Liberty Sport announces grants to states for programs to protect eyes during sports

With almost 60 percent of eye injuries occurring during sports and recreation, Liberty Sport has launched a program to increase the use of eye protection during sports.

Paul Berman, O.D., a consultant to Liberty Sport, announced the Keeping Injuries Down in Sports (KIDS) state optometric association grants program at the AOA Presidents’ Council last month. “Eye injuries cause more loss of vision than glaucoma and diabetic retinopathy,” Dr. Berman said. “Sports-related eye injuries are responsible for 40,000 trips to the emergency room every year.”

The program is modeled on the highly successful Healthy Eyes Healthy People™ grants that have been awarded to state optometric associations for the past four years. A total of $100,000 is available to state optometric associations in the form of grants.

The funds are intended for projects that support the education and public awareness of the prevention of sports-related eye injuries through the use of appropriate personal protective eyewear.

Each grant is worth up to a maximum of $10,000. Only one application per state is permitted; however, the application may contain multiple projects. The sum of all project costs cannot exceed $10,000.

The AOA will evaluate and track all projects. Some ideas offered by the project administrators include:

- Develop patient education kits.
- Designate a booth, a non-CE workshop or a keynote speaker to spotlight the subject of patient education at an association meeting.
- Create an informational kit to educate ODs on the prevalence of unnecessary sports eye injuries and the need for public education.
- Educate school administrators such as athletic directors, coaches, PE teachers, school nurses, and school administrators.

Among the criteria for successful grants are the feasibility of the program and likelihood of producing tangible results, the growth potential for the project and opportunities for commitment of committee members and consultants from across the country converged on St. Louis at the end of January for the 2007 Healthy Eyes Healthy People™ Conference.

The one-day conference was held in conjunction with the Presidents’ Council meeting.

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All too often, what many refer to as traditional private optometric practices? I believe that most would say “yes.”

Just how many we are losing is hard to pinpoint. But I also believe that most would agree that we have no real plan in place to perpetuate these practices. The practices are, for the most part, successful business units and they need to continue.

I sense that this is not a simple cause and effect situation, but a multifactor set of dynamics that will require significant effort and education on the part of the practicing optometrists and the new graduates.

The practitioners are oftentimes quick to blame the students, and the students are equally quick to blame the practitioners.

Some undeniable facts:

- Students are leaving optometry schools with student debt somewhere north of $125,000. This is significant for a number of reasons. In essence, today’s average student is beginning a career with what amounts to debt service on a house mortgage but has no house.

- Much has been written and discussed as to the differences between generations. The generation of new graduates today is often said to be more interested in the quality of their personal lives and less motivated in the success of their business lives. This does not mean that they are lazy. It means that their value proposition is different. They have witnessed first hand the “workaholic” ways of their baby boomer parents.

- Another undeniable fact is that there are many more females entering the profession today. In addition to their careers, females have child bearing and child-raising responsibilities to consider, to a much greater degree than their male counterparts. While males may share in the parenting duties, the majority of the care giving usually falls on the mother.

- Couple all of that with the fact that today’s baby boomer practitioners has virtually been lied to his or her entire career. How so? We have been told since optometry school that the sale of our practices will be a significant portion of our retirement portfolios. And you know what? It is simply just not true.

In addition, we all know that the peak earning years for an established optometrist is in the 15 to 30 years of practice range. Basic economics would seem to say that these are the optometrists who should be taking in new associates and preparing to perpetuate their business units.

What is generally not considered is the fact that while this is true, those same practitioners are also in their peak spending years as well – kids in college, building that dream home, etc.

We are left with a lot of very successful baby boomer optometrists with high incomes but equally high expenses. And yet another fact, a busy one-doctor practice is not a busy two-doctor practice.

In review, we have a generation of new practitioners entering the market requiring significantly more dollars just to satisfy student debt and a large group of generally very successful baby boomer optometrists who are either unwilling or unable to meet the financial needs of the new graduate. This

See Practice, page 16
Alexander to take office of AOA president

Kevin L. Alexander, O.D., Ph.D.

Kev in L. Alexander, O.D., Ph.D. will assume the AOA Board of Trustee office of president. Currently the AOA president-elect, Dr. Alexander was first elected to the AOA’s Board of Trustees in June 1999 and was re-elected in June 2000 and again in 2003.

As a member of the board, he serves as liaison-trustee to the Congress Executive Committee and is a member of the International Affairs Committee. He is the chair of the Optometry’s Summit Project Team.

Dr. Alexander has served as chair of the Finance Committee and as liaison-trustee to the Association of Schools and Colleges of Optometry, the National Optometric Association, and the states of Michigan, Missouri, Kansas, Illinois and Iowa.

As a board member for the past seven years, Dr. Alexander has served as liaison-trustee to various AOA committees. In addition, he chaired the AOA Summit on Continued Competence and the first Healthy Eyes Healthy People™ Conference.

Dr. Alexander was a co-chair, along with AOA President Tommy Crooks, O.D., of the Optometry 2020 Summit. He also has been a member of the board’s Journal Policy Review Committee.

Dr. Alexander has held a variety of volunteer appointments within the AOA. He is the principal author of the AOA Clinical Practice Guideline for Care of the Patient with Anterior Uveitis.

In addition, he has served a three-year term on the Accreditation Council on Optometric Education, which accredits its schools and colleges of optometry.

Dr. Alexander is a past president of the Ohio Optometric Association. In 1989, the state association named him Ohio’s Optometrist of the Year.

He is a Distinguished Practitioner in the National Academies of Practice.

Dr. Alexander is the dean of the Michigan College of Optometry, located in Big Rapids, MI, and is married to Carol L. Brown, O.D.

Letters

Editor:
I have been involved in the AOA federal Key OD program for several years. I have represented the Ohio Optometric Association at the AOA Congressional Advocacy Conference in DC for the past 5-6 years and found it to be well organized and well attended.

This year, I decided to take things to a new level. My husband and I became very involved in Sherrod Brown’s campaign for the Ohio U.S. Senate. We know Sherrod, having first met him at an AOA DC legislative conference. We were impressed with his ideals and commitment to help all Americans, and he has been a good friend to Optometry. We hosted a fundraiser for him in October, attended by over 100 people and raised over $10,000. We also distributed yard signs and literature.

After the election, in which our candidate was successful, at the suggestion of Noel Brazil, my husband and I went to Washington, DC, to participate in Senator-elect Brown’s installation activities.

We attended a dinner with 650 other Ohioans who also supported Sherrod Brown, and then went to another celebration on Embassy Row. The excitement was infectious. The following day we visited several Senate and House office buildings and stopped in at several open house activities.

This experience was most rewarding. Because Optometry is a legislated profession, it is so important that optometrists be involved in the legislative process. To actively support an individual candidate and then participate in the celebration of victory is great. It renewed my faith in our political process, and it helps build future relationships for optometry.

I suggest every optometrist find a candidate they can support, and then become actively involved in that campaign. The rewards far outweigh the effort it will take to be involved. If anyone is interested in more details about my personal campaign activities, please send me an e-mail: karenriccio@sbcglobal.net.

Karen A. Riccio, O.D.
Columbus, OH

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Iowa court orders halt to See Clearly sales in state

An Iowa court ordered the makers of the “See Clearly Method” vision improvement system to halt all sales in the state and pay a fine for consumer restitution.

Iowa Attorney General Tom Miller filed a consumer fraud lawsuit against Vision Improvement Technologies, Inc. in 2005 alleging that the company could not substantiate claims that the See Clearly Method improved people’s vision so much that it would eliminate the need for glasses or contact lenses.

The See Clearly Method natural vision improvement kit contains manuals, charts, videos and audiotapes that demonstrate eye exercises and other techniques that are intended to strengthen vision.

The Iowa Attorney General’s office said the company charged customers $350 for each of the 5,000 to 10,000 kits sold monthly.

In the lawsuit, Attorney General Miller said the company made “dramatic claims for its product that could not be substantiated” and used “exaggerated claims of effectiveness, false implications of scientific validity, and misleading consumer testimonials in advertising.”

A Polk County District Court entered a consent judgment resolving the lawsuit in November. The court ordered Vision Technologies, Inc. to:

♦ Stop all sales of the See Clearly Method and cease business altogether in the state, including the halt of its Web site sales.
♦ Pay $200,000 in restitution to Iowa consumers and pay $20,000 to Iowa’s Consumer Fraud Elderly Victim Fund.
♦ Remove all negative credit reports lodged against Iowa consumers since marketing of the See Clearly Method began.

The company and its individual defendants agreed to the order but denied violations of the Consumer Fraud Act.
**Eye on Washington**

### Children’s vision bill introduced in House

The Vision Care for Kids Act of 2007 (HR 507) supported by AOA, was introduced Jan. 17, in the U.S. House of Representatives by Reps. Bill Pascrell (D-NJ), Gene Green (D-TX) and Ileana Ros-Lehtinen (R-FL).

The legislation is intended to make the fight against undiagnosed and untreated vision problems in school-age children a national priority, according to the AOA Washington office.

Both of the bill’s sponsors are recognized in Congress as leaders on education and health issues.

The new House bill is a companion to legislation developed in 2006 in the Senate by Sen. Christopher “Kit” Bond (R-MO).

Sen. Bond is a prominent supporter of children’s vision issues who endures permanent loss of vision due to ambylophia that went undiagnosed and untreated during his childhood.

He plans to re-introduce his Senate version of the bill shortly.

“Good vision is critical to learning. In fact, 80 percent of what children learn in their early school years is visual.

This important legislation will improve vision care for children to better equip them to succeed in school and in life,” Sen. Bond said.

“With the support of the American Academy of Ophthalmology, the American Optometric Association and the Vision Council of America, together we will make a difference in the lives of children across the country,” he added.

The legislation would establish a federal grant program focusing on treatment to bolster children’s vision initiatives in the states and encourage children’s vision partnerships with non-profit entities.

“The Vision Care for Kids Act is an important assignment for the new Congress, and a timely reminder for America of what needs to be done to help concerned parents and teachers ensure that no child is left behind in the classroom due to an undiagnosed or untreated vision problem,” said AOA President C. Thomas Crooks, III, O.D.

“Optometry is proud to support true

See Legislation, page 21

### Student debt relief legislation advances quickly

A priority for congressional Democrats under their highly publicized first 100 hours, legislation to ease student debt burdens was quickly approved by the House of Representatives last month during the opening days of the 110th Congress.

The Senate now appears ready to give fast track consideration to the student debt issue.

The prompt congressional action drew immediate praise from the AOA and the Association of Schools and Colleges of Optometry (ASCO), both of which have designated student debt relief a top-level objective this year.

“Given the increasing financial burden faced by many recent graduates of the nation’s schools and colleges of optometry, the AOA Washington Office and ASCO have been closely monitoring efforts in Congress to take action on the nation’s graduate student debt crisis,” said Jon Hymes, director of the AOA Advocacy Group.

“ASCO applauds this positive initial step by Congress to lower the debt burden faced by the graduates of optometry schools,” said Martin Wall, ASCO executive director.

Optometry school students and recent optometry school graduates consistently cite student debt among their top concerns, according to the AOA Member Services Group.

Under the Democrats’ eight-point plan for the first 100 hours of this year’s congressional session, House Democrats promised to increase access to college education, initially by cutting interest rates for all student loans.

Originally, the intention of H.R. 5 was to halve the interest rate on all Stafford loans but after Congress passed PAYGO legislation, the bill was quickly changed to reduce the offset costs.

Because of this last minute limitation, the bill applies only to subsidized Stafford loans to undergraduate students. ASCO reports that substantial numbers of optometry students have Stafford loans from their undergraduate education so this legislative initiative will help to relieve their debt burden.

The College Student Relief Act of 2007 (H.R. 5), passed by the House Jan. 17, would gradually reduce the interest on federally subsidized student loans from the present 6.8 percent to 3.4 percent over the next five years.

The measure would save a typical borrower about $4,400 over the life of a loan once the new low rate is fully implemented, according to proponents.

The measure was introduced Jan. 12 by new House Education and Labor Committee Chair Rep. George Miller (D-CA), with 221 co-sponsors. Rep. Miller has championed the cause of student debt relief.

The bill was passed just five days later on a 356-71 vote.

A Senate student debt relief plan, introduced Jan. 22 by new Senate Health, Education, Labor and Pensions (HELP) Committee Chair Sen. Edward Kennedy (D-MA), would also reportedly cap loan interest rates.

However, the Senate measure would also increase the maximum Pell Grant award, cap student loan payments at 15 percent of a borrower’s discretionary income, and forgive student loan debt for those who continue in public service careers for 10 years.

Both the House and Senate bill have been referred to the Senate HELP committee.

“This is a priority of ASCO and we will continue to work in tandem with the AOA Washington Office to further lower student debt,” Wall said.
National Eye Institute highlights resources for AOA members

As part of its continuing efforts to educate the public and eye care professionals about eye conditions, the National Eye Institute (NEI) is highlighting its resources in a special brochure packaged with this issue of AOA News.

Members of the AOA’s Healthy Eyes Healthy People™ Committee credit the materials for their relevance and popularity.

“We use NEI stuff all the time,” said Dan Bintz, O.D. “They have very good material on cataract, ARMD, diabetes, and glaucoma. Plus, all material is available in Spanish. The large blue booklets go fast. We have new brochure racks in all the exam rooms so that info is just a reach away for docs and patients. Plus we have a brochure rack out front.”

In addition to printed materials available on order, the NEI has a wide selection of downloadable information online. Many complementary materials developed by the AOA for members to use. The AOA Order Department can be reached at (800) 262-2210, or the catalog can be browsed online at http://www.aao.org/documents/Order-Dept-Catalog.pdf.

“I have been ordering NEI materials for quite a few years,” said Jane Lynch, executive director of the Arizona Optometric Association. “We think they are well done and use them at exhibit booths where we participate: such as the Diabetes Expo, diabetes walks, the Vocational Rehab Trade Show, and various meetings of nurses.”

For information about the NEI, visit www.nei.nih.gov.

State optometric association leaders share ideas

Leaders of state optometric associations and the AOA are responding to changes in the way health care is regulated, with a shift toward federal legislation that trumps state laws.

Issues such as access and scope of practice are increasingly being managed at the federal level, with legislation moving slower, political support becoming more expensive, and collaboration with other groups an absolutely necessity.

Those are among the messages from the Presidents’ Council held last month in St. Louis. In addition to describing state and federal advocacy challenges, the state optometric association presidents, presidents-elect and executive directors heard about several new opportunities:

- A grants program to provide better eye protection during sports, provided by Liberty Sport. (See story, page 1)
- A need for optometrists to provide services in Community Health Centers, where they are in demand to address the eye health concerns of underserved populations.
- An opportunity for optometrists to get ahead of the next wave of technology by learning about health information technology and regional health information organizations (RHIOs).

The meeting gave state leaders an overview of pending legislation. Several speakers highlighted the importance of supporting the AOA and state-level political action committees.

“The only difference between state and federal legislation is time and money,” said Steve Loomis, O.D., chair of the State Government Relations Center. He and Washington Office Director Jon Hymes gave a joint presentation on “How legislation changes in minutes vs. years.”

At the conference, ODs shared suggestions for dealing with common concerns, such as member recruitment, licensure by endorsement and access to patients.

National Optometric Association President and member of AOA Community Health Centers Project Team Daniel Desrivieres, O.D., describes the unmet demand and professional opportunities available to optometrists who choose to work in community health centers. According to Dr. Desrivieres, only 18 percent of the 5,500 community health centers currently offer optometric services. In the CHC setting, ODs are considered specialists and many are covered by federal health insurance.
Dr. W. David Sullins, Jr., InfantSEE® Award

The InfantSEE® Committee proudly announces that nominations are now being accepted for the 2nd Annual Dr. W. David Sullins Jr. InfantSEE® Award. This award, presented in honor of the late Dr. Sullins, recognizes an individual doctor of optometry who has made significant contributions to optometry and his/her community for outstanding public service involving the InfantSEE® program.

Candidates for the Sullins Award may be nominated by any individual, group, society or affiliate. Award criteria, nomination forms, and background materials may be accessed at [www.infantsee.org](http://www.infantsee.org). Nomination forms are due by March 12.

**Sports**

from page 1

collaboration with other organizations.

In addition to announcing the major new program, Dr. Berman described a law signed in New Jersey last year that addresses the need for eye protection in sports.

Supported by the New Jersey Society of Optometric Physicians, the law outlaws the use of "street eyewear" on the playing fields of New Jersey, according to Dr. Berman.

He quoted Bryan Markowitz, the executive director of the NJSOP, “our response to the passage of this bill has been unanimously positive and non-optometrists have said it was long overdue and a great idea.”

Among the supporters was the New Jersey Council of Fitness and Sports, the New Jersey Recreation and Park Association, and New Jersey Superintendents of Schools.

For information about the Liberty Sport grants program, visit [www.aoa.org/kids-grants.xml](http://www.aoa.org/kids-grants.xml).

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**OD’s InfantSEE® focus pays off for kids**

Cathy Doty, O.D., has seen close to 120 InfantSEE® patients since the program’s inception and has had three startling cases in the last two months.

One infant had extremely high myopia of –22 diopters, another had congenital nystagmus due to foveal hypoplasia and hyperopia, and another had congenital esotropia.

Dr. Doty said in all three of these cases, it was essential that the problem was found early.

“When you find a major problem during the eye’s window of development, you can help guide the proper development of the eyes,” said Dr. Doty, who has a family practice in New Bern, NC.

Dr. Doty first saw the patient with high myopia when he was 9 weeks old. His mother reported trauma during birth and suspected that his eyes "jiggled."

Dr. Doty referred the infant to a specialist at Duke Eye Center for an electroretinogram (ERG) and further evaluation of possible glaucoma.

After the child started glaucoma therapy, he was referred back to her for contact lens fitting.

The first two pairs of lenses Dr. Doty tried were too big for the infant, but the third pair fit well.

The boy, who is now 4 months old, will be able to keep the lenses in his eyes for days at a time.

“His presentation was extremely unusual, especially with the birth trauma,” said Dr. Doty.

“But the ERGs showed the retinal cells were firing as they were supposed to. Hopefully he will develop functioning vision, though he will need contacts or eyeglasses all his life.”

The visual prognosis for the infant with nystagmus is not as good.

The child’s mother heard about the InfantSEE® program and brought the 9-month-old boy in for an assessment.

The boy was diagnosed with ocular albinism and nystagmus, which resulted from foveal hypoplasia and hyperopia. He is also astigmatic.

Dr. Doty said the child was extremely fair-headed with fair skin and very blue eyes and had a family history of ocular albinism.

Dr. Doty fit him with eyeglasses.

“The nystagmus is not likely to dampen much because he has no retinal pigment,” said Dr. Doty.

“I wish his prognosis was better long term, but glasses provide his best chance for functional vision.”

Another one of Dr. Doty’s patients, a girl with congenital esotropia, was brought in for an InfantSEE® assessment when she was 6 months old.

The child’s mother brought her in for a well-baby visit at the pediatrician’s office and mentioned that she was concerned her daughter may have an "eye turn."

The pediatrician did not detect the problem, but based on the mother’s concerns suggested the mother schedule an InfantSEE® appointment and referred her to Dr. Doty.

Dr. Doty detected congenital esotropia and referred the infant for surgery.

“It was a large angle esotropia, and it was constant,” said Dr. Doty.

“The earlier you find esotropia and correct it, the better chance the child has for binocular vision. She would have developed amblyopia had she not undergone surgery.”

The pediatrician’s referral to Dr. Doty is not uncommon thanks to her efforts to promote the program.

“The key to success for me has been direct referrals from pediatricians,” said Dr. Doty.

“I wanted a way to get the word out to them, so I called the local pediatricians and told them about the program. I had them come over for lunch. There were five pediatricians and a nurse practitioner. They sat in on the video and AOA PowerPoint presentation, and then we sat and talked about it. I gave them some brochures, and it’s taken off from there.”

Dr. Doty said she also employs what she refers to as “reverse marketing.”

“If patients self-refer, we ask the parent if we have permission to send results of the evaluation to their pediatrician,” said Dr. Doty.

“We send a report to the pediatrician, even though they didn’t refer the child. We just say this is what I did, this is what we can do, and we open a line of communication with them. The doctor can then find out about the InfantSEE® program from mom and will now know an optometrist to whom they can refer.”

Dr. Doty noted that she is seeing more and more InfantSEE® patients and now averages four or five a week.

“It only takes one doctor one day to affect the world,” said Dr. Doty. “In my 14 years of practice, I’ve had two cases of cancer in young children. One was fatal rhabdomyosarcoma, and I wonder if the outcome would have been different if we had seen them early as an infant. So when you wonder what you can do to make a difference, this is something you can do every day. It’s not for compensation; it’s something we do just because it’s the right thing to do. It didn’t take any legislation or a fight with ophthalmology. It’s just a good idea from caring people with compassion for kids—Dr. Sullins and Dr. Jens.”

David Sullins, O.D., was a past AOA president who worked with the AOA InfantSEE® Committee to spur the vision and creation of the InfantSEE® program. Scott Jens, O.D., is the chair of the InfantSEE® committee.

For information, email infantsee@aoa.org, call (800) 365-2219, ext. 4286, or visit [www.aoa.org](http://www.aoa.org).
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Key NPI implementation deadlines loom

The National Provider Identifier (NPI), on May 23, 2007, becomes virtually the only health provider identification number accepted on fee-for-service insurance claims, a recent advisory from the U.S. Centers for Medicare and Medicaid Services (CMS) notes.

However, that does not mean practitioners can wait three months to make their practices NPI-ready, the CMS adds.

Implementation of the NPI in a health care practice involves a number of steps, some mandated under federal law, and many of which must be accomplished in advance of the May NPI utilization deadline, the CMS emphasizes.

They include:
- Reporting NPI numbers to public and private health plans;
- Reporting NPI numbers to other health care providers;
- Installing and testing NPI-compliant software in office computing systems;
- Test filing claims and other transactions with NPIs; and
- Training practice staff on the use of the NPI.

Fully ensuring NPI-readiness in a practice can take around 120 days, the CMS estimates.

Practitioners may have to accomplish some steps in the NPI implementation process by specified deadlines, the agency adds.

Effective May 23, Medicare, Medicaid, and most other public and private insurances plans must reject all fee-for-service claims filed without NPIs under federal law, the CMS notes.

Small health plans have a one-year extension to May 23, 2008.

As a result, practitioners who fail to take all of the steps necessary to implement the NPI in a timely manner will be at risk for claim rejections and cash flow disruptions, the CMS emphasizes.

Required under the federal Health Insurance Portability and Accountability Act (HIPAA), NPIs are 10-digit, federally issued provider identification numbers designed to replace the myriad provider identifiers (termed “legacy identifiers”) that have been issued by various health plans.

In addition to being the only provider identification numbers that will be accepted by public or private health insurance plans on claims, NPIs will be required for other “standard transactions,” such as claims status inquiries and payment advisories, designated under HIPAA. In some cases, plans may also require tax identification numbers.

Although the law only requires NPIs for electronic health care transactions, Medicare, state Medicaid plans and most private insurance plans will soon begin requiring NPIs on paper claims too, the CMS notes.

As the federal agency charged with implementing the NPI program, the CMS began issuing NPIs to providers through a subcontractor on May 23, 2005.

NPI numbers are issued free of charge, the application process is simple, and provider numbers are issued in a matter of minutes when applications are filed at https://nppes.cms.hhs.gov.

The CMS has been phasing in the use of NPIs in Medicare claims processing over the past year.

Medicaid plans and many private insurers have also announced plans to phase in use of the NPI.

Each NPI holder is required under federal law to make the identification number known to all persons or entities — including health plans and other health care providers — that may need it for provide identification.

The reporting of NPIs to insurers is critical to those phased implementation plans, a CMS staff person noted.

Insurance plans must have NPI numbers on file in order to establish “crosswalks” — links in the computer programming that match NPIs with legacy identifiers and allow systems to pay claims.

That process alone can take insurers up to 120 days, a CMS staff person said.

For that reason, most public and private health plans have established deadlines and procedures for accepting NPIs from health care providers.

The reporting by practitioners of NPI numbers to health plans has taken on increased importance in recent weeks.

Medicare and the NPI

Reporting NPIs to Medicare is a simple process, a CMS spokesperson said.

Health care providers need simply file a Medicare claim with both an NPI and a legacy identifier. The local Medicare carriers can then establish a crosswalk matching the two numbers.

Medicare carriers have been accepting claims with NPIs and legacy identifiers since last fall under the CMS’s phase-in program. However, relatively few practitioners

See NPI, page 20
Western University names Hoppe founding college of optometry dean

The Western University of Health Sciences (WesternU) announced the appointment of Elizabeth Hoppe, O.D., Dr.P.H., as founding dean of the College of Optometric Medicine, which the university plans to open in two years.

“I am tremendously honored to have the opportunity to contribute to WesternU’s exciting plan for growth in the health professions,” said Dr. Hoppe.

“The new College of Optometric Medicine will incorporate an innovative curriculum emphasizing a strong commitment to partnership with the community. We will admit a talented student body that reflects the growing diversity of our nation and help them grow into excellent health care providers who actively contribute to the profession and their communities.”

“Doctors of optometry who graduate from WesternU will be ready to practice to the fullest scope by applying the latest in technology and scientific advancements. With WesternU’s commitment to humanism in the health sciences, alumni will appreciate a team approach to health care and will be fully prepared to work with other health professionals to provide the best patient care,” said Dr. Hoppe.

Dr. Hoppe is currently the associate dean of academic affairs at the New England College of Optometry. Prior to that, she was a tenured professor at the Southern California College of Optometry where she also served as director of the clinical outreach programs, coordinator for the public health curriculum, and clinical preceptor in primary care and low vision.

Dr. Hoppe’s other career accomplishments include her selection as the first woman editor of the Association of Schools and Colleges of Optometry’s peer-reviewed journal, Optometric Education, and being the first woman optometrist to hold the doctor of public health degree.

Dr. Hoppe earned her degree in optometry at the Michigan College of Optometry at Ferris State University and performed her residency training at the Connecticut VA Medical Center. The university is in the initial planning phase of program development and will be applying for accreditation for the College of Optometric Medicine.
Looking for optical lab discounts?
Sign up now and I'll give you the buying power of a chain or mega practice!

As the owner of a small to medium practice, you know the best way to save on your 'cost of goods' has always been to concentrate your purchases with a few key suppliers and buy the rest of your products through a traditional buying group. But unless you do a lot of volume, that still doesn't get you the maximum discount offered by most optical labs and frame companies.

Now there is something new, Red Tray Optical.

We offer the maximum published discount from a select group of top optical labs and frame companies. And, unlike traditional buying groups, we don't hold back any of the discount. You get it all!

Effective immediately, Red Tray members receive the following discounts:

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<tr>
<th>Maximum Discounts From America's Best Labs</th>
<th>More Coming Soon!</th>
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<td>Eye-Kraft 25% Off List</td>
<td>Interstate 10% National Group</td>
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<td>iCareLabs Gold Level</td>
<td>Luzerne 20%</td>
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<td>Pech Optical 25%</td>
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<td>Silhouette 10%</td>
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*Maximum discounts vary by individual designer lines.

How do we offer such great discounts?
First off, we create buying power by signing up thousands of dispensing practices across the country. Then we cut our margins to the bone by charging members an admin fee as low as 1% of their purchases. Go to www.redtraysaves.com for a complete explanation of our discount structure and see how you can benefit from one of the strongest discount programs available today.

Buy from Red Tray preferred suppliers and add thousands to your bottom line.

Membership is FREE. Call 800.416.7676 or go to www.redtraysaves.com
Optometry’s Career Center® helps practices find temp/fill-in ODs

More than one year ago, Optometry’s Career Center® (OCC) added a new “Temporary/Fill-In” search category to the online service; but OCC staff say that the current number of those searching for this type of opportunity through the service far outnumber those providing them.

“We realize there are many more practices in need of a qualified temporary or locum tenens OD, but we suspect few are aware that the OCC can now help them find someone quickly and easily,” said Kincaid.

“Many of the practices in urgent need of help can post their listings that same day and instantly access a searchable database of active resumes,” she added.

OCC is an online, national opportunity matching service made possible through a generous grant from co-sponsors Marchon Eyewear, Inc., and The Vision Care Institute™, LLC, a Johnson & Johnson company.

Unlimited access to the OCC at www.optometrycareercenter.org is FREE to active AOA members who are seeking or providing an optometric opportunity. The service is available for a fee to non-members.

In addition to the Temporary/Fill-In category, other listing types include practices for sale or lease, in addition to full- and part-time employment, partnership, associateship, and independent contractor opportunities.

Features available to users of Optometry’s Career Center® include:

- E-mail alerts to automatically notify users of opportunities matching his or her pre-defined criteria.
- Seekers can send their CV/resumes to provider(s) with one click.
- Personal inbox where users can save their favorite listings or resumes for future reference.
- Enhanced searches include search by keyword, new listings, new resumes and more.
- Expiration/renewal reminders automatically sent via e-mail to users.
- For more information or to register, visit www.optometrycareercenter.org or call the AOA at (800) 365-2219, ext. 4111 or ext. 4107.

Practice, from page 3

leads to there being way too few opportunities in the private sector and eventually loss of business units. This is not about private practice versus any other mode of optometric practice. This is about recognizing the fact that it is the private sector that needs attention.

So, what can we do?

We have appointed a Practice Perpetuation Project Team to find ways to bridge the gaps, and ensure that young ODs who want to go into private practice have help available.

Chairied by AOA Trustee Joe Ellis, O.D., the project team includes John Classe’, O.D., J.D.; AOA Trustee Ron Hopping O.D.; L. Bruce Mebine, O.D., past chair of VSP; John Rumpakis, O.D., M.B.A.; and consultants R. Michael Daley, president of Essilor Lenses and Don Yee, chief executive officer of the VSP Family of Companies.

Their charter is to study the issue and recommend actions that the profession can take to help new practitioners achieve their desired modes of practice.

Among their early recommendations is a new, comprehensive education program for both new and existing practitioners.

The program would cover topics such as the different needs of practitioners throughout their careers, finance, marketing, valuing a practice and legal and tax issues related to owning a practice.

The project team is also looking at financial programs, such as low-interest loans to help ease the transition period.

For example, Vision One Credit Union found that during a transition period, a practice’s cash flow can decrease by 20 percent and the typical practice takes about 18 months to return to prior levels. Such a decline could throw a practice into bankruptcy.

However, loan payment deferral of up to 24 months could give a new practice owner breathing room during the transition.

Another option is “fractional interest,” where the new practitioner gradually buys into an existing practice with his or her time and capital.

During this period, the established practitioner continues working, but for fewer days. Meanwhile, the new practitioner works the remaining days and is buying some of the practice while gaining knowledge of the business and getting acquainted with the patient base.

Other programs that the project team is reviewing include mentoring and an AOA-sponsored financing program.

As a business owner myself, I can attest to the personal and financial rewards of private practice. But that’s my choice.

One of the aspects of optometry that makes it so appealing as a profession is that there are many settings in which to practice: private, corporate/affiliated, academic, research, partnerships with other professionals, community health centers and many other options as unique as each OD.

We want to ensure that all those modes remain viable, healthy and accessible to the ODs who will be practicing for decades to come.
Students attending the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry’s Meeting™ in Boston will encounter first-class opportunities in education, practice management and entertainment.

The American Optometric Student Association (AOSA) registration includes the Optometry’s Meeting™ Welcome Reception, the Opening General Session with Ben Stein, the AOSA General Session with astronaut Larry DeLucas, O.D., Ph.D., the Varilux Optometry Super Bowl XVI and Reception, the Get Connected with TLC event, Friday night at the Boston Pops, AOSA education, and National Board of Examiners in Optometry (NBEO) Reviews (available for $10 per course).

“This meeting will be held in the hometown of one of our schools of optometry, which means we’ll have a stronger contingent than normal,” said Ryan Parker, O.D., Student Program Committee chair. “Students from the New England College of Optometry are so excited and have offered to help out all they can. Having them there will give us the opportunity to experience Boston like a local.”

On Wednesday evening, all attendees are invited to the Welcome Reception courtesy of Bausch & Lomb.

On Thursday morning, the Opening General Session will feature speaker Ben Stein, sponsored by Essilor.

Stein is a noted humorist, economist, professor, author, screenwriter, actor (Ferris Bueller’s Day Off) and game show host (Win Ben Stein’s Money).

Later that day, the AOSA General Session will be highlighted by Dr. DeLucas, optometry’s first astronaut who will discuss his experiences on the U.S. Microgravity Laboratory and the importance of science and its effect on life on Earth. Register for event #5121.

That evening, attendees won’t want to miss the much-talked-about Varilux Optometry Super Bowl XVI sponsored by Essilor (event #0170).

Contestants representing schools and colleges throughout the United States, Puerto Rico, and Canada will vie for bragging rights, $1,000, and a crystal trophy in this fierce optometric competition.

Essilor also sponsored the Varilux Student Grant Award for a student from each school of optometry with a winning case report to receive $1,000 and a trip for two to Optometry’s Meeting™. AOSA will begin offering the courses on Thursday.

Special AOSA student CE attendance prizes are sponsored by a grant from Alcon.

The AOSA general education program and student travel grants are sponsored by The Vision Care Institute™, LLC, a Johnson & Johnson Company.

Of special student interest is the “Career Options Expo 2007: Explore Your Potential” (Event #5131) sponsored by The Vision Care Institute™, LLC. It will be held Thursday, June 28 from 3 p.m. to 5 p.m. This rapid-paced forum will provide students with a better understanding of some of the many career options available in optometry.

Students will hear from successful individuals representing solo practitioners, partnerships, multi-specialty practices, employed arrangements, lease and franchise holdings as well as research, faculty and educational fields.

The Vistakon®/The Vision Care Institute™, LLC, Travel Grant Scholarships will be presented during the Career Options Expo. The grants make travel to Optometry’s Meeting™ more affordable for students. The winners, who are selected by a faculty member at each school or college, are eligible to compete nationally for an additional $1,000 in an essay contest. Students must be present to win.

For more information, students can contact their AOSA trustee or Carol Freihaut, AOSA executive director, at (800) 365-2219, ext. 4231 or cmfrei@aol.com.

Friday night is “student night” at the Boston Pops at Optometry’s Meeting™, sponsored by Signet Armorlite (event #0280). Students are sure to enjoy the timeless classics and contemporary favorites of “America’s Orchestra” as they perform in the historic Symphony Hall.

“Since I’ve been here before, when I was a second year, I know you just have to experience the Boston Pops to know what everyone’s talking about,” said Dr. Parker. “People still talk about it—it’s amazing.”

Students attending TLC’s Friday afternoon lecture “A Day in the Life of a Clinical Director—Refractive Surgery Cases” (course #5241) will also be able to attend the Get Connected with TLC event on Saturday night at Felt Boston, one of the city’s hottest nightclubs.

The TLC party will feature four levels of entertainment, billiards, dancing, food and fun.

“From what I understand, there is something for everyone,” said Dr. Parker. “It’s basically four bars in one. And TLC has done a lot to make the event classy.”
“In my travels around this country over the past nine years representing the AOA, one thing has been crystal clear: The profession of optometry is alive and doing very well.”
Optometry’s Meeting™
BOSTON
LEADING THE CHARGE
REGISTRATION IS NOW OPEN
The 110th Annual AOA Congress &
37th Annual AOSA Conference: Optometry’s Meeting™
Hynes Convention Center, Boston, MA
CONFERENCE June 27- July 1, 2007
EXHIBITS June 28 - 30, 2007

Registration is $125 for AOA Members & $50 for AOSA Members. Join your peers... come to learn, come to play - either way, check out our line-up.

• Renowned exhibit hall with over 200 exhibitors.
• Over 200 hours of unparalleled CE.
• Wednesday Night Welcome Reception. Sponsored by Bausch & Lomb.
• Opening General Session with speaker Ben Stein. Sponsored by Essilor.
• International Wine and Cheese Reception in the Exhibit Hall on Thursday. Sponsored by HOYA.
• Buck-a-Beer Night in the Exhibit Hall on Friday.
• The Varilux Optometry Super Bowl XVI, where optometry schools compete for academic supremacy. Sponsored by Essilor.
• Presidential Celebration X 2 (Register for Friday OR Saturday Night) featuring The Boston Pops. Sponsored by Signet Armorlite.

Unparalled CE • 200+ Exhibitors
House of Delegates • Professional Interaction
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To register, take advantage of early bird savings, and learn more about Optometry’s Meeting™

www.optometrymeeting.org
Top 5 uses for the Internet in Optometric Practices

- Insurance processing—95%
- Manufacturer product information—76%
- Access professional publications—75%
- E-mail communications with patients—66%
- Obtain clinical education credits—51%

NPI, from page 13

Results from the Internet Technology Survey sent to Paraoptometric Section members in November show increasing use of technology in optometric settings.

The survey was intended to discover what technologies are being used to promote efficiency in optometric practice management.

As managers of the day-to-day functions of optometric practices, paraoptometric staff are often the decision-makers when it comes to evaluating and implementing new technology.

The survey results showed that all respondents had computers in their practices, 98 percent had access to the Internet from their offices, and 76 percent had practice Web sites.

Of those surveyed, 75 percent said they currently place spectacle lens orders online, and 40 percent said they currently place contact lens orders online.

The systems most commonly used for online ordering included VisionWeb, Eyefinity, vendor Web sites, and buying group Web sites.

Respondents said they also placed online orders for frames, office supplies, solutions and eye care supplies, stock lenses, safety lenses, and samples of pharmaceuticals.

The most commonly used practice management software included OfficeMate, Compulink, MaximEyes, RLSYS, and EyeCare Advantage.

The survey results provide benchmarks for optometric practice methods and can be helpful in evaluating the efficiency of daily processes such as insurance processing, patient communication, and order placement.

NPI suggestions

Medicare has accepted test claims since October. Most Medicaid plans began accepting test claims in January. Consult private payers to find out when, or if, test claims are being accepted. Vision Services Plan (VSP) has specifically indicated test claims are not necessary.

VSP prefers to accept NPIs through a designated link on the Eyefinity Web site’s e-Insurance page for submitting NPIs. For information on providing NPIs to other vision plans, see plan Web site or newsletters or contact plan administrators.

Medicare and most other plans will require paper claims be filed on the new CMS 1500 (08-05) form, which provides spaces for NPI numbers. CMS 1500 (08-05) forms are available through the AOA Order Department at (800) 262-2210 or via the AOA Web site, www.aoa.org. Order processing generally takes about two weeks.

Practitioners filing claims on paper should consult private payers to find out when, or if, test claims are being accepted. Vision Services Plan (VSP) has specifically indicated test claims are not necessary.

The software features most used by respondents included billing (90 percent), appointments and scheduling (86 percent), recalls (84 percent), electronic insurance claims processing (72 percent), and optical lab ordering (57 percent).

The Internet Technology Survey results provide benchmarks for optometric practice methods and can be helpful in evaluating the efficiency of daily processes such as insurance processing, patient communication, and order placement.

The article is being made available to AOA members online in advance of publication at http://www.optometry-aoa.com/
Insurance Committee looks at ‘life’ options

People buy life insurance for a variety of reasons. For those without spouses or families, life insurance provides money to pay final debts, to provide for funeral arrangements or even to provide money for a favorite charity or cause. For those with families, additional reasons include providing for children’s education and providing for a transition through the time of loss.

There are two basic types of life insurance: permanent life insurance and term life insurance. Permanent life insurance is designed to be in force for the lifetime of the insured, that is, the person has the insurance until they die. Three main types of permanent life insurance are whole life, universal life and variable life. Permanent life insurance builds cash value that may be used by the insured – usually in the form of a loan against the cash value. The face amount, or death benefit, remains the same for the life of the policy. For some policies, the insured pays premiums for a certain amount of time (e.g., 20 years) and the policy is paid up – the insurance remains in force without any additional payments on the part of the insured. Permanent life insurance is more expensive than term insurance for the same amount of coverage.

The second type of life insurance is term life insurance. Term life insurance is purchased for a specific length of time – usually five or ten years. At the end of the term, the policy ends and the person is required to buy another policy for the next term if they wish to continue coverage. The benefit is lost at the end of the policy term.

Term life insurance does not build cash value. The only benefit of a term life policy is the death benefit. Term life insurance allows a person who wants a large amount of insurance to afford it more easily than if they purchased the same amount of permanent insurance. During active years, when a practice is growing and the family is as well, it allows for greater insurance protection. After the family is grown and the practice is sold, there may not be a need for as much protection. And the amount of insurance purchased can be decreased. While the premiums of permanent life insurance stay the same throughout the time premiums are paid, the premiums of term life policies increase for the same amount of insurance as the insured ages. So while $100,000 of term life insurance might cost a 40-year-old $15 a month, the same insurance would cost a 70-year-old $135 a month. However, if the individual purchases an individual term life policy, it is possible that when the 70-year-old applies for the new term policy, the company will decline to continue coverage. This is not as true of group policies.

The AOA’s endorsed group program provides up to $100,000 in term life insurance with minimal underwriting. That means minimal questions. In addition, as long as the member continues to pay the premiums, the insurance remains in force, and issuance of continuing terms is guaranteed. (The entire group could be canceled, but not an individual.)

As a part of AOA’s endorsed term life program – and many other term life insurance programs as well – an Accidental Death and Dismemberment plan is included. This program pays additional benefits in the case of an accidental death or in the case of dismemberments not resulting in death. Dismemberment benefits are paid depending upon the number of limbs lost and the severity of the loss.

Unpleasant as it might sound, accidents can happen at any time. While it would seem better not to have to think about it, this additional benefit helps to get loved ones – and in the case of dismemberment – the insured – through a period of loss.

For more information on the AOA’s endorsed term life insurance, contact AGIA at (800) 245-4454 or Tom Weaver at TWeaver@aoa.org or (800) 365-2219, ext. 1343.

Legislation, from page 7

leaders like Reps. Pascrell, Green and Ros-Lehtinen and Sen. Bond in the effort to provide states with the resources — the federal dollars — they need to make children’s vision and classroom learning a top priority,” Dr. Crooks said.

“Millions of American children currently live with vision loss or vision impairment, yet vision loss is often preventable if vision disorders are properly detected,” Rep. Green said. “By targeting the uninsured children who have trouble accessing vision care services and providing at-risk children with necessary follow-up treatment, the Vision Care for Kids Act makes the best use of scarce health care dollars and ensures that each grant dollar goes to the kids most in need of vision care services.”

“I am proud to introduce legislation that will improve quality eye care for our children. Eye health has a direct impact on learning and achievement, and it is unacceptable that only one in three children receive preventative vision care before they are enrolled in elementary school,” Rep. Pascrell said.

“The grant program in this legislation would provide for timely diagnostic examination, treatment and follow-up care. Better eye care will significantly mitigate the effects of visual impairment and open up a new world of academic and social opportunity for our youngest children,” Rep. Pascrell said.

“This bill would be a great tool to correct bad vision in our younger children, especially those that need it most: children from lower income homes,” Rep. Ros-Lehtinen said.

“I support this bill enthusiastically, and I hope my colleagues do the same.”

In 2006, Sen. Bond and Rep. Pascrell were selected to receive the AOA’s Health Care Leadership Award for their longtime advocacy for eye and vision care for children.

Ten million children suffer from vision disorders, according to the National Parent Teacher Association.

Vision disorders are considered the fourth most common disability in the United States, and they are one of the most prevalent handicapping conditions in childhood.

“Vision problems that are not diagnosed and treated hinder learning, and — as happened to Senator Bond himself — cause permanent vision loss,” Dr. Crooks said.
Industry Profile: Alcon

Our Commitment to Research and Development

With the largest corporate research and development commitment of any eye care company worldwide, Alcon is currently developing pharmaceutical products to treat glaucoma, retinal diseases, dry eye, infection, inflammation and allergy; surgical products for cataract, vitreoretinal and refractive procedures; and consumer products in the areas of contact lens care, dry eye and ocular health. In 2005, Alcon spent $422 million on research and development. Over the next five years, Alcon plans to invest more than $2.5 billion to discover and develop new treatments for conditions and diseases of the eye.

Two recent product introductions are the result of our unwavering commitment to research and development. The first is Travatan® Z [travoprost ophthalmic solution] 0.004%, a new formulation that eliminates benzalkonium chloride (BAK) from Alcon’s existing Travatan® solution. BAK is replaced with Sofzia™, a robust ionic buffered preservative system that is gentle to the ocular surface. Alcon developed this BAK-free version of Travatan® because long-term use of topical solutions containing BAK may compromise the ocular surface and exacerbate conditions such as dry eye. In clinical trials, Travatan® Z reduced intraocular pressure (IOP) up to 8.5 mmHg on average, demonstrating statistically equivalent IOP lowering efficacy to the original Travatan®.

The second product, which was launched in January of this year, is Pataday™ (olopatadine HCl solution) 0.2%, the first and only eye drop for ocular itching associated with allergic conjunctivitis approved by the U.S. Food and Drug Administration (FDA) for once-daily use. Pataday™ solution contains twice the olopatadine concentration of Patanol® (olopatadine HCl solution) 0.1%, the No. 1 prescribed twice-daily ocular allergy product in the United States.

“We are proud to provide these recent product offerings to the optometric community,” said Dave Sattler, director of professional relations at Alcon. “We will continue to invest in researching and developing the products of tomorrow that will give doctors more options to treat diseases and conditions of the eye.”

Panoptx Eyewear’s spring collection includes the Velocity series designed for consumers looking for the highest level of performance. The designs embrace the needs of sports enthusiasts and attract those who are also addicted to style. The Velocity Convertibles feature the Orbital Seal™ removable eyecup for those with light-sensitive eyes. The eyecup also has filtered vents that manage airflow. Shown is style Whirlwind. Visit www.panoptx.com for more information.

Company offers unique UV-blocking lenses in bifocal style

Vision-Ease Lens announced the launch of its SunRx® Melanin polarized polycarbonate lenses in the D28 bifocal product style.

SunRx Melanin lenses are the only polarized lenses to receive both the AOA Seal of Acceptance for UV Absorbers/Blockers by the Commission on Ophthalmic Standards and the recommendation of the Skin Cancer Foundation, according to the company.

The lenses protect against harmful UV light and block optimal levels of high energy visible light, which may contribute to macular degeneration.

“Vision-Ease promotes sun protection as a part of regular health care through our product offerings,” said Michael Ness, vice president of sales and marketing, Vision-Ease Lens. “By expanding the SunRx Melanin product line to include the D28 bifocal, more customers are able to benefit from the superior protection SunRx Melanin lenses provide.”

Melanin, which is a pigment found in the skin and eyes, provides a natural protection against UV rays and visible light. The melanin rate decreases as people age and makes the eyes more vulnerable to sun damage.

“At age 40, we have already lost 15 percent of our initial amount of melanin, and at age 50, only 75 percent of the protecting pigment remains in our eyes,” said Cathy Bates, new product manager, Vision-Ease Lens.

“Because of the diminished protection older patients have in their eyes, it was essential to offer the SunRx Melanin lenses in a D28 bifocal to that demographic.” For more information, visit www.vision-ease.com.
Transitions Optical introduced a new consumer-oriented eyeglass guide, advertising campaign and promotion at the end of January.

The eyeglass guide is designed to give patients a clearer picture of their eyewear options and provide pre-visit education.

The guide, available online and as a printed magazine insert, provides details on lens materials and types, such as anti-reflective coatings and photochromics. It also presents tips for choosing frames and highlights the solutions offered by multiple pairs.

“Often, by the time patients are ready to purchase eyewear, they are overwhelmed with their choices, and the easier-to-understand frame selection usually takes priority,” said Grady Lenski, commercial strategy and operations director, Transitions.

The guide gives patients a "checklist" of topics they can bring to their eye appointments, and the Transitions Website includes a five-minute quiz that provides a "virtual" eyeglass recommendation.

Transitions also announced an advertising partnership with the Wheel of Fortune game show.

In addition to Transitions’ futuristic-themed commercials airing during the show, Transitions will be prominent through online sponsorships and visibility during the show itself. Transitions will also be involved during several local contestant recruitment events.

Transitions also rolled out a 2007 national promotion called “Spin & Win.”

Patients who register their Transitions® lenses from March 1 through Oct. 1 using a certificate of authenticity will receive a chance to “spin” a wheel to win a variety of instant prizes and be automatically entered into a grand prize drawing.

Each time an eye care professional or consumer registers for the promotion, a donation will be made to a charity supported by the Transitions® Healthy Sight for Life Fund. Prevent Blindness America will be the beneficiary for 2007.

“The promotion will complement a variety of traditional and non-traditional tactics that comprise the latest expanded consumer outreach campaign, including advertising during popular television shows like Wheel of Fortune,” said Lenski.

Patients can register their lenses online or by mail.

Eye care professionals can register at www.trustedworldwide.com or call Transitions Customer Service at (800) 848-1506.

CooperVision releases daily disposables

CooperVision announced the release of the ClearSight™ 1-Day line of daily disposable contact lenses.

The new lenses are designed to provide optimum comfort and performance while promoting better eye health for daily-wear patients.

“Now is a great time for eye care practitioners to consider daily disposable lenses for their spherical lens patients,” said James Gardner, senior marketing manager, CooperVision.

“A two-week silicon hydrogel lens plus solutions now costs the patient the same as full-time one-day lens wear. With recent recalls and concern over solution efficacy, one-day lenses are a great first choice for practitioners,” said Gardner.

ClearSight 1-Day lenses have a thinner lens design that minimizes lid interaction for a comfortable wearing experience, according to CooperVision.

The lenses are made of a 52 percent water content material and are available in sphere powers of +6.00 to -10.00 in .50 steps above +5.00 and -6.00; and have a center thickness of 0.07-mm at -3.00D, a 8.7mm base curve and a 14.2-mm diameter.

ClearSight 1-Day lenses promote better eye health because they require no daily cleaning regimen, the company said.

The lenses also have a UV blocker to help protect eyes from harmful UV rays.

The lenses are made of a 52 percent water content material and are available in sphere powers of +6.00 to -10.00 in .50 steps above +5.00 and -6.00; and have a center thickness of 0.07-mm at -3.00D, a 8.7mm base curve and a 14.2-mm diameter.

ClearSight 1-Day lenses are packaged in 30-lens and 90-lens revenue cartons.

For more information, visit www.coopervision.com.

Purchasing group launches discount plan

Red Tray Optical, a new ‘lab first’ purchasing group, was launched by Jerry Hayes, O.D. The only group of its kind, Red Tray Optical offers members the maximum published discount from a select group of well-known frame suppliers and optical labs.

“I believe we are introducing the strongest discount plan ever offered to independent practice owners for both optical lab services and frames,” said Dr. Hayes, who is also founder of the HMI Buying Group.

In return for receiving maximum discounts, Red Tray members pay a small administration fee as little as 1 percent.

Before joining Red Tray Optical, the company advises customers to consider the following:

- In order to make this a better deal than through a traditional buying group, a practice will need to spend at least $1,000 per month with partner labs.
- The administration fee for both frames and labs is based on the dollar volume of a member’s optical lab business. A member who spends a total of $3,000 a month with Red Tray’s partner labs will save most, paying a 1 percent fee.
- For more, call Linda Holley at (800) 416-7676 or visit www.redtrayoptical.com.
Low Vision Rehabilitation Section seeks award nominations, candidates for council office

The Low Vision Rehabilitation Section (LVRS) is seeking nominations for its Distinguished Service Award and its Vision Care Award. The awards will be presented during the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry’s Meeting™ at the Section’s Annual Awards Reception on Friday evening, June 29.

The LVRS Distinguished Service Award is given to a non-optometric colleague or organization for major contributions to the advancement of low vision care and exceptional service to the community, the field of low vision services and/or the LVRS.

The LVRS Vision Care Award is given to an optometrist who is a member of the AOA LVRS Section and who has demonstrated exceptional service to the community, the field of low vision services and/or the LVRS.

Nominations for both awards may be submitted by any AOA member. The nomination should include:
- A statement indicating why the nominee is deserving of the award;
- A brief biographical sketch or CV/resume;
- A photograph of the individual;
- Supporting documentation such as letters, news clippings and/or other correspondence to assist the judges.

Nominations should be submitted no later than April 1. Submit them to the LVRS Nominating Committee, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO, 63141-7851, by e-mail to dbkincaid@aoa.org, or by FAX to (314) 991-4101.

Call for nominations for LVRS Council Officers

LVRS members in good standing who are interested in serving on the AOA LVRS Council are invited to declare their candidacies.

Candidates should submit a letter of intent, curriculum vitae, platform, the council office they are seeking, and other supporting documentation to the LVRS Nominating Committee by April 1, 2007.

The election will be held at the LVRS Annual Business Meeting during Optometry’s Meeting™ in Boston on June 28.

In addition any section member in good standing may run for office “from the floor” during that meeting.

Candidates from the floor will not be considered or interviewed by the Nominating Committee. There are no rules regarding which office candidates can file for, although the chair and immediate past chair positions are automatically filled by succession. Positions to be filled are chair-elect, vice chair, secretary, and two at-large council member positions. All positions serve for a two-year term of office, beginning at the close of the Annual Business Meeting. (The term of office may be changing to one year. The change will be voted on at this year’s LVRS Annual Business Meeting.)

For additional information about serving on the LVRS Council or a description of the duties of the council officers, contact the section in St. Louis at lvs@aoa.org.

Sports Vision Section seeks award nominations

The AOA Sports Vision Section (SVS) is seeking nominations from Section members for the Annual SVS Awards, to be presented at the 2007 Optometry’s Meeting™ in Boston.

- **Sports Vision OD of the Year:** Recognizes an individual who has provided leadership and/or made innovative, significant, or outstanding contributions to the field of sports vision and/or to the SVS.
- **Eagle Award:** Presented to a non-optometrist who significantly promotes sports vision and vision training to the public. Included among past recipients are Mark McGwire, Val Skinner, Picabo Street, and football coach Vince Dooley.
- **Industry Appreciation Award:** Presented to an industry member who has demonstrated significant support of the SVS and its efforts to promote the profession of optometry and sports vision.

Nominations may be made by any member of the SVS. Please include:
- A statement, not to exceed 1,000 words, indicating why the nominee is deserving of the award;
- Any supporting documentation, such as letters, news clippings, and/or other correspondence, to assist the judges.
- Eagle Award and OD of the Year Award: please include a brief biographical sketch or CV/Resume.

Please send nominations postmarked no later than April 9, 2007 by mail to the SVS Awards Committee, AOA Sports Vision Section, 243 North Lindbergh Blvd., Floor 1, St. Louis, MO, 63141-7881, or by e-mail to dbkincaid@aoa.org, or by FAX to (314) 991-4101.

Questions? Contact the SVS office at (800) 365-2219, ext. 4107.

Society starts Ezell Fellowship for glaucoma research

The Optometric Glaucoma Society (OGS) has established an Ezell Fellowship dedicated to fund postgraduate research in the area of glaucoma. The OGS is doing this in partnership with The American Optometric Foundation (AOF), a philanthropic organization that develops and provides financial support for optometric research and education.

The OGS-Ezell Fellowship will provide funding for the first time to optometric researchers pursuing glaucoma research. While individuals who were involved in glaucoma research have been awarded Ezell fellowships, there was never a program allowing family funding of this form of study.

Ben Gaddie, O.D., and Tom Lewis, O.D., are chairing the steering committee involved with funding the fellowship. They are seeking $200,000, which will be raised over a three-year period in an industry-optometry partnership.

In addition, they are reaching out to the optometry profession. Checks should be made out to the American Optometric Foundation, specifying the OGS-Ezell Fund.

Checks should be sent to the AOF, 6110 Executive Blvd. Suite 506, Rockville, MD 20852. All contributions are tax deductible. For details visit www.aoaopt.org/80/aof/scholarship/ezell/index.asp.
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Meetings

For more meetings information, visit www.AOAnews.org.

To submit an item, send a note to EventCalendar@aoa.org

March

MONTANA OPTOMETRIC ASSOCIATION SKI CONFERENCE March 1-3, 2007 Big Sky, Montana 406/443-1160 FAX: 406/443-4614 suew@mtyes.com www.mtyes.com

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS INTERNATIONAL EDUCATIONAL CONFERENCE March 2-4, 2007 Brown County State Park, Nashville, IN Kelly A. Frantz, O.D. 312/949-7281 FAX: 312/949-7653 krfrantz@icoo.edu www.fcoint.org/conference.html

NEVADA OPTOMETRIC ASSOCIATION, INC. 23RD ANNUAL SEE AND SKI TAHOE March 4-7, 2007 Montbleu Resort Casino & Spa Lake Tahoe, NV Alyssa Harvey 702/220-7444 noah03@yahoo.com www.nevadaoptometric.org

SACRAMENTO VALLEY OPTOMETRIC SOCIETY 19TH ANNUAL OCULAR SYMPOSIUM March 4, 2007 Marriott Rancho Cordova Hotel, Rancho Cordova, CA Jerry Sue Hooper 916/447-0270 jerry2e@svos.info svos.info

OCULAR THERAPEUTICS CONTINUING EDUCATION 18TH ANNUAL OCULAR THERAPEUTICS IN CANCUN March 7-11, 2007 Fiesta Americana Condesa Resort, Cancun, Mexico Tony Lhvak 856/429-7415 info@toce.net www.toce.net

SOUTHWEST COUNCIL OF OPTOMETRY March 9-11, 2007 Dallas, TX www.swco.org

VT/LEARNING RELATED VISUAL PROBLEMS, Baltimore, March 8-12, presented by OEP CLINICAL CURRICULUM. Contact: Theresa Krejci, 800 447-0370 or visit www.babousa.org


OPTOMETRY ASSOCIATION OF LOUISIANA CLEINMAN “BUSINESS OF EYECARE FORUM” March 17, 2007

Holiday Inn, Alexandria, LA James D. Sandefur, O.D. 318/335-0675 FAX: 318/335-0677 opfa@bellsouth.net www.opfa.org

NORA 16TH ANNUAL NEURO OPTOMETRIC REHABILITATION ASSOCIATION (NORA) CONFERENCE March 17-20, 2007 DoubleTree Guest Suites, Charleston, SC Robert Williams 866/222-3887 Rwilz23@hotmail.com www.nora.cc

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CONTINUING EDUCATION March 18, 2007 Best Western Hotel, Marlborough, MA Richard Lawless 508/875-7900 FAX: 508/875-0010 richie@massoptom.org www.massoptom.org/events/default.asp

AEA CRUISE SEMINAR – SEVERE SOUTHERN CARIBBEAN March 19-26, Silver Wind 888/638-6009 asacruises@aol.com www.optometriccruiseseminars.com

TROPICAL SEA E COSTA RICA April 1-7, 2007 Scott Washburn 903/885-1591 swashburn@tropicalsea.com


INTERNATIONAL VISION EXPO EAST April 23-25, 2007 New York, NY Jacob K. Javits Convention Center, New York, NY wwwVISIONEXPOeast.com

VT/VISUAL DYSFUNCTIONS, Fort Lauderdale, FL Co-sponsored by NOVA Southeastern University College of Optometry and OEP CLINICAL CURRICULUM March 28-April 1 Contact: Theresa Krejci, 800 447-0370 or visit www.babousa.org

IOWA OPTOMETRIC ASSOCIATION March 29-April 1, 2007 Des Moines, IA www.iowaoptom.org

April

TROPICAL SEA E April 1-7, 2007 St. Thomas Scott Washburn 903/885-1591 swashburn@tropicalsea.com

SOUTHERN COLLEGE OF OPTOMETRY SPRING CONTINUING EDUCATION April 13-15, 2007 SCO Campus, Memphis, TN 800/238-0180, ext. 4 celena@SCO www.sco.edu


AOA CONGRESSIONAL CONFERENCE April 23-25, 2007 Washington, DC

AOA SPRING PLANNING CONFERENCE April 25-29, 2007 St. Louis, MO

May

COLLEGE OF SYNTONIC OPTOMETRY 75TH ANNUAL CONFERENCE ON LIGHT AND VISION May 2-6, 2007 Kansas City, MO Ron Weissman 719/486-0190; 719/486-0191 syntonic@bresnan.net www.syntonicphototherapy.com
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Clinical Track positions are open for both junior and senior clinicians. The successful clinical track applicant will have a minimum of OD degree and either residency training or significant clinical experience. The candidate will be expected to participate in clinical teaching and patient care activities within the University Eye Institute and thus must be eligible for optometric licensure in the state of Texas. Experience or willingness to participate in didactic teaching is desirable. The successful candidate(s) will be expected to produce clinical relevant scholarship within the framework of patient care.

Salary and rank will be commensurate with the candidate’s qualifications. To apply, please send a Curriculum Vita, a one to two page description of your research/clinical interests, experience, and long-term career goals, and the names and contact information for three references to:

Earl L. Smith III, O.D., Ph.D., Dean
College of Optometry
University of Houston
505 J. Davis Armistead Bldg.
Houston, TX 77204-2020
713-743-1899 email: esmith@uh.edu

Review of applications will begin immediately and continue until positions are filled.

The University of Houston is an equal opportunity/affirmative action employer. Minorities, women, veterans and persons with disabilities are encouraged to apply.
Indiana University School of Optometry seeks a clinical rank faculty to teach in the primary care clinics. Candidates should have completed a residency and/or have equivalent practice or academic experience.

Responsibilities include overseeing interns in the school's teaching clinics; assisting with the residency training program, promoting vision care services within the community; and the possibility of didactic teaching in areas of expertise. Candidates should have an interest in collaborating on clinical research projects.

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EEO/AA

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Pennsylvania College of Optometry  
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Email: HRD@pco.edu

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $50 (40 words maximum) 2 column inches = $100 (80 words maximum) 3 column inches = $150 (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. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com or by fax at 212.633.3820 attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

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Classifieds

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Midwest

Semi-retired OD desires joining a practice that would like to expand into visual therapy; part time or full. Contact: Robert Strait. 715-239-6634. Cornellbob@Centurytel.net

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American Association of Optometry (AOA) AOA 30 • AOA News
Advisors are needed to immediately worth their physician's advice if they develop any dizziness, headache, nausea, constipation and lab reactions.

Advisors are needed to immediately worth their physician's advice if they develop any dizziness, headache, nausea, constipation and lab reactions.

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Please see brief summary of prescribing information on adjacent page.