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  - Ultrasoft, hydrophilic surface gel approaches 100% water at the outermost surface for exceptional lubricity.

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  - Lasting lubricity for exceptional comfort from beginning to end-of-day.

Let your patients experience the DAILIES TOTAL1® contact lens difference today.

PERFORMANCE DRIVEN BY SCIENCE™

*In vitro measurement of unworn lenses
4. In a randomized, subject-masked clinical study, n=40. Alcon data on file, 2011.

See product instructions for complete wear, care, and safety information. © 2013 Novartis

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Reflections on 50 years of the AOA News

In commemoration of the 50th anniversary of AOA News, several optometrists and historians offered comments and shared their personal reflections of what the publication means to them.

“The AOA News has covered research-related developments well and made them accessible to its members. I think the coverage motivates optometrists to look for—and read—the original research articles, too,” said Karla Zadnik, O.D., optometric researcher and associate dean of The Ohio State University College of Optometry.

“I look forward to receiving each issue of the AOA News to keep me informed about the many challenges and issues the profession must address. I have particularly enjoyed the information about the legal and legislative successes the member states have achieved over the past 50 years. My congratulations to the AOA Board of Trustees and all those staff members at the AOA who produce this very informative newspaper on its 50th anniversary,” said John F. Amos, O.D., retired professor and dean of the University of Alabama at Birmingham School of Optometry and member of the National Optometry Hall of Fame. Dr. Amos also noted: “I remember when the AOA News came in a sheet form rather than the nice large format, glossy paper with colored pictures.”

“I was editor of the Journal of the AOA in 1963 when the first issue of the optometry of the profession. As the primary vehicle for the association to communicate with its members and affiliates, the AOA News is a complex timeline that provides snapshots of association activities in several areas including legislation, education, advances in the practice and science of optometry and other association activities. It not only has intrinsic value as an AOA publication, but also serves as a finding aid for and a way to contextualize our other collections,” said Kirsten Pourroy Hébert, Heritage Services Specialist for the AOA’s Archives & Museum of Optometry.

“The job of juggling news items with scientific articles in a limited space was a herculean task, one that we may have done well but not well enough. Indeed, it was a sigh of relief when the AOA News came on the scene. And not a little sigh, I must say.”

Optometry’s Meeting® announces new opening day for conference

General session will be Wednesday, June 25

The Opening General Session for Optometry’s Meeting® in 2014 will be held Wednesday evening, June 25, instead of the traditional Thursday morning. This is one of several planned changes in scheduling designed to make it easier for attendees to take advantage of all that Optometry’s Meeting® offers—continuing education, exhibits, networking and more.

Starting the celebration a day earlier is like an extra day of vacation or another scoop of ice cream, and having more time on Thursday is something attendees have been asking for. Continuing education will also begin on Wednesday, with CE continuing through Saturday. This means a half day of additional CE for attendees.

Sponsored by Essilor, the Opening General Session will feature a keynote speaker and presentation of the AOA’s annual awards and videos.

See Optometry’s Meeting, page 3
More is More...


Already the leading optometry placement service in the industry, OCC is now even better. Go to OptometristsCareerCenter.com today to learn what's new and post your job opening.

Optometry's Career Center®
AOAEXCEL'S PREMIER PROFESSIONAL DEVELOPMENT RESOURCE

Where opportunity meets success.

AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.
AOA members: Prepare now to enroll staff in newly formed Paraoptometric Resource Center

With potentially thousands of AOA OD members enrolling their staff later this year for the Jan. 1 launch of the new Paraoptometric Resource Center, the AOA Paraoptometric Section encourages all AOA OD members to go through the following checklist now.

- Determine your practice’s main contact. Will the doctor be registering staff and providing updates, or will another individual, such as the practice’s office manager, be designated to act on the member doctor’s behalf?
- Staff may only be linked to a single location. If the practice has more than one location, determine which location, determine which staff will be linked to which practice location. If a practice has more than one AOA member, determine what staff will be linked to which AOA member ID. You will need to have AOA member ID number(s) in order to register staff.
- Gather the following information for each paraoptometric/optometric staff to complete the registration form:
  - Name
  - Maiden name/other name known by
  - Date of birth
  - Unique email address for each individual (no practice group email accounts)
- Having this information ready to go will make staff enrollment easy. Watch for an email from the AOA coming soon with the registration link to enroll your staff. Contact the Paraoptometric Section at ps@aoa.org with questions.

Watch for an email from the AOA coming soon with the registration link to enroll your staff.

Law enforcement may request protected health information

The federal Health Insurance Portability and Accountability Act (HIPAA) requires health care practitioners to protect the privacy and security of patient information. However, practitioners may be called on to release protected health information to public health, public safety, or law enforcement officials under specified emergency response situations, according to the Office for Civil Rights.

The HHS-OCR introduced a HIPAA Guide for Law Enforcement to help police and other emergency responders address information-sharing situations where the HIPAA Privacy Rule may be at issue.

Health care practitioners may review the guide in order to better understand circumstances under which they may be asked to provide federally protected health information (PHI) to public officials, according to the AOA Office of Counsel.

The new HHS-OCR guide describes the HIPAA Privacy Rule for law enforcement and other emergency responders and identifies entities required to comply.

The guide also outlines several permissions that allow the disclosure of health information in common law enforcement situations, such as during an emergency response.

According to the guide, health care practitioners may report protected health information to a law enforcement official in order to assist a crime victim, report child abuse or neglect, comply with a court order or court-ordered warrant, comply with law (such as when reporting stab wounds or gunshot), report evidence of a criminal activity or suspicious death, or prevent or lessen a serious and imminent threat to an individual or the public.

The OCR worked with the HHS Assistant Secretary for Preparedness and Response and the Federal Bureau of Investigation to develop the guide.


Comment period open for first ‘evidence-based’ guideline on diabetes

The first AOA evidence-based guideline, on “Eye Care of the Patient with Diabetes Mellitus” is posted for review by practicing optometrists and the general public at www.aoa.org/ebgreview. The AOA Evidence-Based Optometry Committee developed the first guideline to help optometrists meet strict new government standards for evidence-based health care.

The new draft guideline is part of an extensive AOA effort to ensure optometry is represented in a worldwide movement to ensure health care practice is based on the latest and best scientific research, according to Committee Chair Diane T. Adamczyk, O.D.

The proposed guideline is designed to provide both useful guidance for optometrists in day-to-day practice as well as definitive optometric norms and recommendations recognized and respected by all segments of the health care community.

The guideline was developed over the past two years by an internationally recognized, interdisciplinary panel of leading eye care practitioners, health policy experts and patient advocates.

The proposed guideline is posted online to give optometrists a chance to review and submit comments that may then be incorporated into the document. This is required by Institute of Medicine (IOM) guideline development standards to reflect external review from relevant stakeholders, including scientific and clinical experts, organizations, agencies, patients, and representatives of the public.

Comments will be accepted until Nov. 30.

Optometry’s Meeting, from page 1

Past awards highlighted during the session have includ-ed:
- Distinguished Service Award
- Optometrist of the Year Award
- Young Optometrist of the Year Award
- Apollo Award
- Paraoptometric of the Year Award
- Optometric Educator of the Year Award

Past keynote speakers include Erin Brockovich, J.R. Martinez, Bob Woodruff, Ben Stein and Scott Adams. The soon-to-be announced 2014 speaker is sure to make another outstanding impression.

So make your plans to arrive in time to attend the Opening General Session on Wednesday, June 25. Visit www.optometristsmeeting.org to plan your trip to Philadelphia.
Got Milk?

During my first term on the board in 2006, a survey of AOA member and non-member optometrists revealed that both groups felt the No. 1 priority for the AOA should be to tell the world all about “who we are and what we do.”

It is interesting to note that in the year prior to this survey, the AOA engaged the services of Hill and Knowlton to begin, for the first time, a public awareness campaign for the profession. And it has paid dividends, increasing the number of media impressions for optometry to more than 8 billion last year alone.

But is it enough? While I wish we had the resources to conduct our own “Got Milk?” campaign, we simply do not. But there are other ways in which we can tell the world who we are and what we do.

Two years ago, in a well-orchestrated effort among the AOA, Vision Council of America, Essilor and VSP, the “Think About Your Eyes” (TAYE) campaign was born. It consisted of four 15-second commercials that highlighted the importance of eye examinations while also promoting the expertise of doctors of optometry. The campaign was tested in nine targeted markets across the U.S., and it worked…increasing the frequency of eye exams between 7 percent and 9 percent in the campaign period.

As of July 1, the Think About Your Eyes website received more than 710,000 unique hits with an 83 percent click-through to the doctor locator. AOA members receive a discount for participating through the end of the year, so visit the Think About Your Eyes website for more information (www.thinkaboutyoureyes.com).

Think About Your Eyes has been very successful in helping promote optometry’s message about “who we are and what we do.” But we should never overlook the fact that each of us has ample opportunity to promote the profession as well.

Optometrists perform an estimated 88 million eye examinations a year, and simply put, that is 88 million opportunities to share our message.

Whether you run streaming videos in your office, post informational pieces about your services, have a Facebook page for your practice, get involved in community service, participate in the InfantSEE® or VISION USA programs, promoting the good news of optometry should begin at the front door and carry forward with each step of the patient’s visit and beyond.

Sincerely,

Mitchell T. Munson, O.D.,
AOA president

Whether you run streaming videos in your office, post informational pieces about your services, have a Facebook page for your practice, get involved in community service, participate in the InfantSEE® or VISION USA programs, promoting the good news of optometry should begin at the front door and carry forward with each step of the patient’s visit and beyond. So have fun with it.

Sincerely,

Mitchell T. Munson, O.D.,
AOA president
DESIGN THAT WORKS: A Close Look at ACUVUE® OASYS® Brand Contact Lenses

Cristina Schneider, OD, MSc, MBA

In the US, more patients are fit into ACUVUE® OASYS® Brand Contact Lenses than any other brand.1 How have they been able to stand the test of time? A comprehensive design strategy—inspired by the eye itself.

When ACUVUE® OASYS® Brand Contact Lenses were developed almost 2 decades ago, a number of silicone hydrogel contact lenses were already on the market. But despite these lenses’ ability to deliver copious oxygen to the cornea, they fell short in a variety of clinical measures impacting patient comfort.

So ACUVUE® OASYS® Brand design team set a goal: to deliver the oxygen benefit of the new silicone hydrogels, but to do so in a material with the flexibility and other beneficial properties of traditional hydrogels. The aim was to achieve maximum comfort in a lens that would also support ocular surface health, deliver great vision, and be easy to handle and care for.

Wettability and Lubricity

The silicone, hydrogel surface of ACUVUE® OASYS® aims to mimic the mucin layer of the precorneal tear film, offering a soft, slippery exterior for the lid to slide across on blinking. Indeed, in a study approximating the conditions of the ocular surface environment, ACUVUE® OASYS® was found to have a lower coefficient of friction than nearly all other reusable contact lenses tested.9

High lubricity is seen in clinical studies investigating the effect of ACUVUE® OASYS® on corneal and conjunctival tissues. One 2-year, prospective study recruited current soft contact lens wearers and nonwearers (neophytes and dropouts) for daily wear of these lenses. Baseline measurements of 1) limbal, bulbar, and palpebral conjunctival hyperemia, 2) corneal staining with fluorescein dye, and 3) lissamine green staining of the bulbar conjunctiva were compared with measurements taken at 24 months.4,5

Patients who were wearing contact lenses at the beginning of the study had significantly lower hyperemia and staining scores (for all tissues examined) after 24 months of wear. Nonwearers showed no change in limbal hyperemia or staining, and actually had decreased bulbar conjunctival hyperemia and staining, as well as reduced corneal staining.4

Proven Comfort

The wettable, breathable silicone A material was developed in concert with design features also aimed at maximizing comfort. The relatively low modulus (0.72 kPa) and tapered “edge-on” design of ACUVUE® OASYS® allow the lens to shape smoothly over the cornea and minimize lid interaction.6

According to data posted on clinicaltrials.gov and in published clinical studies, in clinical trials evaluating comfort across a range of study populations, environments, and comparator lenses, ACUVUE® OASYS® lenses have never been beaten.7 Even patients who struggle with symptoms of dryness or discomfort during soft contact lens wear experience more hours of comfortable wear after being refit in ACUVUE® OASYS®.

In one large study, about half of the soft contact lens-wearing patients evaluated had symptoms of diminished comfort and/or signs of irritation at baseline. Of these “problem” patients, a portion were refit with ACUVUE® OASYS® and reevaluated after the 2-week wear cycle. While the average wearing time did not change, the hours of comfortable wear each day increased significantly.

Patients unsatisfied with their current contact lenses often experience a “wow!” moment after switching to ACUVUE® OASYS®. But not only problem patients are enthusiastic; these lenses are embraced by nearly everyone who tries them—part of what accounts for the fact that more patients fit in ACUVUE® OASYS® Brand Contact Lenses than any other brand in the US.8

Optics and Vision

The material and mechanical properties of ACUVUE® OASYS® were designed to optimize biocompatibility as well as optical performance. A large optic zone with a monocurve back surface minimizes glare and other optical disturbances.

The material was developed from the outset to be compatible with a toric design, which would require areas of added thickness to maintain alignment. ACUVUE® OASYS® Brand Contact Lenses for ASTIGMATISM are made with the BLINK STABILIZED™ Design developed through careful analysis of blink dynamics. The four transitional points where the periphery of the lens design changes from thinner to thicker interact with the blink realigning and stabilizing the lens, minimizing the fluctuating vision familiar to wearers of earlier toric designs.

UV Protection

ACUVUE® OASYS® Brand Contact Lenses offer class 1 (approximately 96% UVA and greater than 99% UVB UV blocking), providing wearers with an important baseline of daily protection from UV rays that when combined with other measures—including a wide-brimmed hat and well-designed sunglasses—can be an important part of an effective ocular UV protection regimen. Patients are concerned about protecting themselves and will appreciate the importance of safeguarding their eyes from UV exposure, and most will be receptive to a conversation with their eye doctor about the steps they can take to protect themselves, particularly if they wear or wish to wear contact lenses.

Wear and Care

In general, comfort is maximized, and the chances of contamination or deposition minimized, when a fresh lens is worn every day. When daily disposable lenses are not possible, I feel strongly that the next best option is a reusable lens with a short replacement cycle. ACUVUE® OASYS® lenses are easy to handle and care for, and are highly compatible with most care solutions.3

We all know that some patients out there want to sleep in contact lenses. But you may not realize that ACUVUE® OASYS® contact lenses are approved for a 6-night per week extended wear regimen. While it is generally safe, we know that extended wear does put patients at greater risk of microbial keratitis.2 But if after a careful evaluation and candor discussion, you agree that extended wear is a reasonable choice for a patient, ACUVUE® OASYS® lenses offer excellent clinical performance and comfort superior to the leading brand prescribed for overnight wear.2

Built around the needs and dynamics of the eye, ACUVUE® OASYS® Brand Contact Lenses continue on a track of proven success, giving excellent health, comfort, vision, and handling to contact lens wearers worldwide.

Cristina Schneider, OD, MSc, MBA, is Senior Director, Professional Communications, at Johnson & Johnson Vision Care, Inc.

REFERENCES

1. Internal analysis based on independent third-party data.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. This should not be prescribed if you have any eye problems, such as an eye infection, or if you are allergic to any of the ingredients contained in the lens or case. Consult the drug insert for complete information. Complete information is also available from VISTAKON® Division of Johnson & Johnson Vision Care, Inc., by calling 1-800-843-2020 or by visiting www.vistakon.com.

WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing sunglasses or goggles because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed.

NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other disorders. Consult your eyecare practitioner for more information.

ACUVUE®, ACUVUE® OASYS®, BUNK STABILIZED™, and VISTAKON® are trademarks of Johnson & Johnson Vision Care, Inc.
Any optometrist who sees a Medicare patient with diabetes during the remainder of 2013 can still avoid having Medicare reimbursements docked 0.5 percent in 2015 under the Physician Quality Reporting System (PQRS). All that is necessary is “a good-faith effort” to provide quality patient care by taking the measures encouraged under the program, such as dilated eye examinations for patients with diabetes.

Medicare has indicated a good faith effort can mean as little as providing PQRS quality of care measures to a single appropriate patient over the course of a year. So all practitioners need to do is use the PQRS codes once – on one claim for one patient – during 2013 to avoid the PQRS payment penalty in 2015.

“Although, with Medicare planning to increase its quality reporting requirements over coming years, practitioners have reason to make a real effort to use PQRS codes on a regular basis,” said Rebecca Wartman, O.D., AOA Third Party Center Executive Committee member. “By doing so, practitioners could not only avoid the coming PQRS payment penalty but quite possible still earn a PQRS bonus this year.”

**PQRS and diabetes**

When optometrists see a patient with diabetes, they can meet either PQRS measures 18, 19 or 117 (see box below), depending on exactly how they elect to handle the patient and the status of the patient’s diabetes and related eye conditions.

Basically, the PQRS program encourages eye care practitioners to provide any patient, age 18 to 75, who has diabetes, insulin or non-insulin dependent, with a dilated macular or fundus examination, report the results to the patient’s care provider, – or explain why such an examination was not provided.

An optometrist can report compliance with measure 18 or 19 when providing a patient age 18 or older with diabetes a dilated eye exam and diabetic retinopathy (DR) is found. The optometrist performs the examination and then documents the presence or absence of macular edema and the level of diabetic retinopathy using the diagnosis codes.

Measures #18 and #19, using QDC 2021F, QDC 5010F and G8397 or G8398, are used with diabetes only when retinopathy is present. The provider must perform a dilated macular or fundus examination and document the presence or absence of macular edema and the level of diabetic retinopathy.

This measure is never used when there is no diabetic macular edema or diabetic retinopathy. The patient must be 18 or older.

The following diabetic retinopathy diagnoses are the only ones applicable to this measure:

- 362.01 Background diabetic retinopathy
- 362.02 Proliferative Diabetic Retinopathy
- 362.03 Nonproliferative Diabetic Retinopathy, not otherwise specified
- 362.04 Mild Nonproliferative Diabetic Retinopathy
- 362.05 Moderate Nonproliferative Diabetic Retinopathy
- 362.06 Severe Nonproliferative Diabetic Retinopathy
- 362.07 Proliferative Diabetic Retinopathy

It is important to note that diabetic macular edema (362.07) is not one of the listed codes. Take these steps for properly coding for macular edema:

- Report the systemic diabetes diagnosis (250.00).
- Report the proliferative diabetic retinopathy diagnosis.
- Report the diabetic macular edema diagnosis.

Only link measures 18 and 19 to the applicable diabetic retinopathy codes.

**PQRS eye care measures for patients with diabetes**

- **Measure 18 – Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:** Percentage of patients age 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed that included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

- **Measure 19 – Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care:** Percentage of patients age 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

- **Measure 117 – Diabetes Mellitus: Dilated Eye Exam:** Percentage of patients age 18 to 75 with a diagnosis of diabetes mellitus who had a dilated eye exam.
Children with amblyopia have new hope for better outcomes thanks to recent research

Increasing patching from two to six hours a day effectively treats persistent amblyopia, according to a study from the Pediatric Eye Disease Investigators Group (PEDIG). The study was published in *Ophthalmology*.

"We really didn't know what to do when a child stopped improving after patching two hours a day," said David K. Wallace, M.D., professor of ophthalmology and pediatrics, Duke University School of Medicine, and lead author of the report. "With this study, we now have clear evidence to support the practice of increasing the duration of patching to six hours a day for stubborn amblyopia."

"As optometry has been the primary provider of amblyopia management for years, the information provided will definitely be a welcome resource to complement the AOA Clinical Practice Guideline on Amblyopia."

Patching is the standard treatment for amblyopia, according to the National Eye Institute, which funded the research. Eye care practitioners often increase the daily duration if children stop making progress. But until now, there was limited evidence to show this approach actually works.

I am happy to see additional research and guidance coming from PEDIG," said Maria Richman, O.D., chair of the AOA Vision Rehabilitation Center. "As optometry has been the primary provider of amblyopia management for years, the information provided will definitely be a welcome resource to complement the AOA Clinical Practice Guideline on Amblyopia."

What the study showed

Researchers enrolled 169 children between ages 3 and 8 with persistent amblyopia in a clinical trial. One treatment group continued with two hours of daily patching, and another increased daily patching to six hours.

After 10 weeks, children in the six-hour patching group could see an average of 1.2 additional lines on an eye chart with the affected eye. Children in the two-hour patching group improved on average only 0.5 lines.

Perhaps even more compelling, 40 percent of children in the six-hour group saw two or more lines of improvement. The report outlines an evidence-based, staged approach for treating amblyopia:

- The first stage is wearing eye glasses with prescription lenses, if needed, to correct vision as much as possible.
- Patching for two hours a day, or using eye drops or lens filters that blur vision in the better eye, is recommended if amblyopia persists after 10 weeks of wearing glasses.
- If amblyopia persists after 10 weeks with two-hour daily patching, PEDIG recommends children patch for six hours per day. Once children reach maximum visual acuity, the report recommends monitoring them for recurrence.

A young girl is treated for amblyopia.
for the diabetic care.

Again, the same list of diabetic retinopathy diagnoses for measure 18 applies to this measure.

In addition, the provider needs to indicate if a dilated macular or fundus examination was performed.

The QDC options for this information are:
- QDC 3072F – used when the patient is at low risk for diabetic retinopathy, indicating the patient had a normal examination without diabetic retinopathy within the last year.
- QDC 2024F – used for reporting seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist.
- QDC 2026F – used to indicate eye imaging was validated to match the diagnosis from seven standard field stereoscopic photos documented and reviewed.

However, because most optometrists perform dilated diabetic examinations, 2022F would be more commonly used than 2024F and 2026F.


November is National Diabetes Month

EVERY 17 SECONDS,

someone is diagnosed with diabetes.

AOA can help you be ready to treat them.

Practice Resources for ODs from AOA

Coding for Diabetes

AOA Integrated Care Report Form

Clinical Practice Guidelines

Learn how at aoa.org/diabetes
FDA launches program to ID health care devices

The U.S. Food and Drug Administration (FDA) formally announced its long-anticipated Unique Device Identification system, designed to provide a consistent way to identify medical devices.

Under the new system, all FDA-regulated health care devices—contact lenses, ophthalmic cameras and ophthalmic lasers, for example—will be required to have a unique device identifier (UDI) assigned by the device manufacturer.

This identifier will include production-specific information such as the product’s lot or batch number, manufacturing date, and expiration date. The identifier will be included in a bar code or similar marking on the product’s label or the product itself.

It also will be listed in a publicly searchable FDA database called the Global Unique Device Identification Database (GUDID).

How the UDI will help

The FDA believes the UDI system will:
- Help prevent medical errors
- Make the recall process more efficient and effective
- Improve the accuracy of adverse event reports
- Provide a foundation for secure distribution chains and help address counterfeiting and diversion
- Offer a clear way to document device use in electronic health records.

The AOA Advocacy Group believes the UDI program represents a crucial step toward curbing illegal sales of contacts without a prescription.

AOA to introduce newsmagazine as part of communications update

The AOA News is wrapping up its 50th year of publication in 2013 with this commemorative anniversary issue.

In December, the AOA will publish a special year-end edition devoted exclusively to changes related to health care reform.

“We’re pleased and proud that the AOA News served our members well for the past 50 years,” AOA President, Mitchell T. Munson said. “In looking forward to serving the profession in 2014 and beyond, I am excited to announce the AOA will debut a brand new newsmagazine. Paired with the AOA’s redesigned website and revamped digital news at AOA.org/news, this publication will deliver well-organized information and in-depth insight into crucial developments in D.C., as well put you in touch with your fellow members across the country as never before.”

“The AOA is focused on bringing you the right information, at the right time, in the right format, whether you get it on your computer, smartphone or in print.” said Barry J. Barresi, O.D., Ph.D., AOA executive director. “The goal of the new publication is to give AOA members information that is current and credible, concise and convenient, informative and insightful.”

“For more than just changes to the publication name and size, the introduction of a newsmagazine offers new opportunities—for fuller, deeper exploration into key issues; for more personal, insightful encounters with members; and for a broader, more comprehensive understanding of AOA affiliate associations—state, federal and student,” emphasized Geoffrey Goodfellow, O.D., chair of the AOA Publications and Education Committee.

Plans for the newsmagazine include more background and perspective; more stories about individual members—their families, challenges and successes; more photos and infographics; as well as more quick and easy tips, how-tos and round-ups.
Now’s the time to plan for year-end gift giving

With this year’s challenges and accomplishments still fresh in your mind, now is a good time to review and update your estate plans. To help you in this process, Optometry Cares® – The AOA Foundation constructed the following checklist of estate planning actions for you to go over as the end of the year rolls closer.

- Review your current will and trusts. These may need to be updated because of major changes in your life, such as births or deaths, a move to another state, etc.
- Take inventory and make a written record of the contents of any safe-deposit box. Give a copy to a trusted family member and note any items you are holding for someone else that don’t belong to you.
- Review the beneficiary designations for your life insurance and retirement plans to make sure your beneficiary isn’t someone who is now deceased or a former spouse.
- Make sure your durable power of attorney for health care and living will are current.
- Be sure you are comfortable with the guardian named in your will for those under your care, such as minor children or a loved one who is disabled.
- Finish charitable contributions by Dec. 31. As you think about special holiday gifts for family and friends, remember that making charitable gifts to organizations such as Optometry Cares® – the AOA Foundation in their honor can be a heartwarming experience that also offers you tax benefits. If you’re still in the early stages of planning a gift, ask Optometry Cares® – The AOA Foundation office for help.
- They can assist you in determining the best way to remember the foundation this year or in your estate. Simply call 314-983-4138 or email DAHolter@aoa.org.

“During the time last year when Hurricane Sandy devastated the Jersey Shore, I was able to turn to optometry through the Optometry Cares grant, and they helped me and my practice get back on our feet.” Maria Richman, O.D.

Society welcomes new charter members

Optometry Cares® welcomes its newest Charter Members as of Oct. 7, 2013, to the Optometry Cares Society Friend Level: Wesley Hamada, O.D., and Jim Sandefur, O.D.

Giving through the Optometry Cares Society ensures that Optometry Cares® continues to provide immediate relief to optometrists in the wake of natural disasters, vision care to needy Americans, scholarships for optometry students, preservation of optometry’s history and public education about the need for a lifetime of vision care.

To join and become a Charter Member, contact Dennis Holter, chief advancement officer for Optometry Cares®, at 314-983-4138 or by email at DAHolter@aoa.org before Dec. 31, 2013.

Support Your Foundation

To make an online donation, visit www.aoafoundation.org.

National Optometry Hall of Fame calls for 2014 nominations

Online nominations for the 2014 National Optometry Hall of Fame are now being accepted. The National Optometry Hall of Fame highlights the luminaries within the field of optometry—individuals who have made a significant and long-lasting impact on the profession.

The 2014 online nomination forms can be accessed at www.aoa.org/HallofFame.

The eligibility requirements are:

- Nominees must be an optometrist with more than 20 years of service in optometric clinical care, private practice, federal service, academia, research or industry or is currently retired with records of dedicated service, lifetime achievements and enduring lifetime contributions.

The selection criteria include:

- Nominees should be recognizable through their national stature.
- Nominees should have had a significant and enduring impact on the profession.
- Nominees should be recognizable through their professional leadership, academic leadership, research contributions, as well as other areas of significance.
- Diversity should be considered in the selection process.
- A balance of historical and current (but very well established) achievements should be considered.

Optometrists nominated for the 2013 AOA Distinguished Service Award will automatically be placed into the National Optometry Hall of Fame selection pool for 2014.

The deadline for online submissions is Jan. 15, 2014. Inductees will be honored at Optometry’s Meeting® in June 2014 in Philadelphia, Pa.

John F. Amos, O.D., professor emeritus and former Dean of the University of Alabama-Birmingham School of Optometry, is inducted into the National Optometry Hall of Fame in 2013.
A United Nations agency charged with promoting and protecting intellectual property proposed an international treaty to improve access to published works for the visually impaired.

The World Intellectual Property Organization (WIPO) approved “The Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled” during a June special meeting.

Described by proponents as “historic,” the treaty is intended to facilitate the publication of both fiction and nonfiction works in large-print editions or other specialized media designed specifically for those with impaired vision.

If ratified, the treaty would represent an important step in helping visually impaired individuals maximize the use of their available vision, according to the AOA Vision Rehabilitation Section (VRS).

“With the population of the developed world rapidly aging and much of the non-industrialized world still without adequate access to even rudimentary vision care – let alone vision rehabilitation or vision assistive devices – the proposed treaty could improve the quality of life for literally millions of people around the world,” said Maria Richman, O.D., AOA VRS chair.

The proposed treaty would standardize copyright laws around the world to allow the reproduction of large-print or other special media editions of published works for the visually impaired and their distribution across international boundaries, while still ensuring the rights of authors.

Lack of uniformity in current copyright laws effectively means a large-print edition of a book can be sold or distributed only in the nation in which it is produced, according to the WIPO. This has resulted in a “book famine” among the visually impaired.

Only about 5 percent of published works are now available in large print or other media for the visually impaired.

To take effect, the treaty must be ratified by the governments of at least 20 nations. At deadline, the WIPO had not responded to questions from AOA News regarding timelines for the formal ratification of the treaty by the nations participating in the conference.

For additional information, visit http://tinyurl.com/Largeprinttreaty.

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After learning of efforts by the AOA and the 3D@Home Consortium to increase awareness of binocular vision problems in the home environment, Floyd Mizener, O.D., a retired Chicago optometrist, began looking for ways to increase awareness of 3-D vision problems among movie theatre audiences.

After consulting with the AOA for details of its program, he began contacting local cinema owners in his hometown. Classic Cinemas owner Willis Johnson, though resistant to Dr. Mizener’s initial suggestion of on-screen disclaimers prior to 3-D movies, agreed to display posters about binocular vision problems in the lobbies of his upscale theatres.

Dr. Mizener quickly arranged an appointment for the designer with Chicago practitioner Michael L. Halkias, O.D., who diagnosed severe astigmatism, some hyperopia and poor binocularity (100 seconds of arc on the Titmus Writ scale). He prescribed new eyeglasses and initiated a program of vision therapy.

“A few weeks later, Krueger, for perhaps the first time in her life, was using her eyes together, if not perfectly. Her stereopsis had improved to 40 seconds of arc on the Titmus Writ scale,” Dr. Mizener reported.

Moreover, her binocular vision poster was not only displayed in theatres around west Chicago, but drawing notice throughout the 3-D industry.

“It’s a binocular vision case with a Hollywood ending, he concludes.

Johnson, a board member of the National Association of Theatre Owners (NATO), is now proposing theatres around the nation adopt Offering the Finest Digital 3D Experience.
Public awareness of vision problems: Now in 3-D!

The latest breakout hit in theaters: a public awareness campaign about 3-D viewing.

An innovative, award-winning pilot program in Chicago is educating moviegoers about how vision problems may hinder their enjoyment of 3-D movies. It’s also helping them find corrective treatment from nearby optometrists.

“Issuing the Finest Digital 3D Experience” was developed jointly by the West Chicago Optometric Society (WCOS) and the Windy City’s Classic Cinema theater chain.

Although only six months old, the campaign already picked up one of three special Outstanding Achievement awards during the International 3D & Advanced Imaging Society’s (I3DS) 2013 3D Technology Awards ceremony, held Sept. 18 at Paramount Studios in Los Angeles.

“The international 3-D entertainment industry and the eye care professions share a common goal in addressing binocular vision problems,” said WCOS President Steve Butzon, O.D. “This prestigious honor shows once again that the developers of 3-D technology recognize the important role eye care professionals play in the development of this exciting field.”

The I3DS also presented its inaugural Eye Care Practitioner of the Year awards to Michael L. Halkias, O.D., and Ingryd Lorenzana, O.D., for their participation. A few days later, Classic Cinemas owner Willis Johnson received the Illinois Optometric Association’s Citizen of the Year Award for his help developing the program.

What the campaign includes

The WCOS and the AOA are providing Classic Cinema’s 14 theaters with educational materials for patrons, including:

❖ Specially designed posters for theater lobbies, featuring information on 3-D movie viewing and the AOA’s 3D Eye Health website.
❖ Specially marked copies of AOA’s “The 3 Ds of the 3-D Viewing Experience” and “There’s More to 3-D than Meets the Eye” brochures, customized with each theater’s name. These brochures are available in theater lobbies for patrons who realize during viewing a 3-D movie that they may have a binocular vision problem.
❖ Specially developed leaflets about 3-D vision problems. Ushers give these leaflets to all patrons as they leave the theater.
❖ An area optometrist also trains theater staff on the importance of proper binocular vision for 3-D movie viewing. Theater staff members are encouraged to relate that information to patrons and to encourage any who experience problems to see an eye care practitioner. All 500 of Classic Cinema’s employees were trained.

The AOA’s 3-D Vision & Eye Health site offers extensive information on 3-D media and binocular vision problems at http://3deyehealth.org. The AOA offers a variety of resources (member login required) to assist optometrists in providing state-of-the-art 3-D vision care in their practices.

A contemporary take on a familiar classic.

The AOA News commemorated 50 years of groundbreaking news in optometry by republishing the Top 10 AOA News stories as selected by readers from all five decades.

Here’s a recap of the top stories leading up to No. 1.

No. 10: Oklahoma authorizes lasers for ODs in 1998

Oklahoma has become the first state to specifically authorize optometrists to use lasers to correct vision and provide eye care.

Legislation authorizing properly certified optometrists to provide certain types of eye care and vision correction using lasers was signed into law by Oklahoma Gov. Frank Keating (R), March 16.

The new law goes into effect Nov. 1.

No. 9: U.S. Senate approves sweeping health bill, AOA-backed provisions advance in Dec. 2009

In the early morning hours of Dec. 24, the U.S. Senate approved its version of health care reform legislation (H.R. 3590) on a 60-39 party-line vote.

According to the Congressional Budget Office, the sweeping legislation measure will extend health insurance coverage to tens of millions of uninsured Americans and cost $871 billion over the next 10 years.

No. 8: InfantSEE™ launches with 6,600 ODs on board

InfantSEE™, the largest public health initiative ever undertaken by optometry, officially launched nationwide June 8.

From an idea first stated by W. David Sullins, Jr., O.D., to a multimillion dollar national program, we’ve had unprecedented attention and overwhelming commitment by ODs.

No. 7: AOA became an agency member of the APHA in 1963, later forming the Vision Care Section

The AOA News ran the article in January 1963, the same year the AOA become an agency member of the American Public Health Association. This opened the door for the later formation of the Vision Care Section in 1979. Mel Shipp, O.D., Dr.PH, MPH, was elected APHA president in 2011.

The American Public Health Association’s 90th annual meeting in Miami Beach was attended by 6,000 registrants including a delegation of 21 representing AOA.

See Recap, page 17

A contemporary take on a familiar classic.

Countdown of the Top 10 AOA News stories

No. 1: College of Optometry for Alabama

Editor’s Note: To commemorate 50 years of groundbreaking news in optometry, we are publishing the Top 10 AOA News stories as selected by our readers from all five decades. The AOA News ran the following article in November 1967.

The establishment of a College of Optometry at the University of Alabama Medical Center at Birmingham became assured recently as Gov. Lurleen Wallace approved legislation providing $50,000 per year in funds for a federal basic and special improvement grant as well as $600 for in-state students. He indicated scholarships by professional organizations and societies would greatly help the new school.

“UAB could have a new Optometry building constructed by 1971, if everything falls right,” indicated Peters.

Optometrists desiring to help in the financial needs of the new school may do so by donation through the Optometric Progress Fund specifying the amount contributed to be donated to the University of Alabama School of Optometry.

In a recent interview with Dr. Henry Peters, dean of the School of Optometry at the University of Alabama, Birmingham, 60 applicants for admission were received with the School of Optometry as funds for a new School of Optometry at the University of Alabama in the fall ’69 term.

The College of Optometry for Alabama, a new optometry school with an explanation as to becoming an integral part of the UAB complex were explained by Dr. J.F. Volker.

The integrated basic science course with dentistry, medicine and optometry students in the same classes will not take place until a new building is constructed, stated Dr. Peters.

A subcommittee of the AOA Council on Education has recently met at the University and is considering preliminary accreditation for the new School of Optometry.

$500,000 more

The school will apply for a federal basic and special improvement grant as well as a new building grant in the near future.

Peters indicated, “Approximately $50,000 more is needed from the profession almost immediately to qualify for the construction grant. Plans to institute a technics’ training program at the new school of optometry are also in the offering as well as a program of rotating internships for optometrists at various hospitals and a program of learning disabilities.”

Scholarships Needed

Peters stated that out-of-state tuition at UAB is $1,200 as compared to $600 for in-state students.

Events leading to the creation of the new optometry school with an explanation as to becoming an integral part of the UAB complex were explained by Dr. J.F. Volker.

for the next two years to get the college started.

Full information will be forthcoming in the near future as plans develop, according to Donald A. Springer, O.D., Anniston, Ala., chairman of the new college committee, Southern Council of Optometrists.

Future coverage

1969: UAB-The Alabama State Legislature has appropriated $500,000 as funds for a new School of Optometry at the University of Alabama in Birmingham.

A special advisory committee is considering appointment of a Dean for the new optometry program.

The first students are expected to be enrolled for the fall ’69 term.

In reflecting upon the gains of the past, many members voted for the top story of the past 50 years. Here are some of the choices:

1963—AOA became an agency member of the American Public Health Association.

1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association.

1967—Council on Clinical Optometric Care is formed.

1967—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB).

1968—American Optometric Student Association (AOSA) formed.

1971—First DFA Law passed—Rhode Island.

1976—First TPA Law passed—West Virginia.

1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State).

1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.

1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care.

1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma.

2000—Kentucky became the first state to require children to have a vision examination before entering the public school system.

2002—AOA launches the Healthy Eyes, Healthy People® program.

2005—InfantSEE® program established.

2008—AOA establishes the National Commission on Vision and Health (NCVH).

2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification.
Former AOA-PAC director Brazil remembered

Former AOA PAC Director Noel Brazil passed away in October after a short battle with cancer.

Brazil worked for optometry and the AOA for more than 30 years. After retiring, she became a certified tour guide of Washington, D.C. She recently fulfilled a lifelong dream of living and working in New York City.

“Optometry has been blessed over the years to have long-term staff people who believed in the profession and had ‘optometry in their blood,’” said Darlene Eakin, executive director of the Kentucky Optometric Association. “Noel Brazil exemplified the dedicated professionals who devote their entire careers to optometry. She was loyal to the profession and all the friends she made throughout her time with AOA. Upon her retirement, her contributions were recognized by optometrists from all over the country. She was a positive face for optometry in D.C., known and respected by members of Congress and many others. As a person, she was a true friend that you could count on to be there. She will be missed.”

“My thoughts and prayers are with Noel’s son, James, and the members of her family and her many friends,” said Betty Valachovic, past executive director of the Arkansas Optometric Association. “During my tenure as executive director of the Arkansas Optometric Association, I was very fortunate to have many wonderful trips and visits with Noel and Kelly (Hipp). I cherish those memories and will always keep her in my heart.”

Brazil is survived by her son James; seven brothers and sisters, Sheila Bannon (John), Atty. John J. Brazil, Jr. (Leanne), Joseph Brazil (Ellen), James Brazil (Dina), Lisa Brazil (Eileen), Jackie Greening (Gary), and Jeff Brazil (Karen); many nieces, nephews, cousins and friends. She is also survived by her best friend Darlene Kuny and her son Devon and the Wild Women of D.C. She was preceded in death by her parents, Attorney and Mrs. John J. Brazil, and husband James Jarvis Goodwin.

Donations may be made to Caron Renaissance, 7789 NW Beacon Square Blvd., Boca Raton, FL 33487, earmarked for James J. Goodwin, III.

Grow your practice with the new AOA.org
As in the several previous meetings, the AOA presented an exhibit in the Scientific Section. The theme dwelt upon modern tests for pre-school and early-school children, and emphasized the 10 points essential to educational achievement. Educational literature was distributed.

**No. 4: Therapeutics included in West Virginia Law**

The West Virginia legislature in overriding a gubernatorial veto has passed legislation allowing optometrists to use drugs for diagnostic purposes. Seven states in the country have laws which allow optometrists to use diagnostic drugs, but the West Virginia law is the first to include therapeutics.

The unprecedented action of the West Virginia legislature was culminated on March 3, 1976, when the state Senate followed the lower house’s veto to override the governor’s veto of the bill.

The legislation’s new definition of optometry reads: “The examination of the human eye, with or without the use of drugs prescribable for the human eye, which drugs may be used for diagnostic or therapeutic purposes for topical application to the anterior segment of the human eye only, and, by any method other than surgery…”

**No. 5: Victory! 22-year battle for Medicare parity succeeds**

An event that optometry has been hoping to proclaim for 20 years finally happened last month when Congress approved and the president signed legislation ensuring optometric patient equity under Medicare.

The Medicare provision was contained in the reconciliation package for the 1987 federal budget. President Reagan signed the budget package Oct. 21, and the Medicare provision will become effective April 1, 1987.

The measure allows payment for vision care services performed by optometrists, if the services are among those already covered by Medicare when furnished by a medical doctor, and if the optometrist is authorized by state law to provide the services.

“Optometry is defined as the profession whose practitioners are engaged in the art and science of the evaluation of vision and the examination and refraction of the human eye which includes:…the topical application of drugs to the eye, to wit, mydriatics, miotics, and the use of topical anesthetics, provided however, that no optometrist licensed in this state shall treat by the use of these drugs or attempt to perform any surgery and shall be used only for the purpose of detecting any diseased or pathological condition of the eye or the effects of any disease or pathological condition of the eye…”

**No. 6: KY to require pre-school eye health exams**

Kentucky has become the first state in the country to require eye examinations for children prior to entry into preschool, Head Start or kindergarten.

House Bill 706 was signed into law by Gov. Paul Patton (D) April 4 as part of his Early Childhood Initiative.

The law goes into effect July 15, 2000, so all children entering school this fall must meet the exam requirement.

**No. 7: Rhode Island law amended to permit diagnostic drugs**

Rhode Island has become the first state to have a law explicitly giving optometrists the authority to administer diagnostic drugs.

Gov. Frank Licht signed the new optometry act July 16, 1971, following its passage July 14 by the Rhode Island Senate.

The senate vote was 25 to 16.

The new law, strongly advocated by the Rhode Island Optometric Association, reads in part:

“Optometry is defined as the profession whose practitioners are engaged in the art and science of the evaluation of vision and the examination and refraction of the human eye which includes:…the topical application of drugs to the eye, to wit, mydriatics, miotics, and the use of topical anesthetics, provided however, that no optometrist licensed in this state shall treat by the use of these drugs or attempt to perform any surgery and shall be used only for the purpose of detecting any diseased or pathological condition of the eye or the effects of any disease or pathological condition of the eye…”

**No. 2: AOSA Names Officers, Board Of Directors**

On July 1, 1968, an order was proclaimed declaring the American Optometric Student Association (AOSA) an official organization.

The AOSA is an affiliation of three optometric schools: Pennsylvania College, Indiana University, and University of California at Berkeley.

The remaining seven schools of optometry are expected to join the affiliation in the near future.

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**HIPAA rule affects medication e-reminders**

Recent changes to the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule’s marketing provisions apply to electronic refill reminders and other communications about drugs or biologics currently being prescribed for individuals.

To summarize, communications intended solely to benefit the patient, such as refill reminders, notices regarding a recently lapsed prescription, or reminders to take prescribed medicines as directed, are specifically allowed under the guidance. Marketing communications involving remuneration from product manufacturers are not.

The U.S. Department of Health & Human Services (HHS) Office for Civil Rights produced a new fact sheet and corresponding set of frequently asked questions explaining how a refill reminder exception to the marketing rule works. It addresses the scope of communications falling within the exception, the types of third-party payments considered reasonable under the statute, and regulations for making such communications.

Revisions to the HIPAA Privacy Rule took effect Sept. 23. However, to give health care practitioners a chance to review the new guidance, the HHS is delaying enforcement of restrictions on remunerated refill reminders and other communications about drugs and biologics for a period of 45 days (until Nov 7, 2013). The new HHS guidance materials are available at www.hhs.gov/ocr/hipaa.
MEDICAL RECORDS & CODING

‘Ask the Codeheads’

Medical record compliance audits are looming

By Walt Whitley, O.D., Jason Miller, O.D., and Chuck Brownlow, O.D., AOAExcel™

Agreements – HIPAA rules require covered entities and business associates to enter into contracts with their business associates to ensure the business associates will appropriately safeguard protected health information. This serves to clarify and limit the permissible uses and disclosures of protected health information by the business associate, based on the relationship between the parties and the activities or services being performed by the business associate.

Breaches of Protected Health Information – “Breach” is generally defined as the unauthorized acquisition, access, use, or disclosure of protected health information that compromis-es the security or privacy of such information. Healthcare practitioners (HCP) may be required to notify affected patients, the HHS, and even the media in the event of a breach of health information protected under the law. If the protected health information is secured by encryption, the security or privacy is generally not considered compromised.

Patient Access to Health Records – Allows patients to request electronic copies of their PHI.

Patient Rights When Paying Out of Pocket for Services Rendered – Patients can prohibit their HCP from disclosing their health information to a health plan.

With the continuous efforts from Medicare and the HHS to ensure compliance, practitioners must ensure their practices are both aware of and complying with these regulations.

The HIPAA Privacy and Security Rules are federal law. The Privacy Rule gives individuals rights over their health information and sets rules and limits on who can look at and receive health information. The Security Rule delineates safeguards to protect health information in electronic form and helps to ensure that electronic protected health information (PHI) is secure. Individuals, organizations, and agencies that meet the definition of a “covered entity” must comply with these regulations. Optometrists are considered a “covered entity” if they transmit any information in electronic form in connection with a transaction for which the HHS has adopted a standard. For example, submitting an electronic claim to Medicare or another payer is such a transaction.

The following resources are available to AOA members through AOAExcel™ at www.ExcelOD.com/Coding:

• “Frequently Asked Questions” for members-only provides detailed answers to medical records and coding questions.

• AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.

• Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.

• The AOACodeConnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share coding and billing information (connect.aoa.org).

• AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.

• AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and local coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner’s ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

• Codes for Optometry is available from the AOA Marketplace for $140. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare’s Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. The AOA is excited to bring this expertise directly to members’ offices as a valued-added member benefit. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.
Surprisingly Simple, and So Much More than Practice Management & EHR

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The following resources are available to AOA members through AOAExcel™. Visit www.ExcelOD.com.

- Optometry’s Career Center® provides a national, online database and career matching service that helps you find jobs, partners, or candidates in the optometric field across all 50 states and the District of Columbia. Visit www.OptometristsCareerCenter.com.
- "Frequently Asked Questions" for members only, provides detailed answers to business and career questions.
- BusinessAndCareerOD@ExcelOD.com offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.
- Business and Career Webinars are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.
- AOAConnect is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.
- OptometryCEO.com provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.
- Wells Fargo Practice Finance is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.
- Practice Pathways at Optometry’s Meeting® gives both buyers and sellers the facts they need to successfully transition a practice. You’ll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients.

The series will cover practical knowledge, and the legal, financial, and tax aspects. For more information, email AOAExcel@ExcelOD.com.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit www.ExcelOD.com.
Texas OD finds huge need for eye care in Kenya

Texas practitioner Vanessa Ransom Anderson, O.D., traveled to the other side of the globe this past January to deliver eye care to those in great need.

As part of a multifaceted team from a church in her hometown of Bloomfield, N.M., Dr. Ransom Anderson was asked to go because the local missionaries found the need for eye care in Kenya to be huge.

With no access to sterile surgical treatments for these populations, education and prevention really is the key for future generations in the region where we were working.”

Her husband, David, accompanied her as well and served as an assistant/optician/counselor/porter/whatever else was needed.

The rest of the team focused primarily on construction and built 10 single-family homes, as well as furnished single-family water filtration systems.

“This was my first trip to Kenya, and by far the largest clinic I have ever done,” said Dr. Ransom Anderson.

The clinic saw more than 900 patients in six days. The Lions Club donated 500 pairs of refurbished glasses in various prescriptions, and the volunteers purchased 500 pairs of non-prescription sunglasses and 700 pairs of over-the-counter readers from Restoring Vision, a non-profit organization that provides low-cost eyewear to humanitarian missions.

Nearly every day she was on the mission, Dr. Ransom Anderson said she “encountered dozens of people with vision so bad that they literally can only see light and some movement. The causes for their vision loss vary—severe cataracts, retinal detachments, eye trauma and end-stage glaucoma.”

“We tried our best to educate about the need for UV protection—especially to our younger patients,” she said. “After the first day, I gave every kid I saw a pair of sunglasses and instructions about wearing them in the sun. With no access to sterile surgical treatments for these populations, education and prevention really is the key for future generations in the region where we were working.”

Dr. Ransom Anderson, O.D., traveled to Nairobi, Kenya, and by far the largest clinic I have ever done,” said Dr. Ransom Anderson.

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Dr. Ransom Anderson said preparation is key for optometrists considering similar mission work.

“I was fortunate to be part of a team where Dave and I were the only ‘newbies,’” she said. “The entire rest of the group had taken this trip before and were prepared mentally and emotionally for what we would encounter. That was very helpful, as they were all able to walk Dave and I through some of what we could expect before we got there. Angie Baker was also able to give me some really important pointers and advice as I prepared. After her experience on the previous trip (she actually had to tie her phoropter to tree branches), she told me she thought a portable stand for the phoropter would be very helpful.”

Dr. Ransom Anderson recounted in one of her blog posts while on the mission, “I am still trying my best to live a hakuna matata life, while also keeping my sense of humor. I saw things today that frustrated me (mostly because they would be so easy to remedy in the U.S., but impossible to fix here). I was also able to witness smiles of joy and elation as people were able to see again. There was good with the bad.”

To read more about Dr. Ransom Anderson’s volunteer work, visit her blog at http://vanessasaraasman-dotherrandomstuff.blogspot.com/2013/01/ae.html.

To learn more about volunteering for mission trips, visit www.vosh.org or email Dr. Ransom Anderson at eyedoc@pathwayz.com.
Realities of Optometric Practice

What is the least amount of insurance I can get by with?

By Chad Fleming, O.D., AOAExcel™ Business and Career coach

That is question we ask ourselves whenever we consider insurance of any kind. On a recent family vacation I found myself wrestling with exactly that.

I rented a Jeep to travel around the island with my wife and two boys. I waited in line at the rental car company dreaming about how the boys were always going to remember this trip. When my turn came, the interaction between myself and the clerk was very cordial. When she got to the question about me wanting to get insurance for the vehicle, I froze. I froze because I was frustrated with myself because I did not take the time to research the coverage my car insurance at home had to cover rental cars.

With a mild explicative that trickled through my thoughts, I asked the clerk to explain to me what was covered. That’s when the “additions” began. She explained that if I had a wreck I would only be covered to a certain percentage and that does not include accidents where it was a result of my negligence. How much? An additional $19.95 per day. This continued on until I couldn’t take it anymore and decided to just take the risk. I declined the rest thinking I was wise in adding the additional coverage. My thoughts of being wise only lasted for seconds as the clerk turned the credit card screen around and showed me the total. I thought to myself, “Better safe than sorry.” Reluctantly I signed the agreement, and she handed me the keys.

One of the most difficult decisions to make as a practice owner is about insurance coverage. How much is too much? Do I really need coverage?

One of the most difficult decisions to make as a practice owner is about insurance coverage. How much is too much? Do I really need coverage?

For optometrists in partnerships, there is key main insurance that must be purchased. In case one of the partners dies, the other partner or partners are insured and can buy the deceased partner out with proceeds going to the estate.

Cyber liability is also an up-and-coming insurance as practice owners are liable for any patient information stolen from them whether physically or in the cloud. Another insurance to consider is disability, which protects practitioners’ greatest investment: themselves. With disability insurance, the practitioner and their family are protected in the event that they are unable to continue to perform their duties at the office. Many times this is an area in which optometrists are underinsured. The underinsured optometrist does not buy a policy that comes close to replacing the income they currently make. A professional policy that covers one at maximum allowable income is extremely important.

This next part is where I tell you how our practice and doctors are so wise because we have thought of everything. Well, almost everything. Just last week I had the privilege of being taken out for coffee by an individual who markets insurance.

The views expressed are those of the author and do not necessarily reflect the views of the AOA.
MULTIPLE PROCEDURE PAYMENT REDUCTIONS (MPPR)

This Medicare policy, which went into effect Jan. 1, 2013, affects the technical component (TC) of several eye procedures. This policy was authorized under Section 3134 of the Affordable Care Act (ACA) and specifies the Secretary of Health & Human Services identify potentially misvalued codes by examining multiple codes frequently billed in conjunction with furnishing a single service.

This reduction mainly affects special ophthalmological diagnostic services such as fundus photography (92250), scanning computerized ophthalmic diagnostic imaging (92132, 92133, 92134), ophthalmic ultrasound, diagnostic (76514) and ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (92136). (A full list of procedures subject to MPPR can be found at http://go.cms.gov/15BGe1D).

The MPPR will be applied when multiple services are furnished to the same patient on the same day. These reductions only apply to the technical component of global services and not the professional component (PC). When multiple ophthalmic imaging services are provided on the same patient on the same day, the most expensive service will be paid at the normal Medicare physician fee schedule rate, while the TC of the other services will be paid at 80 percent of the fee schedule. Practitioners will receive a Claim Adjustment Reason Code of 59 on the remittance advice when these payments are reduced.

INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS, 10th REVISION (ICD-10)

ICD-10 will replace ICD-9 Oct. 1, 2014, for reporting medical conditions in patient records and on insurance claims in the U.S.

Although many practitioners are familiar with ICD-9, ICD-10 is completely different, which is why it is important for them to prepare. ICD-10 offers more than 70,000 potential choices for coding diagnoses, causes of medical conditions, etc., compared to about 17,000 choices in ICD-9. It is the complexity, though, that will make the preparation easier. The ICD-10 system is so complex that one will need to rely upon software to aid in the choices.

Electronic health records (EHRs) are the answer. The choice of ICD-10 code will be an automatic, single-entry system, converting the words of the diagnoses into ICD-10 codes.

Additionally, offices using EHR systems will likely have ICD-10 capability built right into the EHR, automatically choosing (or recommending) ICD-10 codes just as they currently recommend choices of ICD-9 codes, based on the content of the patient’s record for the day.

The choice of ICD-10 code will be an automatic, single-entry system, converting the words of the diagnoses into ICD-10 codes. There is no better time than now for optometrists to start their preparations for ICD-10. Although there seems to be lots of information out there, the best resource to gain an understanding of ICD-10 is available at http://cms.gov/Medicare/Coding/ICD10/index.html. Another helpful tool is to identify the practice’s most common ophthalmologic codes used and “practice” the new conversions using ICD-10 calculators.

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.
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New Mexico ODs team up with HEHP, Taos Lions Club
KidSight program to improve vision in schools, community

The KidSight program increased the vision screening rate for amblyogenic risk factors in young students to 95 percent, but they aren’t stopping there. To sustain this and increase screenings, the Taos Lions Club, with the help of New Mexico Optometric Association (NMOA) OD members, is extending the program to children ages 2 to 5 and home-schooled students at scheduled in-school screenings.

Now in its sixth year, the KidSight program screens approximately 1,700 children every year. Children thought to have a vision problem are referred to NMOA OD members for verification and correction. There is no charge for screenings. The project’s goal is to screen children (3 to 6 years old) for amblyogenic risk factors and to fund treatment for referred children whose families cannot afford it.

What it does

Since the program’s inception in 2008, the KidSight program has screened more than 8,300 pre-kindergarten through third-grade children and adolescents.

Approximately 14 percent of those screened were referred to NMOA members for treatment. An AOA Healthy Eyes Healthy People* grant has provided additional funding and support, and the Taos Lions Club provides financial support for free vision screenings of children and adolescents using a Pediavision digital screening instrument that identifies eye disorders (amblyopia, myopia, hyperopia, anisocoria, strabismus, astigmatism and anisometropia).

“Many children were either not screened at all or screened late in the school year,” said Dr. Compton. “The KidSight program provides screenings in a timely and standardized manner. Parents are notified by the Lions Club and the school if their child fails the screening and assistance is offered where needed.”

September brought another year of offering eye screening, color and depth perception testing for area children. Coordinators for this program contacted all schools, home-school groups and individuals to arrange for dates and times. Although the KidSight program targets pre-kindergarten through third-grade students, the Lions also work with school administrators to accommodate students outside of our targeted age group,” said Taos Lions Club vision committee Chair Bill Waugh.

Community outreach to diabetics, adults and seniors

The Taos Lions Club supports the local NMOA ODs in arranging for and participating in hospital screenings and testing to the general public and diabetic patients.

Approximately 200 adults and seniors are screened annually, and about 30 adults and seniors receive Lions Club financial support each year.

Community involvement and participation in the overall KidSight program is sought through newspaper and radio announcements inviting family attendance at scheduled school screenings and health fairs.

The AOA would like to thank these NMOA members for helping make the KidSight program a success: Jane Compton, O.D., Robert Ratzlaff, O.D., and Andrea E. Bethel, O.D.

Although the program targets pre-kindergarten through third-grade students, the Lions also work with school administrators to accommodate students outside of the targeted age group.

By the numbers...

❖ 86 percent of children entering the first grade have not had an eye exam.
❖ 70 percent of school age children who have a learning disability have some form of visual impairment.
❖ 95 percent of vision disorders can be corrected if detected early.

What’s better than 9?

Now is a great time to start becoming familiar with the conversions from ICD-9 to ICD-10.

Gather the top ICD-9 codes used within the practice and use ICD-10 conversion tools to see what they will look like in the near future.

Here is a link for an ICD-10 calculator: www.aapc.com/ICD-10/codes/ index.aspx.

AOAExcel resources

For more information, visit www.ExcelOD.com.
SynergEyes to modernize, streamline policies and procedures for lenses

SynergEyes, Inc., manufacturer and marketer of the Duette and UltraHealth families of contact lenses, has announced that it will modernizing its policies for ordering and returning lenses.

To make it easier to do business with the company, SynergEyes is also streamlining other customer-facing procedures.

“We are determined to become a company that is 100 percent ECP-centric,” said James K. Kirchner, O.D., president and CEO of SynergEyes. “Key to becoming that type of company is examining the way we do business with our customers and making changes to better meet their needs as practice owners.”

The policy and procedure changes will include enhancements that save practitioners time and money, give them peace-of-mind when prescribing SynergEyes lenses and also give them the opportunity to “go green.”

Effective Nov. 1, prescribers will no longer need to return lenses in order to receive credit for discontinued fits, whether they are working with Duette, UltraHealth or SynergEyes lenses.

In addition, the warranty period for all lenses will be 90 days and receiving credit, when necessary, will be easy and hassle-free.

SynergEyes also will be automating a number of procedures, from account setup to billing. Accounts will have the option to receive printed versions of their statements or go paperless by using an online account management system.

“We are proud to be a company that not only listens to our customers, but also acts on the feedback they give us,” said Peg Achenbach, O.D., vice president of Professional Relations at SynergEyes.

“These changes are a direct result of doing just that.”

“I am confident that the modernization of our policies and procedures will demonstrate our commitment to the optometric profession and sincere desire to partner with the independent practitioners,” said Dr. Kirchner. “As an optometrist who spent 33 years in private practice, I know the rigors and challenges of independent practice and am committed to making SynergEyes a company that is here for the independent ECP.”

For more information, visit www.synergeyes.com.

Younger Optics releases Adage Trilogy short corridor progressive lenses in clear Trivex

Adage, the short corridor progressive lenses with wide and balanced near and distance zones, are now available in clear Trilogy®, the impact resistant material with superior optical quality.

Younger Optics is said it is pleased to offer this Adage material extension in response to laboratories’ popular demand. Adage Trilogy lenses offer patients all the benefits of the Trilogy material in an ultra-short progressive addition lens (PAL) that fits their favorite small frames.

The Adage lens has been designed to provide the wearer with an excellent and balanced combination of far, near, and intermediate zones.

Compared to leading short corridor progressives, the Adage lens offers a broader clear area. This helps patients get a focused view, wherever they are looking.

The Trilogy material offers impact resistance, light weight, and low chromatic aberration when compared to poly. It is also a great material for rimless frames because it resists cracking at the drill mount.

Adage Trilogy lenses include:

- Minimum fitting height of 13mm (great for smaller frames)
- Very wide near zone for a short design
- Generous corridor width for a clear view in all areas
- 90 percent of add is reached at only 11mm below pupil
- An effective blank size of 76mm
- No secondary calculations necessary for use
- Trilogy material is impact resistant and lightweight
- Trilogy material has less chromatic aberration than poly
- Trilogy material is perfect for rimless frames, because it resists cracking at the drill mount.

For more information about Younger Optics, NuPolar lenses and other products, visit the company’s website at www.youngeroptics.com.
Transitions Optical challenges consumers to test their Eye-Q with new online quiz

Transitions Optical, Inc. is challenging consumers to put their eye health knowledge to the test through a new, interactive quiz found at TestYourEyeQ.com. Supported by the Transitions Cultural Connections program, the quiz explores the eye health risks more commonly faced by culturally diverse groups and urges those who are at risk to take charge of their eye health by scheduling regular eye exams and wearing the right eyewear to protect and enhance their vision.

Throughout the quiz, consumers are armed with information and links to resources tailored to specific ethnic groups, including eye health content through Transitions Optical’s Eyeglass Guide. The quiz also provides access to an online eye care professional locator where consumers can enter their ZIP codes to find a location near them.

“Our research has shown that the majority of consumers don’t understand that their ethnicity could be a significant risk factor in developing eye health issues,” said Manuel Solis, marketing manager, labs and strategic partnerships, Transitions Optical. “We hope this quiz will serve as a fun way for patients of all ethnicities to learn more about their risks and take that next step by scheduling an appointment with their eye doctor.”

Transitions Optical will be promoting the quiz directly to consumers through online advertising, and eye care professionals can also link to the quiz from their own websites or social media pages. Additional multicultural resources are available free-of-charge to eye care professionals by visiting MyMulticulturalToolkit.com or contacting Transitions Optical Customer Service at 800-848-1506.

ABB Optical Group now authorized Rose K manufacturer

ABB Optical Group has been the largest distributor of Rose K lenses over the past 15 years and has become an authorized manufacturer of the complete line of Rose K lenses, including the new Rose K2 XL.

“The Rose K lenses have long been one of the most popular keratoconus lenses that we offer,” said Lynda Baker, executive vice president of ABB Optical Group. “To now be able to manufacture these lenses in our state-of-the-art facility will allow us to provide this exceptional product to our customers faster than ever before. Additionally, our highly trained certified contact lens consultants continue to be available to assist our customers with fitting their patients in Rose K lenses.”

“We are delighted to add ABB Optical Group as an authorized Rose K manufacturer,” said Jennifer Choo, O.D., Ph.D., Menicon’s manager for global specialty lens business and clinical affairs.

For more information, visit www.abboptical.com.
MEETINGS

November

SPORTS VISION UNIVERSITY  
November 6, 2013
New Jersey Society of Optometric  
Physicians
Fall CE Seminar
Morris Plains, NJ
CCW@nj@aoa.org

2013 ACADEMIC EHR &  
MEDICAL RECORDS COMPLIANCE  
PROGRAM
RevolutionEHR, VisionWeb, Foxtfire
November 8, 2013
Las Vegas, NV
Path Kinder
P Kinder@ExcelOD.com
www.ExcelOD.com/EHR

CLINICAL CURRICULUM: THE ART  
OF OPTOMETRIC EXTENSION
www.thevoa.org
Bo Keeney
November 7-10, 2013
VOA VOYAGES IN VISION
ASSOCIATION
VA

VIRGINIA OPTOMETRIC  
ASSOCIATION
Fax: 281/274-9338
November 6-10, 2013
TROPICAL CE
www.ketchum.edu/ce
ce@ketchum.edu
FAX: 714/992-7855
714/449-7495
West Los Angeles VA, Los Angeles,
November 6, 2013
GLAUCOMA
DECISION-MAKING IN
UNIVERSITY/SCCO
MARSHALL B. KETCHUM
www.ExcelOD.com/EHR
Patti Kinder
Chicago, IL
November 6, 2013
FOXFIRE
REVOLUTIONEHR, VISIONWEB,
2013 AOA EXCEL™ EHR &
CCWilliams@aoa.org
Manalpan, NJ
Fall CE Seminar
Physicians
New Jersey Society of Optometric
October 2013

To submit standard items for  
AOA Event Calendar
visit http://tinyurl.com/
AOAEventCalendarRequest.
Please allow several  
months’ lead time.

EYECON MEETING  
TEXAS OPTOMETRIC  
ASSOCIATION
November 9-10, 2013
Marriott Las Colinas, Austin, TX
Sherry Balance
512/270-2020
sherry@theeyedoctorme

VIRGINIA ACADEMY OF  
OPTOMETRY
ANNUAL EDUCATIONAL  
CONFERENCE
November 10, 2013
Fredericksburg, VA
vaacoadoptom@yahoo.com

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
CLINICAL TOPICS IN OPTOMETRY
November 10, 2013
Marshall B. Ketchum
University/SCCO, Fullerton, CA
714/449-7495
fax.714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
GONIOSCOPY LECTURE:
GENERAL & GONIOCAMERATED
November 13, 2013
West Los Angeles VA, Las Vegas
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fax.714/992-7855
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www.ketchum.edu/ca

PACIFIC UNIVERSITY COLLEGE OF  
OPTOMETRY
2013 CE CHARESTON
November 9-9, 2013
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/332-2740
Fax: 503/332-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ca

WEST VIRGINIA ASSOCIATION  
OF OPTOMETRIC PHYSICIANS
ANNUAL CONGRESS
November 14-17, 2013
Embassy Suites, Charleston, WV
304/208-8252

IOA PRACTICE MANAGEMENT  
SEMINAR
INDIANA OPTOMETRIC  
ASSOCIATION
November 19, 2013
Ritz Charles, Carmel, IN
Suzie Dunham
SuzieDunham@vosh.org

2014 GLAUCOMA SYMPOSIUM
OPTOMETRY
January 8, 2014
Westin Memorial City, Houston, TX
713-743-1900

VOSH OF NEW ENGLAND  
CE FOR OPTICIANS &  
PARAOPTOMETRICS
December 8, 2013
The New England College of
Optometry, Boston, MA
RhodyPorsa@gmail.com
www.VOSHNE.org

VIRGINIA ACADEMY OF  
OPTOMETRY
ANNUAL EDUCATIONAL  
CONFERENCE
November 10, 2013
Fredericksburg, VA
vaacoadoptom@yahoo.com

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
CO-MANAGEMENT OF RETINAL  
PROCEDURES
December 18, 2013
West Los Angeles VA, Los Angeles,
CA
714/449-7495
fax.714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
SYSTEMIC DISEASE REVIEW
December 18, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
fax.714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

To place a featured calendar event, email  
t.peppers@elsevier.com.

To submit standard items for  
the meetings calendar,  
visit http://tinyurl.com/
AOAEventCalendarRequest.
Please allow several  
months’ lead time.

December

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
LOCATIONS OF THE YEAR  
SYMPOSIUM
December 8, 2013
University/SCCO, Fullerton, CA
714/449-7495
Fax: 714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

MARTINIS IN OPTOMETRY
January 4, 2014
West Los Angeles VA, Los Angeles,
CA
714/449-7495
Fax: 714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

PACIFIC UNIVERSITY COLLEGE OF  
OPTOMETRY
2014 GLAUCOMA SYMPOSIUM
January 11, 2014
Willows Lodge, Woodinville, WA
Marc Fredericks
303/332-2929
frederim@pacificu.edu
www.pacificu.edu/optometry/ca

January

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
SYSTEMIC DISEASE REVIEW
January 8, 2014
West Los Angeles VA, Los Angeles,
CA
714/449-7495
Fax: 714/992-7855
cc@ketchum.edu
www.ketchum.edu/ca

March

MARSHALL B. KETCHUM  
UNIVERSITY/SCCO
GLAUCOMA GRAND ROUNDS
WITH LIVE PATIENTS
December 9, 2013
Sherry Balance
512/270-2020
sherry@theeyedoctorme

PUBLIC UNIVERSITY COLLEGE OF  
OPTOMETRY
2014 GLAUCOMA SYMPOSIUM
January 11, 2014
Willows Lodge, Woodinville, WA
Marc Fredericks
303/332-2929
frederim@pacificu.edu
www.pacificu.edu/optometry/ca
University of Alabama at Birmingham
School of Optometry

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Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based/Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMatch application (www.natmatch.com/ormatch) is February 15, 2014. Program website may be found at www.uab.edu/optometryresidents. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
University of Alabama at Birmingham
Birmingham, Alabama 35294-0010
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• Opportunity to participate in service activities

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

Lori Vollmer, OD, FAAO
Director of Residency Programs
hvollmer@nova.edu
954-262-1452

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SUBMIT: Candidates should submit electronically a letter of interest, a current, comprehensive curriculum vitae; and three references to Graham Erickson, OD, ericksog@pacificu.edu.

DEADLINE: Applications are encouraged by Jan. 31, 2014, however will be accepted until the position is filled.

pacificu.edu/optometry

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For more information please contact
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Residency Program Coordinator
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Classified Advertising Information

Effective the January, 2013 issue onwards, Classified advertising rates are as follows: 1 column inch = $75 (40 words maximum) 2 column inches - $125 (80 words maximum) 3 column inches = $165 (120 words 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. Classified copy must be received by e-mail at t.peppers@elsevier.com attention Tracie 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 (issue only in January, June, July, August, 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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Features different surface and core water contents, optimizing both surface and core properties.5

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Ultrasoft, hydrophilic surface gel approaches 100% water at the outermost surface6 for exceptional lubricity

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7. See product instructions for complete wear, care, and safety information. © 2013 Novartis 6/13   DAIL32244AD