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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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The Editorial Page

Form and Function

Everyone gets style points in this issue of *Women In Optometry*®. Eye care truly does blend fashion and function, most obviously through the selection of eyewear. So it's not a surprise that ODs want to create a statement with the physical space in which they work. We explore that idea, not just in the cover story on new offices and office makeovers but also throughout the issue.



Marjolijn Bijlefeld

Moving through the pages of this issue, I feel an energy that comes from all these interactions that ODs have every day. There are the expected conversations with patients, but also with family members, staff, employees or bosses, colleagues outside of the office and the community in general.

With all that movement, it's no wonder that so many ODs said that they wanted to create an oasis, an office space that is relaxing and inviting. Tell us how your space helps you maintain your cool when the world around you heats up. **WO**

—Marjolijn Bijlefeld
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The Physical Space

Women In Optometry professional co-editors April Jasper, OD, FAAO, and Katie Gilbert-Spear, OD, MPH, are big believers in making the best first impression in their Vision Source® practices. Here's what they say about their working space, both agreeing that the physical space itself is very important to their personal and professional success.

Dr. Jasper: "Three years ago, we made a strategic move of our office location to help us be able to serve more of our community. We needed more space (we went from 900 square feet to 2,100 square feet), and we needed a more visible location. We moved three blocks, and our practice has been reinvigorated in a way I had only imagined."

Dr. Gilbert-Spear: "Your space creates a feeling in your staff and patients the moment they walk in the door. The right ambiance can be inviting or repelling. I love happy employees and happy patients, so it is important to me to create an environment where people want to be."

There are simple, effective ways to influence the environment, they say.

Dr. Gilbert-Spear: "We have subtle scents throughout the office and change them based on the season. I also love history and old photographs. A few years ago, we added framed photos of nearby historical places, unique to each office. Not a day goes by that some patient doesn't comment on one of them. A patient recently told me her family had been the original owner of an old dairy farm featured in one of those photos. It's just a small way of promoting our business within our communities, and I think patients appreciate it."

Dr. Jasper: "I talk about atmosphere being one of the six steps to distinction in a practice all the time. The simplest way to affect atmosphere is to create a clean space. We took our team on a 'shopping experience' very recently to evaluate other retail establishments, including opticals. The common denominator in the 'negative experiences' was an environment that was cluttered and dirty. Keep it clean, and your patients will notice."



Dr. Jasper



Dr. Gilbert-Spear

Indeed, doctors notice, too—at least with the fresh eyes of coming into another practice.

Dr. Jasper: "Research shows that we all evaluate the space we are in, even though many times we don't realize it. While we don't walk into a store with a clipboard in hand, like the health inspector might, the atmosphere of the space will determine our likelihood to return and the amount of money we are likely to spend today."

Dr. Gilbert-Spear: "I check for cleanliness first and décor second. If I go into a medical office that is not clean, I usually don't return. The décor speaks for the attitude and personality of the staff and doctors. If I have to go to the doctor, I want it to be in a clean and modern space. If doctors have not updated their 1980s flowery wallpaper, I'm not sure they've updated their diagnostic equipment or their exam. This may sound harsh, but I think it is legitimate. We want to instill confidence in our patients that we are on the forefront of current knowledge and technology. It's hard to do that when your décor is stuck in another decade." **WO**



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FOCUS on Outcomes

By JeanMarie Davis, OD, FAAO

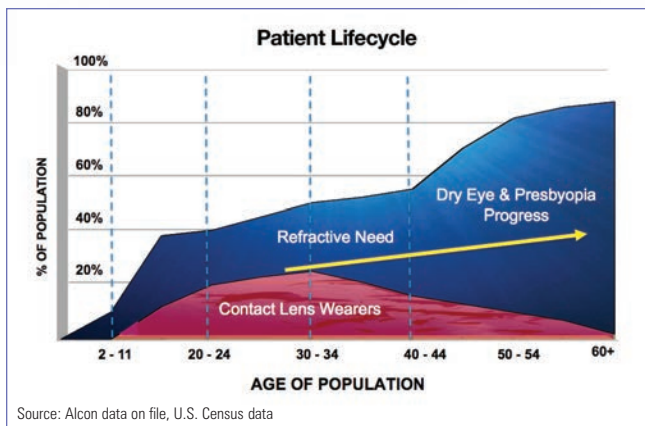


JeanMarie Davis, OD, FAAO, is Global Performance Development, Vision Care Technical Head at Alcon.

Make Ocular Surface Wellness a Primary Goal

The dropout rate among contact lens wearers has remained frustratingly high. Despite significant advances in contact lens materials and designs, an estimated 12–51 percent of contact

issues before you place a lens on the eye, but also to examine the ocular surface routinely at all patient visits, encouraging lid hygiene and heading off issues before there is a problem.



Contact lens wear drops off considerably as patients approach presbyopia, even though refractive need rises steadily.

lens wearers abandon their lenses each year.¹ This trend indicates that we need to look at another factor in contact lens-wearing success: the health and wellness of the ocular surface itself.

The conventional medical model is disease-oriented, and, in a way, that is true with contact lens wearers, too. Many patients and some eye care practitioners still maintain the "if it ain't broke, don't fix it" mentality. Patients, especially those in older-technology contact lenses, may not know better; they may believe that compromised vision and/or comfort is the price to pay for wearing contact lenses or may not be aware that better technology is available. But practitioners should not be reactive, particularly not when there are so many opportunities to be proactive with new, current and former contact lens patients.

Ocular surface wellness should be addressed with every patient. You have the opportunity to examine the ocular surface not only before a contact lens wearer begins wear for the first time to address

when he penned those words, but they do, in fact, apply to the ocular surface.

Take These Factors Into Consideration

When selecting contact lenses for a patient, take into account the ability of the contact lens material and design that interacts favorably with the ocular surface and can help patients see, look and feel their best. Here are some factors to consider.

■ **The contact lens surface:** The surface of the contact lens has an impact on tear film stability. By selecting a lens that maintains moisture and resists deposits, you can maintain the stability of the tear film, thereby maintaining clear vision. A compromised tear film is associated with dryness and discomfort symptoms among contact lens wearers.³

■ **Lubricity:** Human tears function to provide an aqueous cushion that prevents friction against the ocular surface from the eyelid when blinking. A lubricious contact lens will minimize friction and maintain comfort, providing a better overall wearing experience.

■ **Oxygen:** We know how important oxygen transmissibility is to corneal health. We can avoid the consequence of long-term hypoxia, such as neovascularization and subclinical corneal edema, which can affect patients' vision and comfort. Prescribing lenses with a high-Dk level helps maintain white, healthy-looking eyes.

■ **Lens care:** Don't overlook the replacement and lens care schedule when discussing ocular surface wellness with patients. Recommend products that are biocompatible with the ocular surface, and make your recommendation for a multi-purpose or peroxide-based disinfectant that is not going to create corneal staining and won't be taken up by the contact lens.

¹ Nichols JJ, Willcox MDP, Bron AJ, et al. The TFOS international workshop on contact lens discomfort: executive summary. *Invest Ophthalmol Vis Sci.* 2013;54:TFOS7-13.

² Tuong W, Armstrong AW. Effect of appearance-based education compared with health-based education on sunscreen use and knowledge: a randomized controlled trial. *J Am Acad Dermatol.* 2014 Feb 5;S0190-9622(13)01337-6.

³ Craig J, Willcox M, Argueso P, et al. The TFOS International Workshop on Contact Lens Discomfort: Report of the Contact Lens Interactions with the Tear Film Subcommittee. *Invest Ophthalmol Vis Sci.* 2013;54(11):TFOS123-TFOS156.

The Interactions That Affect Us

Views from our Advisory Panel

The Feel of Optometry by Charlotte Tlachac, OD, FAAO

As a young woman in the highly male-dominated world of the late 70's, I was always aware of body language issues, especially when dealing with male patients. Not wanting anyone to see me as female first and doctor second, I toyed with the idea of wearing stern suits. But watching a senior female ophthalmologist on the lecture circuit dressed in full *suit and tie* (and she was quite feminine once I got to know her), I decided it was more confounding and detrimental to appear unapproachable in the health care realm.

So I dressed like a woman but limited

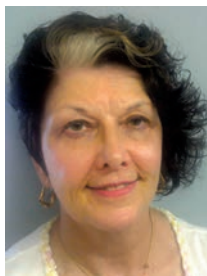
touching adult patients to hand-shaking and clinically necessary contact. Of course, with kids, I was always very hands on. Making a child comfortable with a warm hug does wonders to raising the cooperation needed for a successful exam.

As time went on and I got less pushback just for being female, I became more relaxed and true to my outgoing personality. I was patting patients on the arm or back as appropriate.

When I reached "gramma

age" and lost my girlish figure, I also lost more inhibitions about physically engaging with my patients. Hugs were frequent and are now almost mandatory, at least for returning patients. Many long-term patients even get kissed now...and I think we are all better for it. Caring *for* patients means caring *about* patients.

In today's accepting environment of women doctors being the norm, there is no reason to wait to "get in touch" with your patients. [WO](#)



Dr. Tlachac

Doctors Should Seek Mindfulness by Elise Brisco, OD, FAAO

We live and die by the clock. Staying on time is paramount to keeping patients happy and our office running smoothly.

To keep up this pace and maintain a nurturing, yet productive office environment, we need to lay the groundwork by taking care of ourselves first. When we set goals for my office this year, my staff and I started with personal goals. I explained that in order to grow the practice and care for our patients at the highest level, we need to make sure everything is good with ourselves, including our home and family life. This philosophy and culture have made us a happier and more efficient team.

Eating healthy and physical exercise are not enough to keep us well. We need to exercise

our consciousness in addition to exercising our bodies. I started doing yoga and acupuncture during a tumultuous period of my life. I now think

of yoga as being a mental massage, and I am grateful for being able to get my chi flowing and serotonin pumping through acupuncture.

Today, I continue to live a healthy lifestyle, which includes my yoga practice at home, a healthy diet, daily exercise and choosing immunosupportive treatments (such as homeopathic medicine) before immunosuppressive medications.

Meditating 10 minutes each day at the office leaves me clear-minded and energized even in the middle of a hectic day.

Research has shown that meditation affects the alpha brain waves to reduce stress, which is

the root of many physical ailments and illnesses. Stress reduces the effectiveness of your immune system and has been linked to everything from hypertension and obesity to exacerbating autoimmune diseases and migraine headaches.

Resetting your mind takes practice and discipline. Here are a few apps that can get you started: Headspace, Buddhify and Omvana. There are many more resources online and offline to learn how to meditate, but actually it is quite easy and intuitive once you learn to clear your mind of all distractions and be in the moment.

Meditating will do you a world of good. Today, I am stronger—and busier—than ever, as a single, working mom running a multi-disciplinary, integrative wellness center; staffing at the Rehabilitative Vision Clinic at the Cedars Sinai Medical Center; and branching out into the tech sector. [WO](#)



Dr. Brisco

Be in the Moment by Naheed Ahmad, OD

Early in my career, after having moved to Atlanta and going through some turmoil in my personal life, I realized I wasn't happy as a junior associate in a private practice. I had envisioned private practice as the goal, so that realization was shocking to me. When I saw a sign go up announcing a new Walmart with a Vision Center, I thought that a year there would help me figure out my personal and professional life. That was in September 2000, and I'm still here.

When I was hired, Walmart told me to make the practice my own. That's what I've done. I quickly realized that I enjoyed focusing

on patient needs without many administrative worries. As the months went by, I made the conscious decision to make the location my own. I began doing a little more decorating and building better relationships with the Vision Center staff, explaining my preferences for the clinical process or why I made certain recommendations.

Then I went a step further by becoming more involved in not only providing medical services but also in documenting and billing for them. I had purchased

some equipment of my own, and I'll add an optical coherence tomography unit and retinal camera for both of my independent practices. I've become credentialed on medical plans.

I've made this location mine. It's a conscious choice to put my stamp on what I do here and how these services are presented to patients. I came here to catch my breath. I stayed here because the soil was fertile for my personal and professional growth. [WO](#)



Dr. Ahmad



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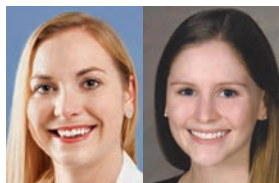
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Top of the Class

Congratulations to the top graduate women at their optometry schools this year

Co-valedictorians **Emily Sorenson, OD**, and **Samantha Rice, OD**, were recognized at Illinois College of Optometry (ICO). Dr. Sorenson, of Polo, Illinois, will join KSB Hospital Eye and Vision Center in Dixon, Illinois. Dr. Rice, of Deerfield, Illinois, will complete a residency in pediatrics and binocular vision at ICO.



Dr. Sorenson Dr. Rice

Indiana University School of Optometry top graduate **Sarah Rae Killingbeck, OD**, of Clarkson, Kentucky, starts a residency in low vision rehab and ocular disease following graduation.



Dr. Killingbeck

Anna McKenzie Baker, OD, is the top graduate of the class of 2015 at Inter American University of Puerto Rico School of Optometry.

Jessie Wenzel, OD, of Rogers City, Michigan, is the top graduate at Michigan College of Optometry. She will complete an ocular disease residency at the Wyoming VA Health Care Center in Wyoming, Michigan.



Dr. Wenzel



Dr. Janier

New England College of Optometry recognized **Nicole Marie Janier, OD**, of Regina, Saskatchewan, as its top graduate. She plans to join a private practice as an associate.

Whitney Nicole Cox, OD, of Duncan Oklahoma, graduated at the top of her class at Northeastern State University College of Optometry. Dr. Cox will practice at Optique Vision Center in Nichols Hills, Oklahoma.



Dr. Cox



Dr. Taylor

The Ohio State University College of Optometry top graduate is **Megan Taylor, OD**, of Holland, Ohio. Dr. Taylor will do a residency at the Columbus and Chillicothe Ohio VA facilities.

Kasie Jean Mix, OD, of Glenwood, Minnesota, is co-valedictorian for the Class of 2015 at Pacific University College of Optometry. She will complete a residency program at Minnesota Eye Consultants at various clinic locations and plans to specialize in ocular disease.



Dr. Mix



Dr. Schroeder

The 2015 top graduate from Rosenberg School of Optometry, University of the Incarnate Word, is **Laura Schroeder, OD**, of Altoona, Wisconsin. After graduation, Dr. Schroeder plans to start glaucoma research in the San Antonio area.



Dr. Haynes

Stephanie Makalintal, OD, is the valedictorian at Southern California College of Optometry at Marshall B. Ketchum University. Dr. Makalintal, of West Covina, California, will continue her education in a primary care/geriatric optometry residency program at Sepulveda VA Ambulatory Care Center in Los Angeles, California.

Jessica Haynes, OD, of Manchester, Tennessee, graduated at the top of her class at Southern College of Optometry and will begin a primary care residency at the Memphis VA Hospital.



Dr. Makalintal

Top graduate **Christine Corrente, OD**, of Verona, New Jersey, was recognized at State University of New York College of Optometry. She looks forward to starting her optometric career.



Dr. Corrente



Dr. McNeely

Brittany Nicole Eidam McNeely, OD, of Savannah, Georgia, had the highest GPA in the Class of 2015 at University of Alabama at Birmingham School of Optometry. She will complete a residency in primary care at Dorn VA Medical Center in Columbia, South Carolina.

The recipient of the 2015 Gold Retinoscope winner at University of California, Berkeley, School of Optometry is **Laura Lujan, OD**. She will join the Salt Lake City VA Medical Center as a resident in primary eye care.



Dr. Lujan



Dr. Bland

Pauline Bland, OD, of Clinton, Iowa, graduated at the top of her class at University of Missouri, St. Louis, College of Optometry. Dr. Bland will return to Clinton and work at Viridi Eye Clinic, an ophthalmology practice with four locations in the Quad Cities area.

Jillian Wishart, OD, is the top graduate at University of Waterloo School of Optometry. Dr. Wishart, of Calgary, Alberta, will work as an associate at Eyesis Eyecare in Calgary.



Dr. Wishart

Congratulations

WO also congratulates the men who were recognized as top graduates.

- **Daniel Deligio, OD**; Arizona College of Optometry, Midwestern University
- **Christian Wood, OD**; Nova Southeastern University College of Optometry
- **Nathan Lebsock, OD**; Pacific University College of Optometry
- **Sylvester Cobbina, OD**; Pennsylvania College of Optometry at Salus University
- **Brodie DeJernett, OD**; University of Houston College of Optometry
- **Olivier Parenteau, OD**; University of Montreal School of Optometry



Dr. Cossette

Alyssa Dawn Cossette, OD, of Beaumont, California, is the top graduate at Western University of Health Sciences' College of Optometry. She plans to join a private practice after graduation and aspires to own her own practice. **WO**

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April Jasper, OD | West Palm Beach, FL



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Offering Patients Financing Options Expands Access to Therapies and Products

It takes some dedication for a family to commit to bringing a child to vision therapy, says **Gwen Gnadt, OD, FAAO**, of Eye Vision Associates in Lake Ronkonkoma, New York. They have to work regular sessions



Dr. Gnadt

at a vision therapy practice into their already busy schedules, and, often, they need to have some follow-through at home. Dr. Gnadt does not want to add financial worries to what families may already consider obstacles. That's one reason that this 60-year-old, six-doctor practice, which has a strong focus on vision therapy and developmental vision, gives patients the option of using the CareCredit credit card.

Medical insurance plans don't cover vision

therapy for children if it's done for a learning-related disability. "It's not considered medical," says Dr. Gnadt, "even though children can benefit greatly. So the time and the monetary commitment required by parents is not unlike that of a child who needs braces," she says.

Similar to the way that orthodontists offer patients payment or installment plans, the practice used to make similar arrangements with patients for vision therapy. But then more than a decade ago, the doctors realized that CareCredit credit cards took the issue of financing patient purchases away from the practice. It became much easier for the practice to have a third party determine qualifications and manage financing

Three Partners Each Work 24 Hours per Week

At Eye Vision Associates, each of the three partners works 24 hours a week in the practice. In addition, two or three part-time associates also work in the practice seeing patients. The schedule allows them to stagger their time and provide maximum hours for patients. Coincidentally, all three partners (**Dr. Gwen Gnadt is the only woman partner**) also work at a local Veterans Administration eye clinic, and the associates provide nursing home care that is contracted with this practice. **WO**

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for patients who wished to make monthly payments. Plus the practice gets its money faster, which is a huge benefit, says Dr. Gnadt. "We realized we didn't need to be the bank for our patients. It's really a perfect complement to our practice."

At Vision Expo East in March, Dr. Gnadt attended a luncheon co-sponsored by CareCredit, Solutionreach and VSP. She says she began to realize that the office isn't using the financing option to its full potential. "Our primary purpose has been to use it as a way to help families pay for vision therapy, and on the

side, we've had people use it for the purchases of eyeglasses," she says. Now she's rethinking that strategy and has begun talking with the staff about how to promote it more from the front desk onward to expand patients' purchasing power in the dispensary.

The practice does offer one incentive for patients to use their CareCredit cards for services, and that same incentive could be extended to product purchases as well. CareCredit financing allows patients to pay the principal for a short term with no interest if paid in full within the promotional period. **WO**

Cost Concerns Among Patients Continue to Grow

While practices cite an increase in new patient inquiries and product sales, they also report a rise in patient cost concerns and price shopping, according to CareCredit data.*

- 83 percent of practices offer discounts on exams or product purchases.
- 64 percent of practices saw cost or budget becoming more of a concern.
- 61 percent report more patients are price-shopping.
- 15 percent of patients walk out with their prescription but without a purchase.
- 15 percent of patients decline upgrades due to cost concerns.

Makes sure that all patients are aware that your practice accepts the CareCredit credit card. When patients understand that financing is available, they may be more likely to search for the products they want while in your practice.

Enrolled providers can visit carecreditpro.com for free posters, brochures, glass/mirror decals, educational videos and more. **WO**

*CareCredit Optical Industry Trends, Q3 2014, conducted for CareCredit by Chadwick Martin Bailey

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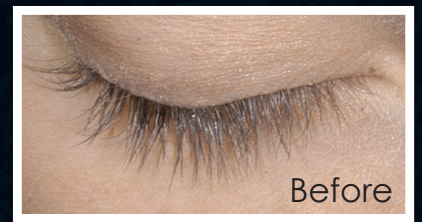
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Position Your Practice for the Future

ODs evolve practice over two decades into a multidisciplinary clinic with a modern optical

Karen Perry, OD, and her husband and practice partner, **Mark Perry, OD**, have transformed their business in the time since they started working together in Tampa, Florida, and then relocated to Orlando in 1989. They owned four Visionworks-affiliated practices for many years, and they started to sell those offices as the time came to renegotiate leases. They transitioned their clinical services to a new independent location in a strip mall under the name Perry Eye Care Associates. Yet while it was a beautiful office at 3,200 square feet, “the rent became costly, and that was one of the drivers behind us making the decision to relocate,” Dr. Karen Perry says. “It was a better fit and model for us.”



Dr. Perry

Part of that new model included a name change to Vision Health Institute, which represents their endeavor to adapt their multidisciplinary practice for the future of health care, Dr. Karen Perry explains. “Our vision was to expand beyond the parameters of today’s optometric practice into a place where we could continue to grow and help other doctors grow within the profession.”

In January 2014, they moved in nearly across the street after they renovated a vacant bank property. They doubled the size of their Vision

Source® practice to 6,000 square feet, raising the ceilings and expanding the area for the optical. Inspired by a trip they had made to China, they added special tiles on the ceiling in the optical and hand-made, blown-glass pieces throughout as part of the décor. “Our previous office had a more traditional look, and this office is real clean, slick and minimalistic in appearance,” Dr. Karen Perry explains. Ten-foot glass, sliding barn doors hide contact lenses in their storage areas. All light fixtures, including chandeliers, use energy-efficient LED bulbs, and their electricity bill has been

cut in half, even with double the square footage of their old office. “It makes a big difference in the appearance and the way the optical displays sparkle.”

There’s a special luster in the optical, as well, just as Drs. Perry had envisioned. They spoke with several companies about their optical designs and were

ready to sign a contract when a new concept from Eye Designs stopped them in their tracks. The positive experience with Florida sales manager **Richard Winig** was followed by a trip out to Pennsylvania for a chance to see the design elements in person. “We were impressed by the quality of the products we were receiving for the optical,” Dr. Karen Perry says. “High-quality retail areas will drive more money, and it’s been a very positive move for us.”

The optical is stocked with designer and other name brands including core products from Marchon, for example.

Each workstation is set up for convenience with its own computer, printer and phone to process transactions. “It’s really nice that the staff doesn’t have to get up and disengage from the patient to complete a sale,” Dr. Karen Perry says.

“The Marchon Nike line seems to be a great seller for our baby boomers,” she says. “They love the quality and seem to be drawn toward the brand.” The men’s lines are very popular, particularly Airlock, where the quality seems to sell itself among the practice’s target demographic of downtown Orlando professionals



In 2014, Vision Health Institute opened in a former bank building.

Looking Ahead

Even in an office that still has a brand-new feel, the team at Vision Health Institute continues to seek out ways to improve. **Dr. Karen Perry and Dr. Mark Perry** brainstorm with their associates and staff at weekly meetings. “It takes an entire team of people to bring it all together, sustain the vision and to build upon the model. It’s a work in progress,” Dr. Karen Perry says. **Drs. Perry say that they are excited about the potential in the building’s design to possibly expand in the future with a surgical center.** **WO**

such as attorneys, accountants and marketing executives. “The Calvin Klein men’s lines seems to be a solid board leader, too,” she adds.

The practice has grown approximately 30 percent this year since it unveiled its new office. The doctors made some major changes to their practice profile—“we are not extremely high end, but also not low end,” Dr. Karen Perry says—and they have seen tremendous growth even while phasing out some insurance plans. “Embracing the technology without any hesitation about the investment has paid off for us in the long run,” she says. The office is equipped with advanced technology and fully integrated with electronic health records. Every room has an anterior segment camera so the doctors have a visual to discuss when educating patients about their eye health or an ocular condition.

The doctors create greater exposure for the business by making connections with other local providers and emergency clinics and by participating in clinical studies, which has opened the door to a new source of revenue, as well. “We’re stepping up our game a lot, and it’s exciting,” Dr. Karen Perry says. “My husband and I have both practiced more than 25 years, and it’s offered us fresh perspectives on optometry. With many other optometric practices within a square-mile radius of our office, we have diversified and carved our niche, and we hope to continue to be successful.” **WO**



Eye Designs helped create an office that flows well and shows off frame selection, including many from Marchon.



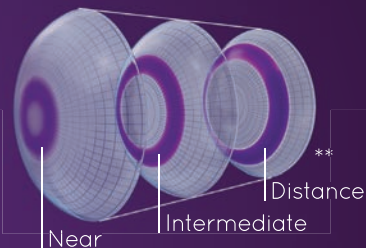
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References: 1. Based on third-party industry report, 12 months ending March 2014, Alcon data on file. 2. Eiden SB, Davis R, Bergenske P. Prospective study of lotrafilcon B lenses comparing 2 versus 4 weeks of wear for objective and subjective measures 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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Automated Refraction System Accelerates Practice Growth



Marco
TRS-5100

Since **Christine Bartoletti, OD**, purchased Vista Eye Care, a Vision Source® practice in Green Valley, Arizona, in 2007, she

has moved twice because the practice has simply outgrown its space. There are several factors that Dr. Bartoletti says have contributed to the growth that has fueled these expansions. In January, **Samantha Nogales, OD**, became a part-owner in the practice. There are four doctors, who together work the equivalent of three full-time ODs, while the practice is open 50 hours per week. There are always two ODs on, and on Fridays, three ODs are in at the same time. The practice flow system they use is that each doctor has three designated rooms, so with the most recent expansion, they can keep three doctors going at capacity as demand increases.

Five of the nine exam rooms have a TRS-5100, and a Marco autorefractor and autolensmeter are in the pretest room. The technician carries the data card from the pretest room and has the data loaded in the TRS-5100 when the doctor arrives. "Typically, two of us have two rooms with a TRS and one room that is used for workups or other procedures," she says. "Having the TRS system has cut down so much on the time required to enter data into the phoropter and into the electronic health record. It shortens the time doing the refraction, and the choices are easier for patients, who often get stressed about determining which is clearer." She says she estimates it has saved about four minutes per patient. With two doctors working

a full day, those minutes allow for extra exam slots each week.

"Best of all, at the end, with a push of a button, I can show the patient the comparison between the prescription they came in with and the one we've generated," she says. That process would take so long to do manually that, prior to having

the TRS system in the office, she might have made the determination that the change was small enough not to warrant new eyeglasses.

That process definitely helps sell eyeglasses, she says. With the most recent expansion, the practice now offers a dispensary with more than 1,000 frames on display. "Even for patients who have not had a change in the prescription, there's a good chance that most of them don't have all the eye-wear they need. So we promote primary pairs, sunglasses and computer glasses to all of our patients," she says.

Beyond patient satisfaction and increased profitability, there's a third benefit to the Marco TRS-5100 system, says Dr. Bartoletti. "Those systems have saved my back. Before I brought the Marco system, I was having back



Dr. Bartoletti

Built for the Long Term

The first time **Dr. Christine Bartoletti** moved practice locations, in 2009, she left a 2,000-square-foot location she had leased for the previous two years for a slightly larger 2,600-square-foot space that allowed a better flow. But within a few years, "we were bursting at the seams. So I started looking for some property to be able to build my own building," she recalls.

She and her husband, who manages the property now, located county records and began cold-calling landowners, asking if they wanted to sell. She got lucky, finding a space across the street from where her office was located. "We got some bids on building, and the prices were so high that we decided to build as large a building as we could and lease the additional space," she says. The result is a 12,653-square-foot building, of which her practice was slated to fill 4,500 square feet with six exam rooms and still allow room for seven other tenants. The practice moved in April 2013, and a year later, Dr. Bartoletti's office expanded into the 1,000-square-foot space next door, adding three more exam rooms as well as a reception area used by a visiting MD. [WO](#)

problems and seeing a chiropractor regularly. I was uncomfortable all the time," she recalls. The TRS console sits on a table near her chair, and making adjustments requires none of the repetitive motions of adjusting the phoropter. Now, her pain is gone. "For my younger doctors, they're never going to reach the point that I was approaching, where practicing was painful." [WO](#)

An ROI Calculation

Four minutes saved per patient per day, in a practice that sees just 16 patients per day, frees up 64 minutes a day or 320 minutes—more than five hours over the course of a five-day workweek. Over the course of a month, that's 21 hours—or the equivalent of 2.5 days. That could add the potential of seeing an extra 40 patients per month.

An additional 40 patients a month, at a new net collection of an average \$400 per patient, would equal \$16,000 per month, or \$192,000 per year. That's the revenue side of the equation. There's also a savings side.

The average practice spends \$12,412 in remakes, just a little more than \$1,000 a month. Most of these are due to transcription errors, and those are virtually eliminated with the Marco TRS-5100. So the calculation needs to include the \$1,000 saved as \$1,000 earned. Top that off with the increased sales for existing patients in second-pair sales or upgraded products, and the benefits compound quickly. [WO](#)

Here's the math:

4 minutes saved per patient X 16 patients per day
= 64 minutes per day

X 5 days = 320 minutes saved per week

X 4 weeks = 21 hours (or equivalent of
2.5 days saved per month)

21 hours (divided by) 30 minute exam slot =
40 extra exam slots per month

40 extra exams X \$400 revenue per patient =
\$16,000 additional revenue per month

X 12 = \$192,000 additional revenue per year

Designing Women

ODs share their trials and triumphs in their efforts to create a distinctive space

“Design is creativity with strategy,” says internationally known designer **Rob Curedale**. In these pages, the ODs who envisioned a look and feel for their practices and made it happen—in some cases with their own hands—all say that a comfortable work environment benefits them as well as their patients.

Comfort and Function Combine in Well-designed Space

When Palatine Vision Center reopened in its new location at the end of 2014, just a mile away from where it had been since 1971, **Laura Rosanova-Philipp, OD**, was surprised by the number of people who stopped by and said they didn’t even know there had been an optometry office in the area. “We were located in the middle of strip mall,” she says.

The three doctors and staff members were also busting out of the 3,000-square-foot space, especially because the design and traffic flow was far from ideal. “There was a large area in the back that wasn’t very user-friendly, and the exam rooms were down one hall but the contact lens area was down another. So there was a lot of back and forth and passing in crowded hallways,” she says. The new area, with 4,200 square feet, is roomier and more practical. There are now two pretesting rooms, instead of one,



Dr. Rosanova-Philipp’s displays invite people to browse among the 800 frames.

eliminating a lot of the bottlenecks, too.

In addition to being a more functional and visible location, with large signage that includes their Vision Source® affiliation, the new office has a modern and relaxing atmosphere. **Morris Lehrfeld, OD**, and Dr. Rosanova-Philipp met with Eye Designs to design the optical dispensary in June, only about six months before the opening. “The first thing we chose was the color for our frameboards. In our

old office, everything was blue—the carpet, the chairs. So we said, ‘No blue!’ We chose a gray and green instead,” she says.

Patients comment on the spa-like feel of the practice. “They love the colors and think it’s inviting. We wanted people to feel comfortable here,” says Dr. Rosanova-Philipp. The reception area offers big couches and comfortable seating. “We wanted it to feel different from other optometry offices, but



we didn’t want it to feel so fancy that people would assume they couldn’t afford our products.” The displays and the layout encourage patients and customers to wander around the larger optical dispensary. “We had about 400 frames on our board space before, and now we have 800. So we were able to bring in more frame lines. Per patient sales have increased,” she says. Normally, February is the slowest month in terms of revenue, but this year, it was one of the busiest months the practice has ever had. “I never realized how limited our exposure was before,” she says. **WO**

The New Rules of Optical Marketing

These new rules of optical marketing are excerpted from Encinitas, California-based Optical Marketing Group.

1 Get rid of optical clutter. Make sure that the location is impeccable and all merchandise is presented in a curated, easy-to-understand way.

2 Multiple-pair sales begin in the exam lane. Develop a written optical treatment plan combined with effective supporting merchandising in the optical space.

3 Incorporate gender, vendor and lifestyle signage. Introduce comprehensive signage and displays that visually support the lifestyle prescriptions made by ODs.

4 Storytelling is crucial to engagement. Patients want to know the back story about specific designers, collections and creations.

5 Minimalist displays work. Frame details along with the individuality of each creation are diminished when lining up frames

like soldiers on a wall.

6 Shed some light on it. Take a cue from jewelry retailers and light up the offering to bring out the subtle detailing in today’s eyewear.

7 Digital interaction is expected. Incorporate tablets into reception, pretest, exam and optical areas for lens presentation, taking digital measurements and aiding in retail storytelling.

8 Scale your front window displays. Frames on display can’t be seen by those driving by. Large-scale graphics, such as window clings, are a great way to draw attention to the store. Many frame and lens vendors will help.

9 Waiting rooms are a thing of the past. Eliminate barriers between the optical space and the patient waiting area. Comfortable lounge-like seating is making its way into the optical reception area. **WO**

Unexpected Pleasure

Becky DeRuyter, OD, says that she always is mindful that the office environment she presents is an important contributing factor to the patient experience,

similar to the way patients take in the way she and the staff treat



The children's corner

them. "We've tried to create a welcoming atmosphere for patients by being friendly, and I've always felt that how the office looks is a part of the friendly vibe," Dr. DeRuyter says. Dr. DeRuyter has evolved Advanced Eye Health, her independent practice inside the Le Mars, Iowa, Walmart store, over the course of nearly 12 years into the space it is today.

"By adding some color and style, we've made the office stand out as more professional and welcoming, rather than just a plain white box," she says. For several years, her office has included a designated children's area in the reception area for the practice's youngest patients.

By showing attention to the



Reception area wall color is designed to soothe visitors in Dr. DeRuyter's office.



details, Dr. DeRuyter says it demonstrates the emphasis that the practice has to offer an enjoyable and memorable patient experience. She adds that it also makes the work environment more pleasant for herself and her staff. "We serve coffee and treats to patients and sometimes play background music," Dr. DeRuyter says. "Patients are often surprised to see this in a Walmart location, and it's fun to hear their comments." **WO**

Remodeling's a Beach Doctors spend four days, \$2,000 to bring the beach indoors

Inspired by do-it-yourself TV shows and a nearby Lowe's, Home Depot and the Atlantic Ocean, **Amanda Lee, OD,** and **Tammy Tully, OD,** business partners in a Vision Source® practice in Myrtle Beach, South Carolina, decided they could make over their optical for far less than the \$20,000 or so they figured they'd pay if they hired the help and bought custom frame boards.

It took four full days of physical labor, planned around a long holiday weekend so that the project didn't interfere with patient care, but the end result was unique, custom, nautical-themed frame boards that brought a whole new atmosphere to the dispensary.

The first step was to replace outdated, seven slat-style optical frame boards.

The acrylic rods that they had didn't lend themselves to a high-end retail environment. Some elements, such as the acrylic clips to hold frames in place, could possibly be reused.



Curved glass shelves, ropes and cleats and a skimboard all invoke the nautical theme in the office of Dr. Lee (left) and Dr. Tully.

Reusing and repurposing were high on the list. "We wanted to keep costs down. We wanted the custom look, but not the custom price. However, we had never designed an optical dispensary before," says Dr. Lee.

They also knew they wanted a more nautical/beach-cottage style theme. They began visiting local antique shops, flea markets, discount stores and traditional décor stores to find their inspiration. They pored over old issues of *Coastal Living*, showing each other what they found and liked, to make sure their visions aligned. They studied online catalogs and sites for existing frame board ideas.

"We wanted to incorporate wood into the background frame board walls, reminiscent of the woodwork found inside of a sailboat or yacht,"

Dr. Lee says. They measured their space and drew penciled sketches for their new frame boards so that they were sure they were calculating material needs correctly.



At a nearby Lowe's, they discovered the deeply discounted items stacked on the store's shelf end-caps—the ones facing the far back wall. Normally, those are special-ordered and returned items, usually in small quantities. "As luck would have it, we struck gold. We found tricolored hardwood flooring in three special-order boxes. The price was roughly a cool \$50 for each box, so we bought them. We had the background for our frame boards," Dr. Lee says.

They wrapped up their purchases at West Marine and Home Depot, finding an oar handle, ropes, cleats, galvanized piping and more to replicate or imitate nautical elements. And they found glass shelving and mounting kits that could add interest to the design.

All told, the two spent about \$2,000 on materials, expanded their skillsets and have watched sales grow. "While it's hard to create a metric for our remodel, our optical sales have increased 40 percent over the past year, and the comments that our patients make regarding the changes have been extremely positive," says Dr. Lee. In fact, their list of new interior and exterior DIY projects is already growing. **WO**

Continued on page 16

A more detailed version of the story with Dr. Amanda Lee and Dr. Tammy Tully—and more stories about office redesign—can be found on womeninoptometry.com. Look under the tab Models of Practice and drop down to The Physical Space. Also look for **WO** eblasts on Makeover Monday. If you want to contribute, email us at mbijlefeld@jobson.com.

Room to Grow *Sisters eye the future while designing new office*

Olivia Carleo, OD, says that opening a practice with her sister, **Anita Carleo, OD**, was definitely an idea in their minds while they studied at the University of Houston College of Optometry and when they graduated three years apart. "It's easy to talk about a big idea, but then actually doing it can be a little scarier," Dr. Olivia Carleo says. "We always thought it would be a great fit because my sister is a business partner I can trust, and we really complement each other well," Dr. Anita Carleo adds.

The sisters decided to go for it in early 2013 after each of them had spent several years working as associate doctors in different practices. They were driving around in the central Dallas area, where most land is already accounted for, when they came across a plot of grassy land with a for sale sign. The phone call to the number on the sign launched the start of Vision Veritas, and they opened their doors as a Vision Source® practice in December 2014. Construction and permitting had delayed them a few months, but the extra time was fortuitous, as Dr. Olivia Carleo's daughter was born a little early on Sept. 1. "I could not have

done it without my sister," Dr. Olivia Carleo says. "We had divided the work but when the baby was born, she stepped up and really spearheaded the end of the process."

The sisters



(l-r): Dr. Olivia Carleo and Dr. Anita Carleo

wanted to emphasize both a full-scope, medical practice and a dispensary with fabulous offerings, Dr. Olivia Carleo says. "We think you can have both, and we tried to meld our love of health and science with

the fashion." The design is entirely their own, and the yellow stucco building, complete with a bell tower and a red-tile roof, is approximately 12,000 square feet. Vision Veritas takes up a quarter of the space, and Drs. Carleo are currently marketing to rent the three remaining units to other health care professionals.

They mapped out their office flow plan on grid paper, picked out paint colors, imported their frame boards from Canada and even walked

granite yards in the Texas summer heat looking for the perfect piece for the front desk, just the day before Dr. Olivia Carleo's early delivery. They agreed on many points and share similar personalities, but "it was a give-and-take for sure," Dr. Olivia Carleo says. "There were some silly discussion points like about the ceiling height," which she thought should be lower, while Dr. Anita Carleo insisted that it would give the room an open, airy feel. In the end, Dr. Olivia Carleo agreed to the 12-foot ceilings, and now they have become a talking point just like the spiral staircase that descends down into the optical. Dr. Olivia Carleo won on the discussion for carpet in the five exam rooms.

Two of those rooms are equipped now, but the sisters see the others as untapped potential. "I didn't want to look back in 20 years and realize we needed more room," Dr. Anita Carleo says. Dr. Olivia Carleo agrees. "We wanted to grow into the space, not grow out of it," she added. For now, the doctors continue working part-time in other practices and each spend two or three days at Vision Veritas. Drs. Carleo say that they will move there full time and bring on additional doctors as the business grows. **WO**



A spiral staircase serves as a focal point.

The Right Move

For years, **Maria Cardona, OD**, and her staff practically tripped over each other in the 10-foot-wide practice space that housed the practice she purchased in 1996. Although the space went back 60 feet, the 600-square-foot space was like a tunnel. Dispensary, reception area and exam room were lined up. The practice was lucrative and warranted sacrificing aesthetics, she says.

Dr. Cardona was very aggressive about investing in her practice and in the future. She actively sought opportunities to purchase real estate that could provide an opportunity for growth and some room to breathe. Then in April 2010, Dr. Cardona was able to purchase a building just two doors down from her current location in Maplewood Village in Maplewood, New Jersey, a quaint town where residents support their local merchants. The new



In a larger office, Dr. Cardona can display many more frames elegantly.

Vision Source® location was four times as wide, and, as a former pet store, it was one big open area. "It was pretty easy to create the rooms we needed and still have enough space for an open dispensary and reception area," Dr. Cardona says. Purchasing the building was a wiser long-term strategy than continuing to rent.

"Maplewood is a very hip, chic town, so we wanted the new space to be classy with a modern

edge. The old practice didn't have that feel at all," she says. After extensive renovation, the floors are now laminate wood, and the display cabinets and frame boards are cherry and almond

wood. She also worked with Eye Designs to add some interesting cabinetry. "We offer a lot of high-end designer and stylish frames. And we get many compliments from patients who say it feels nice and welcoming—and spacious."

In retrospect, she's surprised she stayed with her tiny location as long as she did. Now that she's seeing the benefits of a larger space that allows patients to browse, she says, "It's definitely worth investing in the appearance and the type of frames you want to display." **WO**

Pay as You Go

After about six years of working for others, **Ani Halabi, OD**, decided she wanted to open her own practice. But it was very important to her not to go into debt to accomplish this goal, she says. So she kept her full-time job and also rented a small space—an exam room and a small area where she could display eyewear—from a gynecologist friend. His office would be closed during the evening hours and Saturdays when she saw the relatively few patients who called for appointments. “I didn’t have any employees; the phones were forwarded to my husband’s line, and he set up my appointments. I worked as an optician before optometry school, so I did it all.”

After about a year, she had built up a small patient base and saved enough money to open Glendale Family Optometry in Glendale, California, in a new 1,200-square-foot space. Her patient load began to increase, allowing her first to cut back and then leave her former position. “I hired my first official receptionist,”



she recalls, and just before the couple’s first daughter was born in late 2014, she hired an optician. She now has two daughters under age 2, two opticians, two receptionists and a part-time associate—also a mother of a young child. Dr. Halabi typically sees patients between 18 and 23 hours per week, on two or three days, while her associate usually works 16 hours per week.

“I bought exam room equipment and some small dispensing units for my first location, but from the first day, I started to make money

Dr. Halabi finds you can create a lovely design on a budget.

since I had a very low overhead,” she says. Even as she moved into a larger space—for which she negotiated hard for the best lease terms—she’s been able to pay for her purchases out of pocket.



She says she had an idea that she wanted a contemporary, stylish office, “but my budget was an important factor. It’s a boutique style, and there are interesting focal points, such as a chandelier, but I spend money carefully,” she says. She looks back at the time and says, “It’s the hardest thing I’ve ever done, but I want people, especially moms, to know that it’s doable.” She credits her husband’s support and flexible schedule as a self-employed real estate development consultant with making it possible. **WO**

Keep Process Close for Savings and Control

When **Susan Reibold, OD**, decided she wanted to open her own practice, she had a design in mind for how the showroom and exam room should look. The challenge was finding a way to build it without creating a mountain of debt.

So she took on an eight-month effort to design and build it the way she wanted. It was a huge undertaking, from designing and building the entire dispensary—including frame boards and the engagement table—to fully automated phoropter systems, LCD charts and posterior and anterior digital imaging systems, all integrated with electronic health records. Today her practice in Alpharetta, Georgia, north of Atlanta, is open and thriving with the motto *Exceptional Care Through Innovation*.

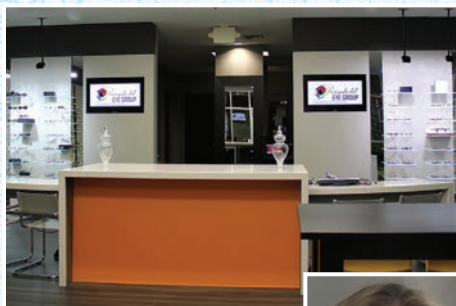
After she found the 1800-square-foot space along a major road in this affluent suburb, she enlisted help from family. Her father, **Ed Reibold**, helped design, patent and build the 22 frame boards; her husband, **Glen Carter**, helped create the wiring for the display lighting; and her daughter, **Avery Carter**, sanded and wallpapered. She also counted heavily on architect **Mike Melugin**, a friend’s husband, and **Tobin Nelson** from Buy Ophthalmic Equipment, all of whom helped her stretch dollars through innovation. Colleagues **Judd Briggs, OD**; **Robin Wright, LDO**; **Kristy Gleaton, LDO**; and **Jonathan Woolfson, MD**, provided encouragement and input into the design.

The savings from the do-it-yourself

approach were significant. Her family built and installed the IKEA cabinets in the exam room. The lighting she and her dad designed and built for the displays cost about \$1,000 instead of an estimated \$26,000 if she had gone to an outside builder. She also designed and coded reimboldeye.com, her website, saving thousands. “It takes a lot of money to start a practice. I saved so much by designing and making these displays and the lighting. It allowed me to allocate funds to frames and other necessities,” she says.

She reaped savings and control over the design, but she says she spent a lot of grueling personal time and energy. For example, she and her father moved the frame boards, weighing 250 pounds each, by themselves from his basement to her practice. And on one memorable Friday night last fall, she got a call on her way out of town from her builder, telling her that the layout for the practice wouldn’t work because a major beam supporting the building was in the wrong spot.

“I turned around and went back to the practice and started moving floor studding,” she says. They moved around the metal stud frames on the floor marking where the rooms



Dr. Reibold and her father and husband created the unique, lighted frame boards in her office.

would be until everything fit. “It was just cords hanging from the ceiling and metal studding on the floor,” she says. They made the lab and exam rooms two feet smaller and the showroom two feet bigger. They borrowed chairs from an outdoor Starbucks cafe to simulate exam chairs. It was an all-night affair, but it paid off. “By Monday morning they were putting up the dry-wall,” she says.

“I opened the practice to provide personalized customer care and use innovative technologies and outside-the-box thinking. I hope to avoid becoming a commodity by developing a welcoming practice with a family feel. I strive to succeed by connecting and caring for each and every one of my patients.” **WO**

Negotiating Pay

Employees Say... Make the Offers Fair

"I have always believed that an employer would pay me what I was worth. If I worked hard, I would get what I deserved. This is not the case in the real world. I believe that teaching children negotiating skills in high school should be mandatory."

In April, the IT company Reddit announced that it would no longer negotiate pay for starting salaries for new employees. Because men tend to negotiate more than women do, the company stated that the move balanced the scales. If women come in at a lower starting salary, it becomes even harder to close the earnings gap.

Women In Optometry magazine created a poll to see how ODs feel about negotiating salary. Respondents included women in employee and employer positions—or both. Sixty-two percent said they are or have been an employee, and 32 percent said they are or have been both an employee and an employer. Five percent have been in the employer role only.

Fully 48 percent of the employed women ODs who responded to the survey said that they feel uncomfortable or very uncomfortable negotiating for salary and/or benefits. In contrast, 19 percent said they feel or felt very or somewhat comfortable negotiating salary and/or benefits.

Even so, a slight majority of women (52 percent) said that they have negotiated their starting salary when they became employed, 40 percent said they did not, and 8 percent said their employer doesn't allow salary negotiation.

Forty-eight percent of employees said that they have asked for a raise or for more money than an offered raise, while 47 percent have not asked for more. Five percent said there is not a mechanism for that in their employment situation.

Many more women ODs who are or have been employees said they believe that there are differences in how men and women negotiate salaries, with 66 percent of women employees saying that men and women negotiate differently and only 4 percent saying they do not. Among employers, 34 percent said the sexes do negotiate differently and 19 percent said they do not.

A majority (64 percent) of women OD employers said that they welcome employees negotiating their salary, but 24 percent said they do not welcome it. Twenty-five percent also said that they are uncomfortable or very uncomfortable when employees want to negotiate their salary or benefits, while 36 percent said they feel comfortable or very comfortable in these negotiations. **WO**

Where Do the Respondents Work?

- 56 percent work in a private/independent optometry practice.
- 24 percent work in a corporate-affiliated optometric practice.
- 20 percent work in an ophthalmology or medical/surgical eye care practice.
- 6 percent work in a university or research role.
- 4 percent work in a multidisciplinary setting or hospital.
- 1 percent work in military or government positions.

Total adds up to more than 100 percent as women were allowed to select as many as apply.

Fewer than 2 percent, which includes optometry school students, are not currently working. **WO**

"I've felt anxious negotiating for my salary, so I've negotiated for other things: more vacation days, better hours, malpractice insurance paid for by my employer or licensing fees paid for by my employer. It is easier to ask for little things than a big raise."

"I left the practice where I was working very hard and was undercompensated. My current employment situation is a fair base pay, plus bonus based on production goals, and I am very happy."

"I graduated seven years ago, have always worked full time in private practice and am making \$90K with no

benefits, no health insurance and no 401K. I would like to start thinking about having a family, and it is sad to wonder if I will even be able to afford it...as a DOCTOR!"

"My boss ... basically said take the contract how it is or we can find a replacement doctor. I really enjoy my job and office otherwise, so I wasn't motivated to leave. It is difficult to have confidence and leverage as a new doctor."

"I feel women are not given the same consideration for pay because it is assumed they will be taking time off for family. Due to my husband's job, we have moved frequently. I am offered the same hourly pay now as I was 18 years ago."

Employers Say... Show Me the Value

"We had a young woman OD to whom we offered full-time employment. Her negotiation was completely unreasonable. I think that if you negotiate you need to understand where you are in the place of the organization. Negotiations are fine. Just be reasonable."

"Men bring an expectation that there will be negotiations, they are prepared to ask for more money and, if not, to ask for things like extra vacation days, personal time off or a laptop. Women don't do their homework and often find that when they get into the job, it was not [what they thought it would be.]"

"I like to hear from employees if they feel like they deserve a raise or would like to make changes. If I can keep good employees from looking for other jobs or quitting, I would rather hear it while I can make the changes!"

"It is nerve-wracking. I try to make my employment offer fair so they don't ask for more."

Employers and Employees Differ on Views of Fairness

Is the salary structure where you work fair?

	(Extremely fair)			(Extremely unfair)	
	5	4	3	2	1
Employees	7%	12%	33%	28%	20%
Employers	34%	36%	29%	0%	1%

Is the salary structure where you work transparent?

	(Completely transparent)			(Not very transparent)	
	5	4	3	2	1
Employees	8%	14%	33%	22%	23%
Employers	16%	16%	44%	14%	10%

Engage With Patients in the Practice and Beyond



Sarah Harbove, OD, knows her patients. She grew up in Titusville, Florida, and shadowed her boss, **Gregory Aker, OD**, when she was in high school. She worked as a technician in this Vision Source® practice



Dr. Harbove

during college, filling in when she could. After graduating from Nova Southeastern College of Optometry and completing a residency in primary care with an emphasis in ocular disease and low vision at State University of New York College of Optometry, she joined this practice as an associate three years ago. "I'm so thrilled to be back home," she says.

Even though she is and has been a member of the community for years, Dr. Harbove says it's important to stay engaged with patients beyond their visits to the practice, and even beyond running into them at community events. "We want to make sure that all of our patients know that we can take care of all of their eye care needs, not just the routine, comprehensive visit," she says. So regular contact, even if it's just a reminder that their contact lenses or eyeglasses are ready or that it's time to refill a contact lens supply, are important. "These simple, day-to-day exchanges help keep patients engaged with the office," she says.

It's a role, however, for which the practice uses Solutionreach, a secure platform of tools that allows providers to reach patients via text, email or phone calls. "It frees up time for the team,

which allows us to take care of the patients in the building face-to-face," she says. The practice has a wide demographic mix of patients, many of whom prefer to be contacted via text or email messaging. But it's important that the service offers telephone calls for those patients who aren't as confident with today's technology. "Some of our older patients prefer getting a phone call," she says.

Patients determine how they want to be notified, and the rest is easy. Solutionreach is a patient-relationship management platform that sends HIPAA-ready messaging to remind patients of their appointment time or to send a post-visit survey that allows the practice to improve its service, Dr. Harbove says. Those comments and reviews can be linked to other social media outreach that the practice maintains. Linking those reviews enhances the practice's search engine optimization, which catapults the practice into even greater recognition.

Patients entered into the system are also sent a birthday greeting—a bonus that patients just love. "I hear about that

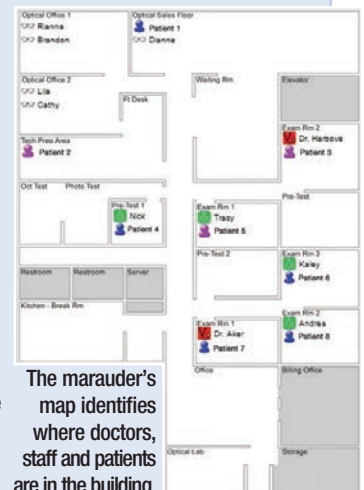
Technology Intrigues Patients

Patients know when Dr. Sarah Harbove is coming.

In each exam room and other areas of the practice, a computer display shows what the practice calls the marauder's map (named after the magical map in the Harry Potter series). Each of the doctors is represented by a little red badge that moves along on screen as the doctors move.

Dr. Gregory Aker's patients are blue; hers are purple. "We call them Smurfs and Barney's." Technicians are green and

optical staff members are represented by a little pair of eyeglasses, all tracked on screen through a badge. She'll see, for example, when a patient is escorted into the exam room. "It takes 22 seconds to get from behind my desk to the first exam room." There's a delay of just a few seconds on screen so I often walk into an exam room and startle the patient who is watching my red icon still walking down the hallway." **WO**



The marauder's map identifies where doctors, staff and patients are in the building.

Benefits of Patient Engagement

Retention: Features such as automated appointment reminders and patient surveys provide targeted patient outreach.

Reactivation: Find and reactivate lost patients by reaching out to patients who are overdue for their continuing care dates.

Acquisition: Improve your online reputation with automated patient reviews and referrals, integrated social media, local search assistance, patient mapping and much more.

Education: Patient education is a critical piece of filling the gaps in the care delivery stream. Educate patients with targeted information, maintaining engaged doctor-patient relationships and focused involvement in their health care. **WO**

birthday greeting so often," says Dr. Harbove. "It's thoughtful, and it helps set us apart."

In fact, when she first joined the practice, she used the system often to help her fill her appointment schedule. A message would go out to patients that said Dr. Harbove had an opening at a certain time that day, and often, it would prompt a phone call from a patient who wanted to take that slot. "Before we had a Facebook following, that really helped a lot," she says. Similarly, the practice sends periodic announcements or advice, such as letting patients know about the impact of diabetes on ocular health, a reminder about using their managed vision benefits or even that the practice will be hosting a frames style show.

"These contacts with patients help remind them that we're always here for them," she says. "It puts our name out in front of our patients regularly." **WO**

Provide the Services That Patients Need and Want

From recommendations for dry eyes to makeup and vision therapy, doctor wants her practice to be the go-to location

Neha Amin, OD, FAAO, was hired at a Phoenix, Arizona, practice just a few months after she graduated from University of Missouri St. Louis School of Optometry in 1999. The following year, she and the owner began hammering out her buy-in and acquisition strategy, which started formally at the end of 2001. Five years later, by the end of 2006, she co-owned the practice with another partner, and since 2010, it's been all hers.

While the steps seem methodical, it was often a whirlwind. "I got married and bought a practice within two months of each other," she says. She's lucky, she says, that the original owner had established a practice with the philosophy of providing excellent service. "We weren't trying to be the fastest or the least expensive. We have always been about trying to provide services that were difficult to find in town," she says. While she has put her stamp on the practice in the years that she has owned it, she has built on that basic framework of providing quality service, she says.

She sees patients about 3.5 days a week and reserves at least a half day for administrative

work, in addition to managing those unexpected or periodic tasks that face all business owners. "It seems to be harder now to find that balance between being financially secure and having a good lifestyle. Yes, you can make lots of money if you're willing to work six days a week, but I want to spend time with my family, too," she says.



Dr. Amin

So she has found her most successful strategy is in providing services in her practice that provide her with a competitive edge. For example, in Arizona's climate, dry eyes are a continual problem for many patients. "Dry eye is a big issue, and it's a major reason why people drop out of contact lens wear," she says. "I don't want them to stop wearing contact lenses because their dry eyes are making them miserable." She says that she has found help in Retaine® HPMC™ Lubricant Eye Drops, a preservative-free hypromellose ophthalmic solution (0.3%) that provides immediate relief to soothe dry, irritated eyes by resembling natural tears. "I think Retaine HPMC is one of the best things that has happened for my dry eye patients," she says. The product uses



Dr. Amin sells Retaine® HPMC™ Lubricant Eye Drops in her practice.

an airless pump system that prevents harmful bacteria from entering the bottle. "It's preservative-free, but it's still in a bottle, so that's very convenient," she says.

Dr. Amin says that she has dry eyes and is also prone to allergies, so she always uses herself as a guinea pig for products before she introduces them. "If they work for me and don't trigger any reaction, then that product will likely work for most of my patients," she says. That's been the case with the

Retaine HPMC. Many of her patients use it in the morning and again at night and find that those two doses provide effective relief without having to carry around artificial tears during the day.

The practice sells OCuSOFT drops, scrubs and Zoria® products in office. "We price them the same as the suggested retail price or lower and, during the checkout process, make patients aware of this. We are ensuring that they get the proper products without spending any more of their time. The extra income is just an added bonus. Patients know we stand behind the products that we promote," Dr. Amin says.

For patients with more demanding dry eye issues, she can turn to Retaine® MGD™.

Dr. Amin also provides other specialty services, such as vision therapy for children and adults, including those who have suffered traumatic brain injury. She works at a nearby concussion center several mornings each week, and her office has a variety of vision therapy devices. Those tools have also engaged her sons, ages 6 and 9, on the occasions when they have short school days and spend a few hours in the practice.

The more she can do for her patients, the more likely that they'll stay with her practice for all of their eye care needs. "It's all about being a well-rounded practice, having a solution to any patient concern and understanding patient needs," she says. [WO](#)

Let's Talk Makeup

Some patients walk into Dr. Neha Amin's exam room and want to know what they can do to enhance their eyelashes. Others come in with signs of wearing heavy mascara, such as eyelid issues or even tiny flecks of mascara on their contact lenses. In all of these cases, she recommends that the patients try Zoria® Boost™ Lash Intensifying Serum, which is applied like eyeliner at night to boost eyelash growth or Zoria® Boost™ Mascara, or both. "It's nice to be able to recommend something that is more natural and designed specifically for this purpose, rather than having eyelash growth be the result of using another medication," she says. "Because I have allergies and dry eye, I wanted to see how I reacted. I've done very well with it."

Her patients are happy. "It creates fullness without adding any trichiasis. The look is fuller, natural-looking eyelashes." The point-of-purchase materials in the practice encourage patients to ask her. "It's easy for me to bring up, too. I'm comfortable talking about makeup and mascara and what it does to your eyelids," she says. It's a part of making sure that the patient has the best possible outcome. [WO](#)

Introducing Optometry to the World

In between completing her bachelor's degree in 2003 and starting optometry school, **Sara McGowan, OD, MS, FAAO**, took some time to travel the world. That trip started with three months volunteering in



Dr. McGowan

a township outside of Cape Town, South Africa, and the trip was extended to include nine more months of traveling through Europe. In optometry school, she served as Student Volunteer Optometric Services to Humanity (SVOSH) president. After completing a residency in ocular disease at the University of Miami's Bascom Palmer Eye Institute, her University of Alabama at Birmingham SVOSH faculty advisor **Marcela Frazier, OD, MPH, FAAO**, introduced her to the work of the Brien Holden Vision Institute.

She conducted her interview with two representatives via Skype while on a VOSH trip in Colombia. The power and wi-fi in her hotel were out, so she went to a nearby five-star hotel and plugged her phone into a hallway outlet there. She was hired to teach at the Mzuzu University School of Optometry in Malawi, starting in July 2012. The Brien Holden Vision Institute, Sightsavers International and Optometry Giving Sight implemented the program in 2009. "I had the impression initially that taking the job wasn't necessarily going to be a career move, but teaching appealed to me, and I appreciate the model of sustainability. I thought I could do it for a one-year contract," she recalls. She has since extended the contract twice, and last year she was promoted to head of the department.

Most of the students who enter the program to earn their bachelor's degree are between the ages of 17 and 22. "Students here grow up learning and being taught by rote memorization. In secondary schools, there can be 40 students, one room and one textbook. When the students enter the university, they don't have the background

for critical thinking, and teaching clinical decision-making can be a struggle," she says.

When school is in session, Dr. McGowan typically spends about 20 hours in clinic or teaching. Plus as department head, she faces the creative problem-solving of vying for resources that are limited or potentially unavailable. Spotty wi-fi and limited computer access are common complaints amongst the students. "But you may be surprised at the number of students who have a laptop and/or a smartphone," she says.

The nation of Malawi has eight ophthalmologists and a larger mid-level cadre of ophthalmic clinical officers. Optometry still has to carve its niche. There's no question that there's a need for access, and the ophthalmology community has welcomed the graduate optometrists into their clinics and have been impressed

with their level of skills, she says. "A few of our graduates are now heads of department, and the chain of patient care is adapting to their presence in clinic. I have optometrists telling me that, in their hospitals, the ophthalmologists are insisting that many patients see the optometrist first. The MDs have developed a trust in the optometrist's abilities to handle patients and make appropriate referrals."

Currently, the optometry program covers four years, but Dr. McGowan says the school will almost certainly switch to a five-year program to ease the academic rigors for these young students. Students don't necessarily choose optometry; when they apply to the university, they rank the programs in order of interest. In the first few years, selecting the relatively unknown program seemed like a smart move in order to get accepted. "The level of training is comparable to any optometry school curriculum, but many students don't have the basic coursework in math and biology, and, again, the critical-thinking ability takes time

to develop. If we add a fifth year, at the very least, students will get more time in the clinic."

Initially, graduates of the program have been assigned to four of the nation's central hospitals where they complete the civil service requirement, a requirement for anyone who receives a government scholarship. There are another 25 or so district hospitals that will likely bring on future graduates, she says.



Dr. McGowan has been working on building an optometric training program in Malawi for nearly three years.

Dr. McGowan says that while she enjoys her regular trips back to the U.S. (she almost always comes home for the American Academy of Optometry meeting so she can complete her CE), she doesn't anticipate a permanent move back to the U.S. soon. "Living the expat life still appeals to me for now." She recently bought a car, "and that's made life a lot easier." A large chain grocery store opened in Mzuzu last year,

so now she can buy specialty products, such as cheese and celery, year-round, even though she still shops at the large produce market often. She buys her clothes through the huge second-hand market, since new clothes are expensive, often of cheap quality and not readily available. Amazon doesn't deliver, so when she returns to the U.S., she often goes with a large wish list for electronics, which are extremely expensive to acquire locally, if they're even available.

As the optometry department begins hiring some of the program's graduates and other staff, Dr. McGowan is also beginning to consider what her next move will be. "I get along with the students, and I like the challenge of daily life where I have to be creative and flexible to get things done, whether that is teaching a clinical skill or accomplishing the most mundane departmental administrative tasks. I never would have thought of 'patience' as a professional skill," she says, laughing at the sometimes frustratingly slow pace. "At some point I think I will feel accomplished enough here in Mzuzu to move on. The Brien Holden Vision Institute is working constantly on new programs all over the world, and I get excited over potential opportunities and possibilities. But where in the world I will end up next I don't know yet." **WO**

*"I like the challenge of daily life where I have to be creative and flexible to get things done."
—Dr. McGowan*

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Lauretta Justin, OD

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Time to Take Control

Doctor overhauls her entire practice to achieve goal of an early retirement

In 2014, as Lauretta Justin, OD, was taking an assessment of where her practice was and where it was headed, she wasn't particularly thrilled. Dr. Justin does these assessments annually around her birthday, but last year was a milestone birthday and she approached it as a milestone for her practice, too. She and her husband and business partner, James Justin, came to the evident conclusion that if they wanted to take the practice to the next level, they needed to make some serious changes.

First, she got focused on her mission, vision and purpose for the practice and for her personal life. She calls it her MVP. "The MVP establishes your *why*, your *what* and your *where*." She always had her MVP for the practice, but she had lost focus and direction over the years. She realized that, as the CEO of the practice, it was her responsibility to develop, communicate and enforce the MVP. Now that she knew what she wanted, she needed a strategy to achieve it.



Lauretta Justin, OD

Dr. Justin hired a business coach to help her streamline her practice systems. With the support of her coach and her husband, she did a full-scale revision of the service model. Her office changed from providing "good customer service" to providing what she calls "patient excellence." That meant putting an end to discounted fees, and, in fact, she raised her prices. That also meant engineering every step of the patient experience to create a WOW.

"In order to duplicate excellent service, everyone on the team has to deliver it. So we started working on our standard operating procedures," she says. It was quite a task, as the first draft was 80 pages long. She has since edited and streamlined it so that some parts are applicable to all employees and others are area-specific. It includes scripts for how to handle every patient encounter and guidelines for every step in the patient experience.

Her patients frequently tell her that they appreciate the more focused attention they get, either through thank-you cards that patients can fill in while they're in the office or through Websystems3 reviews.

In addition, she upgraded the look of the office and the product offerings. She updated the color scheme to a sophisticated blue and white with a hint of brown. "We brought in new displays and more designer frames. We didn't really have to change the way we presented the options, but having more high-quality frames to present made the difference. We also aligned ourselves more with Vision Source® elite vendors." In fact, she relies on the Vision Source® website as a major resource for practice and team development.

Now that she knew what she wanted and knew how to get it, she had to get the right team. Her employees had to change from being her staff to being her team. "Staff works for a company, whereas a team works for a common goal," she says. She offered several of her existing employees the opportunity become part of the team, but "bad habits die hard," she says. Within six months, she found herself with an entirely new team – all of whom are still with her a year later. "Each of our team members believes in our MVP and knows that they are the ones who make it happen every day."

The results have been impressive. Not only did her average transaction value increase by 40 percent, she can now hire a full-time associate doctor so she can focus on other business ventures. "I have built the practice where it can now support my family without me having to work; now that's something I'm proud of."

Dr. Justin attributes her success to the three steps of her business development program, **CEO of YOU™** and to utilizing the resources and benefits of the Vision Source® network.

For more information go to VisionSourcePlan.com

Women in the NEWS

◆ **Shea B. Ferree Carney, OD**, of Livonia, was named the Young Optometrist of the Year



Dr. Carney **Dr. Hinkley** **Dr. Vincent-Riemer**

by the Michigan Optometric Association. **Sarah B. Hinkley, OD, FCOVD**, of the Michigan College of Optometry, and **Cheryl L. Vincent-Riemer, OD, FAAO**, of East Lansing, were recipients of the Keyperson award.



Dr. Day

◆ **Randi Day, OD**, in Clinton, was honored as Oklahoma Optometric Physicians Association Young Optometrist of the Year.

◆ The New York State Optometric Association named **Dawn Chivers, OD**, of Glenn Falls, as its Optometrist of the Year. **Ilana Gelfond-Polnariiev, OD**, of Staten



Dr. Chivers **Dr. Gelfond-Polnariiev** **Dr. Cress**

Island, was recognized as Young OD of the Year. The recipient of the Public Service award was **Diane Cress, OD**, of Buffalo and Niagara Falls.



Dr. Gray **Dr. Boltz**

◆ **Lori Gray, OD**, of Gilbertsville, became secretary/treasurer of the Pennsylvania Optometric Association (POA).



Dr. Wilcox **Dr. McGrath**

Marianne E. Boltz, OD, FAAO, of Hershey, became POA immediate past president and was also a recipient of the Merit award along with **Denise Wilcox, OD**, of Doylestown.

Jennifer McGrath, OD, of Allison Park, was named POA Young Optometrist of the Year.

◆ **Lillian Wang, OD**, of Moraga, has been appointed to the California State Board of Optometry.

◆ **Kara Heying, OD, FCOVD**, of Cedar Rapids, Iowa, became president of College of Optometrists in Vision Development (COVD), and **Christine Allison, OD, FCOVD**,



Dr. Heying **Dr. Allison** **Dr. Chung**

of Chicago, is COVD president elect. COVD immediate past president is **Ida Chung, OD, FCOVD**, director of optometric education at Western University of Health Sciences. **Carol Marusich, OD, FCOVD**, of Eugene, Oregon, was awarded the 2015 G.N. Getman Award, and the President's Award was presented to two recipients including **Lynn Hellerstein, OD, FCOVD**, of Greenwood Village, Colorado.



Dr. Marusich **Dr. Hellerstein**

◆ **Melinda Cano-Howes, OD**, of Los Lunas, was elected president of the New



Dr. Cano-Howes **Dr. Cyr** **Dr. Irons**

Mexico Optometric Association. **Kelly Cyr, OD**, of Santa Fe, was recognized as Young Optometrist of the Year. **Alissa Irons, OD**, of Albuquerque, was one of two recipients of the Mikela Kwan Memorial Legislative award.

◆ **Karon Nowakowski, OD**, of Muncie, became treasurer of the Indiana Optometric Association.



Dr. Nowakowski **Dr. Bohnham**

Nicole Bohnham, OD, of Brazil, was honored as Young Optometrist of the Year.



Dr. Terrell

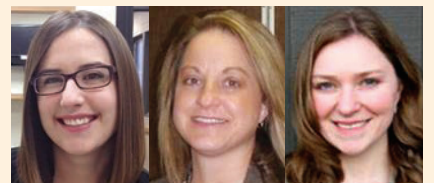
◆ **Jenny Terrell, OD**, of Hurst, became secretary/treasurer of the Texas Optometric Association.

◆ **Dawn D. Williams, OD**, of Garden City, was installed as president of the Kansas Optometric Association.




Dr. Williams

◆ Two offices were Practice of the Year winners recognized by Optometry Giving Sight at The Exchange®, the Vision Source® annual meeting. The recipients were **Sarah Bixby-DuBois, OD**, and **Jill Geering-Matheson, OD**,



Dr. Bixby-Dubois **Dr. Geering-Matheson** **Dr. Hunt**

of Alaska Vision Center in Juneau, and **Elizabeth Hunt, OD**, of Lifetime Eyecare in Juneau, who practices with **Michael Bennett, OD**. 

Empowering ODs Through Education

American Optometric Association award winners are dedicated to the profession's future



Dr. Petrosyan

Tamara Petrosyan, OD State University of New York College of Optometry – Young Optometrist of the Year Award

When Dr. Petrosyan was appointed to lead the New Jersey Society of Optometric Physicians (NJSOP) Young OD

Taskforce in 2014, it was an opportunity to give back in just the way that experienced ODs had guided her when she was getting started in the profession. “The mentors I sought out helped me gain confidence in planning my career and getting involved, as well as when to take a step back when I was getting overwhelmed,” she says. “I want to let students and new graduates know that practicing ODs are here to talk and support them.” She facilitates these connections between young NJSOP-member doctors and their more experienced colleagues. “The association is like a family, and members need to support each other to thrive.”

Dr. Petrosyan, who works in New York and lives in New Jersey, says that experience drives her continual involvement. “We are able to prescribe oral medications in New Jersey, but not in New York,” she says, and laws relating to minor surgeries vary greatly from state to state. “It’s important to protect our profession. Young graduates should get involved because doctors fought for the scope of practice we have today. If we don’t fight for our rights, we are in danger of losing the rights we already have.”

Dr. Petrosyan, a mom herself, advocates for comprehensive children’s eye exams. When she worked at the Refuah Health Center, a multidisciplinary clinic in New Valley, New York, she educated the pediatric department on the benefits of comprehensive eye exams and developed a new system for pediatric eye care with the pediatric nurses and physicians, emphasizing that difficulty reading or having headaches or eye strain

may be connected to an undiagnosed ocular issue. Early intervention can help. Dr. Petrosyan was appointed to become the New Jersey state liaison for InfantSEE® in 2013, and through this AOA program, Dr. Petrosyan creates awareness about the importance of eye exams with parents, pediatricians and her OD colleagues. Doctors who participate offer a one-time, no-cost, comprehensive eye exam to children under the age of 1.

As an educator, Dr. Petrosyan says, “You have to be on top of your game and know the material backwards and forwards so you can teach it to others. It’s an environment that’s moving forward with the profession, and I work with the brightest and best doctors in the field on clinical research with new equipment.” Dr. Petrosyan says that she is grateful to be recognized by the AOA. “I hope that I can serve as an example that younger ODs can and should be involved. They can make a difference.” **WO**



Dr. Than

Tammy Than, OD, MS, FAO University of Alabama at Birmingham School of Optometry (UABSO) – AOA Optometric Educator of the Year

Dr. Than says that she’s always been passionate about education as a chemistry, karate and Sunday school

teacher during the time before she became an OD. In the beginning of her career, she endured a long commute—leaving her house at 4 a.m. on Monday morning and not returning until Friday night—for a position at her alma mater, Southern College of Optometry. She joined a private practice to be closer to home, but it wasn’t long before she was drawn back to teaching, this time at UABSO. She took another break from teaching and accepted a job at a VA clinic near her parents’ home, but eventually rejoined the UABSO faculty in 2008. “Teaching is my calling and is in my blood, and I keep coming back.”

Dr. Than is straightforward when she

says that she is not an easy instructor. But the “tough love,” as she describes it, has taught her students many valuable lessons about the importance of being well-educated and professional. Dr. Than currently works with second- and third-year students in the classroom and with fourth-year students in the clinic. “I spend 160 hours in class or lab with second-years, and it’s rewarding to get to know them and their abilities,” Dr. Than says. “I watch their transformation as they take what they learned in their classes and use it with patients. I feel lucky that I get to see that.”

Dr. Than says that the UABSO faculty continually evolves the program to engage students, integrating multimedia and new technology. “We change as the students change,” she says. “I don’t just teach them how to get through my class or pass the board but also how to provide good care to patients,” she says. “I tell my students that they will work hard in here, but I will work just

as hard and meet them more than halfway. They realize when they get out that I did everything for the purpose of helping them become better clinicians.”

Dr. Than is actively involved with the Alabama Optometric Association and American Academy of Optometry, and she has served as a UABSO associate dean for professional studies and on several UABSO committees. While the recognition was never her goal, Dr. Than says that “it’s incredibly meaningful to be recognized nationally by so many people whom I respect, who are fabulous instructors and in this for the same reason that I am.” **WO**

These and other American Optometric Association honorees will be recognized during Optometry’s Meeting, June 24-27, in Seattle, Washington.

Voices Voices Voices Voices

Finding Balance: Dedication Without Leaning in or Timing Out

By Stephanie Davis, OD, The Eye Center, *Pembroke Pines, Florida*

When I was growing up, my father went off to his optometry practice every day and my mother stayed home with the three of us.

It was wonderful to have our mom home when we returned from school. She attended our sporting events, dance recitals and soccer games, carpooling from one activity to another.

I was lucky enough to spend my high school and college summers at my father's optometric practice. I learned what it takes to run an optometric practice and how to interact with patients. I fell in love with optometry during those summers and decided that caring for patients was my passion.

But with a commitment to years of education followed by a clinician's schedule, I wasn't sure if having a family and a full schedule of patients was possible.

Now that I've practiced for more than 15 years, I've learned that success and happiness mean a constant balance between parenting and

practicing. I feel fortunate to work in a profession where that is possible. I can dedicate one full day per week to my patients. On other days, I end my patient schedule in time to pick up my children, a 10-year-old son and an 8-year-old daughter, from the bus stop. I love spending time at dance recitals, tennis matches and soccer practice; working through homework; and preparing meals together.

And while I cannot be home all the time, my children understand and support me in my work. I've presented at several career days, and I know my kids are proud of my career and me.

It isn't always easy to maintain the perfect equilibrium. If I had more time at home, I'd spend it at the gym or supporting some favorite charities. If I had more time at work, I'd love to learn more about

the management side of the practice. But for me, keeping the balance between home and work means I'm fulfilled, my children are supported and happy, and my patients are well cared for.

And, for now, I would not want it any other way. **WO**



Dr. Davis and her children

#sameteam

By Sarah Manongdo-Joya, OD, *Chicago, Illinois*

In April, I posted the results from an interesting clinical case on ODs on Facebook, the popular online community for optometrists. A 55-year-old truck driver presented with sudden decreased vision OD X 1 week. Humphrey FDT was clean, and Amsler Grid was positive for CME. Biomicroscopy revealed a large choroidal mass, so I called a retinal office to which I refer

patients, and the patient was seen immediately and then transferred to the care of an ocular oncologist. It is rare that a patient with an emergent life-threatening condition presents in my chair, so I made sure to follow up with the patient after the retinal office faxed me his results 24 hours later. I've spoken with the patient again since then and let him know that I'll help him where I can in understanding insurance forms and terminology. His life has just turned upside down—he needed all the support he could get.

When I posted this, I also said that I work in an America's Best location and have been there since I graduated 10 years ago. It's a busy location, and while I don't have the opportunity to dilate all patients, I provide the best exams I can, and refer to other ODs and MDs as needed.

This patient had medical insurance. He didn't come to my office because he knows me or because he thought he could get care at a lower cost. He came because the location was convenient.

I expected the post would generate feedback on my choice of practice locations, and I heard it. Let me first say that far more ODs were supportive, although I was not looking for validation on my career choice. Many current and former corporate-affiliated ODs responded, as did those who realize that where one works doesn't define one's ability. This headline came from my colleague **Justin Coleman, OD**, a Visionworks-affiliated OD, who used #sameteam following his post.

Facebook communities can be wonderful as a way to get feedback and answers on clinical and practice management questions quickly. I participate in several optometry-related Facebook forums, including one with my America's Best OD colleagues, many of whom I haven't yet met personally but with whom I already feel a bond. In social media forums, the conversation is usually genial, but occasionally posts such as mine will reflect that the divide between corporate-affiliated and private practice ODs still exist in the minds of some of my colleagues. That really is a shame. We are all in this profession together, and the support and professional opinions of colleagues can be invaluable. I am proud of my career, where I work, whom I work with and of my profession. We need to work together and share in the small victories. After all, we are ODs, and our patients come first. We are #sameteam. **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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