Contact Lens & Cornea Section has packed schedule for Optometry’s Meeting™

The AOA Contact Lens & Cornea Section (CLCS) will solidify section leadership, honor section awards winners, and present the latest contact lens technology at Optometry’s Meeting™ June 22-26 in Dallas.

“We’ve put together quite a program this year,” said CLCS Chair David Seibel, O.D. “I urge CLCS members and non-members alike to not miss the CLCS activities at this year’s AOA Optometry’s Meeting™. The events provide a unique opportunity to network and exchange the latest ideas in patient care, practice management, and industry developments.”

Thanks to many generous sponsors, CLCS will provide a Hospitality Area in the Continuing Education area, giving CLCS members a place to relax, network, enjoy a refreshment break, and meet the sponsors and lecturers, during any hours of CE.

“The Hospitality Area is just outside the classrooms. Have something to eat and drink and meet your fellow leaders in the contact lens and cornea field,” said Dr. Seibel.

On Fri. June 24, noon to 1 p.m., the CLCS Annual Business Meeting and Luncheon — sponsored by Alcon — will include election of section council members, an update on section activities, and an awards ceremony, presenting the Achievement and Dr. Rodger Kame Awards.

“Register for a delicious lunch, compliments of Alcon, while you see the innovators in the field receive well-deserved recognition,” said Dr. Seibel.

Eyewear, care costs increase 2.9 percent in 2004, lag inflation

Eyewear and eye care again proved major bargains for consumers last year. The Eyeglasses and Eye Care Index, compiled by the U.S. Department of Labor’s Bureau of Labor Statistics (BLS), increased just 2.9 percent during 2004. That was below the overall rate of inflation, 3.3 percent, and well below the rate of increase for health care costs overall, according to BLS’s Consumer Price Index data.

The cost of eyewear and eye care, like health care costs in general and the overall inflation rate, began to increase faster in 2004 (see chart). Eye care-related costs increased just 1.5 percent in 2003. Nevertheless, as in most years, cost associated with eye care increased at a much slower rate than most other costs associated with health care.

The cost of health care overall rose 4.2 percent in 2004. That was due in large part to a 4.9 percent increase in medical care services. Medical care commodities rose only 2.2 percent over the course of the year.

Cost increases for medical care services reflect a 4 percent increase in professional services and a 5.2 percent increase in hospital and related services. The 4 percent increase in professional services reflects a 4 percent increase in physicians’ services, a 4.9 percent increase in dental services, and 2.5 percent increase in services by other medical professionals, as well as the 2.9 percent increase in eyewear and eye care.

The BLS Eyeglasses and Eye Care Index generally rises slower than other professional services indexes because it is the only index under that category that
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Lee files for AOA trustee

Randy Lee, O.D., has filed for the office of trustee on the AOA Board.

Dr. Lee has served as an AOA volunteer for more than 10 years. He has chaired the Licensure & Regulation Committee and the Nominating Committee. He has participated in the Continuing Competency Summit and has done field work for the state affiliates on behalf of the AOA. He currently serves on the State Legal/Legislative Defense Fund Project Team.

Dr. Lee is a past-president of the Idaho Optometric Association. He was president when Idaho passed its therapeutic legislation and he was chairman of the Idaho Board of Optometry when the therapeutic enhancement legislation was passed.

He was chairman of the joint MD/OO Quality Assurance Committee for the Excimer Laser Center in Boise and was instrumental in creating a laser center where optometrists and ophthalmologists worked together in performing PRK.

He was one of the first optometrists in the United States to perform PRK.

Dr. Lee has been Idaho’s Young Optometrist of the Year, and has received the Idaho President’s Award. He has been Idaho Optometrist of the Year twice, in 1992 and 2003. Dr. Lee continues to serve the Idaho Optometric Association as PaAC Chair and the State Representative for VSP.

Dr. Lee is a past-president and Life Member of the Boise Bench Lions Club and is a Melvin Jones Recipient with more than 10 years Perfect Attendance.

He has co-chaired the State Lions Convention and has been chair of their Midwinter Convention.

Dr. Lee is a graduate of Boise State University, the home of the “Blue Turf”, and Pacific University College of Optometry. He is in private practice with Amber Simonson, O.D.

Dr. Lee resides in Boise, with his wife, Aline, and daughters, Jenny and Hannah.

New technologies. Genomics. Changes in the role of government and managed care. All these influences — and many more — will affect the shape of optometry in the coming decades.

To help optometry see that future clearly, and prepare for its arrival, AOA is organizing three profession-wide summits, collectively known as Optometry 2020. The summits will be held between August 2005 and August 2006.


According to the mission statement which the AOA Board adopted, “The purpose of Optometry 2020 is to determine what actions, resources, manpower, and organization is required for the American Optometric Association to address and meet the future needs of the optometric profession.”

The first Optometry 2020 meeting, “What can we be in 2020?” will be held at the Hyatt Regency, at Dallas Fort Worth International Airport, from August 4 to 6. Topics at that summit will include scope of practice, the future of health care, licensure/legislation, advocacy, and research, education, and technology.

About 250 people will be invited, representing a wide range of optometric organizations and stakeholders. The Optometry 2020 Project Team will determine...
Letters

Editor: Arizona optometrists demonstrated their benevolence and support for the national AOA VISION USA program by generously donating to meet and go beyond the goal of $5,000. We encourage other states to support the AOA VISION USA program. The $5,000 goal was determined by multiplying the number of Arizona members by the proposed AOA Amendment C amount of $15 that was presented at the Orlando 2004 Optometry’s Meeting™. We asked our doctors to consider making a minimum tax-deductible donation of $7.50 to our Arizona Optometric Charitable Foundation. Our Charitable Foundation graciously agreed to match the donations up to $2,500. I would again like to thank and recognize the many Arizona doctors for their kindness and support of this program. As of February 2005, we have reached a total of $5,208.

I would like to mention that Arizona administers our own VISION USA program through the state association office with funding from our Arizona Optometric Charitable Foundation and does not rely on the national AOA VISION USA operation. Arizona voted all 29 votes against Amendment C, which failed to pass, in the House of Delegates at the 2004 AOA Congress. Yet we realize the importance and benefits of VISION USA to optometry and the patients that the project helps. Arizona voted against the mandatory dues increase of $15 in Amendment C, but voted yes with their hearts and charitable dollars to support the national AOA VISION USA program.

We encourage other states to support AOA’s VISION USA and hope that AOA may find a supportive sponsor in the near future.

Rand Siekert, O.D.
President, Arizona Optometric Association
Phoenix

VA: Review confirmed safety of laser procedures by optometrists

A recent policy turnaround by U.S. Department of Veterans Affairs (VA), effectively rescinding the limited ophthalmic laser privileges held by some optometrists in VA Medical Centers, was the result of inability to develop rules regarding the supervision of such procedures—not any concerns over care, the acting deputy chief patient care services officer for the VA’s Veterans Health Administration confirmed in a recent letter to AOA.

“VA conducted a medical review of the laser eye procedures performed by VA optometrists. The Office of the Medical Inspector reviewed the previous assessment of the cases, and also asked a practicing ophthalmologist to review the cases. The internal report from the Medical Inspector stated that ‘the overall outcomes for these patients were acceptable and that there were no significant complications,’” reported Madhulika Agarwal, M.D., M.P.H., in a Feb. 3 letter to AOA President Wesley E. Pittman, O.D.

The comments came in response to a January letter from Dr. Pittman objecting to both the VA’s recent policy change regarding laser use by optometrists and a VA press release on the change which, Dr. Pittman said, is being quoted out of context by medical groups around the country to suggest the VA had concerns over the quality of care.

Secretary of Veterans Affairs Anthony J. Principi termed the decision to rescind optometrists’ privileges, “a reluctant one.”

“AOA, in letters to the VA from both Dr. Pittman and the AOA Washington DC office expressed concern that the VA’s unusual departure from normal privileging policy as well as some wording in the department’s announcement of the action, would reinforce, what the association considers, inflammatory and unfounded claims by medical lobbyists that safety concerns prompted the VA to halt laser privileges for optometrists,” the letter said.

“I sincerely share your desire that there is no misunderstanding of VA’s actions concerning this policy decision regarding optometrists and the performance of certain therapeutic laser eye procedures,” Dr. Agarwal reassured in her letter.

“At no time has the Department implied that VA optometrists provided substandard care,” Dr. Agarwal said. “In fact, Department officials have consistently stated in correspondence to members of Congress and other writers that there was no evidence of any adverse outcomes in the laser procedures performed by the three VA optometrists.”

However, the VA will not be issuing any additional public statements on the matter, Dr. Agarwal said.

Send letters to:
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RAPoster@aoa.org.

AOA News reserves the right to edit letters submitted for publication.

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Editor:

Letters
CMS plans restructured Medicare appeals system

The U.S. Centers for Medicare and Medicaid Services (CMS) plans to begin the phased implementation of an overhaul of Medicare claims appeal process this summer.

The Congressionally mandated system will provide a uniform claims appeal process for both Medicare Part A and Part B. More importantly for optometrists and other health care practitioners, the new system is designed to speed up appeals processing, the AO A Eye Care Benefits Center notes.

Central to the restructured system is a new internal review process, similar to that used in some states to handle disputes over managed care coverage. CMS hopes the reviews—to be conducted by independent panels contracted by the agency—will become the primary means by which Medicare claims disputes are resolved. Currently, most claims disputes are resolved through an often-lengthy administrative hearing process.

The new independent panel reviews will essentially replace the Medicare Part B carrier hearings and will represent a new step in the Medicare Part A appeals process. Currently, Part A appellants who cannot resolve a claim dispute with their local Medicare fiscal intermediary have no choice but to appeal to the administrative hearing system.

Under the restructuring, CMS will also set time limits for each of the steps in the appeals system. Appellants will have the right to automatically advance to the next level of appeal if any step is not completed in the required period of time.

Under the new system, all appeals are to be resolved within 300 days. They now sometimes exceed 1,000 days, CMS says.

CMS plans to begin processing Medicare Part A claims denials through the new appeals process on July 1, 2005. The agency plans to begin using the new system to process appeals of Medicare Part B claims on Jan. 1, 2006.

The new appeals process will complement a program, also mandated by Congress, to help resolve minor claims errors and omissions—such as mathematical errors—without a formal appeal, CMS says.

In another Congressionally mandated effort, CMS will also require carriers to improve claim rejection notices.

The New System

Benefits or their

President proclaims Save Your Vision Week

In a tradition dating to 1963, the White House has proclaimed “Save Your Vision Week,” as a way of calling attention to the eye health and vision needs of America. The full text follows:

Save Your Vision Week, 2005
A Proclamation by the President of the United States of America

Eye disease causes suffering, loss of productivity, and diminished quality of life for millions of Americans. During Save Your Vision Week, we raise awareness of eye disease and encourage all our citizens to take action to safeguard their eyesight.

As people age, they can develop conditions that affect eyesight, including cataracts, glaucoma, retinal disorders, dry eye, and low vision. Through regular eye exams, many of these problems can be detected and treated early, reducing the risk of vision loss. The National Institute on Aging, part of the National Institutes of Health (NIH), suggests five steps for all Americans to take to protect their eyesight: regular physical exams; a complete eye exam every 1 to 2 years; a check of family history; immediate attention if you notice any loss of eyesight, eye pain, or other eye problems; and use of sunglasses and a hat to protect eyes from the damaging effects of ultraviolet rays.

My Administration is committed to helping Americans lead better, healthier lives. We have doubled funding for the NIH, helping the United States stay on the leading edge of medical research and technological change. Through education, prevention, early detection, and further research into effective treatments for eye disease, we can bring hope and comfort to our citizens and help more Americans keep the precious gift of sight. The Congress, by joint resolution approved December 30, 1963, as amended (77 Stat. 629; 36 U.S.C. 138), has authorized and requested the President to proclaim the first week in March of each year as “Save Your Vision Week.”

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, do hereby proclaim March 6 through March 12, 2005, as Save Your Vision Week. I encourage eye care professionals, teachers, the media, and public and private organizations dedicated to preserving eyesight to join in activities that will raise awareness of the measures all citizens can take to protect vision.

IN WITNESS WHEREOF, I have hereunto set my hand this fourth day of March, in the year of our Lord two thousand five, and of the Independence of the United States of America the two hundred and twenty ninth.

GEORGE W. BUSH

IN WITNESS WHEREOF, I have hereunto set my hand this fourth day of March, in the year of our Lord two thousand five, and of the Independence of the United States of America the two hundred and twenty ninth.

GEORGE W. BUSH

A Proclamation by the President of the United States of America
representatives will still be able to request a written or telephone review of a Medicare carrier’s initial determination regarding a claim within 120 days of the determination date. However, under the new appeals system, the review will be known as a “redetermination,” replacing the present “carrier reviews” for Medicare Part B claims. Carriers will be required to complete all redeterminations within 60 days. (Carriers are now required to complete 95 percent of reviews within 45 days.) There will continue to be no minimum dollar limit on claims submitted for appeal.

“Reconsiderations,” as the new independent reviews will be known, will be conducted by panels known as “qualified independent contractors” (QICs), each with at least one physician among its members. The QICs will review all claims denials involving issues of medical necessity. Four QICs will be established around the nation.

Following an unfavorable redetermination or the failure of a carrier to provide a redetermination in the allotted time period, appellants will have 180 days to file for a reconsideration—the same six months they now have to file for carrier hearings.

QICs will be required to complete all claims reconsiderations within 60 days. (Carriers now are required only to complete hearings on 90 percent of the claims submitted for second level review within 120 days.) There will be no dollar limit on claims submitted for reconsideration, eliminating the $100 minimum now required for carrier hearings.

Appellants who disagree with results of a reconsideration will be able to file for a hearing before an administrative law judge (ALJ).

Administrative law judges preside in special administrative hearings which operate much like any courtroom but are independent of the federal, state or local municipal court system and deal solely with the establishment, duties, and powers of (as well as the legal remedies against) authorized agencies within the executive branch of government.

Because administrative hearing proceedings are much like the trials conducted in any other court, they are often time-consuming and involved, the AOA Office of Counsel notes.

Appellants will still have to file appeals within 60 days of lower-level appeals action (or the deadline for that action). The amount in controversy must still be at least $100.

However, the administrative judges will have to act on all appeals submitted to them within 90 days. Now, the administrative judges are under no time limit.

To help ensure that the administrative judges adhere to that time frame, CMS is issuing the first Medicare-specific procedures for administrative law hearings.

CMS’s parent agency, the U.S. Department of Health and Human Services (HHS) will also assume direct control of the administrative hearings used for medical claims cases. Those administrative hearings have been operated by HHS’s Social Security Administration.

Providers will still be able to escalate claims appeals to a Departmental Appeals Board (DAB) within 60 days of an administrative law decision or dismissal (or an administrative judge’s failure to act within the allotted 90 days). However, the DABs will now have to act on appeals within 90 days. There is no time limit on DABs right now. There will continue to be no dollar limit on claims that can be appealed to DABs.

As a last resort, appellants will still be able to file Medicare claims appeals in the Federal District Courts, within 60 days of a Departmental Appeals Board decision (or a reconsideration of review), provided the total amount of the contested claims is at least $1,000.

Details of the new uniform Part A and Part B appeals processes, mandated under the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (with additional requirements set down under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003), were outlined by CMS in an interim final rule published March 1 in the Federal Register. A final version of the rule is to be published following a 60-day comment period.

Under the restructuring, CMS will set time limits for each of the steps in the appeals system. Appellants will have the right to automatically advance to the next level of appeal if any step is not completed in the required time.
Design lives here.
Contacts, from page 1

deserved recognition,” Dr. Seibel told AOA News.

Immediately after the CLCS luncheon—thanks to an educational grant from Alcon—the CLCS presents the free course “The Contact Lens Time Capsule: The Past, Present, and Future of the Contact Lens Industry” (#2312). Moderated by Jack Schaeffer, O.D., and lectured by Donald Korb, O.D., and Ralph Stone, Ph.D., this course offers an enlightening overview of contact lens and contact lens care trends as the lecturers track the progress and development of this part of the eye care puzzle.

The course uncovers many of the early treatment devices that have helped shape the contact lens industry and will look ahead into the future as to what to expect in treating patients’ vision disorders with contact lenses.

Thanks to sponsorship from CIBA Vision, a Novartis Company, the CLCS will hold its sixth-annual Awards Reception Friday, June 24, 2005 from 6 p.m. to 7:30 p.m. This event provides fellowship for the practitioners, educators, and leaders, past and present, in the contact lens and cornea field.

CLCS members can meet the legends, reconnect with colleagues, have photos taken, and partake of culinary delights and drink. In an atmosphere of elegance, memories are made as the Dr. Ko Award recipient is presented to recognize major developmental impact on the contact lens and cornea field, and for lifelong achievement in the optometric profession.

This year, the CLCS Achievement Award winner is Edward S. Bennett, O.D., M.S.Ed. Dr. Bennett is associate professor, director of Student Services and co-chief of the Contact Lens Service at the University of Missouri-St. Louis College of Optometry. Dr. Bennett is also the executive director of the Gas Permeable (GP) Lens Institute, the educational division of the Contact Lens Manufacturers Association (CLMA) and is past chair of the Association of Optometric Contact Lens Educators (AOCLE). His primary research interests are in the area of gas permeable contact lenses, specifically in the areas of initial comfort, bifocal designs, and orthokeratology.

The AOA CLCS is also honoring Christine W. Sindt, O.D., with the Dr. Rodger Kame Award, sponsored by Vistakon, a division of Johnson & Johnson Vision Care. Dr. Sindt is currently the assistant professor of Clinical Ophthalmology, director, Contact Lens, Department of Ophthalmology, for the University of Iowa Hospitals and Clinics in Iowa City, IA. She is also on the Medical Advisory Board as a Senior Advisor for the Center for Keratoconus, in addition to being the chair and editor of the AOA CLCS On-Line Committee.

This year, the Dr. Donald R. Korb Award for Excellence, sponsored by Vistakon, will be granted to Ralph P. Stone, Ph.D. After getting his start in chemistry in 1981, Dr. Stone began working at Bausch and Lomb where he held various positions including manager of research, research fellow and interim director of analytical chemistry and microbiology. During his tenure at Bausch and Lomb, he was a key member of the research and development team which produced many of the current Bausch & Lomb products. Among Dr. Stone’s contributions to the overall contact lens industry was the development of the concept of contact lens groups and providing the rationale for this testing matrix. This approach, implemented in the U.S. in 1984, remains the standard for testing contact lens care products.

Dr. Stone spent nearly three years at PACO Research Corporation developing opthalmic drug formulations and contact lens products. In 1992, Dr. Stone joined Alcon as director of their contact lens care products research program, and is currently the senior director and medical specialty director for Optical Products Research and Development.

3 months and counting...

By Kirk Smick, O.D., AOA Continuing Education Committee Chair

This year’s CE program, June 22-26, boasts many new topics and formats. In Dallas, we will have numerous courses that attendees will not want to miss. The programs are FREE to attendees.

On Wednesday afternoon, don’t miss a three-hour panel presentation, “Optometry’s Emerging Role in Cataract Surgery and IOL Selection,” supported by an educational grant from Advanced Medical Optics. Join a prestigious panel of optometrists and ophthalmologists as they cover the new direction of cataract surgery and IOL material technology. Learn how the field of refractive surgery is turning to IOls as the preferred direction for some patients.

Following the General Session on Thursday morning, be sure to invite the whole office to attend the two-hour panel presentation, “Practicing Primary Care Optometry… Find It, Treat It, Code It.” This panel presentation, supported by an educational grant from Alcon, will be structured around at least six actual cases; disease-related challenges related to different types of diagnoses, such as managing chronic open angle glaucoma, pediatric conjunctivitis, diabetic retinopathy, dry eyes and allergic conjunctivitis.

Optometry’s Meeting™ promises an education-packed Friday. To kick off the day, join a dynamic panel of optometrists for a two-hour presentation, “Strategies for Optimal Management of Dry Eye and Infection: A Case Study Presentation.” Supported by an educational grant from Allergan, this course will discuss unique and pertinent case presentations from clinical practice on anterior segment and the ocular surface.

Also on Friday’s agenda are three courses in which course fees have been paid for in advance from generous education grants.

The first is a two-hour course, “The Science of Perfecting Vision Part 1: Design Matters,” supported by Bausch & Lomb. Join as we identify why different contact lenses fit differently. The idiosyncrasies of contact lens design help explain why some contact lenses are better at meeting patients’ near and far vision needs.

As a follow up to Part 1, Bausch and Lomb will also be supporting “The Science of Perfecting Vision Part 2: Emerging Technologies in Vision Correction.” The eye care profession and our patients are fortunate to be able to participate in a time when new technology is handing us more instrumentation and pharmaceuticals than ever before. We will discuss several new and emerging technologies that will make eye care more effective and even more sophisticated in the very near future.

Later in the day, attend a three-hour symposium, “Silicone Hydrogel Contact Lenses: Challenges, Controversies, and New Opportunities,” supported by CIBA Vision. This symposium assembles a group of world-renowned lecturers from the United States and Canada with over 12 years of continuous wear experience. The symposium will cover clinical aspects of silicone hydrogel lenses, differential diagnosis and therapeutic treatment of complications, and implementing a continuous wear strategy into your practice.

Be sure to take advantage of the extensive amount of education being offered at Optometry’s Meeting™. It’s all up to you. Come join us at the 108th Annual AOA Congress & 35th Annual AOSA Conference: Optometry’s Meeting™.
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Mississippi gains orals

Mississippi recently expanded the scope of practice for optometrists in the state with the adoption of long-sought legislation. On March 16, Mississippi Governor Haley Barbour (R) signed SB2682 into law authorizing the use of oral drugs and the use of an auto injector or epi-pen to treat anaphylaxis for optometrists in the state.

“Now, patients in the state of Mississippi will have expanded care available to them,” said Mississippi Optometric Association President David Curtis, O.D.

“This bill prevents double referrals and saves the patients time. We feel that many patients need the care of ODs.”

After a decade-long fight for oral legislation, the bill passed the state Senate with a 52-0 vote and the house with a 113-5 tally, according to the Mississippi Optometric Association (MOA).

“Optometrists are now able to practice to the full level of our education,” explained Dr. Curtis. “It brings ODs in our state up to par with optometrists throughout the country.”

According to the bill, the following drugs have been added to the scope of practice for ODs in the Magnolia State:

- The administration and prescribing of oral medications to treat glaucoma;
- Oral antibiotic medications;
- Oral nonsteroidal anti-inflammatory (NSAIDS) medications;
- Over-the-counter oral allergy medications;
- Oral medications to treat viral infections, all of which must be used solely for the rational and appropriate examination, diagnosis, management or treatment of visual defects, abnormal conditions of the eye and/or eyelids for proper optometric practice;
- Oral analgesic controlled substances in Schedule IV and V for pain; and
- The administration of an auto injection or epi-pen to counteract anaphylactic reaction, followed by immediate referral of the patient to the nearest emergency medical facility.

To show off a new program to care for children’s eye health, the New York Children’s Vision Coalition parked its RV in the lobby of the Javits Convention Center during International Vision Expo East. Equipped with two exam lanes, the vehicle is slated to visit dozens of Manhattan elementary schools for eye exams. The Coalition’s mission is to ensure access to comprehensive eye care to all New York children. Board members of the coalition, faculty from SUNY, and students from P.S. 180M, were on hand.
This year’s opening night will be held in Alcon’s backyard! On Wednesday, June 22 from 6:00 p.m. to 10:00 p.m., Alcon invites Optometry's Meeting™ professional attendees and their guests to visit the Alcon campus in Ft. Worth for a “Great Big American Picnic.” Alcon’s “Great Big American Picnic” will turn the Alcon grounds into a down-home, all-American, summer picnic complete with a barbershop quartet, two live bands, a barbecue buffet, competitive outdoor games, and much more. This event will definitely get your 2005 meeting experience off on the right foot. Shuttle buses will depart from both official hotel properties to transport attendee’s to Alcon’s campus in Ft. Worth. Don’t miss out on the fun! **Attire: Picnic casual**

**Great Big American Picnic – Wednesday, June 22**

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Arkansas enacts any willing provider legislation

On March 3, Arkansas Governor Mike Huckabee (R) signed two bills into law that will give citizens of the Razorback State greater choice in doctors and open up more provider panels to optometrists.

“We didn’t actively lobby for their passage, we’re happy with the two bills,” said Arkansas Optometric Association Legislative Chair Jim Lieblong, O.D.

Acts 490 and 491, the new Any-Willing-Provider laws, were adopted 10 years after Arkansas lawmakers originally approved a similar law that has been tied up in the courts since 1995.

“These new bills made some changes to the original 1995 bill. This is what was need-ed,” explained Dr. Lieblong.

Act 490 outlines a patient’s right to choose a health care provider, while Act 491 is the enforcement foil to Act 490, allowing patients to sue insurers for violation of Act 490.

According to the bills, “a health insurer shall not discriminate against any provider who is located within the geographic coverage area of the health benefit plan and who is willing to meet the terms and conditions for participation established by the health insurer, including the Arkansas state Medicaid program and Medicaid partnerships.”

“Patients will now be able to choose which doctor they want to see,” said Dr. Lieblong.

“Optometrists will have access to programs and plans they formerly didn’t and will now be able to fully participate in the system.”

Although the Arkansas Optometric Association didn’t actively lobby with keypersons, they did voice support by joining forces with the Arkansas Health Care Providers Coalition, who lobbied for Acts 490 and 491.

The Arkansas Health Care Providers Coalition is a temporary consortium of more than 30 health care organizations, from the Arkansas Optometric Association to the Community Health Centers of Arkansas to the Orthopaedic Associates of Arkansas.

According to The Health Care Providers Coalition, the Patient Protection Act of 2005 (Acts 490 and 491) was patterned directly after the Kentucky law that was upheld by the U.S. Supreme Court in 2003.

The bill “will significantly enhance patient choice through any-willing-provider provisions,” claimed the Coalition in a prepared statement.

The Health Care Providers Coalition said the Patient Protection Act of 2005:

❖ Will prohibit insurance companies from excluding qualified providers who want to accept the managed care participation require-ments,
❖ Will enhance patient choice of health care providers,
❖ Will protect patients from economic penalties,
❖ Will assure patients in rural communities greater access to quality health care providers in their communities—like doctors, hospitals, dentists, and local pharma-cists,
❖ Will not prohibit managed care concepts, like primary care physicians or the gatekeeper concept,
❖ Will not require an insurer to cover any specific health care service,
❖ Will not interfere with an insurance company’s ability to utilize traditional managed care including patient fee schedules, quality stan-dards and utilization review requirements,
❖ Will not cause health insurance premiums to increase.

New Practitioners – Jump-Start Your Career for Free!

Interested in jump-starting your career? Don’t miss AOA’s New Practitioner practice management course at Optometry’s Meeting™ in Dallas on June 25, 2009. You can attend for free since course fees are paid in advance from a generous grant given by CIBA Vision, A Novartis Company.

Attendees of this fast-paced pro-gram receive information about topics such as debt management, nego-ciation tips, contracts, leases, financ- ing, billing and coding, technology, compartmentalizing and networking the practice.

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Register for course #0310 at www.optometristsmeeting.org

Or for additional information, contact L.Dimambrosia@aoa.org or 1-800-365-2219, extension 151.

AOA seeks help returning CMS survey on coding

The Centers for Medicare & Medicaid Services (CMS) is required to comprehensively review all relative values for CPT codes at least every five years and make need-ed adjustments. The American Medical Association’s (AMA’s) Relative Value Update Committee (RUC) plays an important role in this process. The AMA along with the American Optometric Association need your help to assure relative values will be accurately and fairly presented to CMS during this revision process. This is important to you and other physicians because these values determine the rate which Medicare and other payers reimburse for procedures. The AMA will devel-op model survey instruments to include questions on physician work and direct practice expense inputs.

CMS has identified a number of ophthalmologic codes to be reviewed as a part of the five-year process. The AOA will take part in the survey. If you receive a survey from the AOA, we would appreciate your efforts in taking time to complete the survey and return it in a timely manner. The AOA will send the surveys out to specialty societies in early May.

Please direct your questions on this important endeavor to Kelly Hipp, Director of Professional Relations, KHipp@aoa.org.
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Toll-free: automated telephone (800) 262-2210 available 24 hours a day, 7 days a week
Industry Profile: CIBA Vision

CIBA Vision has a clear commitment to advancements in the contact lens and lens care industry. Based in Atlanta, the company has grown through a mixture of strong internal Research & Development and strategic acquisition. Its 6,000 associates work diligently to satisfy customers by constantly raising the bar in service, professional education and innovation.

CIBA Vision is the undisputed worldwide leader in silicone hydrogel technology. In particular, two high-performing silicone hydrogel lenses, Night & Day® and O2Optix™ lenses are growth engines that are helping establish CIBA Vision’s silicone hydrogel lenses as the ‘gold standard’ in terms of high oxygen transmissibility.

New O2Optix™allows up to five times more oxygen to reach the eyes than traditional hydrogel contact lenses. At the same time, Night & Day® consumer brand loyalty continues to grow as it provides up to 30 continuous nights and days of wear.

FreshLook ColorBlends® is the number one cosmetic color lens, and makes upgrading to color simple with a single base curve. The bold, yet natural color spectrum of the lens line is one of the reasons that two out of three patients who try FreshLook ColorBlends buy them.

In 2005, CIBA Vision introduced the new CIBA-SOFT® Progressive Toric lens. This innovative specialty lens provides patients with excellent intermediate and near vision without compromising distance acuity. Recent test market results show that 81 percent of CIBASOFT Progressive Toric wearers achieved 20/25 or better distance acuity and 75 percent achieved 20/30 or better near acuity with the first lens tried.

In the lens care category, CIBA Vision’s new AQuify® 5 Minute Multi-Purpose Solution is the only 5-Minute MPS on the market cleared for contact lens patients. AQuify 5 Minute MPS cleans, disinfects, and moisturizes lenses in just 5 minutes. No other MPS works faster. With a quick 10-second rub and 5-minute soak, AQuify 5 Minute MPS enables users to rapidly and effectively care for their contact lenses. It can also be used as a no-rub solution for overnight disinfection and storage.

Clear Care®, a one-bottle, no-rub solution, offers proven effectiveness of peroxide without the preservatives found in multipurpose solutions.

AQuify® Long-Lasting Comfort Drops provide on-the-go comfort for lens dryness relief. The advanced formula contains a unique blink-activated ingredient that holds moisture and helps relieve lens dryness. Recently, AQuify drops received a modified labeling clearance from the U.S. Food and Drug Administration to add the specific statement that the drop “helps prevent and remove protein build up on soft contact lenses.”

CIBA Vision will continue to keep its customers and consumers at the forefront as it plans and develops the next generation of products, technologies and processes. At the same time, its associates remain focused on providing individuals better eyes for a better life.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.
Essilor rolling with multiple product launches

Early spring proved fruitful for Essilor, as the company has launched or expanded four new lenses.

- Essilor has launched the Varilux® Liberty Airwear® Transitions® V with ESP™, what it says is the “first and only polycarbonate photochromic bifocal replacement lens.”
- The company said that the lenses are ideal for those transitioning off bifocals or those accustomed to wearing Transitions lenses, but now need a bifocal replacement lens.
- Varilux Liberty features Varilux’s exclusive Instant Reading Power™—a combination of near vision width, near vision softness and near vision brightness.
- Power range for Liberty Airwear Transitions product: the range is +6.00 to -10.00 up to a -4.00 cylinder. Add power is +0.75 to 3.50. Base curves are: 2.00, 4.00, 5.50, 7.25.
- Essilor is also expanding a controlled roll-out of its Varilux® Ipseo™ progressive addition lenses (PAL) and the Vision Print System (VPS).
- Varilux says its new Ipseo is the world’s first progressive PAL to integrate a specific individual’s physiological measures of their Head and Eye movements and prescription parameters into this personalized PAL totally custom-made.
- Varilux Ipseo lenses adapt to the wearer, rather than the wearer having to adapt to the design.

Last month, Essilor Laboratories of America (ELOA) launched Ultra LiteStyle Solaire™, a high-performance outdoor lens perfect for an “active lifestyle.”

- Available from ELOA as a proprietary brand, LiteStyle®/Ultra Lite Style®/polycarbonate prescription sun tint lenses are available with TD2® scratch protection, backside anti-reflective and flashy front surfaces, in addition to 100 percent ultraviolet protection, backside anti-reflective and flashy front surfaces.
- Power range for Ultra LiteStyle Solaire is +6.00 to -5.00 up to a -4.00 cylinder. An economical alternative to polarized sunglasses, the lenses are available in Titanium Gray & Chromium Brown.
- This month, Essilor laboratories of America (ELOA) will unveil LiteStyle Kids IQ™ lenses, an exclusive, entry-level, anti-reflective lens with TD2® coating for superior scratch resistance.
- All lenses are available with the LiteStyle Kids IQ Replacement Protection option, a special offer that allows for a one-time, no-cost replacement children’s glasses within one year of purchase.
- Due to the TD2 base, the lens’s durability and scratch resistance are comparable to Essilor’s Crizal® anti-reflective lenses. The single vision power range for LiteStyle Kids IQ is +4.00 to -6.00 up to a -2.00 cylinder.

VISX CustomVue approved by FDA

VISX has received approval from the U.S. Food and Drug Administration (FDA) to market and sell CustomVue treatments for mixed astigmatism.

With this CustomVue approval, VISX features wavefront-guided treatment for all forms of astigmatism, including nearsightedness with astigmatism, farsightedness with astigmatism, and mixed astigmatism.

Liz Davila, VISX chairman and CEO, stated, “VISX is now the only U.S. provider of a wavefront driven treatment for all forms of astigmatism. “This reflects our continued commitment to provide doctors with a full spectrum of CustomVue treatments and to make CustomVue the standard of care for laser vision correction.”

For more information on the CustomVue treatments for mixed astigmatism, visit www.visx.com.
April

KANSAS OPTOMETRIC ASSOCIATION CONVENTION April 13-16, Sheraton, Overland Park 785/ 232-0225 todd@kansasoptometric.org fax: 785/ 232-6151

TROPICAL SEA E COSTA RICA 2005 April 15-17, 2005 Kathie Yates Executive Director 281/ 992-0002 kathie@tropicalseaee.com fax: 281/ 992-7621 www.tropicalseaee.com

SOUTHERN COLLEGE OF OPTOMETRY SPRING CONTINUING EDUCATION PROGRAM April 16-17, 2005 Memphis, TN (901) 722-8216 ce@scso.edu www.scso.edu

MID AMERICA VISION CONFERENCE, UMSL, Sunday, April 17, 2005 sponsored by University of MO-St. Louis College of Optometry & the Ophthalmic Education Institute “Imaging Techniques To Understand Human Brain Functions” Lis Eberlebusch [314] 516-5615 Ann Larsen [314] 516-5948 umsl.edu/~optometry.htm

13TH ANNUAL SUNCOAST SEMINAR April 30 - May 1, 2005 Hilton Clearwater Beach Resort sponsored by Pinellas Optometric Association (local affiliate society of the Florida Optometric Association) Philip G. Currey, O.D. (727) 442-5504 babcock@aol.com

May

ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY ANNUAL MEETING, May 1-5, 2005 Ft. Lauderdale, FL 240/ 221-2900 arvo@arvo.org fax: 240/ 221-0370 www.arvo.org/AM/

MIDO 2005 May 6-8, 2005 jaberton@mido.it http://www.mido.it


NEW MEXICO OPTOMETRIC ASSOCIATION ANNUAL CONVENTION May 13-15, 2005 Richard Montoya 505/ 751-7242 flece@fleceplaza.org fax: 505/ 751-7243


9TH ANNUAL CLINICAL EYE CARE CONFERENCE & ALUMNI WEEKEND NOWA’S GREATEST HITS: Volumes 1 & 2 May 20-22, 2005 Ft. Lauderdale, FL Contact Shakara Rosenbaum [954] 262-4224 occe@nsu.nova.edu http://optometry.nova.edu/ce


June

ANNUAL MEETING OREGON OPTOMETRIC PHYSICIANS ASSOCIATION Wayne Schumacher 503/ 654-5036 or 800-922-2045 FAX 503/ 659-4189 coop@aasomgt.com ogopt.org

JOIN COMMITTEE ON THEORETICAL AND CLINICAL OPTOMETRIC VISION A COLLABORATION OF EYES AND BRAIN: OPTOMETRIC EXTENSION PROGRAM FOUNDATION, Sally Congold 949/ 250-8070

scmargol@osp.org www.goaeyes.com June 9-13, 2005 Pacific University

SUMMER CONFERENCE MAINE OPTOMETRIC ASSOCIATION 207/ 626-9920 207/ 626-9935 FAX MOA.Office@maineeyedoctors.org www.maineyedoctors.com June 10-12, 2005 Atlantic Oakes Resort, Bar Harbor, Maine


LEADERSHIP RETREAT MISSOURI OPTOMETRIC ASSOCIATION Zoe Oyle 573/ 635-6151 573/ 635-7989 FAX moopt@moopt.org www.moeyeare.org June 10-12, 2005 Country Club Hotel, Lake Ozark, MO

CONTACT LENS PROGRAM SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY Susan Atkinson, 714/ 449-7442 714/ 992-7809 FAX satkinson@sccoe.edu www.sccoe.edu June 12, 2005 Southern California College of Optometry

COMPREHENSIVE CLINICAL LOW VISION CARE LIGHTHOUSE INTERNATIONAL Cathy Cezo OD 212/ 821-9487 212/ 821-9705 FAX ccw@czeo@lighthouse.org www.lighthouse.org/ce June 14-16, 2005 Lighthouse International, 111 East 59th St., NY, NY 10022
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small groups, to develop a consensus of what optometry would like the practice, profession, and industry to look like in 2020. The meeting will include a large group meeting, small group discussions, and report development.

The final summit will answer the question, “How do we get to where we want to be in 2020?” With the help of the facilitator, participants will take the vision developed during the second meeting and determine what optometry needs to accomplish to get the profession where we want to be in 2020. A roadmap or plan of action will be developed for the optometric profession.

The summits have the potential to change the way we view health care, and our role in delivering the best care to our patients. The next year promises to be an exciting time for our profession. I hope that, when the year 2020 rolls around, we are well prepared and where we planned to be.

Future, from page 3

mine the invitations. The Project Team is co-chaired by Kevin L. Alexander, O.D., and C. Thomas Crooks, III, O.D., with Dave Sattler of Alcon as a consultant and members BJ Avery, Leland W. Carr, III, O.D., James K. Kirchner, O.D., Beth A. Kneib, O.D., and J. James Thimons, O.D.


We’re planning on three guest speakers, and plans have been finalized with two. Ian Morrison will speak on Thursday afternoon on “Health Care Policy and Future Trends.” Joseph Gibbons will speak on Friday morning about “Looking into the Future: Eye Care Professionals.” In addition, there will be presentations by leaders in optometry.

The second summit will be focused on “Determining what we want to be in 2020.” With the assistance of a facilitator, participants will distill all topics and positions down, via 10 small groups, to develop a consensus of what optometry would like the practice, profession, and industry to look like in 2020. The meeting will include a large group meeting, small group discussions, and report development.

The final summit will answer the question, “How do we get to where we want to be in 2020?”

With the help of the facilitator, participants will take the vision developed during the second meeting and determine what optometry needs to accomplish to get the profession where we want to be in 2020. A roadmap or plan of action will be developed for the optometric profession.

The summits have the potential to change the way we view health care, and our role in delivering the best care to our patients. The next year promises to be an exciting time for our profession. I hope that, when the year 2020 rolls around, we are well prepared and where we planned to be.
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at the VA Boston Healthcare System

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The stipend is $40,680 per year.

Further information can be obtained by contacting:

Barry M. Fisch, OD [112ñ0]
Director, Optometric Research Fellowship
C/O Jamaica Plain VAMC
150 South Huntington Ave.
Boston, Massachusetts 02130
E-mail: barry.fisch@med.va.gov
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A letter of intent, current curriculum vitae, and the name and address of three professional references should be submitted to:
Laura Rounce
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Director of Human Resources
Pennsylvania College of Optometry
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Elkins Park, PA 19027
Phone: 215-780-1267, FAX: 215-780-1265
E-mail: jschick@pco.edu
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22nd Annual Meeting of the Optometric Gay/Lesbian Caucus will meet in Dallas during the AOA Congress. For information on date/time/location contact Dr. Steve Wissing at 650/381-5874 or email at tzvcel@iol.com

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Classified advertising rates are $2.00 per word. This includes the placement of your advertisement in the classified section of the AOA NEWS Web site, AOANEWS.org, plus posting in the classified section of the AOA Member Web site, AOA.org. The AOA NEWS print edition is published 18 times per year (one issue only in January, June, July, August, November, and December; all other months, two issues). Posting on the AOA NEWS and AOA member Web sites will coincide with the AOA NEWS publications dates. There is a $40 minimum charge per issue for NEWS classifieds. A phone number or e-mail address counts as one word. Boldface listings in AOA NEWS are an extra $2.00 per word. An AOA box number charge is $20.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. E-mail or Web addresses may be placed in ad copy. Automated links to these addresses may be included at no additional charge for ads appearing on the AOA NEWS Web site. No automated links will be provided on the AOA member Web site. Payment for all classified advertising must be made in advance of publication, regardless of the number of times it is to appear. Please submit, by check, MasterCard, VISA, or American Express. Be sure to include the expiration date and credit card number. Classifieds are not commissionable. All advertising copy must be received by mail at the AOA NEWS Classified Advertising, 243 North Lindbergh Blvd., St. Louis, MO 63141; by fax attn. Classified Ad Department at (314) 991-4101; or by e-mail to ALMiller@aoa.org. Advertisements may not be placed by telephone. Advertisements submitted for publication online or in print must be received by the AOA at least 15 working days prior to the publication date. Advertisements submitted for publication online must be paid for in advance; cancellations and/or changes in advertisement will not be made after the close of the date and must be written in and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. Call Fox Associates at (312) 644-3888 for advertising rates for all display ads.
WARNINGS

XALATAN has been reported to cause changes to pigmented tissues. Most frequently reported changes are ocular hypertension. Indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

PRECAUTIONS

Systemic absorption of latanoprost may be expected. However, the potential for continuous systemic absorption is not known. Large intravenous latanoprost doses in monkeys resulted in systemic absorption, which may be greater than that found following topical application. Apart from ocular irritation and conjunctival or episcleral hyperemia, the ocular effects of latanoprost administered at high doses include a disruption of the ocular epithelial surface (see WARNINGS, Precautions). XALATAN can be continued in patients who develop normally increased ocular pigmentation after treatment. However, these patients should be carefully monitored regularly. During clinical trials, increased brown iris pigment was not observed to progress further upon treatment discontinuation, but the resulting ocular color change may be permanent.

Increased brown iris pigmentation, which may be reversible, has been reported in association with use of XALATAN (see WARNINGS). XALATAN has been reported to cause changes to pigmented tissues. Changes in iris color have been reported in up to 6% of patients with active iridocyclitis.

Increased ocular pigmentation may result in decreased light進入 the eye. In one patient with chronically elevated intraocular pressure, an increase in lens opacity was noted. Although the long-term effect of increased pigment deposition in the lens is not known, large intravenous latanoprost doses in monkeys resulted in systemic absorption and lens opacity. There have been reports of increased lens opacity in patients treated with XALATAN. The cause of this finding is not known, although increased pigmentation of the lens by topical ophthalmic products is a commonly observed phenomenon.

Clinical Experience: In clinical trials, XALATAN has generally been well tolerated. Most adverse events reported during treatment with XALATAN were mild to moderate in severity and were transient in nature. The most common treatment-related systemic adverse events were ocular irritation and conjunctival or episcleral hyperemia, which occurred in approximately 4% of patients. Treatment-related systemic adverse events were not observed in patients treated with topical placebo.

Local conjunctival hyperemia was observed in less than 1% of the patients treated with XALATAN during the clinical trials. Local conjunctival hyperemia is not due to irritation or conjunctival hyperemia, the ocular effects of latanoprost administered at high doses include a disruption of the ocular epithelial surface (see WARNINGS, Precautions). XALATAN can be continued in patients who develop normally increased ocular pigmentation after treatment. However, these patients should be carefully monitored regularly. During clinical trials, increased brown iris pigment was not observed to progress further upon treatment discontinuation, but the resulting ocular color change may be permanent.

The most common treatment-related systemic adverse event was irritation, which occurred in 4% of patients. Other treatment-related systemic adverse events were reported rarely, such as transient headache, transient visual changes, and transitory visual disturbances.

Clinical Practice: Adverse events observed in patients treated with XALATAN were not considered to be clinically significant. The most common treatment-related adverse events were ocular irritation and conjunctival hyperemia, which occurred in approximately 4% of patients. Treatment-related systemic adverse events were not observed in patients treated with topical placebo.

Overdosage: In clinical trials, the most common adverse events reported were ocular irritation and conjunctival hyperemia. In one patient with bronchial asthma treated with latanoprost, bronchoconstriction was not induced. Intravenous doses of 5 to 10 mg of latanoprost caused adrenergic effects in animals, such as tremor, tachycardia, and blood pressure increases. The systemic effects of latanoprost are not known, although increased pigmentation of the lens by topical ophthalmic products is a commonly observed phenomenon.

In patients with bronchial asthma treated with latanoprost, bronchoconstriction was not induced. Intravenous doses of 5 to 10 mg of latanoprost caused adrenergic effects in animals, such as tremor, tachycardia, and blood pressure increases. The systemic effects of latanoprost are not known, although increased pigmentation of the lens by topical ophthalmic products is a commonly observed phenomenon.
XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

**Important Safety Information:** XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered; these changes are likely to be permanent and the effects beyond 5 years are unknown.

Most common ocular events/signs and symptoms (5% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy.

Please see brief summary of prescribing information on adjacent page.

---

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than **long-term patient success**

- **XALATAN** is the only prostaglandin (PG) indicated for first-line use
- Powerfully lowers IOP with the **lowest incidence of hyperemia** in its class
- More patients stay on **XALATAN longer** than other PGs and other first-line monotherapies
- The **#1 prescribed IOP-lowering agent**

XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

**Important Safety Information:** XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered; these changes are likely to be permanent and the effects beyond 5 years are unknown.

Most common ocular events/signs and symptoms (5% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy.

Please see brief summary of prescribing information on adjacent page.