Annual American Eye-Q® survey shows men and women don’t see eye-to-eye on vision health

According to the AOA annual American Eye-Q® survey, men and women have different views and habits when it comes to eye and vision health. From seasonal allergies to ultraviolet protection to the best foods for eye health, the survey finds men and women are on different sides of the fence.

“While there is disagreement, the good news is the majority of both men and women understand the importance of maintaining eye and visual health through regular comprehensive eye exams,” said Dori Carlson, O.D., president-elect of the AOA. “But as a wife, it’s not surprising to me that men and women can have differing points of view.”

“Regardless of a patient’s gender, an assessment from an optometrist is a significant part of preventive health care,” said Mark Helgeson, O.D., husband of Dr. Carlson. “Conditions like diabetes, hypertension, cardiovascular disease, cancer and multiple sclerosis may be caught during a comprehensive eye exam.”

Seasonal eye allergies

According to the American Eye-Q® survey.

See Survey, page 10

AOA Healthy Eyes Healthy People® grants target diverse eye care needs

Vision screenings in remote regions of Alaska, a mobile clinic on the streets of New Jersey, a week-long optometry clinic in a grade school music room, and an initiative to place low vision devices in public libraries are among the 20 projects awarded funding last month under the AOA’s 2010 Healthy Eyes Healthy People® (HEHP) State Association Grant Program.

Again this year, the AOA HEHP program is providing grants of up to $5,000 for innovative community outreach projects addressing the vision-related objectives of the U.S. Department of Health & Human Service’s (HHS) Healthy People 2010 public health agenda. With some 55 applicants, this year’s HEHP grant awards process was perhaps the most competitive in the program’s eight year history, noted AOA Community Grants Committee Chair Fred Dubick, O.D.

The grant program is open to any AOA member optometrist who wishes to see HEHP, page 6

Barbara Horn, O.D., chair of the AOA’s Clinical and Practice Advancement Group Executive Committee, talks to Illinois College of Optometry (ICO) students and alumni about the future of optometry and what it means for the optometric profession. Nearly 200 attendees listened as she discussed the importance of involvement in the profession and encouraged current and future practitioners to take an active role in the future of optometry. For more on ICO’s State Day, see page 19.
Shamir Autograph II® is the ultimate Freeform® progressive lens for patients with any lifestyle wanting the highest level of personalized optics available on the market today. Now patients can enjoy a higher level of optical accuracy and personalization in their Autograph II® lenses with the introduction of FreeFrame Technology™ and As-Worn Technology™. Utilizing these breakthrough technologies, each Autograph II® design is exclusive to the patient, like DNA. With a variable design starting from 11mm and up, no matter what frame shape, the Autograph II® design will automatically adjust the corridor and reading zone to perfectly match it!

**General Purpose, Office, Sport — Accommodating all lifestyle needs.**
Whatever the patient’s needs may be, there’s a back surface Autograph II® lens designed specifically for their lifestyle. With Shamir Autograph II®, the future has never looked better - even in single vision!
AOA: Pro-Optometry!

September marked six months since President Obama signed the Health Care Reform bill into law.

Not surprisingly, forces who are against certain aspects of the new legislation have been organizing efforts to dismantle it.

Because of this legislation’s importance to our practice and our profession, AOA President-elect Dori Carlson, O.D., and I held two town hall meetings last month on health care reform.

With about 150 ODs on the calls, we discussed how the AOA worked to get key provisions included (the Harkin Amendment and children’s vision issues) and that we need to continue to be engaged with a seat at the table as states form their health insurance exchanges.

During the question-and-answer sessions, many of you wanted to know if the Harkin Amendment could be repealed if there is a repeal of the law.

You also wanted to know if language exists that outlines who can administer vision benefit.

Because of the way the legislation is written, both popular and unpopular aspects of the law are intertwined, so repealing the law will require smaller, incremental steps.

For example, opponents are targeting the funds needed for implementation.

As we embark on a new era of health care, we are prepared to fight and defend the gains made with the Harkin Amendment and children’s vision issues.

As we engage in a battle for our members and our patients.

To make no mistake that we are Pro-Optometry, and we will do everything we can to fight for the rights of patients as we enter into mid-term elections.

That’s why you will see both Democratic and Republican candidates, such as Rep. John Boozman, O.D.

A Republican, he is the only optometrist serving in Congress, and he is running for the U.S. Senate in his home state of Arkansas.

We also support Minnesota Optometric Association Executive Director Jim Melfert who is running for the U.S. House as a Democrat.

For the first time ever, we have the unique chance to elect a fellow optometrist – and a 36-year AOA member – to the U.S. Senate.

Optometry needs his voice in the Senate on behalf of the profession, our practices and the patients we serve.

Throughout all levels of politics, there are optometrists serving in office, or running for office, from both sides of the aisle.

And there are members in Washington and in the statehouses.

While AOA-PAC is the most visible arm of our advocacy effort, staff and volunteers throughout the AOA and our affiliate associations are able to get to know the candidates and see firsthand how they can make a difference for optometry and our patients.

Our victories in Health Care Reform were grounded in years of relationship-building.

And our future victories will be as well.

In any given election cycle, you will see AOA members of all political persuasions getting support from AOA-PAC, or state-level events.

We only care about one thing: They are Optocrats! They are Pro-Optometry.

Joe E. Ellis, O.D.
AOA president
Help them see lutein’s benefits now — it’s easy to talk about ocular nutrition

Over 250 published studies support that lutein is an essential nutrient eyes need. It’s been shown to reduce the risk of certain eye diseases, increase macular pigment optical density (MPOD), and improve visual performance. However, helping patients understand what that means to them has not been easy — until now.

Free, simple, patient tools are available. The brochures (right) explain the benefits of getting 10 mg of lutein daily through diet and/or nutritional supplements. They include a list of lutein rich foods as well as nutritional supplements containing the FloraGLO® Lutein ingredient brand. FloraGLO is the most clinically tested lutein brand, featured in the AREDS2* study and the brand you’ll want to make sure is in the products you recommend. To order these tools for your practice visit www.luteined.org/aao.

FloraGLO® is: The #1 Doctor Recommended Lutein Brand**

Order your FREE brochures today at: www.luteined.org/aao

*The second Age-Related Eye Disease Study (AREDS2), a human clinical trial conducted by The National Eye Institute, which will evaluate the effect of lutein supplementation on eye health. **Based on the results of the National Disease and Therapeutic Index syndicated report among physicians who recommend a daily supplement with lutein for eye health - Aug 2008-Aug 2009 (SA, dahl.)
establish or continue an eye or vision public outreach program conducted in conjunction with an entity outside organized optometry.

“The HEHP grants strengthen the outreach of optometry through community-based organizations by providing ‘seed money’ to begin or continue vision-related projects,” Dr. Dubick said.

Optometrists successfully proposing projects for funding this year ranged from public health optometrists with large institutions to private practitioners (and in one case, a retired practitioner) who applied after recognizing a unique need in their community, Dr. Dubick said.

Projects this year vary considerably in collaborations with academic institutions, health departments, organizations representing other health care professions, schools, and a local women’s group.

All grant applications must be filed through state optometric associations – all of which now have HEHP consultants to facilitate the process. Multiple applications were received from several states this year.

Since the HEHP program’s inception in 2004, the AOA has distributed $1,080,000 in grants for 299 projects addressing diabetes, glaucoma, children’s vision, eye safety, low vision, and other vision-related issues.

The HEHP State Association Grant Program this year is funded by Luxottica.

Listed by state below are the projects (with project coordinators) awarded HEHP grants this year. For more information about the HEHP program, contact Uzma Zumbrink, DHSc, MPH, at 314-983-4146 or UAZumbrink@aoa.org.

- Alabama – Healthy Eyes for Children 2011 – Janene Sims, O.D. – Up to 2,000 preschoolers could benefit as the University of Alabama-Birmingham (UAB) School of Optometry begins to offer vision screenings for infants (ages 0-1) and toddlers (ages 2-4) at Head Start centers in the greater Birmingham area.
- Alabama – Reducing visual impairment due to uncorrected refractive error in the Birmingham homeless population – Keshia S. Elder (University of Alabama-Birmingham School of Optometry) – The UAB School of Optometry will provide quarterly (October 2010; December 2010; February 2011; May 2011) screenings (visual acuity, tonometry, direct ophthalmoscopy, and retinoscopy) to residents of Birmingham-area homeless shelters.
- Alaska – Joint Vision Awareness Project – Rina Salazar (Alaska Optometric Association) – The Joint Vision Awareness Committee (a partnership of the Alaska Optometric Association, the Alaska Primary Care Association, Lions Club International, and the Alaska Center for the Blind and Visually Impaired) will provide vision screenings at 12 community health centers annually in areas that normally have no access to eye care.
- Arkansas – Vision for Arkansas Children – Kenny Wyatt, O.D. – Working with the Arkansas School-Age Vision Commission, Coordinated School Nurse Program, and Arkansas School Nurse Association, the Arkansas Optometric Association will make Titmus machines available for school screenings.
- Arkansas – Arkansas Children’s Hospital Project – Patricia Westfall-Elbsberry, O.D. – The Arkansas Optometric Association will work with the Arkansas Department of Human Services’ Division of Child Care and Early Childhood Education to encourage comprehensive eye examinations for children entering school.
- California – Reducing visual impairment due to diabetic eye disease, glaucoma, and cataracts – Jasmine Yimori, O.D. – The Western College of Optometry will offer screenings and public education targeting glaucoma, diabetic eye disease, and cataracts for the Pomona area’s uninsured and indigent Hispanic and white populations.
- Iowa – Student Vision Cards – Jill Gonder (Iowa Optometric Association) – To increase the number of pre-kindergarten and kindergarten children who receive comprehensive eye examinations and increase the awareness of parents, teachers, administrators and school nurses regarding

See HEHP, page 8
2009 PQRI, e-Rx payments coming soon

By Rebecca H. Wartman, O.D.


Both of these incentive payments will be made in the same way that Medicare payments are typically made.

The payments will be indicated on electronic remittance using the code LS (for lump sum payment).

If you typically receive payments on paper, the incentive lump sum payment will be clearly indicated.

Remember that all incentive payments will be made to the holder of the Tax Identification Number (TIN) for all providers filing under that TIN.

The feedback reports for each TIN will be available on the Individuals Authorized Access to CMS Computer Services Provider Community (IASC-PC) portal beginning in early November.

Access to the IASC-PC portal can be found at: https://www.qualitynet.org/portal/servept/community/pqri_home212.

High-quality prints showcase importance of children’s eye care

To further enhance patient care and education efforts, the AOA has introduced three new “gallery prints” highlighting the importance of comprehensive eye exams for children. These digitally painted, museum-grade canvas gallery prints, focusing on the impact of undiagnosed vision problems in children, will educate parents on why every child should be seen by an optometrist.

The large-format 20 x 24-inch “gallery-wrapped” prints feature important visual messages that create a branded patient counseling collection.

Prints arrive with hardware, ready to hang with no framing costs and may be purchased individually, or as a collection, depending on the needs of the office.

The cost is $89 per print. Available are:

- CE-1 – Children's Eye Exam Canvas Print – “She May Never Recover…”
- CE-2 – Children's Eye Exam Canvas Print – “His Education Cost a Lot…”
- CE-3 – Children's Eye Exam Canvas Print – “A Child Shouldn’t Have to Fail…”

To place an order, contact the AOA Order Department at 800-262-2210.

The 2009 successful reporting percentages for the eye care measures for all providers reporting. (Note these numbers are rounded.) The original report can be found at http://www.cms.gov/PQRI/downloads/2009_PQRI_QDC_Error_Report_06-11-2010.pdf.

For 2010 first quarter, the analysis shows these reporting trends for all providers reporting. (Note these numbers are rounded.) The original report can be found at http://www.cms.gov/PQRI/Downloads/1Q_2010_QDC_Submission_Error_Report_by_Measure_071510.pdf.

Providers must access this portal with some regularity or the password will be inactivated and will have to be reactivated before use.

You may also contact Quality Net Help Desk at qnestsupport@sdps.net or by calling 866-288-8912 during regular business hours.

Individual providers can also access their reports through their Medicare carrier. Each Medicare carrier should provide instructions on access to these reports.

The 2010 bonus was 2 percent on all Medicare allowable claims.

Providers had to report at least three of the measures, and report these measures correctly at least 80 percent of the time to earn the bonus.

In 2010, for the first quarter, optometrists reported PQRI (quality data codes – QDCs) 272,064 times with 79.66 percent of those reports being correct.

Providers were given the option to report these measures directly or indirectly (e.g., claims). If you choose to report indirectly, you report the data code (e.g., 2402F) for the procedure and then report the procedure correctly and diagnosis correctly.

Supplements measure (#140:4177F) was one of the measures having the highest percentage of valid reports.

The 2010 bonus was 2 percent on all Medicare allowable claims.

The 2010 bonus was 2 percent on all Medicare allowable claims.

While optometrists are reporting correctly almost 80 percent of the time, these numbers need to show improvement both in the number of providers participating and in the percentage of correct reporting.

There are many PQRI reporting tools available on the AOA Web site at www.aoa.org/pqri.

For 2011, the bonus will be 1 percent of all practice’s Medicare claims.

Some new guidelines for reporting may be available so visit this site frequently to learn about changes.

Look for articles in the AOA News and online as well.
ONC names initial EHR certification bodies

In what the agency calls “a key step in the national initiative to encourage adoption and effective use of EHRs by America’s health care providers,” the federal Office of the National Coordinator for Health Information Technology (ONC) last month designated its initial certification entities for electronic health records (EHRs).

The Certification Commission for Health Information Technology (CCHIT), Chicago, Ill.; the Drummond Group Inc. (DGI), Austin, Texas; and InfoGard Laboratories, Inc., of San Luis Obispo, Calif., as an ONC-Authorized Testing and Certification Body (ONC-ATCB), were named the first technology review bodies authorized to test and certify EHR systems for compliance with standards and certification criteria that were issued by the U.S. Department of Health & Human Services (HHS) earlier this year.

Health care practitioners must utilize EHR systems that have been certified to meet the HHS standards in order to participate in Medicare and Medicaid EHR incentive programs that begin Jan. 1, 2011.

The ONC announcement means that three organizations have been recognized to provide such certification and EHR vendors will now be able to have their products certified as meeting the HHS criteria.

A source close to the industry told AOA News that EHR programs for optometric practices should be available in time for the start of the federal incentive program in January.

Optometric EHR programs appropriate for use in the federal incentive program will be promptly announced in AOA News, the AOA First Look e-newsletter, and on the AOA Web site (www.aoa.org), according to AOA Health Information Technology Subcommittee. Health care practitioners who implement certified EHR systems and meet the HHS utilization criteria can qualify for Medicare or Medicaid bonus payments, as part of a broad initiative undertaken by Congress and President Obama under the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was part of the American Recovery and Reinvestment Act (ARRA) of 2009.

The new incentive payment programs are designed to help health providers as they transition from paper-based medical records to EHRs.

Incentive payments, totaling as much as $27 billion may be made under the program.

Individual physicians and other eligible professionals can receive up to $44,000 through Medicare and almost $64,000 through Medicaid. The first incentive payments are targeted to be made in May 2011.

To qualify for the incentive payments, providers must not only adopt, but also demonstrate meaningful use of certified EHR systems, the ONC emphasized.

The law envisions that defined meaningful use requirements will help ensure that the patient and provider benefits of EHRs are realized,” the agency noted.

Initial meaningful use criteria were defined in a final rule issued by the Centers for Medicare & Medicaid Services (CMS) on July 28.

“Multiple steps are under way to carry out the intent of Congress in supporting rapid and effective adoption of EHRs throughout our health care system,” HHS National Coordinator for Health Information Technology David Blumenthal, M.D., said.

The CMS is working to create an online system for providers to register and attest for the EHR incentive programs.

Applications for additional certification bodies are under review by the ONC. The ONC has introduced new programs of EHR technical assistance and training for smaller hospitals and physician practices.

Dr. Blumenthal said the health IT initiative “is on an aggressive schedule to meet the urgent targets set by Congress and the president toward realizing the quality and safety improvements that we can achieve through health information technology.”

For additional information on the ONC certification programs, visit http://healthit.hhs.gov/certification.

More information about other HHS Recovery Act Health Information Technology funding and programs is available online by visiting www.hhs.gov/recovery/programs/index.html#Health.
HHS issues grants for health insurance exchanges

The U.S. Department of Health & Human Services (HHS), Sept. 30, awarded nearly $49 million to help 48 states and the District of Columbia plan for the establishment of health insurance exchanges (HIEs).

A key part of health system reforms enacted under the Affordable Care Act earlier this year, health insurance exchanges will offer “new, competitive, consumer-centered private health insurance marketplaces” for individuals and small businesses, according to an HHS announcement.

Because health insurance exchanges could become an important factor in health care reimbursement over the coming years, optometrists should be aware of the development of HIEs in their respective states, and state optometric associations should become involved in the development of the entities, according to AOA President Joe Ellis, O.D.

The grants of up to $1 million each, awarded last month, will give states resources to conduct the research and planning for the new health insurance exchanges and determine how their exchanges will be operated and governed, including:

- Assessing current information technology (IT) systems and infrastructure and determining new requirements.
- Developing partnerships with community organizations to gain public input into the exchange planning process.
- Planning for consumer call centers to answer questions from their residents.
- Determining the statute.

See Exchanges, page 16

CMS announces limited Medicare ordering/referring enrollment

The U.S. Centers for Medicare & Medicaid Services announced a simplified Medicare enrollment process for health care practitioners who do not themselves bill Medicare for products or services but wish to enroll in the government health plan solely for the purpose of ordering or referring items or services for Medicare beneficiaries.

Since July 6, 2010, Medicare Part B suppliers have been required to include, on any claim, the legal name and National Provider Identifier (NPI) of the physician or non-physician practitioner who ordered or referred the billed items or services for the beneficiary.

This effectively means that Medicare will reimburse claims from providers and suppliers who have furnished, ordered, or referred items or services to Medicare beneficiaries only when the ordering/refering provider identified in the claims is enrolled in Medicare and has an enrollment record – with NPI – in health plan’s Provider Enrollment, Chain and Ownership System (PECOS) at the time of the service.

The CMS emphasizes the process should be used only by practitioners who wish to limit their involvement in the health plan to the ordering or referring of goods and services.

Health care practitioners who enroll using the simplified process will not be authorized to file claims with Medicare for services they provide.

For practitioners seeking additional information, see Medicare Learning Network article MM 7097, which can be accessed on the agency’s Web site (www.cms.gov/MLNProducts/downloads/MM7097.pdf).

Medicare EHR tip sheets available

The U.S. Centers for Medicare & Medicaid Services (CMS) has released three new or updated “tip sheets” explaining eligibility requirements, maximum payments, and key date for the Medicare EHR Incentive Program.

Incentive payments totaling as much as $27 billion may be made under the Medicare & Medicaid Electronic Health Record (EHR) Incentive Programs beginning in 2011.

- Medicare EHR Incentive Programs, PQR, and E Prescribing Comparison (updated) outlines the opportunities available to Medicare-Eligible Professionals for incentive payments under Medicare initiatives. This fact sheet provides information on eligibility, timeframes, and maximum payments for each program.
- Flow Chart – Determine Eligibility for Medicare and Medicaid EHR Incentive Programs (updated) provides a handy flow chart practitioners can use to determine if they are eligible to participate in the Medicare or Medicaid EHR Incentive Programs.
- Medicare EHR Incentive Payments for Eligible Professionals outlines the types of individual practitioners who can participate in the Medicare EHR Incentive Program. This easy tip sheet provides information about incentive payment amounts and describes how payments are calculated for fee for service (FFS) and Medicare Advantage providers. It also describes payment adjustments beginning in 2015 for eligible professionals who are not meaningful users of certified EHR technology.

All three tip sheets are accessible on the CMS Web site EHR Incentive Programs page (www.cms.gov/EHRIncentivePrograms).

Select the “Medicare Eligible Professional” tab on the left, and then scroll to “Downloads.”

Basics of Medicare Web training offered

Need to know the Medicare basics? The Medicare Learning Network (MLN) offers a series of Web-based training (WBT) courses to teach health care professionals the fundamentals of the Medicare program.

The first course in the series, the “World of Medicare,” offers a basic introduction to Medicare.

The second course in the series “Your Office in the World of Medicare” focuses on Medicare knowledge required by health care professionals and their office personnel.

Both are available from the CMS Web site MLN page (www.cms.gov/MLNProducts) by scrolling to the bottom of the page and selecting Web based Training Modules from the Related Links inside CMS section.
Survey, from page 1

more women (73 percent) than men (67 percent) report suffering from seasonal eye allergies that cause itchy and watery eyes. Surprisingly though, more men (16 percent) than women (9 percent) have missed work because of seasonal eye allergies. Men listed the top two things that allergies interfere with on a daily basis as participating in recreational outdoor activities (37 percent) and sleep (36 percent). Women cited participating in recreational outdoor activities and the ability to think or concentrate (both at 27 percent).

UV protection for the eyes

When it comes to protecting against the sun’s damaging rays, more women (35 percent) than men (28 percent) are concerned with checking for UV protection when purchasing sunglasses. The survey also showed more men (36 percent) than women (27 percent) mistakenly believe name-brand sunglasses are better for your eyes and offer more protection than generic or less expensive sunglasses.

“Overexposure of the eyes to UV rays is serious and can lead to cataracts, macular degeneration or, in some cases, skin cancer around the eyelids,” said Dr. Helgeson. “The ladies win in this case; you should always look for sunglasses that offer good protection, blocking 99 to 100 percent of UV-A and UV-B radiation and screening out 75 to 90 percent of visible light.”

Nutrition and eye health

According to the American Eye-Q® survey, the majority of men and women believe carrots are the best food for your eyes. Slightly more men (14 percent) than women (11 percent), however, correctly identified spinach as a better food for promoting eye health.

“In fact, spinach and other dark leafy greens are the healthiest foods for the eyes because they naturally contain large amounts of the antioxidants lutein and zeaxanthin that can help protect against diseases like age-related macular degeneration,” said Dr. Carlson.

Computer Vision Syndrome

The AOA defines computer vision syndrome (CVS) as a group of eye and vision-related problems that result from prolonged computer use. Regular eye care and changes in behavior can help alleviate CVS.

For every 20 minutes of computer viewing, the AOA recommends looking into the distance for 20 seconds to give your eyes a chance to refocus.

The survey shows more men (59 percent) than women (53 percent) experience vision issues from using tech devices like computers.

Visit www.aoainsurance.com/EAP today for more information or to enroll in the plan. Or call toll-free 1-866-331-0180. You can review the AOA EA+ benefits, check out the 100% money-back guarantee and even sign up for coverage. You’re guaranteed acceptance!
Survey, from previous page

Women (17 percent) came out ahead of men (13 percent), though, when it comes to taking visual breaks every 20 minutes. The majority of both men and women said they take breaks every 30 to 60 minutes.

Aging eyes

The survey results indicated that 40 is the most common age at which Americans begin noticing changes in their vision. However, the way in which men and women cope with age-related eye problems differ.

Men use brighter lights when performing tasks (36 percent), while women limit their night driving (35 percent). Men and women agree that their biggest concern related to developing serious vision problems is being unable to live independently. For women, the next biggest concern is being unable to read, while for men it was not being able to see their loved ones.

Additional interesting findings

Bad habits are hard to break for both sexes. When asked what is the longest they’d worn daily disposable contact lenses before replacing them, the top response among men was one week (27 percent), while women indicated two months or longer (27 percent).

With the popularity of 3-D televisions on the rise, it’s no surprise more men (35 percent) than women (16 percent) are considering purchasing one in the future.

Comprehensive eye exams

Even though men and women vary in their eye and vision behaviors, the majority of both sexes indicated they have seen an eye doctor within the last two years.

See Survey, page 22

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Emergency Medical Assistance

A Special Note to Our Members

This is the fourth article in our series discussing the fundamentals of available insurance and other coverage that can help protect you, your family and your practice. We believe it’s important for all of us to become better informed consumers when it comes to selecting coverage. As an eye-care professional and member of the AOA, you have many choices.

This article focuses on the fundamentals of available products and services that can help safeguard your financial security, arrange for your proper medical care and give you greater peace of mind.

T. Joel Byars, O.D.
Chairman, AOA Insurance Committee

In a medical emergency, where every minute counts, time is precious and acting quickly is essential. However, as medical care, insurance and even traveling get more complicated, cutting through the red tape and getting through to the appropriate people who can help can take hours.

For these reasons, an Emergency Medical Assistance plan would provide you with greater peace of mind, knowing that coordinators are available any time to help you through a travel crisis.

Emergency Medical Assistance is a way to minimize the considerable financial and health-related risks in an emergency, including accidents, illness and emergency evacuation.

Generally, coverage with an Emergency Medical Assistance plan is effective for one year and covers you for medical emergencies when you’re traveling for business or vacation. The rates for this type of coverage are usually inexpensive and the cost to cover your entire family is very economical.

Another type of coverage available is specifically designed to cover you only for the duration of your trip, particularly while traveling overseas. Known as “travel insurance,” typically this sort of plan covers trip cancellation and interruption, medical evacuation, flight insurance and lost baggage. The cost can be rather expensive at 5%-12% of your total trip cost.

On the other hand, an Emergency Medical Assistance plan commonly provides broader coverage. Any time you’re traveling away from home, if you have a medical emergency due to an accident or sudden illness, plan coordinators are ready to help you 24 hours a day.

This is important because, at a time when speed is essential to your recovery, these coordinators can quickly get involved on your behalf to make sure you are getting the proper medical care wherever you are. To help prevent delays or denial of medical care, with your permission, plan coordinators will relay insurance information and provide your medical records to the medical staff treating you. Plan coordinators will also monitor your condition and provide ongoing updates to your family and personal doctor if you wish. This valuable “peace of mind” will help lessen your stress and worry so you can concentrate on a speedy return to good health.

Evacuation coverage is an important part of any Emergency Medical Assistance plan. This benefit pays the cost of getting you to a better hospital where you can receive appropriate medical treatment in the event the local hospital cannot treat you. This covers transportation by ambulance and life flight which aren’t usually covered by your regular medical insurance.

Plan coordinators will arrange to bring a specialist doctor to you or move you to a more suitable facility to get the care you need if necessary. Look for an Emergency Medical Assistance plan that not only makes these arrangements for you but pays the costs as well.

Once you’re stable and ready to travel, plan coordinators will make arrangements to get you back home to complete your recovery. Look for an Emergency Medical Assistance plan that pays transportation costs for your return home as well as your traveling companion, kids or grandkids if they’re left unattended, and your vehicle. Some plans will provide help for your pets.

A good Emergency Medical Assistance plan will offer, at no extra cost, pre-trip consultation such as travel advisories, passport requirements and inoculation information. Other helpful benefits include translation services, assistance tracking lost luggage and arranging for the replacement of lost or stolen passports, airline documents, visas and other documents.

If you are interested in emergency medical coverage or travel insurance, do some homework and find out exactly what the plans cover. Consider your personal needs and make sure to choose a plan with benefits that are the best fit for you.
The National Board of Examiners in Optometry (NBEO) announced the conversion of the traditional, twice-yearly Part III Clinical Skills Examination (CSE) administered at each individual optometry school/college to in the NBEO’s single-site National Center of Clinical Testing in Optometry (NCCTO).

In a letter to optometry students, the NBEO states that “the current trend among health care professions is to administer their clinical skills exam administrations in a single or very few testing sites. This new testing design permits a more consistently administered, uniformly scored, stable exam.” The NCCTO will be located in Charlotte, N.C., where the NBEO corporate headquarters is located.

The NBEO acknowledges that candidates will face yet another travel expense as they complete their optometric education. “However, candidate travel costs associated with CSE testing must be weighed against significant improvement in the resultant clinical skills exam process. It is assumed that candidates will keep in mind that NBEO examination fees have not increased over the past eight years while the costs of most other life necessities, including college tuition, have risen dramatically. Though exam production costs constantly rise, NBEO will continue to strive to hold the line on exam fees,” the letter to students read.

The final multiple-site format exam will be administered in April 2011, and the new single-site format exam will begin in August 2011.

The Lens Design Education Center

The Lens Design Education Center was dedicated on Sept. 13 inside The Ohio State University College of Optometry Eyewear Gallery for Great Vision (EWG). The new 200-square-foot center sits adjacent to the EWG and provides space for personnel (college staff, faculty, and/or students) to demonstrate lens material, design, and surface options to patients.

“The center is my vision of a room to provide a more private setting for consulting and patient education on ophthalmic lenses,” said Jeff Rohlf, assistant director, Optometry Clinics, and chief of the Eyewear Gallery.

When fully equipped, the center will include at least one high-tech measuring instrument used to measure and design state-of-the-art progressive lenses. A further goal is to include software capable of showing 3-D images of lens designs. The center will have a flat-screen TV/monitor used to provide a simulation of viewing through a progressive addition lens for patients to observe and better understand the product. The center will also have many lens samples to educate and help the patient make easier and more informed decisions. Once the patient has decided on the lens design, trained personnel will offer assistance in selecting an appropriate frame.

The center is supported by Essilor of America and the American Optometric Foundation.
Order PERSONALIZED Brochures and Fact Sheets at the AOA Online Store!
www.aoa.org

Also Available Online... (more items coming soon)

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:
Username: your six-digit AOA member ID
Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.
SUNY Optometry opens low vision center with Chinese hospital

David A. Heath, O.D., president of the State University of New York (SUNY) State College of Optometry, attended the official opening of the Center of Excellence in Low Vision and Vision Rehabilitation at the Eye Hospital of Wenzhou Medical College in Wenzhou, China.

The center is a unique, cooperative project between Wenzhou Medical College and the SUNY State College of Optometry made possible with generous support from the Lavelle Fund for the Blind in New York City.

The hospital is affiliated with Wenzhou Medical College’s School of Optometry and Ophthalmology.

According to Dr. Heath, by the third year of the project, a total of 10,000 visually impaired patients per year, from children to the older population, will be served at the Wenzhou facility.

During the course of the project, eye care professionals and paraprofessionals from numerous locations throughout China, will be trained to provide a wide range of services to the visually impaired.

It is expected that 200 optometrists and ophthalmologists and 1,000 paraprofessionals (including nurses, rehabilitation therapists, etc) will be trained.

The new Center of Excellence in Wenzhou is slated to become a model for the establishment of similar centers in other cities in China.

It will also provide educational programs for doctors and for ancillary personnel in the proper referral for vision rehabilitation services, procedures for caring for the visually impaired and for working with patients and their families to enhance function and the quality of life.

Supportive services are to be offered in areas such as the use of low vision devices, activities of daily living and psychological adjustment to visual disability.

An estimated 17 million individuals in China have low vision. With a dearth of eye and vision care professionals in the region providing quality care for the visually impaired, the Center of Excellence in Low Vision and Vision Rehabilitation will have a significant impact on the quality of life for thousands of Chinese.

Dr. Heath and Michael Heiberger, O.D., who directs the project for SUNY, were joined by Andrew Fisher, executive director of the Lavelle Fund, and the hospital’s senior administrative staff, including President Qu Jia, Vice President Chen Xiaoming, Vice President and Dean of the School of Optometry and Ophthalmology Dr. Lu Fan and Eye Hospital Executive Director Dr. Wang Qiong.

Also present were representatives of the City of Wenzhou and of the Chinese Central Government in Beijing as well as prominent individuals from the ophthalmic supplier community.

Yang Jinhuai, of the Beijing government’s China Disabilities Board, spoke at a symposium following the opening ceremony.

He indicated a renewed interest on the part of China in making available low vision and rehabilitative services to the visually impaired in China.

Yang acknowledged that, in too many cases, low vision devices given to patients were not used and eventually discarded because there was not appropriate training in when or how to use the devices.

He also announced that China’s newest five-year plan, its 12th since the founding of the Peoples’ Republic, includes language concerning the provision of low vision and rehabilitation services.

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Former CLCS head remembered

Former U.S. Army Section Chief for Optometry and AOA Contact Lens and Cornea Section (AOA-CLCS) Administrative Director Arthur R. Giroux, O.D., is being remembered for advancing both military optometry and contact lens practice. Dr. Giroux died in early September.

As the Army’s top optometrist, then-Col. Giroux implemented a series of key policy changes recognizing optometrists as independent providers of eye care, authorized to “use diagnostic drugs and other therapy as appropriate.”

Education and accreditation programs were added, and entry grade for optometrists was increased to captain in the Army and Air Force and full lieutenant in the Navy.

He received the Legion of Merit and the Bronze Star Medal and was the first optometrist to graduate from the U.S. Army Command and General Staff College and the first to graduate from the U.S. Army War College.

During his 11 years with the AOA-CLCS, Dr. Giroux and the section undertook major initiatives to address contact lens wear among patients with AIDS, Acanthamoeba keratitis infections, and the Fused Contact Lens hoax, through public education programs and clinical guidance for optometrists.

He formulated AOA clinical guidelines on the management of patients using extended wear contact lenses and the use of contact lenses in occupational and industrial environments.

He helped to build the fledgling section by organizing and producing an annual education meeting, the Contact Lens Symposium, and other section activities.

Dr. Giroux authored articles for Optometry: Journal of the American Optometric Association and Occupational Hazards.

He was a fellow of the American Academy of Optometry and a member of numerous professional or military organizations.

Dr. Giroux is survived by his wife Nancy and five children, a brother, nine grandchildren and one great-grandchild.

Donations may be made to the Holy Name of Jesus Education Endowment Fund or the Juvenile Diabetes Research Foundation.
AOA study offers practitioners insights on best age to introduce children to CLs and influential factors when prescribing

More than half of optometrists feel it is appropriate to introduce a child to soft contact lenses between the ages of 10 and 12, with daily disposable contact lenses being the most frequently prescribed contacts for this age group, according to a new AOA study.

At ages 8 and 9 (51 percent) and 10 to 12 (71 percent), optometrists most often fit children in glasses as the primary method of vision correction and prescribe contact lenses as a secondary correction.

However, data from the survey of 576 optometrists from across the country shows a gradual shift in optometrists’ approach to vision correction as children get older, with 21 percent noting that they are more likely to fit 10- to 12-year-olds in contact lenses than they were a year ago.

One in five (20 percent) respondents say they begin prescribing contact lenses as the main form of vision correction for children ages 10 to 12; nearly half (49 percent) prescribe contact lenses for children ages 13 to 14-year-olds, becoming even more comfortable with the decision to recommend contact lenses to children when vision correction is required,” said Christine W. Sindt, O.D., chair of the Contact Lens and Cornea Section of the AOA.

The Children & Contact Lenses study was conducted by the AOA Research and Information Center in conjunction with the AOA’s Sports Vision Section and Contact Lens and Cornea Section, with support from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The study was designed to gauge current trends in prescribing contact lenses to children ages 8 to 17 and to understand factors that influence optometrists’ decisions to fit a child in contact lenses.

On average, respondents indicated that children up to the age of 17 account for about 41 percent of their total contact lens patient population.

Of doctors who say they are now more likely to fit children in contact lenses, 30 percent attribute their change in fitting behavior to daily disposable lenses; 23 percent cite “improved contact lens materials;” 19 percent say they are more likely to fit children with contact lenses because of requests from the child and/or parent, and 10 percent say that “recent research/studies” on the subject and children’s participation in activities/sports have influenced their decision.

Nearly all (96 percent) respondents said that a child’s interest and motivation to wear contact lenses is the most important factor to consider in fitting a child with contact lenses.

Also very important to doctors are a child’s maturity level (95 percent), the child’s ability to take care of contact lenses by themselves (89 percent), and the child’s personal hygiene habits (89 percent).

While only a very small percentage of doctors say they are less likely to fit contact lenses in children, poor hygiene and maturity levels seen in younger children were most often cited as reasons.

“Studies demonstrate that children who need refractive error correction are capable of wearing and caring for soft contact lenses,” said Dr. Sindt. “Optometrists will typically evaluate a child’s maturity and level of parental support in deciding whether a child is ready for contact lenses.”

Other findings from the survey:

- The majority (74 percent) of optometrists surveyed say that gender does not influence their decision to fit a child in contact lenses, while one in four (26 percent) say they are more likely to fit younger children who are girls.
- 100 percent of respondents cite the visual acuity (i.e., clearness of vision) achieved with a contact lens as important, and virtually all respondents rate ease of handling (99 percent), oxygen permeability (99 percent), comfort (98 percent), and replacement schedule (96 percent) as properties that influence their decision to fit a child in contact lenses.
- Three-fourths (75 percent), say contact lenses that offer ultraviolet protection influence their decision to prescribe contacts for children.
- While daily disposable contact lenses are the most frequently prescribed lenses for children 12 years and younger, doctors tend to prescribe reusable contact lenses (i.e., two-week and monthly replacement) more often than daily disposables for children ages 13 to 14 and 15 to 17.
- Two out of five (39 percent) optometrists say that parents requesting their child be fitted in contact lenses do so because the child refuses to wear his or her glasses; 36 percent say parents note that the child’s current vision correction interferes with sports and 16 percent say parents want their child in contact lenses because the current form of vision correction interferes with daily activities.
- Seven in 10 (71 percent) doctors said overnight wear of contact lenses is not appropriate for children under the age of 18.

To view the executive summary of the survey, visit www.aoa.org/childrenandcontactlenses.

Join Mt. Kilimanjaro climbing expedition for children in need

Vision for the Poor, formerly YOSH-PA, is looking for participants to attend a Mt. Kilimanjaro climb for free.

“We arrange two trips each year, and the next is January 2011,” said spokesperson Doug Villella, O.D. “Funds raised are given to the eye clinic we established in Guatemala to pay for pediatric surgeries on children who have no means. Mostly these are children whom our outreach team of health promoters identified in school and community screenings. We also have a program that provides free new eyeglasses to children. Climbers travel free if they raise $10,000 — we provide fundraising materials.”

Dr. Villella said the group has just started funding children in Tanzania who need subsidized eye surgery as well.

Participants can experience a six-day climbing trek, preceded with a three-day safari through Africa. This non-technical climb requires no prior climbing experience, yet it is physically challenging and emotionally rewarding. The group takes up to 16 climbers per trip, and all climbers who reach their fundraising goals climb for free. All climbers are led by professional guides, and each climber is assisted up Mt. Kilimanjaro by two porters.

The proceeds from these climbing trips go toward helping treat childhood eye conditions in some of the poorest countries in the world. By joining this climb, you will experience a "life-changing" event and help children in need.

In the regions of Guatemala where Vision for the Poor has developed an eye clinic, there are more than 3,600 children in need of sight-saving surgery for conditions such as congenital cataracts, corneal transplants, congenital glaucoma, and crossed eyes. The cost per surgery is just $200.

For more information, call Pete Skala at 415-577-8576 or visit www.visionforthePoor.org.
Time running out to register for first-ever State Legislative and Third Party National Conference

For ODs eager to learn more about how health care reform will impact them, time is running out to register for the first-ever State Legislative and Third Party National Conference, to be held Oct. 21-24 at the Sheraton Downtown Hotel in Denver, Colo.

A first of its kind, this meeting is on track to be the largest single gathering of optometry’s state legislative advocacy leaders and reimbursement advocates.

Overall, the summit aims to prepare attendees for the many challenges and opportunities of health care reform implementation with the goal of arming all of optometry’s leaders with the tools they will need to help advance a proactive, pro-access, and pro-patient agenda.

“We are the frontline advocates for our patients and profession. And, as we face a range of health reform challenges and opportunities in the coming weeks, months and years, we will all be called upon to use our knowledge, expertise, and advocacy skills to secure and defend patient access to the care we provide,” said AOA President Joe E. Ellis, O.D.

AOA volunteers and staff have already responded to Dr. Ellis’ call-to-action by expanding the focus of the Third Party Center and the State Government Relations Center to prepare members for the health care reform challenges and opportunities that lie ahead.

The AOA knows that officials at every level of government and thousands of people in the private sector are already beginning the long process to implement the new health care reform law. And if optometry is to thrive in this new era of health reform, the profession must be prepared, proactive and passionate about fighting for patients and the future of the profession.

“It is my hope that hundreds of my colleagues will attend the upcoming State Legislative and Third Party National Conference, to learn more about health care reform implementation and to gain the tools we will need to fight every challenge and maximize every opportunity.”

With a packed agenda, the highlight of the gathering will be the keynote address to be delivered by renowned optometrist and Washington State Insurance Commissioner, Mike Kreidler, O.D. Dr. Kreidler will discuss his perspective on Washington State’s health care reform implementation and the impact on patients and consumers.

We owe it to our patients and our profession to do all that we can to ensure that we meet every challenge and maximize every opportunity.”

HHS health insurance exchange grant administrators

Alabama - Alabama Department of Insurance
Arizona - Office of the Governor, Arizona Office of Economic Recovery
Arkansas - Arkansas Insurance Department
California - California Health and Human Services Agency
Colorado - Executive Office of the State of Colorado
Connecticut - Connecticut Office of Policy and Management
Delaware - Delaware Department of Health and Social Services
District of Columbia - Department of Health Care Finance
Florida - Department of Health Care Finance
Georgia - Governor’s Office of Planning and Budget
Hawaii - Hawaii Department of Commerce and Consumer Affairs
Idaho - Idaho Department of Insurance
Illinois - Illinois Department of Insurance
Indiana - Governor’s Office of Planning and Budget
Iowa - Iowa Department of Health
Kansas - Kansas Insurance Department
Kentucky - Cabinet for Health and Family Services
Louisiana - Louisiana Department of Health and Hospitals
Maine - Governor’s Office of Health Policy & Finance
Maryland - Department of Health & Mental Hygiene
Massachusetts - Division of Insurance
Michigan - Department of Community Health
Mississippi - Mississippi Insurance Department
Missouri - Missouri Department of Insurance
Montana - Office of the Commissioner of Insurance and Securities
Nebraska - Nebraska Department of Insurance
Nevada - Nevada Department of Health and Human Services
New Hampshire - State of New Hampshire Insurance Services
New Jersey - Department of Banking and
New Mexico - New Mexico Department of Human Services
New York - New York Department of Insurance
North Carolina - North Carolina Department of Insurance
North Dakota - North Dakota Insurance Department
Ohio - The Ohio Department of Insurance
Oklahoma - Department of Mental Health & Substance Abuse Services
Oregon - Office for Oregon Health Policy & Research
Pennsylvania - Pennsylvania Department of Insurance
Rhode Island - Office of the Health Insurance Commissioner
South Carolina - South Carolina Department of Insurance
South Dakota - Office of the Governor
Tennessee - Tennessee Department of Finance, Benefits Administration Division
Texas - Texas Department of Insurance
Utah - Governor’s Office of Economic Development
Vermont - Vermont Department of Human Services
Virginia - Virginia Department of Medical Assistance Services
Washington - Health Care Authority (HCA)
West Virginia - West Virginia Office of the Insurance Commissioner
Wisconsin - Wisconsin Department of Health Services
Wyoming - Wyoming Department of Insurance

Members with questions or seeking more information or a registration packet should contact Bryan Reaver at 800-365-2219, ext. 1343 or breaver@aoa.org or Maureen West at 703-837-1010 or mwest@aoa.org. Registration materials can also be found at: www.aoa.org/documents/01_Denver-Meeting-Registration-Materials.pdf.
S.C. hosts InfantSEE® Week

The South Carolina Optometric Physicians Association hosted the first of a series of InfantSEE® Weeks that will take place in various locations across the United States over the next 24 months as part of the 2010-2012 Health Resources and Services Administration (HRSA)-funded InfantSEE® outreach.

The week-long event, which included a mobile clinic component, made stops in Greenville, Spartanburg, Indian Land, Columbia and Charleston and attracted more than half of the state’s InfantSEE® providers.

James Vaught, O.D., of Conway, S.C., has been an InfantSEE® provider over the years, but until recently had only seen one patient.

Dr. Vaught’s participation at the Indian Land mobile clinic location changed his perspective on participation in the program.

“By watching others perform the assessments and having the GoodLite kit available, my confidence level increased ten-fold,” said Dr. Vaught. “I saw how easy it was to do the InfantSEE® assessment.”

After the InfantSEE® Week tour leaves South Carolina, Dr. Vaught says he plans to begin promoting InfantSEE® to local pediatri-cians and OB/GYNs.

Dr. Vaught has advice for his colleagues who may not have a chance to participate on a mobile clinic and are still apprehensive about examining infants: “Spend the money on an InfantSEE® GoodLite kit and make a call to a colleague who has done more InfantSEE® assessments and ask to be walked through the process.”

To purchase an InfantSEE® GoodLite kit, contact the AOA Order Department at 800-262-2210.

VISION USA touches grateful patients’ lives

VISION USA staff recently received the following letter from a grateful woman in Louisiana:

“Dear VISION USA: I want to thank you deeply for having such a wonderful program to help others. I do not know what I would have done. May God Bless you all involved, Ms. G.”

Each time a VISION USA patient comes into a participating office, there is the potential for a significant difference to be made in that person’s life.

Participation in the public health programs of Optometry Cares – The AOA Foundation also makes a significant difference when optometrists inform legislators and others outside of optometry about what the profession does and the impact it has on communities across the United States.

Please consider joining your colleagues in providing this generous care.

To become a VISION USA provider, simply send an e-mail to visionusa@aoa.org.

To become an InfantSEE® provider, please contact infantsee@aoa.org.

Archives & Museum of Optometry needs your help

Displays, advertising, and promotional materials have been part of optometric practice for many years.

Optical show cards such as this were popular items in windows and dispensing areas during the 1940s, showing young women that stylish vision correction was a good thing.

Early promotional items give an interesting glimpse into the historical development of optometry.

Please keep the Archives & Museum of Optometry in mind if you should ever run across early optometry/vision-related posters, postcards, catalogs, models, and the like.

Good examples are welcome additions for the collection.

Please contact Linda Draper at ljdraper@aoa.org.

Photo courtesy of The Archives & Museum, Optometry Cares – The AOA Foundation.

Good vision is always in style. Optical show cards such as the one above were popular items in windows and dispensing areas during the 1940s, showing young women that stylish vision correction was a good thing.

Optometry Cares contributions with the click of your mouse

Next time you book a Marriott hotel reservation, consider doing so through the Optometry Cares Web site.

Optometry Cares–The AOA Foundation receives a contribution each time a reservation is placed through the banner displayed at www.optometrycharity.org.

Supporting your AOA foundation has never been so easy.

Make a contribution to Optometry’s Charity™ just by booking your hotel room.

New ways to connect with AOA...

www.facebook.com/americanoptimetric.association
www.twitter.com/aoanews
www.youtube.com/aoaweb
parties consider the proposal and may accept, reject, or suggest additional revisions.

This process is repeated every day in business around the world, whether we’re talking about a rummage sale in a driveway in Iowa, or in a New York City board room.

Yet, it is not at all unusual to see a contract offering that includes no schedule of fees to be paid. In the world outside optometry, no provider would sign such a contract without first asking for, receiving, and considering the details of the fees offered.

Once the fee schedule is received, the natural thing in American business would be for the provider to apply some kind of “tools” to compare what is offered to what the provider can and is willing to accept.

As a provider and a business person, no optometrist would accept a contract, including a fee schedule, without comparing those fees to one’s cost of doing business, financial aspirations and goals, considerations relative to the services and materials that are covered by the contract, the types of patients likely to be covered by the contract, the types of patients the office is trying to attract, the number of open spaces in the appointment schedule that might be filled through signing the contract, estimates of potential additional income to be derived from the expected increase in patient numbers, etc.

The proposals are written by people skilled in drafting proposals and are often multipart documents crafted in the manner of other insurance contracts. Due to many influences, including state and federal law, custom, and intended effect, the proposals are not always easy to read and understand. Yet read and understand is exactly what each provider must do prior to accepting the proposal.

Sadly, some insurers are able to win the participation of the providers without contracts, somehow enabling a fee schedule that might be filled through signing the contract, estimates of potential additional income to be derived from the expected increase in patient numbers, etc.

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Sadly, some insurers are able to win the participation of the providers without contracts, somehow enabling a fee schedule that might be filled through signing the contract, estimates of potential additional income to be derived from the expected increase in patient numbers, etc.

Many providers continue to deliver the services and materials for the insureds, accepting what the insurer pays, without demanding an opportunity to consider a proposal and negotiate its terms. Every proposal is negotiable.

This natural flow inherent to a business transaction doesn’t seem to apply for some optometrists in their dealings with insurers. It appears that insurance companies and other payers have done their homework and have clear ideas regarding what services they can purchase and resell to others and what they are prepared to “pay.” While the optometrists, the providers, may be less clear whether contracts being offered will benefit their practice and their patients and less prepared to negotiate if the proposal includes conditions unfavorable to their practice.

Many providers consider the proposals to require a “yes” or “no” decision and neglect the other option, negotiation.

In a simple business transaction, the provider reads the offer of purchase to determine whether the offered price was satisfactory.

In most transactions, including health care provider contracts, it is seldom that simple.

For example, every contract should include a fee schedule for the materials and services that the provider is expected to provide.
ICO hosts first ‘State Day’ for students, alumni

The Illinois College of Optometry (ICO) held its first “State Day” as part of its Alumni Weekend festivities on Aug. 28. State Day was designed to provide:
- information to students and alumni about the future of the optometric profession
- networking opportunities between students and alumni in a casual environment
- information about the benefits of membership in state, provincial and national optometric associations as well as scope of practice and licensing procedures.

The event kicked off with a keynote presentation by Barbara Horn, O.D., chair of the AOA’s Clinical and Practice Advancement Group Executive Committee, on the future of health care and what it means for the optometric profession.

Nearly 200 attendees listened as she discussed the importance of involvement in the profession and encouraged current and future practitioners to take an active role in the future of optometry.

“This is the best attendance yet for our student ‘business’ program held during Alumni Weekend, and the first ever State Day,” said Connie Scavuzzo, director of ICO Alumni Development.

“Dr. Horn also addressed the on-going need for grassroots support at the local and state levels to ensure that optometry continues to have a seat at the table,” said Jim Brocato, director of the AOA Clinical and Practice Advancement Group, who also represented the AOA at State Day.

Following Dr. Horn’s presentation, an ice-breaker game was played in order to provide an outlet for students and alumni to interact with each other in a fun atmosphere.

The State Association and Exhibitor Fair and Reception followed with representatives from 10 states, one province and two national associations that participated by sharing their knowledge and distributing materials to attendees.

Participants included the AOA, Canadian Association of Optometrists, Ontario Association of Optometrists, and the California, Illinois, Iowa, Michigan, Minnesota, New Mexico, Ohio, South Dakota, Virginia, and Wisconsin state associations.

Fifteen exhibitors also promoted their services and products during this event.

Traffic was brisk at the exhibit hall, and Dr. Horn, Geoffrey Goodfellow, O.D., associate professor and assistant dean for Curriculum and Assessment at ICO, Brocato, members of the American Optometric Student Association Board of Trustees, and the AOA Political Action Committee (PAC) helped staff the AOA booth and encourage ongoing support for AOA-PAC.

In addition to education surrounding legislative activities, Dr. Horn and Brocato were able to promote the benefits of membership and many of the new services offered to AOA members.

“I was particularly impressed with the students’ ability to look beyond their coursework to take interest in our current activities and the future of optometry,” said Dr. Horn. “The quality of questions they asked and the interactions they had really demonstrate their depth of understanding and hope for our profession. It is exciting to be in good hands with these remarkable future leaders of our profession, our students.”

Capping off the day was another opportunity for students and alumni to network with each other. The “Good Old-Fashioned Blind Spot” featured music, Chicago-style pizza and a big raffle drawing. The Blind Spot was founded by ICO alumni in the 1980s and continues to be a strong tradition today.

Great moves are rarely coincidental.

AOA Practice Transitions is a comprehensive one-day seminar covering the fundamental steps to successfully buying or selling an optometric practice.

You’ll learn about:
- Buyer/seller needs, wants and expectations
- The difference between ‘buying out’ and ‘buying in’
- Financing and ownership options
- Planning and preparation techniques

Thursday, November 16, 2010
San Francisco, California

To register or learn more, log onto www.aoa.org/practice-transitions

Lauren Sansone, 314-983-4152, LNSansone@aoa.org
Mitch Munson, O.D., AOA secretary-treasurer: Growing with his practice and profession

As a long-time member of the AOA, he shares his views on the profession – its past and its future; the everyday pleasures that working in the field brings; and how if optometry is to continue to grow, evolve and thrive, reaching young optometrists is key.

Q: You once mentioned that you chose optometry because it allowed you to incorporate math and science better than the other fields you considered (dentistry and veterinary medicine). Ultimately, what is it about optometry that makes you want to get up in the morning – in other words, what motivates you?
A: I think what motivates and provides the most enjoyment for me now are the relationships that I have developed with my patients. When you think about it, how many professions see the demographic of patients that we enjoy? It’s not uncommon for many of us to do an InfantSEE® assessment followed by a cataract post-op visit these days. They tell you in school that your practice “ages with you” and I am now beginning to realize what this means: providing eye care for three or even four generations in the same family, and we could not be more honored by the loyalty and trust that these families have developed with our practice. My wife and I joke about how much time we spend just “catching up” with our patients before we actually begin the examination. Truth be told, this is one of the greatest joys in our day-to-day routine.

Q: On the flip side, what is it about the profession that gives you cause for concern?
A: My greatest concern lies with our stagnating membership growth. Twenty-five years ago, becoming a member of the AOA was almost an intuitive act. No one had to “sell me” on the value proposition of becoming an AOA member. And clearly, the efforts of organized optometry over the past 25 years have shaped and guided our profession into something that is unrecognized when compared to optometry, eye health and preventative eye health care.

Q: You once mentioned that your greatest concern lies with our stagnating membership growth. Twenty-five years ago, becoming a member of the AOA was almost an intuitive act. No one had to “sell me” on the value proposition of becoming an AOA member. And clearly, the efforts of organized optometry over the past 25 years have shaped and guided our profession into something that is unrecognized when compared to optometry, eye health and preventative eye health care. A: We practice in the heart of a very suburban community. When we opened our practice in 1988, the population of Highlands Ranch, Colo., was only 6,900 people. We were the first, and only, eye care practice in the community for many years. Today, 22 years later, our community has grown to more than 93,000, and we still strive to provide the most advanced, up-to-date eye care available. As the profession has changed and advanced, so have we, and our patients seem to appreciate our efforts to evolve with technology. We have considered the mindset of our patients. As a life-long patient of ours, it takes pride in providing the care and service, ocular disease, diagnostics, and federal level and, therefore, must be carried forward by generation after generation of optometrists. We need the AOA to help coordinate and organize this effort on behalf of our profession, as it simply cannot be accomplished without a united voice.

Q: Could you elaborate a little more on why it is important that younger ODs become members of the AOA and get involved?
A: It’s pretty simple: we practice in a legislated profession. What we can do for our patients is, ultimately, determined by state statute, not by training, and this will forever put us in the position of defending and advancing our scope of practice through legislation. It necessitates a never-ending continuum of advocacy for our profession on both a state and federal level and, therefore, must be carried forward by generation after generation of optometrists. We need the AOA to help coordinate and organize this effort on behalf of our profession, as it simply cannot be accomplished without a united voice.

Q: On the flip side, what is it about the profession that gives you cause for concern?
A: I became a member of the AOA my first year in school and have been in practice for 24 years, so my total AOA membership is approaching 30 years.

Q: Since you first joined the AOA, what has changed and what has remained the same?
A: In retrospect, very little is the same, save for the commitment of the AOA to the profession and the involvement of committed ODs to organized optometry. The camaraderie that is shared among these volunteers is unchanged, but, other than that, I think everything has changed – our training, our scope of practice, the technology in our practices, the care we provide, our participation in third-party care, our place in the delivery of health care, the mindset of younger graduates, and perhaps even the mindset of our patients.

Q: Could you elaborate a
Ill. optometrists transform eye care for Chicago’s neediest residents

The Illinois Eye Institute (IEI) launched Chicago Vision Outreach, a pilot initiative that will improve eye care for patients in desperate need, just a few months ago. The program connects optometrists to underserved patients who suffer from vision and eye care problems often caused by chronic illnesses such as diabetes.

“This initiative brings eye care in Chicago,” said Leonard Messner, O.D., executive director of the Illinois Eye Institute (IEI). “This initiative brings eye care directly to people suffering most, and who are least likely to receive it.”

IEI Primary Care Education Coordinator and Illinois College of Optometry (ICO) Assistant Professor Elizabeth Wyles, O.D., is one of the optometrists who opts to spend her Friday mornings at the clinic.

Part of what makes Dr. Wyles an exceptional practitioner for these needy patients is her fluency in the Spanish language.

“The executive director told me that the patients who see her are mostly Spanish-speaking,” said Dr. Wyles. “It’s very rewarding to provide their care, and it’s also very eye-opening to the students to see the need that’s out there.”

Wyles an exceptional practitioner for these needy patients, however we have seen young children in furious need of glasses,” said Dr. Wyles. “It’s very rewarding to provide their care, and it’s also very eye-opening to the students to see the need that’s out there.”

Early diagnosis and treatment of illnesses is key to controlling national health care costs. Yet, currently, only 20 percent of FQHCs in the United States offer optometry services.

The pilot is financed by seed grant funding from the Lloyd A. Fry Foundation, The Chicago Community Trust, Alcon and Blue Cross and Blue Shield of Illinois. The program fills a crucial need because only about 5 percent of eye care providers in Chicago accept patients who are uninsured or have Medicaid.

As the clinical training facility of ICO, the Illinois Eye Institute will use this initiative to train tomorrow’s doctors how to address the diverse challenges of a patient population that desperately needs preventive eye care.

This philosophy exemplifies ICO leadership within the health care community, where medical and dental schools are moving toward deploying students in community health centers to reach underserved patients.

Mary Burgos, a third-year student at ICO, assists in patient care. The ICO students and doctors who participate at the IEI clinic at Alivio Medical Center are bilingual or are fluent enough to conduct an eye exam. This was very important to the administrators of the clinic given the patient population is predominantly Hispanic.

“Alivio has worked diligently for the past several years with the Illinois Eye Institute to access eye care for patients,” said Carmen Velasquez, executive director of Alivio Medical Center. “We, at Alivio, are very pleased with this wonderful collaboration.”

Many of these patients have vision problems brought on by complicated eye diseases such as glaucoma or diabetic retinopathy.

“I primarily see diabetic patients, however we have seen young children in furious need of glasses,” said Dr. Wyles. “It’s very rewarding to provide their care, and it’s also very eye-opening to the students to see the need that’s out there.”

Early diagnosis and treatment of illnesses is key to controlling national health care costs. Yet, currently, only 20 percent of FQHCs in the United States offer optometry services.

The pilot is financed by seed grant funding from the Lloyd A. Fry Foundation, The Chicago Community Trust, Alcon and Blue Cross and Blue Shield of Illinois. The program fills a crucial need because only about 5 percent of eye care providers in Chicago accept patients who are uninsured or have Medicaid.

As the clinical training facility of ICO, the Illinois Eye Institute will use this initiative to train tomorrow’s doctors how to address the diverse challenges of a patient population that desperately needs preventive eye care.

This philosophy exemplifies ICO leadership within the health care community, where medical and dental schools are moving toward deploying students in community health centers to reach underserved patients.
Member Advantage Profile: Epocrates

The AOA is currently partnered with Epocrates, Inc. to bring AOA members a 10 percent discount on Epocrates subscription products, including the No. 1 rated Epocrates® Essentials drug, disease and laboratory reference.

Epocrates’ innovative mobile and web-based clinical reference solutions are used by more than 1.1 million health care providers, including 45 percent of U.S. physicians, to help them reduce medical errors, improve patient care and increase productivity.

The company’s trusted clinical content is developed by physicians and pharmacists and is continuously updated to keep users informed and up to date.

Epocrates’ drug reference includes ophthalmic prescription and over-the-counter drugs with information on contraindications, adverse reactions and drug-drug interaction checker.

Search the Epocrates disease database for ophthalmology specific diseases with information including differential diagnosis, tests and disease images (available on certain platforms).

Epocrates’ premium products also include dozens of calculators, tables and guidelines, formulary information, resource centers maintained by key opinion leaders, medical news and updates, and CME (online).

AOA members get 10 percent off Epocrates mobile and online products, up to a $30 savings.

Epocrates mobile premium products include Epocrates Rx Pro®, Epocrates® Essentials and Epocrates® Essentials Deluxe.

Epocrates Rx Pro features enhanced drug content that includes alternative medicines and infectious disease treatment guide.

Epocrates Essentials, their most popular premium product, includes all drug content with thousands of disease conditions and topics.

Epocrates Essentials Deluxe is an all-in-one mobile suite that includes ICD-9 and CPT® coding along with a medical dictionary.

Clinical information from Epocrates is downloaded to your device so you can access the products without a wireless connection.

The mobile software runs on most major smartphone platforms, including iPhone, BlackBerry, Palm OS and Windows Mobile. Development is under way for premium products on the Google Android platform.

Epocrates Web-based drug and disease reference runs on any computer connected to the internet and includes features such as patient information handouts.

You can register for an Epocrates account for free. To learn more about Epocrates products and choose the one that is right for you, visit www.epocrates.com/products. Once you are ready to purchase, visit the AOA Web site for details on how to obtain your member discount.

For more information, visit www.aoa.org/MemberAdvantage

AOA Coding Resources

The following resources are available to AOA members through the AOA’s Clinical & Practice Advancement Group:

- AOA.org/Coding features a ‘Frequently Asked Questions’ section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical record keeping and coding.
- AOAConnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing.
- AOA Coding Today.com is an AOA member-only benefit available to all new and renewing AOA members at no cost. CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information, previously available to members for $349 annually.
- AOA/ReimbursementPlus.com, another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate.
- Codes for Optometry, is provided by the AOA’s Order Department for $125. It is a two-volume set including Current Procedural Terminology® American Medical Association and a separate volume of diagnosis codes used in eye care, Medicare’s Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry is also available on a CD in a searchable format.
- Optometry: Journal of the AOA, will continue to feature articles on these topics in its Practice Strategies section.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of every day practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced costs to AOA members.

Survey, from page 11

Many eye and vision problems don’t have obvious signs or symptoms, so problems can often be undetected.

Early diagnosis and treatment of eye and vision problems are important for maintaining good vision and eye health, and when possible, preventing vision loss.

Comprehensive eye exams are designed to:

- Determine a diagnosis (or diagnoses)
- Formulate a treatment and management plan
- Counsel and educate patients about their visual, ocular and related systemic health care status, including recommendations for treatment, management and future care

Consumers are encouraged to find an optometrist in their area and get more information on eye and vision health by visiting www.aoa.org.
If you’re focusing only on premium, you’re out of focus.

With so many companies competing for your business you’re probably wondering, isn’t all malpractice insurance the same, why does it matter which carrier I go with?....or, why change from my current provider for such a small premium difference?

The truth is, not all malpractice insurance is the same. The AOA Insurance Alliance offers unparalleled advantages like guaranteed full scope of practice coverage (some well-known carriers exclude coverage for foreign body removal and punctal plugs), unprecedented optometrist involvement in all facets of the program, coverage from a carrier devoted exclusively to covering and defending medical malpractice, and consistent and fairly established premiums.

The clear choice.
The AOA Insurance Alliance is focused on providing the very best protection for today’s optometrists and securing the future of malpractice coverage for the profession.

When it’s about your professional reputation, a clear focus really counts. Carefully crafted by the AOA, the AOA Insurance Alliance is your clear choice for malpractice insurance.
Industry Profile: Shamir

We believe that it has never been more important for ODs to understand the technological advancements that have taken place with progressive lens technology, specifically Shamir technology. This understanding ultimately translates into a better overall patient experience. It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970s, Shamir has introduced a wealth of progressive addition lenses integrated with advanced technological design elements. All of our lens designs start with our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to Shamir Creation®, which won the OLA’s Award of Excellence for Best Lens Design, EyePoint Technology® is “the design inside” each one of our lenses and what we believe puts Shamir lenses in a class all their own.

Most recently, however, the talk of the industry has been Shamir’s ultimate design: our Freeform® lens known as Shamir Autograph II®. Branded as “Your Personal Lifestyle Lens™,” this family of individually back-surface designed lenses includes the patient’s personal attributes in each lens, along with two built-in technologies, truly providing the most customized PAI on the market today. As-Worn Technology™ simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to Shamir Creation®, which won the OLA’s Award of Excellence for Best Lens Design, EyePoint Technology® is “the design inside” each one of our lenses and what we believe puts Shamir lenses in a class all their own.

In short, we strive everyday to live up to our motto of “As-Worn Technology™ and Freeframe Technology®” are advancements that only a true R&D company like Shamir can make, which we believe takes Freeform® lenses to the next level.

When it comes to the field, we’re also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir’s Core Values. With the help of our 300 partnering labs, we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our industry-leading Freeform® Certification Program, which educates eye care professionals like you with the technology used in the creation of our patientspecific line of premium progressive lenses. To date, we have certified over 6,000 participants in close to 2,000 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform® and we are more than willing to assist.

In short, we strive everyday to live up to our motto of “As-Worn Technology™ and Freeframe Technology®.” It’s a vision we share with you.

The optical industry is constantly changing and we would like nothing more than to assist you and your practice in understanding how to stay on top with technological advancements.

Transitions campaign launches at Black Family Reunion

Recognizing the increased risks blacks face for a number of eye health issues, Transitions Optical, Inc. is partnering with the National Council of Negro Women (NCNW) to raise awareness about the importance of proper vision care and vision wear among the black community.

Transitions Optical’s “Healthy Sight for Life: Focus on African-American Eyes” campaign launched at the NCNW Black Family Reunion Celebration on Sept. 11 in Washington, D.C.

This event, which celebrated its 25th anniversary this year, attracted an estimated 250,000 people.

“As part of our ongoing multicultural outreach efforts, we are pleased to be able to work with NCNW to provide valuable eye health education to African-American communities,” said Manuel Solís, multicultural marketing manager, Transitions Optical.

“Participating in the Black Family Reunion was a great start to our campaign, and we look forward to generating national awareness about vision care among this community with the help of NCNW.”

During the Black Family Reunion event, Transitions Optical provided free vision screenings at its booth in the Health & Wellness Pavilion in partnership with optical retailer, America’s Best.

The Eyenstein clinic also visited the Boys & Girls Club of Greater Washington D.C., providing free comprehensive eye exams and Transitions® lenses to community members.

More than 225 adults and children benefited from the screenings over the weekend, and nearly 75 appointments for comprehensive eye exams were scheduled.

“This was the first time we had a partner who offered vision screenings and education at our event, which is a great complement to our health programming,” said Avis Jones DeWeever, executive director, NCNW. “As part of our mission, we focus on promoting healthy lifestyles, and I believe eye health is an important aspect to overall health that we do not want to neglect. Our work with Transitions will afford us the opportunity to focus more on this area.”

Transitions Optical’s “Healthy Sight for Life: Focus on African-American Eyes” is the latest aspect of its multicultural communications platform to raise awareness of the eye health needs of at-risk groups.

For more information, visit www.HealthySightForLife.org/GroupsAtRisk.
Optometric company introduces first SLR video-capturing system for slit lamp photography

Jeremy Graziano, O.D., president of Eye Photo Systems Inc. announced the introduction of the EC 100, the first Single-Lens Reflex (SLR) video capturing system that mounts onto any slit lamp.

This product incorporates the very latest in technology that will improve documentation and revenue for all eye care professionals.

Eye Photo Systems, Inc. is an emerging company that specializes in the development of high resolution photography equipment for optometrists, ophthalmologists and other eye care professionals.

For Dr. Graziano, the idea for the EC100 resulted from his many years in private practice as an optometrist.

“I had become interested in slit lamp imaging,” Dr. Graziano said. “As a practicing optometrist, I realized there was a need for a new solution that took advantage of technological advances in imaging that would provide proper documentation of my patients’ eyes. The existing solutions were either too hard to use or didn’t provide the quality of imaging required.”

“I realized the only way I was going to get to use the system I needed was to build it myself. And I thought I could do it because of my unique perspective as a practicing optometrist.”

After eight years of development and trials, the EC100 slit lamp imaging system video at 60 frames per second. The aluminum body of the EC 100 optical assembly adapts a state-of-the-art digital SLR to fit your existing slit lamp, without affecting the normal functioning of the oculars. The EC 100 is controlled by an intuitive user interface running on a touchscreen computer. Providing full automatic control over the flash intensity, aperture, and ISO sensitivity, the interface has configurable presets for capturing images of all eye regions: cornea (with and without fluorescein or other dyes); lens; conjunctiva; iris; and retina, etc.

Captured images are stored as part of the patient’s record, annotated with date of capture, camera settings, and patient age and gender. This ongoing history of images makes it easy to track the progress of conditions, and provides excellent material when referring. Prior to this machine, slit lamp photography has been very difficult to use and delivering a quality image was no simple task, according to the company.

The system is engineered with EasyCapture™ technology that auto-calibrates to the area of interest as specified by the doctor when taking a shot. Dr. Graziano said he is very excited to be bringing this new product to market for all eye care professionals and wants to share the great success he has enjoyed from the incorporation of the EC 100 into his practice.

For more information, visit www.eyephotosystems.com.

Shamir conducts survey to get feedback from optical industry

In an effort to gain insight into the informational tools that eye care professionals (ECPs) utilize, Shamir Insight conducted a survey through Lippincott Williams & Wilkins Vision Care Group.

The survey, which was distributed via e-mail, was sent to ECPs nationwide a few months ago.

The survey included 11 questions and took approximately five to 10 minutes to complete.

The questions were focused on the ECP experience and participants were encouraged to contribute qualitative and quantitative feedback on various topics.

For participating in the survey, respondents were entered into a raffle for a 16GB Apple iPad.

With more than 750 surveys submitted, Shamir received constructive feedback from ophthalmologists, optometrists, and opticians.

The survey results provided Shamir with the necessary information to not only better educate the market, but to educate the ECPs utilizing methods they prefer. “Optical professionals were really given the opportunity to voice their preferences through this survey,” said Matt Lyle, vice president of marketing. “Participants were able to write in their requests instead of just choosing a multiple-choice response. We received some great feedback from those that participated which we will use to develop better marketing tools for the ECP.”

Not only did participants receive one raffle entry for taking Shamir’s survey, but they could also receive additional entries by referring colleagues to participate in the survey.

For more information, visit www.shamirlens.com.

Eyewear with zest

X-IDE’s Silmo 2010 collection is a study in sensations that are woven throughout the five senses. The world of fabrics and yarn is the element explored by Immagine Eyewear – where warp, weft and texture are entwined in a tapestry of non-stop conceptual experimentation between past and present to breathe life into breathtaking creations.

“We let ourselves be carried away by the emotions inspired by the world of textiles and we discovered designs, yarns, and patterns that recall the flavor of tradition and a thousand hues that remind us of nature,” said Tiziano Tabacchi, creative director of Immagine Eyewear.

Shown are styles Cashmere above and Gabardine below.
MEETINGS

October

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
40TH ANNUAL CONV MEETING
October 12-16, 2010
Rio Grand, Puerto Rico
330/9957018

42ND MOA FALL SEMINAR
Michigan Optometric Association
October 13-14, 2010
Lansing Center, Lansing, Michigan
Amy Passavino
517/4821611
amy@themoa.org
www.themoa.org

AOA FALL EDUCATION CONFERENCE
Georgia Optometric Association
October 10-12, 2009
University of Georgia Center for Continuing Education Conference Center & Hotel, Athens, Georgia
Vanessa Giacino
770/961-9866 x 1
800/9490060
www.aoa.org/conferences/2009/oct/10/aoa.html

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
40TH ANNUAL CONV MEETING
October 12-16, 2010
Rio Mar Beach Resort, Puerto Rico

42ND MOA FALL SEMINAR
Michigan Optometric Association
October 13-14, 2010
Lansing Center, Lansing, Michigan

IOVA OPTOMETRIC ASSOCIATION HAWKEYE INSTITUTE
October 14-15, 2010
Cedar Rapids, Iowa
515/2225679 or 800/444-1772
FAX: 515/222-0073
christ@iovaoptomary.org
www.iovaoptomary.org

NEBRASKA OPTOMETRIC ASSOCIATION
NOA FALL CONVENTION
October 15-17, 2010
Kearney, Nebraska
402/4747716
noa@assocoffice.net
www.nebraska aoa.org

CE IN THE BIG EASY 2010
University of Houston, College of Optometry (UHCO) and the University of Houston, College of Optometry (UHCO)

NOA FALL CONVENTION
October 15-17, 2010
Kearney, Nebraska
402/4747716
noa@assocoffice.net
www.nebraska aoa.org

SPORTS VISION UNIVERSITY AT NEBRASKA OPTOMETRIC ASSOCIATION FALL CONVENTION
October 17, 2010
Alka Kwast
800/365-2219, ext. 4137
AKwast@kcoo.org
www.nebraska aoa.org

ANNUAL CONVENTION MISSOURI OPTOMETRIC ASSOCIATION
October 17, 2010
Millenium Hotel, St. Louis, MO
Dr. Jeffery Barret
573/635-5151
Ibarnhart@bbgglobal.net

FAIL CE CONFERENCE
Massachusetts Society of Optometrists
October 24, 2010
Best Western Royal Plaza Hotel, Marlborough, MA
Richie Lawless
508/875-7900
FAX: 508/875-0010
Richel@lawlessopt.com
www.massoptom.org

ANNUAL CONVENTION
Virginia Optometric Association (WVOA)
October 28-31, 2010
Embassy Suites, Charleston, WV
Chad Robinson
304/720-9262
wvoa@wvoa.com
http://www.wvoa.com

November

TROPICAL CE
Puerto Vallarta 2010
November 3-7, 2010
Manor Casa Magna Resort & Spa
Puerto Vallarta, Mexico
Josh Ogden
261/900-8493
FAX: 261/274-0838
www.tropicalce.com

OPHTHALMIC EXTENSION PROGRAM FOUNDATION
VT: VISUAL DISFUNCTION (JOB CLINICAL CURRICULUM)
November 3-7, 2010
Western University College of Optometry, Pomona, California
Teresa Kepp
800/444-0370
Thessa@kepp@ophtem.org

NOA FALL CONVENTION
Arkansas Optometric Association
November 4-6, 2010
Embassy Suites NWA, Rogers, Arkansas
Vicki Farmer
501/372-0233
501/661-7675

EDUCATION FORUM
Maryland Optometric Association Annual Meeting
November 6-7, 2010
Grove Park Inn, Asheville, North Carolina
Kristen Shoemaker
410/752-8295
moa@assnhqtrs.com
www.marylandeyes.org

ANNUAL MEETING
North Carolina State Optometric Society
Fall Education Congress
November 12-14, 2010
Carolina Beach Resort, Carolina Beach, North Carolina
252/237-6197
www.ncsoc.org

FALL EDUCATION CONFERENCE
Missouri Optometric Association
November 4-6, 2010
Embassy Suites, Kansas City, Kansas
JoAnn Gagne
207/626-9920
www.MaineEyeDoctors.com

ANNUAL MEETING
University of Houston College of Optometry
December 4-5, 2010
Omni Houston Hotel, Houston, TX
UHCO Continuing Education Office
713/743-1900
FAX: 713/743-1769
optedu@uh.edu
http://co.oa.uh.edu

New ways to connect with AOA...
www.facebook.com/americanoptometricassociation
www.twitter.com/aoanews
www.youtube.com/aoawebsite
OCTOBER 11, 2010
Western University of Health Sciences, a thriving center for health care and veterinary education in Pomona, California, is headquartered to nine colleges — Optometry, Dental Medicine, Podiatric Medicine, Graduate Biomedical Sciences, Allied Health, Graduate Nursing, Ophthalmic Medicine, Pharmacy, and Veterinary Medicine. The University values a diverse community and is committed to unparalleled excellence in its faculty, staff and students (www.westernu.edu).

The Western University College of Optometry seeks applicants for the positions:

**Assistant / Associate Dean of Clinical Affairs**

**Chief of Primary Care – Eye Care Center**

**Chief of Vision Therapy – Eye Care Center**

The College of Optometry also seeks applicants for didactic and clinical faculty positions with a variety of interests to participate in the development and implementation of its curriculum. Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and/or patient care, as applicable.

Candidates with interest, experience, and expertise in all areas of optometric education will be considered. Applicants with clinical and teaching experience in Bionic Vision, Neuropsychiatric Rehabilitation, Low Vision Rehabilitation, Primary Care, and Ocular Disease are specifically sought.

Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and patient care.

Faculty rank and administrative appointment will be commensurate with experience and expectations of future accomplishments. Salary and benefits are competitive. Requirements include attainment of the Doctor of Optometry (O.D.) degree and a license to practice optometry in the state of California or the ability to obtain such license within one year of appointment.

Applicants should submit the following electronically to Daniel Kurtz, PhD, OD, Associate Dean of Academic Affairs, to dkurtz@westernu.edu:

- Cover letter explaining how the applicant’s background meets the requirements for the desired position including examples of experience, philosophy, and goals.
- Current curriculum vitae
- Three letters of recommendation
- Statement of teaching philosophy.
- Current teaching schedule.
- Current patient care.
- Distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and/or patient care, as applicable.

Positions will remain open until filled. Western University of Health Sciences is an equal opportunity employer.

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### AEA Optometric Cruise Seminars 2011

**Classic Southern Caribbean**, 2/20-2/27/11, 7 days, Caribbean Princess, San Juan, St. Thomas, Tortola, Antigua, St. Lucia, Barbados, St. John. From $5919pp. – President’s Day –

**South Pacific/French Polynesia**, 7/25-8/1/11, 7 days, Diamond Princess, Honolulu, Kona, Hilo, Lahaina, Honolulu, Los Angeles, San Diego, Ensenada, Mazatlan, Manzanillo, Cozumel, and Acapulco. From $3399pp. Speaker: Dr. Mark Rosanova, President

Visit us at www.OptometricCruiseSeminars.com, email aeacruises@aol.com, or call 1-888-638-6009.

Visit us at www.OptometricCruiseSeminars.com, email aeacruises@aol.com, or call 1-888-638-6009.

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**NSU Nova Southeastern University**

**Internal Residency Programs**

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**Primary Care with emphasis in Pediatrics and Binocular Vision**

**Primary Care with emphasis in Cornea and Contact Lenses**

**Primary Care with emphasis in Geriatrics and Low Vision**

**Pediatric and Binocular Vision**

Residency positions with an area of emphasis involve primary eye care as well as specialty services. Clinical schedules vary by area of emphasis and may include general ophthalmology, neuro-ophthalmology, retina, glaucoma, cornea, pediatric optometry and/or ophthalmology, contact lenses, binocular vision and vision therapy, geriatrics and low vision.

**Curriculum Includes:**

- Supervision of patient care provided by student clinicians
- Observation of care by specialized physicians
- Direct patient care
- Urgent care of patients
- Laboratory teaching of students
- Development of scholarly publications
- Delivery of educational lectures
- Journal review and educational conferences

Visit our website for more information:
http://optometry.nova.edu/residency/internal/index.html

or contact

Lori Vollmer, OD, FAAO
Director of Residency Programs
lvollmer@nova.edu

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**25th ANNUAL EYE SKI CONFERENCE**

**PARK CITY, UTAH**

February 27 - March 4, 2011

**THE EYE SKI ADVANTAGES:**

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6. Registration: prior to DEC. 1 - $490.00
   - prior to JAN. 31 - $520.00
   - after JAN. 31 - $545.00

**INFORMATION OPTIONS:**

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E-MAIL: tanobkime@buckeye-express.com
WRITE: EYE SKI 4021 Sylvania Ave. Toledo, Ohio 43623
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Visit us at www.johngay.biz

Visit the AOA Web site at www.aoa.org

American Optometric Association

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Miscellaneous

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DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says “If insurance doesn’t cover it…” Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc. Specialists in consulting VT practices since 1988. Call 818-248-3803. Ask for Tony Bristol.

Hands-on Clinical Training in Vision Therapy is available from GEP for you and your staff at four US sites. Call now for information. 800-477-0370

I NEED FRAMES, temples, bridges stamped 1/10th 12kgf (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/361-6926.

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT! How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL, with the support of WCO and UNESCO has embarked on a program of equipment technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to an Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BFI), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Binocular microscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

All items may be shipped directly to: VOSH-INTERNATIONAL C/O VOSH SE 3701 SE 66th St Ocala, Florida 34478 Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email info@vosh.org and/or voshinternational@comcast.net.

 Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $65 (40 words maximum) 2 column inches = $115 (80 words maximum) 3 column inches = $155 (120 word maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissioonable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, September, October, November and December, all other months, two issues) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.
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Charles B. Brownlow, OD, Associate Director, AOA Third Party Center

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