeover idea to share, email mbijlefeld@jobson.com.

OD Collected Ideas for Her Future Practice

Two years ago, **Ehryn Cartwright, OD**, finally had the opportunity to open her own practice in the Mariemont planned community in Cincinnati, Ohio. In fact, about eight years ago, she set aside a copy of the September 2006 *Women In Optometry* magazine because it included photos of a practice setup that she liked. "I knew I was going to have my own office one day," she says. She and her family lived in Mariemont, but for the previous six years, she had been driving into northern Kentucky to work there. "I was establishing relationships with people in the community where I lived, but I was practicing 30 miles away," she says. She wanted to work closer to home and also be more involved in school activities as her children, now 3 and 5, entered the school system.



Dr. Cartwright

She noticed a small storefront for rent right on the town's main square, all built in a distinctive Tudor style. "My husband and I had entertained the idea of opening a practice, but

we thought that at 775 square feet, this would be too small or the rent might be too high," she recalls. Once she saw the space, though, she realized she could make it work with some creativity and some hard work. "It had been a chiropractor's office.

I reworked the entire layout. And I knew what I needed. I can't tell you how many different sheets of graph paper I went through moving the parts around," she says. Working with Barbara Wright Designs, she has created Eyecare on the Square, a space with two full exam lanes; advanced equipment, including an optical coherence tomography unit and visual field analyzer; and a full dispensary with about 500 frames.

"What I gave up was an administrative area and a kitchen. I would love to have a kitchen so my two employees can bring their lunches," she says. The office does have a mini fridge, and there's a microwave tucked in under a cabinet



Soothing colors and a clean design welcome patients.

in the contact lenses area, which is the size of a small room or a large closet. Her computer is set up on a counter in that same area.

Dr. Cartwright says that business is growing. Each month this year has been about 30 percent higher in revenue than the year before. She just hired her second employee, both of whom cover the range of nonclinical tasks. Dr. Cartwright, for now, handles the pretesting and exam procedures. "As we grow, I'd love to get a technician, but for now, I like spending the time with the patient. I get to know patients a little better, and I think that's helping our growth. They know they're getting a thorough exam." **WO**



Downsizing to Grow

Efficiency and visibility tipped the scales for move to a smaller office

Kelly Bugg, OD, purchased a 50-year-old practice in Mayfield, Kentucky, in 2011, but it wasn't until she moved her office in 2014 that people really started to notice Mayfield Family Eyecare. "I was downtown for three years with a sign outside, and patients had no idea that I was the other optometrist in town," Dr. Bugg says. "The downtown office was huge but narrow." The space just wasn't working for office flow,

and Dr. Bugg had to complete pretesting in a hallway. "The efficiency was really poor with people walking by you, and you could hear everything going on in the front of the office." Plus, her patients were inconvenienced by the lack of parking.

Dr. Bugg saw a nearby building, in a great location, being renovated. However, at 1,000 square feet, it was about half the size of her downtown office. She decided it would provide a better workflow, however. Dr. Bugg and her husband, **Wes Bugg**, scoured the Internet for design ideas and made hundreds of drawings on grid paper.

Dr. Bugg and her husband created the stonework in the back of her dispensary. "It turned out gorgeous, but it was extremely time-consuming," she says. "We wanted it to feel cozy and not like a doctor's office." The walls are a bright, olive-green color and much more inviting than the burlap walls in her former location.

Because of its square shape and more windows, the office feels larger—even though it's considerably smaller. The new office includes a more private pretesting room and two fully equipped exam rooms. In the downtown



The stonework front desk matches the stonework on the dispensary walls.

space, she had two exam rooms, but because of one's awkward location, she used it for storage. She's also been able to add more instrumentation.

"I think location, visibility and efficiency are so much more important than the space," Dr. Bugg says. The visibility has drawn in several walk-in patients a week. "I could count the number of walk-ins we ever had in the other office on one hand," she says, laughing. **WO**



Dr. Bugg, seated, with her staff in the new office location

Give Patients a Reason to Say Yes

The decision to buy is based on emotions, says **Rebecca Johnson, CPOT, COE**, executive director of GPN. When she addressed a packed lunch-and-learn at Vision Expo West, she used her own Tumi



Rebecca Johnson

backpack as a prime example. Johnson says she loved the look—professional and stylish—and knew that carrying a backpack would not give her

the same crick in the neck and shoulder that comes from carrying a heavy purse. But she couldn't justify the price, she recalls... until the sales representative "made it make sense for me to buy it. He told me that the bag had a three-year warranty, and suddenly, it made sense to spend the money when I began to think of all the bags that I've purchased that fall apart after a few months," she says

Johnson says that experience isn't unlike what patients and customers in an optical dispensary go through. They may find very nice frames, for example, that are just above the price they had expected to pay. "It's the role of the optician to help them buy what they want. CareCredit is a perfect way to help do that," she notes. "It puts one additional tool in your toolbox so that you can say, 'I have a way I can help you get what you want now.'"

It's important that opticians—and the doctors who employ or work with them—realize that optometry is a mix of retail and medical services. "Retail is not a four-letter word," says Johnson. When a dispensary is staffed with opticians and others who understand that their goal is to help patients achieve the vision they need with the product that they want, then they can create those emotional moments that make the patients feel great about their choices. "Don't think of it as selling; think of it as helping the patient buy. Patients want to select the products they most desire, and when you can give them something that will help them feel better about it, that's helping them buy."

She also emphasizes that everyone in the

office has a role in discussing the option. Front desk staff and technicians can be very influential. For example, if a prospective patient calls and asks about the frames, a staff person who says, "We've got a great selection of designer frames," may not be saying the words that will attract that particular buyer. Not everyone wants designer frames, says Johnson. But if the office representative says, "We have the most amazing collection of frames, and we encourage you to come in and shop around. It's fun. We carry everything from value packages to designer frames, and the frames start at \$139 and can go up to \$5,000, but we also accept this wonderful credit card, CareCredit, which can help," that's a powerful motivator to get that customer into the dispensary.

Similarly, the technician reading a patient's current lenses can start talking about frames. "Have you always worn brown frames? Red is a cool color right now, and we have some



Rebecca Johnson spoke to a full house during a lunch-and-learn at Vision Expo West.

great red frames in the optical. You could always wear the brown ones for work, but have another pair for something fun," Johnson says. Again, the technician can mention that the practice accepts CareCredit, and that the combination of CareCredit, insurance benefits and even health savings account dollars can put a range of eyewear options within reach. "The message to all patients should be, 'If you're interested, we can help make it happen,'" Johnson says. **WO**

Help Patients Stretch Their Buying Power

In the first three quarters of this year, **Brooke Hernandez**, a patient advocate at **Lakeline Vision Source®** in Austin, Texas, says that she can attribute about \$20,000 in sales made to patients with CareCredit health credit cards who might not have chosen to purchase those products if they otherwise would have had to pay with a general purpose credit card or their checkbook.



Brooke Hernandez

"Most of the people who are using CareCredit already have the card before they come here. But they either see that we accept CareCredit from our website, or they see the signs on the opticians' desk and at the front desk," Hernandez says. Opticians can also help patients apply for CareCredit online. Hernandez says that she notices that most of the CareCredit purchases are either for nice frames and better lenses or for the purchase of multiple products, such as an annual supply of contact lenses and backup eyewear. "Patients might be using their insurance benefits toward their contact lens purchase, for example, and then using CareCredit toward a higher-end frame." **WO**

Reframe the Conversation to Focus on Vision First

Melissa Viker, OD, of Eden Prairie, Minnesota, has begun treating her older patients with a little more respect. "I recently turned 50 and personally began experiencing more symptoms of dryness. That gave me a better understanding



Dr. Viker

of the contact lens dropout situation than I ever had before," she says. She's taken that new-found knowledge to change the way she talks with patients, too. "People don't like to complain about discomfort," she says. But now she realizes that it's not just comfort that is diminished. "Now I understand more how dryness affects vision. You can dismiss the fact that your contact lenses aren't comfortable. But you cannot dismiss the fact that you can't see what's on your computer screen," she says.

So instead of asking the traditional question about how contact lenses feel at 4 p.m. or 6 p.m., she asks older patients if they notice any fluctuation in vision during the day. Rephrasing the question has provided her with much more insight into her patients' contact lens-wearing experience. "Younger patients have some of these same issues, especially if they work in an office environment and spend a lot of time on computers or electronic devices."

By focusing on the fluctuating vision, Dr. Viker has a base from which to launch her discussions. "We'll start first with the modality that the patient is wearing and then the optics of the lens. When I let patients know that we can address that fluctuating vision by putting them in a one-day option, even if they're presbyopic, they're eager to hear about that," she says. Plus, she makes sure she mentions the option of daily disposable contact lenses for her occasional-wear patients, or even those

who might be considering contact lenses as an alternative to wearing eyeglasses all the time. She has found high levels of success with DAILIES® AquaComfort Plus® Multifocal contact lenses. "The one-day option is a big bonus for the convenience and clarity of vision. Even though I'm not asking patients about comfort, they are absolutely going to notice the change in comfort when we switch them to a lens like that."

Looking at the patients' ocular surface will provide additional information about which way to move with the patient. "If the ocular surface is generally healthy, some of these comfort issues can be resolved just by moving the patient into a more appropriate contact lens," she says.

Dr. Viker's website details her services.

Dr. Viker says that she has also begun to appreciate for presbyopic patients just how much difference a 0.25D change can make. "I'll ask patients if they're leaning into their computer screens or leaning away from them. I used to think that 0.25D was inconsequential, but it isn't. It can make such a difference."

That's the kind of resolution that she wants to achieve with all of her patients. "Because I'm in a Walmart setting, I make no revenue from contact lens sales. But even so,

Recommend the Best First

"Years ago, I determined I would not prejudge what my patients were willing and able to pay," says Dr. Melissa Viker, who has been at the same Walmart location since 1993. That's why she wants to present patients with their best options first. "For example, with DAILIES TOTAL1®, if you're going to want to wear contact lenses only occasionally, why would I recommend anything other than what I consider the best product available? I'd want you to have the best experience possible every day that you choose to wear contact lenses." **WO**

I want patients to have the option of wearing the best lenses available," she says. By spending that little extra time probing patients for their visual complaints, she can create a customized solution. For example, she recently had a patient come in for the first time. "She's 48 and rides a motorcycle. She has a light distance Rx, but she mentioned she couldn't wear her eyeglasses with her motorcycle helmet. I suggested she try DAILIES TOTAL1® contact lenses for those days when she's riding," Dr. Viker says. The patient had never heard of that option, and when she returned a week later for a follow up, "You'd think I had given her a million dollars. She was so delighted."

It's Dr. Viker's goal to exceed patient expectations. She managed with that patient, certainly, and she believes that reframing the conversation about contact lens comfort to one where the focus is fluctuation in vision has great impact, too. "Patients who had determined that they would not mention any issues with discomfort, perhaps because they believe these issues are inevitable, now respond in a way where I can help them. These patients didn't come in expecting me to resolve their discomfort issues. The fact that I can do that makes me the cool eye doctor that they want to come back to." **WO**

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

Women in the NEWS

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

◆ **Christine Cook, OD**, of Virginia Beach, became president of the Virginia Optometric Association (VOA). **Jenny N. Alsop, OD**, of Midlothian, was honored as VOA Vanguard of the Year.



Dr. Cook Dr. Alsop



Dr. Dumas

◆ **Janette Dumas, OD**, assistant professor and coordinator of minority student recruitment at Southern College of Optometry, was honored as OD of the Year by the National Optometric Association.

◆ **Callie Enyart, OD**, of Oregon and Morona, became the Wisconsin Optometric Association president.



Dr. Enyart Dr. Wicklund

Optometrist of the Year.

Corinne Beiersdorf Wicklund, OD, Howards Grove, was honored as Young

◆ **Jennifer Smith Zolman, OD**, of Charleston, is



Dr. McNeely

is vice president.

president-elect of the South Carolina Optometric Physicians Association, and **Johdra McNeely, OD**, of Greenville,



Dr. Zolman

◆ **Jarrett Johnson, OD, MPH**, of New Orleans, Louisiana, was honored as the Southern College of Optometry's 2015 Lifetime Achievement Award recipient.



Dr. Johnson

◆ **Christine Allison, OD, FFAO, FCOVD**, of Chicago, became president-elect of the



Dr. Allison Dr. Nikogosian

Illinois Optometric Association (IOA). **Karina Nikogosian, OD**, of Oak Brook, received the IOA Young OD of the Year Award. Dr. Nikogosian is in charge of the Recent Grad Networking Events for the IOA.

◆ **Bridgitte Shen Lee, OD**, of Houston, Texas, began her four-year term as a member of the Board of Trustees of the Houston Ballet.



Dr. Shen Lee



Dr. McCarty

◆ **Tina McCarty, OD**, of Maplewood, Fridley and Maple Grove, was named Optometrist of the Year by the Minnesota Optometric Association.

◆ **Susan D'Emic, OD**, of Red Bank, became secretary/treasurer of the New Jersey Society of Optometric Physicians (NJSOP).



Dr. D'Emic Dr. Petrosyan Dr. Blazier

Tamara Petrosyan, OD, this year's American Optometric Association's Young OD of the Year, received the NJSOP's Optometric Journalism Award for her contributions to the Society's magazine, *Eye on New Jersey*, and consumer-facing website, eyecare.org. **Saysha Blazier, OD, FFAO**, of Jersey City, is the NJSOP's Young Optometrist of the Year.

◆ Several women were recognized at the Optometric Physicians of Washington meeting. **Nancy G. Torgerson, OD, FCOVD**, of Lynnwood, was honored as OD of the Year.



Dr. Torgerson Dr. Eckroth

Jennifer R. Crown, OD, of Kirkland, was presented with the Robin Cameron Memorial Award and **Kim Eckroth, OD**, of University Place and Yelm, was honored as the President's Distinguished Service Award recipient.



Dr. Alexander

◆ **Deana Alexander, OD, FFAO**, of Fort Collins, Colorado, was honored as the OD of the Year by the Great Western Council of Optometry.

◆ At the Tennessee Association of Optometric Physicians (TAOP),

Patricia Estes Walker, OD, of Southern College of Optometry, became president



(l-r) Dr. Durham and Dr. Walker

and **Jessica Ellis Durham, OD**, of Nashville, became president-elect. **Amanda Dellinger, OD**,



Dr. Dellinger accepts her award from TAOP Chairman Ross Lumpkin, OD.

of Rogersville, was honored as Young Optometrist of the Year.

◆ At the American Academy of Optometry meeting in New Orleans, Louisiana, 240 new Fellows, representing 15 countries, were inducted; 211 of them were from the U.S. Of those, 70 percent were women. In addition, nine of the 14 Diplomates awarded were women. **WO**

Voices Voices Voices Voices Voices

How to Respond to Praise (and Criticism) on Social Media

By Joanna Slusky, OD, Halsted Eye Boutique, Vision Source®, Chicago, Illinois

Let's be honest. We've all been there. I'm sure that there has been a time when a fantastic 5-star review has made you feel like you're on top of the world and then a 1-star review made you want to quit practicing and move to a deserted island. While we have no control over what someone writes about us, we *always* have control over how we react.

◆ **Reply to all reviews—good and bad.** Reviews are free business consulting and constructive criticism, helping us improve our business practices, enforce better management strategies and create new employee tasks/rules/guidelines.

◆ **Always respond to negative reviews in a polite and diplomatic way.** Do *not* get defensive and do not accuse the reviewer of being a fraud. Reply privately—and cautiously—first. Yelp, for example, has a private and public reply option. Thank the reviewer for his or her feedback. Let all reviewers know that you value customer feedback and



Dr. Slusky

appreciate the time they took to share their experience with you. Acknowledge that what happened was not a malicious act but rather a mistake or a misunderstanding. Politely state your policies, and explain what steps you are taking to rectify the situation. Request that the dissatisfied reviewer contact you privately.

◆ **Try to make it right.** Ask what you can do to rectify the situation, and offer something as an apology for the inconvenience. You can also offer a discount, for example 40 percent off, toward the patient's next eyewear purchase. Save the partial refund as a last resort. If no other offer seems sufficient, you can offer to refund 25 percent to 50 percent of the patient's purchase—not services. Check with your manufacturer to see if you can get a discount on that product. Offer your personal email or cell for further contact regarding the issue.

◆ **Pause before sending your response.** Before you send your message in reply to a negative comment, save it. Return to it a day or two later, reread it to confirm that it is polite, sincere and lacks anger or sarcasm. Then, finally, press send. **WO**

Stay Connected With Your—or Any—Optometry School

By Lori L. Grover, OD, PhD, FAAO, Dean, Pennsylvania College of Optometry at Salus University

Whether you're a recent graduate or long-time alumna, the Doctor of Optometry degree you've earned serves as a connection to your chosen school or college of optometry. Here are ways—and reasons why it's valuable—to keep in touch.

Connect! Do you feel the need to upgrade your skills or learn the latest and greatest in patient care? Even if you're not close to your own program anymore, you're probably not too far from one of the more than 20 schools and colleges of optometry in North America. You can receive—or even get on the speakers list to give—quality continuing education. These connections are a great way to network and meet others, find your next associate or partner, join specialty focus groups and expand your reach to go beyond limited geographical boundaries.

Educate! Share your expertise in the areas of clinical care, business management, eye and related research, professional service and volunteerism. Or consider forming a clinical affiliation with a school and related clinical sites or precepting for and hosting externship positions. Today's technology also provides opportunities for pursuing ideas for social media and online education.



Dr. Grover

Recruit! By learning about the latest and greatest information involving future ODs and their wants/desires from the admissions personnel and admissions committees, including your friendly dean (and we are friendly!), faculty and institutional staff, you can have a profound influence on those who enter our field. Most applicants have had at least one direct personal interaction with an optometrist who has had a major impact on their desire to become an eye doctor and played a role in their choice to enter our field. It's incredibly rewarding to know that you have reached someone else in this world and encouraged him or her to join us as a future colleague.

Volunteer! As optometrists, we don't leave professional and public service behind once we graduate. Help others to see the value in volunteer service. Opportunities range from community outreach to volunteer service trips, student mentorship, legislative advocacy, young researcher development, alumni group involvement and much more.

Contact the Association of Schools and Colleges of Optometry for the names and information of institutions and folks close to where you are. Visit your school's Facebook page to see what's going on or use the "contact us" buttons on any number of social media links to connect. We'd be happy to see you—again! **WO**

Let Your Voice Be Heard

Are you interested in sharing your views or experience in this space? *Women In Optometry* invites submissions to *Voices* for each issue. Contact Editor Marjolijn Bijlefeld at mbijlefeld@jobson.com for more information.

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