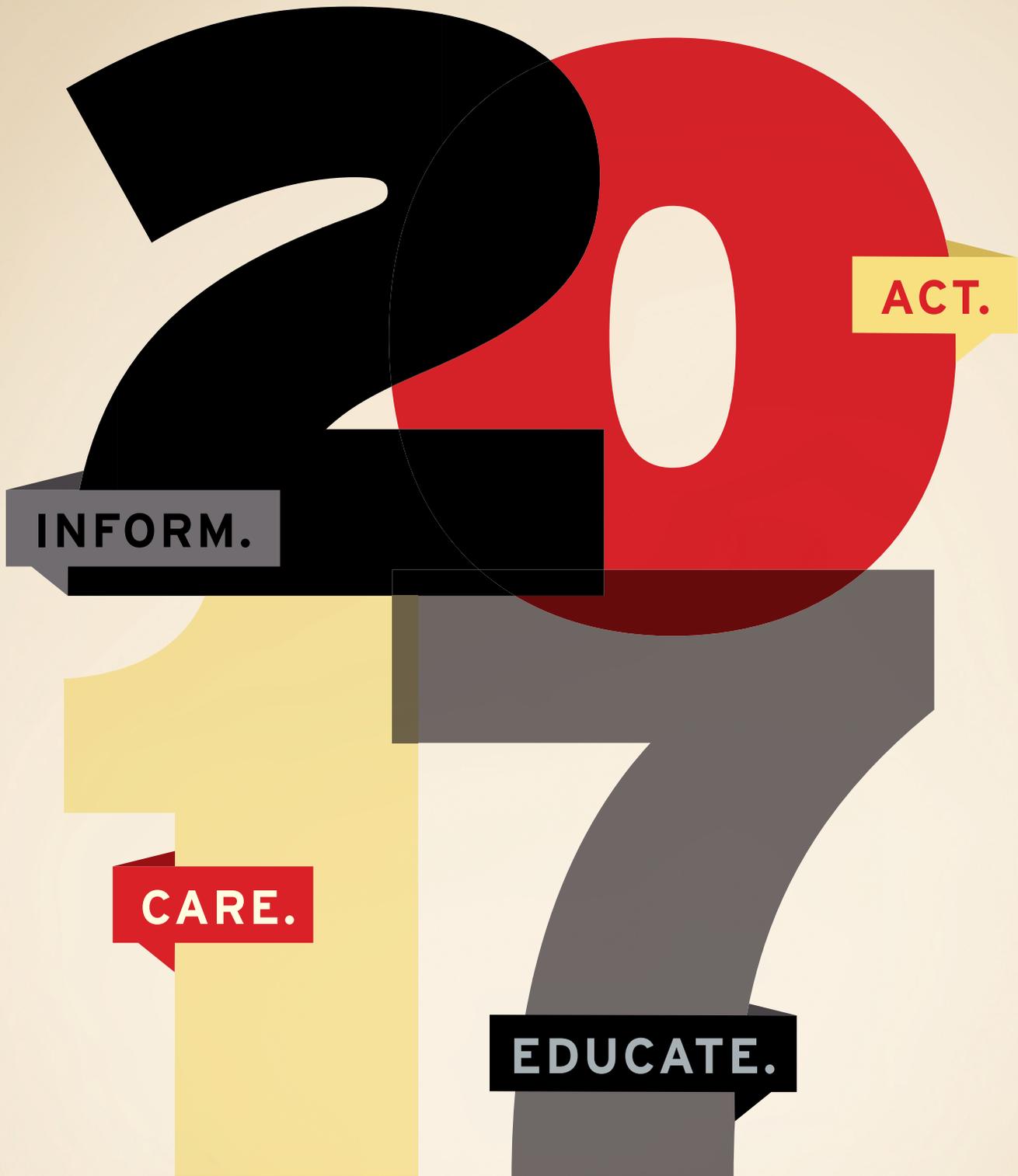


AOA IN ACTION



In 2017, doctors of optometry, with the support of the AOA, took these actions on behalf of patients.



IN 2017, doctors of optometry didn't just express care through their daily work with grateful patients. They also expressed it by taking action in support of their profession and their patients.

It was a busy, movement-oriented year, with more doctors getting involved in the big-picture issues that affect patients and the profession. These actions took the form of fighting for patients in four main categories that reflect AOA's four pillars: advocacy, public awareness, patient care and continuing education.

But these pillars don't exist in isolation. AOA and its members inform the public using information gleaned by doctors of optometry to improve care; advocate at state and federal levels to enforce the best evidence-based care and access points; conduct research that informs care; and educate new and longtime members about how to be the best representatives of their professions and for their patients.

"This is a time," says AOA President Christopher J. Quinn, O.D., "for all hands to be on deck to address the needs the country has for health care services."

This is where doctors of optometry, with the support of the AOA, shine.



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PHOTOGRAPHY BY DAVID JOHNSON



CREATING AWARENESS OF THE CARE OPTOMETRY DELIVERS



Doctors of optometry in most states have had the training and certification to provide more than comprehensive eye exams for years. But just because AOA members know it's true doesn't mean the rest of the country does.

"If you advance the scope of practice but nobody knows about it, what good is it?" asks Dr. Quinn. "This is a tremendously complex time in our health care system, and we know that optometry can play an important role in meeting the health care needs of our country. A very limited perspective of what optometry can and does do is not helpful."

So it's no coincidence that, at a time when more people need health care and when those needs are becoming more complex, the AOA is focusing its public information efforts not only on specific vision health needs but also on the integrated role doctors of optometry play in meeting the nation's health needs more generally. On the heels of the National Academies of Sciences, Engineering and Medicine's (NASEM) groundbreaking 2016 report on eye and vision health in America, "Making Eye Health a Population Imperative: Vision for Tomorrow," the AOA created its Health Policy Institute (HPI).

The institute, combined with AOA's participation in the Centers for Disease Control and Prevention's (CDC's) Vision Health Initiative (VHI), seeks to bring the public and policymakers up to speed on

ENGAGING THE MEDIA



THE AOA IS PROACTIVELY educating national media outlets, earning placements in national publications focused on optometry's essential and expanding role in health care, and maintains a rapid response team that has secured retractions and apologies for inaccurate coverage.

The AOA has driven more than 3,094 media segments in outlets including:



the role of modern optometry in overall health. It also seeks to influence policy makers to keep vision health in mind as they approach health care reform anew.

Legislators, Dr. Quinn says, “are a critical constituency group to inform.” But so are benefits managers who design the insurance plans employees receive. Still, too often optometry is carved out from traditional insurance programs, leaving the real possibility of no vision coverage at all.

“We have evidence to support the fact that when you include vision as an embedded benefit in health care, the system saves money,” Dr. Quinn says. “Doing so preserves and prevents other health problems: We identify diabetic patients earlier, keep people out of the ER, improve productivity to get people to care when they have eye care and other health issues. Optometrists are the touch point for all the patients’ health care needs, whether it’s related to smoking cessation or obesity education.”

This, Dr. Quinn says, is the “education gap” that the HPI and AOA’s work with the CDC seeks to bridge.

To that end, the HPI’s inaugural efforts have included fact sheets and issue briefs on disaster preparedness, Medicare Advantage plans, and clinical guidance for doctors prescribing opioids amid a U.S. public health emergency

involving opioid-related overdoses. And, as proof that evidence, advocacy and public information go hand in hand, the HPI also has issued a brief on the limits of the app-based vision test created by the company Opternative.

Also as evidence of the overlap in mission, Dr. Quinn says that the public information campaigns promoted by the HPI will be based on evidence—the kind of evidence that informs AOA’s treatment guidelines.

“The work of the HPI is accurate and fact-based,” he says. “Because it’s important for the institute to be credible, there’s an additional fire wall between AOA as a whole and the institute. Autonomous is not quite the right word, but it is fact-based.”

Already, in the institute’s first few months of activity, its policy briefs and fact sheets have received praise from CDC officials. They’ve also been instrumental in informing AOA’s official comments to the U.S. Preventative Services Task Force—the national organization that mandates which tests and services must be covered by government insurance programs and guides the development of private insurance.

And because AOA members also serve as experts in vision care on the CDC’s new VHI, doctors of optometry literally have a place at the table of health care policy. They are able to bring to that table accurate and up-to-date information on the role of doctors of optometry today.

“It’s my hope that this work helps to make a major impact on how important eye health is to overall health, and reinforces the value of comprehensive eye and vision care to the nation,” says Lori Grover, O.D., Ph.D., a member of AOA’s Evidence-Based Optometry (EBO) Committee and a panelist of the CDC VHI. “Having that highest-level plat-



DURING THE PAST YEAR, WE HAVE ENGAGED WITH MORE MEDIA CHANNELS THAN EVER BEFORE, FIGHTING BACK AGAINST THOSE WHO UNDERMINE DOCTORS OF OPTOMETRY AND PATIENT SAFETY, UNDERSCORING OUR PRIORITY MESSAGES, AND POSITIONING OUR PROFESSION AND MEMBERS AS PRIMARY EYE HEALTH CARE THOUGHT LEADERS.



– AOA Immediate Past President Andrea P. Thau, O.D.

OPENING PATIENTS' EYES

IN 2016 ALONE, 1.15 million more eye examinations were conducted and attributed to the public seeing or hearing a Think About Your Eyes (TAYE) advertisement while the campaign also shortened the examination cycle by 45 percent. These impressive results affirmed the campaign's viability in meeting specific goals of the National Academies of Sciences, Engineering and Medicare report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow," namely as a means to help alleviate the public health burden of preventable vision loss through greater public awareness. The AOA House of Delegates in 2017 even adopted a resolution to support TAYE as a worthwhile strategy already in place.



The campaign generated a total of **1.4 billion** impressions, with a reach of **93 million**.



form of a national agency—a center so highly respected that we look to if for all health-related issues—I'm hoping the public will take away a renewed, elevated view of the importance of comprehen-

In 2017, more than **1.8 million** more eye exams resulted from the campaign.



Doctors from **41** leadership state affiliates and the Armed Forces Optometric Society are listed on TAYE's online search tool, giving patients access to more than **19,000** doctors of optometry.



There were more than **500 million** more TV impressions and **5,850** TV spots across **40+** networks.



sive eye and vision care, and how doctors of optometry play a major role in facilitating access and integrating patient care with health systems across the nation." ■



AOA MEMBERS KEEP AMERICA'S EYES 'TOTALITY' SAFE

On Aug. 21, 2017, a partial solar eclipse was visible to some 500 million people across North America, and 12 million people within a narrow, 70-mile band from Oregon to South Carolina experienced the phenomenon of "totality." That's a lot of eyes at risk for possibly permanent damage. So the AOA partnered with the American Astronomical Society, NASA and others to push the criticality of eye safety. AOA and member doctors helped generate public awareness, culminating in a whopping 1.9 billion impressions—a metric of how often a message is viewed—through local and national media. Additionally, the AOA released online resources and materials for doctors to download and share in their communities.

Approached by a local university library department, AOA member Brigette Colley, O.D., of Macomb, Illinois, was asked to speak on eclipse eye safety as part of a free community lecture with the university physics department. While the physics professor spoke to the science of a solar eclipse, Dr. Colley used AOA's resources to reinforce safe viewing tips, as well as what to look for that might signify solar retinopathy.

"Our primary message was that it's going to be a spectacular event to enjoy, but you must do so safely," Dr. Colley says. "We saw this as a great opportunity to talk about eye health, in general, and not only the importance of regular eye exams but also what to do if you have an injury—to go to your doctor of optometry."

To safely celebrate the Aug. 21 solar eclipse, the AOA hosted a watch party for local members, students from the University of Missouri-St. Louis College of Optometry and staff at its headquarters in St. Louis, which fell in the path of totality. Attendees were treated to about 42 seconds of totality, activities and space-themed snacks.

SEEKING LEGISLATIVE ACTION IN SUPPORT OF DOCTORS AND PATIENTS



Making law isn't as simple as a bill, a vote and a signature. James Sandefur, O.D., executive director of the Optometry Association of Louisiana, knows this perhaps better than anyone. Now retired, Dr. Sandefur spent decades working with his state and the national optometric organizations to protect the rights of doctors of optometry to serve their patients.

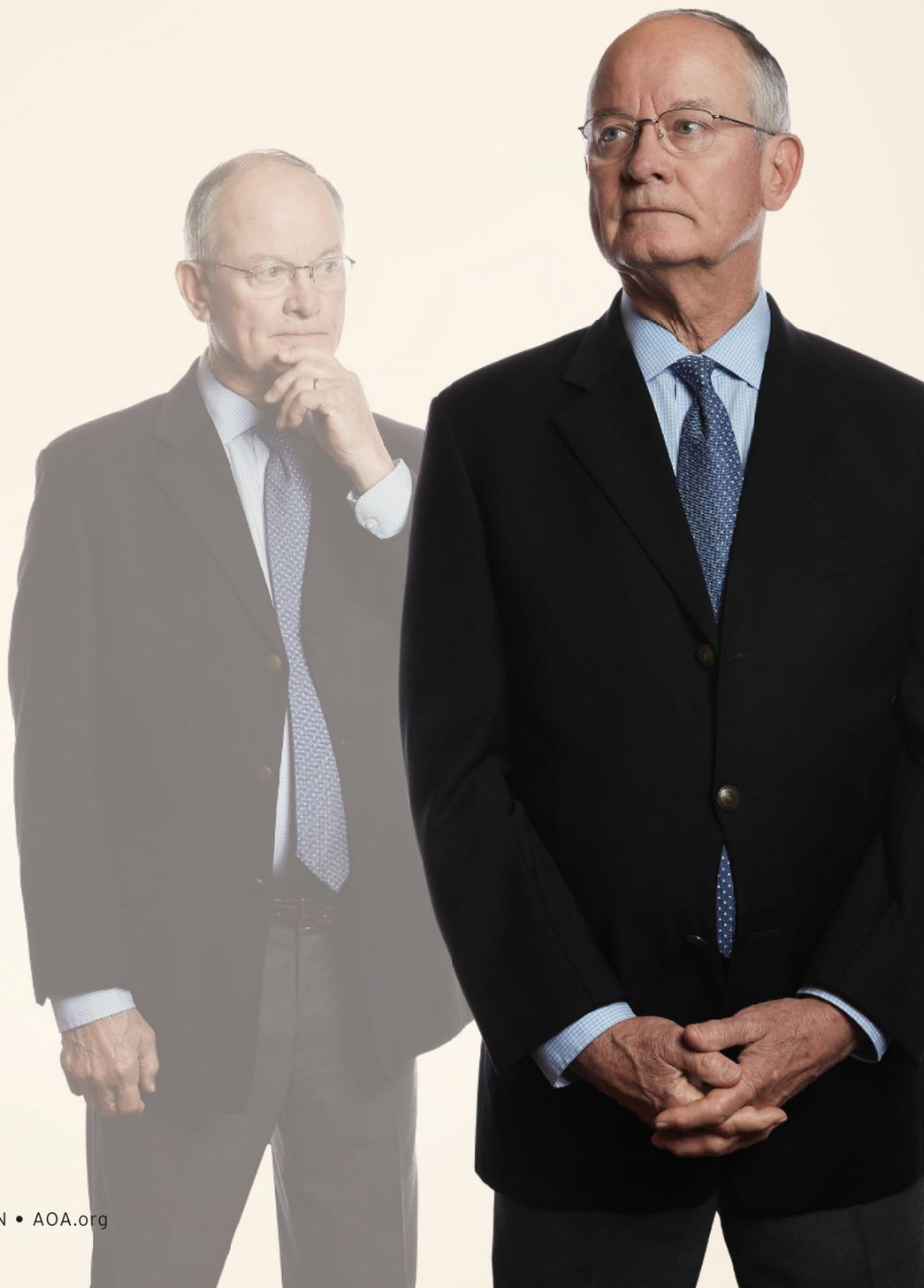
So when Sen. Bill Cassidy, R-La., visited with Dr. Sandefur in the small town of Oakdale, Louisiana, two years ago and made a request, Dr. Sandefur was all ears.

Sen. Cassidy needed the support of the state's doctors of optometry to challenge the illegal sale of contact lenses and would eventually plan to introduce a bill to Congress to ban the illegal sale of contact lenses online.

The AOA encouraged not only Louisiana doctors but also doctors nationwide to report suspicious, illegal and unsanitary contact lenses that result in real harm to patients.

"Every day, we have members telling us that they receive requests to purchase lenses for patients, and when they tell the patients that their prescription is expired, they buy them online anyway," Dr. Sandefur says. "It's not uncommon for those patients to then return with infections because they've forgotten the proper hygiene."

For instance, a 2017 report in the *Journal of Forensic Sciences* found that



**MAKING
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AND A
SIGNATURE.**



PHOTOGRAPHY BY DAVID JOHNSON



ON GUARD FOR VETERANS

In 2016, the VA began piloting Technology-based Eye Services (TECS) at the VA Medical Center in Atlanta, in a supposed effort to better serve the eye care and vision needs of veterans living in rural areas or some distance from full-service VA facilities. Under the pilot, an ophthalmic technician performs unproven vision and eye health screenings on veterans and sends that information to an off-site eye doctor for analysis and possible prescription, rather than an in-person eye examination performed by an eye doctor. Plans call for the pilot to expand to other VA medical facilities across the country.

A June 2017 briefing was held on the U.S. Capitol grounds and hosted by the AOA, the Armed Forces Optometry Society, the Association of Schools and Colleges of Optometry, AMVETS, the Blinded Veterans Association, the Vietnam Veterans of America, Sen. John Boozman, O.D, R-Ark., and Rep. Julia Brownley, D-Calif.. Immediately after co-hosting the roundtable, Sen. Boozman attended a hearing of the Senate's VA appropriations subcommittee and raised concerns with VA Secretary David Shulkin, M.D., that the TECS program was providing a "Third World experience" to veterans based upon his understanding of how the program operates.

Eye care clinics staffed by VA doctors of optometry—and residents—are among the busiest primary care settings in the veterans' health care system. The VA Optometry Service last year provided primary eye care services for about 1.8 million veteran visits. The AOA has long supported measures that expand veterans' access to timely, quality eye and vision care services offered by in-person, comprehensive eye examinations.

Passage of the bipartisan Veterans Access, Choice and Accountability Act of 2014 (Choice Act) created the Veterans Choice Program, a way for eligible veterans to access care via non-VA providers should the veteran face an extended wait time or geographical hindrances. But an AOA-backed provision effectively made it easier for veterans to qualify for this care. Through the Choice Act, non-VA doctors of optometry can provide care to America's veterans when needed.



DATA DEFENDERS

When reports of malicious credit line openings in the names of AOA members began to surface, the AOA sprang into action to protect the privacy of its members.

SUMMER 2016

AOA-member doctors and students report unsolicited, fraudulent applications for Chase Amazon.com Visa cards submitted in their name. AOA immediately contacts the FBI and Federal Trade Commission (FTC) to apprise investigators of the situation and conducts internal investigation of its own databases. AOA Board of Trustees says members should feel assured that AOA employs stringent cybersecurity measures to protect personal information, and additionally, AOA neither gathers nor stores Social Security numbers.

As students prepare to take their board examinations, which require providing Social Security numbers (SSNs), then-AOA President Andrea P. Thau, O.D., petitions the National Board of Examiners in Optometry (NBEO) to reassure students and recent graduates that their personal data will be safeguarded.

FALL 2016

AOA Board of Trustees passes a motion encouraging optometric organizations to take immediate steps to meet recognized standards for data security, including eliminating the use of SSNs as personal identifiers, in favor of unique identifier numbers, wholly unrelated to SSNs or other sensitive personal information. AOA also drafts a letter to the U.S. Attorney General's Office calling for further Department of Justice investigation into identity thefts affecting optometry.

At the urging of the AOA, NBEO discontinues use of registrants' nine-digit SSNs in favor of a new tracker number system. This number—combined with registrants' last four SSN digits—now serves as the primary identifier for doctors and optometry students. Additionally, the full SSNs of existing registrants were truncated to the last four digits.

SPRING 2017

Another wave of malicious credit-line openings related to the ongoing data breach hits.

SUMMER 2017

AOA hosts a session with an attorney in the FTC's division of privacy and identity protection during Optometry's Meeting® on resources that can protect consumers, including doctors of optometry and their staffs, from data breaches of their business and personal data.

Brought forward by nine doctors of optometry and one student affected by the breach, a complaint seeking class action status alleges that NBEO, or a party within its control, failed to protect sensitive personal information of exam takers and others contained in NBEO's systems. The complaint goes on to claim that NBEO not only failed to provide notice of the breach to victims but also denied its responsibility for the breach.

60 percent of suspected counterfeit lenses and 27 percent of authentic, non-corrective contact lenses obtained directly from manufacturers without a prescription were contaminated with microbes that included *Pseudomonas aeruginosa* and *Bacillus cereus*—bacteria found in hospital waste water and spoiled food.

Doctors were more than willing to get involved, reporting via the AOA email address **StopIllegalCLs@aoa.org** any websites illegally selling contact lenses, adverse events related to contact lenses, or contact lens sellers with poor business practices.

"Every report to StopIllegalCLs@aoa.org is important and helps us stem the tide of increasingly bold and illicit sales tactics," says Paul Velting, O.D., AOA Contact Lens and Cornea Section member who is helping to lead the AOA's Watchdog Group on contact lenses. "The Watchdog Group and AOA are doing everything we can to identify the illegal sales of contact lenses. Our efforts would be magnified a thousand fold if we had every optometrist in the country on the lookout with us."

And that's just what's happened. Doctors of optometry responded to AOA with reports of suspicious online sellers and de-identified adverse events. AOA then took that information and sent a different letter for every day of October 2017 to a contact lens seller who seemed to be flouting the law or who had been flagged for suspicious practices in the past. Tips from doctors of optometry also resulted in communications from the AOA to the Federal Trade Commission about specific retailers, including Hubble Contacts, and backed suits against other retailers accused of anti-competitive and anti-consumer tactics. That suit resulted in a judge's order for 1-800 Contacts to discontinue certain marketing efforts that undermine patients' ability to receive comprehensive eye care and guided them toward their products.

In December, an investigative report from website Qz.com revealed that in "its rush to disrupt the consumer experience, Hubble also appears to be playing fast and loose with some basic consumer protections." The writer reported that contact lens startup Hubble sold lenses with a fake prescription from a made-up doctor, and noted that the company has drawn the ire of the AOA.

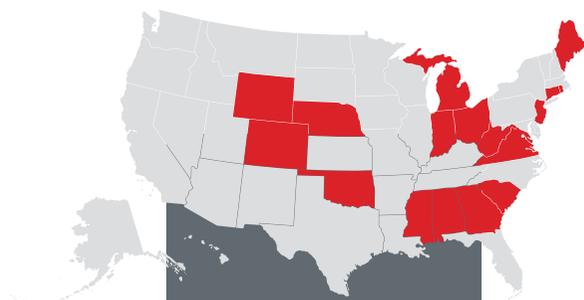
And it doesn't end with companies that sell contact lenses regardless of prescription or provenance. AOA members, assisted by staff, have worked with state legislatures to pass laws against app-based eye tests. So far, 15 states have passed such laws. AOA also filed formal complaint with the U.S. Food and Drug Administration over one app, Opternative, for offering an incomplete alternative; there is no replacement for high-quality, in-person care with a qualified doctor of optometry. And after the

legislature in Indiana successfully protected patients while expanding access to care with a telemedicine bill in 2016, members turned around and protected those gains in the 2017 session. State doctors of optometry, working through the Indiana Optometric Association, blocked a new bill, supported by Opternative, that would roll back some protections against devices such as contacts being prescribed only electronically, the way apps do.

That bill, HB 1331, died in committee in Indiana.

Sen. Cassidy's bill hasn't made patients' visual health protection the law of the land yet. But as the new Congressional session dawns, Dr. Sandefur is ready to act.

"I'm happy to talk to Sen. Cassidy again this year and ask him to re-introduce the bill," he says. "I'm ready to make the call." ■



MASTERING TECH

Americans risk their eye health when choosing convenience over quality, in-person care. Online "vision tests" tout "at-home ease" while providing only a rudimentary refractive assessment and do nothing to detect or monitor patients for underlying medical conditions that could affect vision and overall health.



That's why the AOA takes a resolute stance against such services that delay access to timely care.

Already 17 states have passed laws safeguarding patients from dubious technology that can compromise well-accepted standards of care while more advocate for the preservation of the doctor-patient relationship.

In addition to AOA's formal complaint to the U.S. Food and Drug Administration over one such app, known as Opternative, and ongoing outreach among elected officials, the AOA also cautions the public against the toll of incomplete care.

PREVENTING CHANGES TO CONTACT LENS RULE

Regulators continue mulling over their proposed changes to the Contact Lens Rule, which would mandate doctors collect a signed contact lens prescription acknowledgement form and keep such a document on file for at least three years, which AOA maintains is not only burdensome but wholly unnecessary.

Reps. Leonard Lane, R-N.J., and Bobby Rush, D-Ill., authored a letter—which garnered the bipartisan support of nearly 60 members of Congress thanks to the tireless efforts of AOA doctors and students—to the U.S. Federal Trade Commission (FTC) to scrap the proposal. This prompted multiple opinion editorials backing AOA's concerns over needless "red tape," as well as a letter from the National Consumers League. And in March, the FTC will host a public workshop in Washington, D.C., to further explore contact lens marketplace competition, consumer access and other related subjects. But the AOA still needs members to take action.

+ REACH OUT TO YOUR SENATOR NOW, REQUESTING THEM TO VOICE OPPOSITION TO THE FTC'S PROPOSAL, BY VISITING AOA.ORG/LEGISLATIVEACTIONCENTER.



LEADING THE SEARCH FOR HIGH-VALUE PATIENT CARE



So what, exactly, is the evidence the institute and policymakers draw from?

Diane Adamczyk, O.D., David Masihdas, O.D., Carl Urbanski, O.D., and Munish Sharma, O.D., of the AOA's Evidence-based Optometry (EBO) Committee, among others, have spent thousands of hours poring over medical journals and hashing out the quality of evidence to figure that out. What they've found has resulted in three clinical practice guidelines on pediatric care, ocular diabetes care and adult eye and vision examinations, respectively.

These guidelines aren't just a consensus of practice norms. They are based on a rigorous exploration of what the science says—so much so that all three have been accepted into the Agency for Healthcare Research and Quality's National Guideline Clearinghouse (NGC)—an honor that marks the guidelines as top-quality and trustworthy beyond the optometry field. These guidelines are available to physicians, health care organizations, government agencies and patients.

The work that individual doctors of optometry put into the guidelines is meant to be a beacon for all providers. But they also have a side effect: They change how members of the EBO Committee practice, too.



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BY THE NUMBERS

3,000

The total volunteer hours by the Guideline Development Group to produce *Comprehensive Pediatric Eye and Vision Examination*, a document that doctors could trust.

23

Members of the Pediatric Eye and Vision Guideline Development Group included 16 doctors of optometry from varied practice size and location, two doctor of optometry pediatric experts, one pediatrician, one patient advocate, one parent and various AOA staff members.

1,475

Abstracts identified through a literature search process and reviewed by the Guideline Development Reading Group to determine their relevance.

646

Abstracts accepted by Guideline Development Reading Group for full article assessment.

706

Number of articles assigned to two readers for grading quality of evidence.

251

Articles that made the final cut for quality and were cited in the guideline.

1,900

Number of comments received during peer review of the pediatric guideline, each processed by the development group.

18

Number of conference calls and in-person meetings.

67

Pages in the guideline.

"I see a lot of glaucoma patients in my practice, and there are pathologies that interest me—macular degeneration, dry eye and glaucoma—so I really wanted to be involved in the EBO Committee," says Dr. Urbanski, who practices in

Pennsylvania. "As a clinician, I'm not sure there is a better committee for me to be on to stay current with the topics that are part of my practice."

Each guideline takes about 3,000 hours to complete, says Dr. Adamczyk,

chair of the committee. That's time put in by doctors of optometry, of course, but also physician specialists in pediatrics or diabetes, for instance, as well as patient advocates or patients.

"We're part of a team in taking care

DAMAGE CONTROL



WHEN HURRICANE KATRINA

wreaked havoc on New Orleans in 2005, the AOA found a way to help doctors devastated by the storm.

That year marked the creation of Optometry's Fund for Disaster Relief, a grant program from Optometry Cares®—The AOA Foundation. Doctors affected by disasters, including those who aren't AOA members, can apply for a grant of up to \$4,000 to use toward property damage.



Since its inception, the fund has distributed more than **\$1.2 million.**



In 2017 alone, **113** doctors impacted by Hurricanes Harvey, Irma and Maria have received **\$349,500** in grants.

That's the most money granted by the fund in a single year—topping the **\$238,000** awarded in 2005.

Optometry's Fund for Disaster Relief for Students, a collaboration between the AOA and the American Optometric Student Association, also launched in 2017. In its first year, the student fund awarded **\$16,450** to **71** students.

In 2017, **\$343,000** was raised through a combination of donations from industry and individuals. High-level donors include Essilor of America, Luxottica Wholesale and CooperVision.

More than **400** donors contributed to the fund in 2017.



AFTER THE DISASTERS OF 2017, THE FUNDS NEED DONATIONS NOW MORE THAN EVER. VISIT AOAFOUNDATION.ORG TO MAKE A CONTRIBUTION.

of patients," she says, "and the guidelines recognize that."

The experience, she says, has transformed her professional life. As a professor of optometry at the State University of New York College of Optometry, she uses the guidelines to teach the next generation of doctors how to identify and use solid evidence to inform treatment. She also sees, in the people who approach her at Optometry's Meeting® and elsewhere, the impact the guidelines are having in the field.

The impact is all the greater, she says, because optometry isn't the only field

that's new to creating evidence-based guidelines. Such guidelines weren't the norm until 2011, when NASEM, formerly the Institute of Medicine, released a report urging all medical societies to move from consensus to evidence in practice guidelines.

"It is the members who are doing this," says Dr. Adamczyk of creating guidelines. "But the AOA provides the opportunity to channel these good works, not just for myself but for everyone on the committee. This is just one example—a really important example—of what the AOA does for our profession." ■



TOOLS TO PROVIDE THE BEST CARE

IN ADDITION to clinical guidelines and reporting tools, doctors need a smoothly operating practice in order to provide the best possible care to their patients. That's where AOAExcel® comes in. AOAExcel offers products and services through endorsed business partners who specialize in solutions ranging from HIPAA compliance and liability insurance to retirement planning. One of these solutions is discounted rates on some of the things doctors use every day in the practice: office supplies, furniture, corporate and personal phone lines, inbound and outbound shipping, distribution products and services for medical/surgical, laboratory, pharmacy and equipment needs, and more.

Vendors include:



VISIT EXCELOD.COM TO LEARN MORE ABOUT GROUP PURCHASING AND OTHER PRODUCTS AND SERVICES AVAILABLE TO AOA MEMBERS.

AOA MORE: HELPING DOCTORS IMPROVE CARE

Today, doctors of optometry are graduating into an environment that requires them to invest deeply into technology to better serve their patients. So the AOA also is investing in technology.

CASE IN POINT: AOA MORE (Measures and Outcomes Registry for Eyecare), by Prometheus Research. The system promises to provide serious value for AOA membership. Jeffrey Michaels, O.D., past chair of the AOA Quality Improvement and Registries Committee, details the basics of the registry and what doctors can look forward to.

COST: Included as a member benefit; \$1,800 a year for nonmembers.

WHAT IT DOES: "The value of AOA MORE will be twofold," says Dr. Michaels. "The more immediate value is how it will help me to submit required Medicare quality outcomes." That is, it will help to meet the requirements for doctors of optometry to report their Merit-based Incentive Payment System (MIPS) quality results, which can set up doctors to receive bonuses or receive cost savings from the Centers for Medicare and Medicaid Services.

WHAT IT DOES FOR INDIVIDUAL PROVIDERS:

AOA MORE also will provide a dashboard that will allow doctors to see how they are doing compared with national trends in treating different demographics, different conditions and more, which can help guide their outreach and continuing education plans.

WHAT IT DOES FOR THE PROFESSION:

It allows AOA to aggregate de-identified patient outcomes data. "The bigger picture value is how it will help the profession to analyze eye health and vision care for the millions of Americans we serve," Dr. Michaels adds.



VISIT AOA.ORG/MORE TO ENROLL OR LEARN MORE IF YOU'RE ALREADY ENROLLED. ACCESS A NEW MIPS GUIDEBOOK AT AOA.ORG/MIPSGUIDE.

DEVELOPING THE NEXT GENERATION OF LEADERS



You can't always figure out everything you need to learn in labs and textbooks. Sometimes it takes boots on

the ground and one-on-one interaction with successful doctors of optometry to make the leap from school to practice.

That's why in 2017, AOA's education offerings expanded to include not only Optometry's Meeting® and its unprecedented 36+ hours of continuing education but also a new course of training for students and recent graduates. The program, called AOA+, offers real-world help for doctors of optometry about to enter the field and provides them with a crash course in patient advocacy. In its inaugural year, AOA+ brought 2,300 optometry students and newly minted doctors to Capitol Hill for rallies, meetings with legislators and the kind of mentorship that's happened informally at AOA meetings for years.





PHOTOGRAPHY BY DAVID JOHNSON

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”



**EYELEARN 2.0:
A NEW MEMBER
ONLINE EDUCATION
PLATFORM**

Optometric education is now easier than ever on AOA's online learning resource, delivering an entirely new and overhauled user experience with courses when and where it works best for you. EyeLearn™, the AOA's member-exclusive centralized education platform, offers an online catalog of educational courses, webinars and resources to help expand clinical knowledge and practice management expertise for doctors and staff—all from your personal computer. Now relaunched following a top-down revamp, EyeLearn is available with new features that improve accessibility. This new platform offers AOA members a more intuitive user interface, including:

- Enhanced search function
- Easy-to-find content categories
- New doctor profile feature, which tracks course progress and completions
- Improved streaming video and recording quality

Search across 18 different categories of coursework and find recorded modules from past Optometry's Meeting continuing education courses, spanning 2014 to present. These include not only doctor-specific courses but also paraoptometric education that can strengthen practice staff.

Furthermore, following Optometry's Meeting 2018, EyeLearn will post all-new content that includes joint doctor-paraoptometric education, as well as five days' worth of engaging, relatable and practical courses that your colleagues are sure to be discussing.



VISIT EYELEARN.AOA.ORG
TO GET STARTED.

And in June, they gathered to “learn what it means to stand up for this profession,” said Peter Jacques, an optometry student at the University of Missouri, St. Louis. “It gives us the tools and real-world knowledge to help jump-start our careers after graduation.”

Those tools included the launch of Leadership Link, a national networking and mentoring program that connects individual optometry students with people who have successfully made the transition to full-time practice. There also are career-planning tools and personal finance guidance. After all, successfully caring for patients requires successful fiduciary management—and that’s not always something doctors of optometry get a lot of training on in school.

“We think Leadership Link is the very beginning of the future leaders of the profession,” says Samuel D. Pierce, O.D., AOA’s president-elect. “We are a rapidly changing society demographically, and the profession is no different. So connecting students with leaders who are active in their state associations, who have served on

many committees for AOA, may be involved in the state board of directors, many are past president of state associations—this gives current doctors of optometry the opportunity to share those professional experiences with [American Optometric Student Association] members, to not only be involved in AOA but also actively engaged in shaping the future of the profession.”

For Dr. Pierce, attending AOA+ was powerful. Attendees had the opportunity to talk to members of Congress about

optometry’s inclusion (or exclusion) from health plan policies, existing laws that guarantee that patients receive the best, most comprehensive eye care as part of their overall health care, and protecting patients from unscrupulous telehealth schemes and services. The AOA expected 1,500 students to attend. Instead, 2,300 showed up.

And almost all of those students got a very important education.

“This is how our country works; this is how our profession works,” Dr. Pierce says. “And this is how we as doctors of optometry can make a difference for patients.” ■



AOA HEADQUARTERS RENOVATION EARNS DISTINCTION

The St. Louis Council of Construction Consumers (SLCCC), a regional leader that champions promotion of project delivery best practices through collaboration and programming, honored the AOA with its Best Practices Award at its 46th Best Practices & Diversity Inclusion Awards Gala in March. The distinction recognizes exceptional achievement in design and construction cost effectiveness through successful implementation of one or more of the 17 Best Practices validated by the Construction Industry Institute to improve cost, schedule and quality of construction projects.

After moving into the building in 1978—already a decade old at the time—the AOA had not performed any major work on the structure or its systems, and in October 2015, commenced a major renovation project after careful planning and budgeting. Concluding November 2016 with no interruption to member services during that time, the renovation has already significantly reduced annual maintenance costs and improved the facility’s infrastructure, in turn allowing AOA to better serve its members.

“Our new building inspires a new way of thinking about, approaching and leading in health care, just as the health care system is evolving and changing,” said Christopher J. Quinn, O.D., then AOA president-elect, in a building dedication ceremony early in 2017. “I am excited to work with the staff, members and friends of optometry to set the course for the next 100 years of eye and vision health.”



ADVANCING OPTOMETRY'S PRIORITIES, NOW AND INTO THE FUTURE

If actions speak volumes about character, then this past year further accentuates the AOA as optometry's determined champion. It's a trait reflective of the careful attentiveness and acumen that come from accomplishing our priorities together. Throughout 2017, we've worked jointly to move optometry forward through our continued patient and professional advocacy while facing those unyielding threats to our practice and doctor-patient relationships head on.

We saw those challenges manifest themselves in the repeated attempts to circumvent the necessary, quality care afforded by an in-person, comprehensive eye examination. Some of today's so-called "telehealth" advances aren't designed with patient care and safety in mind. The AOA successfully fought back these efforts to unnecessarily expand unproven app-based technologies that seek to sever a refraction from an eye examination. We also continued to inform state and federal officials about the importance of compliance with essential contact lens safeguards. And this year, the AOA remains steadfast in its advocacy against a detrimental U.S. Federal Trade Commission proposal to require contact lens patients to sign a prescription acknowledgement form.

In 2017, our participation in the Think About Your Eyes campaign grew more than ever, alongside other public awareness opportunities to reinforce the value of optometric care. We're building upon the 2016 National Academies' "Making Eye Health a Population Imperative: Vision for Tomorrow" report that underscored an eye health vacancy in America that optometry is willing and able to fill. Furthermore, our newest clinical practice guideline, *Comprehensive Pediatric Eye and Vision Examination*, supports the recommendations found within that landmark report and demonstrates optometry's primary care role.

This past year, AOA doubled-down on its commitment to membership by unveiling a new membership initiative, while at the same time, launching a wholly successful and energetic AOA+ student and new doctor experience in Washington, D.C. It's truly been a year of excitement and accomplishment for optometry.

This year, we also have joined our state affiliates in new efforts to expand scope of practice to better reflect the education and training of doctors of optometry in the U.S. Antiquated laws that preserve a medical monopoly on care must be revised to allow doctors to practice to their full scope of training, improving patients' access to the critical care they need. So, as you begin the new year, I invite you to reflect on the opportunities and challenges that we've successfully overcome, together, in 2017, and how that positions our profession advantageously for tomorrow.



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Our AOA-PAC is the only political action committee supporting our priorities in Washington, D.C., by helping to elect and re-elect pro-optometry candidates to Congress. Every doctor and student contributor to AOA-PAC is making an important investment in optometry's future and deserves our thanks.

To help AOA-PAC fight and win for optometry, and to add your name to the AOA-PAC honor roll, visit aoapac.org.

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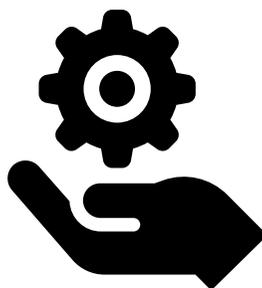
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