AOA, Rep. Boozman tour eye care facility at Walter Reed

On May 19, U.S. Rep. John Boozman, O.D. (R-Ark.), AOA President-elect Peter H. Kehoe, O.D., and other nationally prominent doctors of optometry met with Department of Defense (DoD) health officials and patients at the Walter Reed Army Medical Center (WRAMC).

They discussed the state of military eye and vision care and offered recommendations to further improve care for wounded warriors facing combat-related eye trauma and the vision damage associated with traumatic brain injury (TBI).

Eye wounds and combat-related vision loss have been among the most common types of injury for America’s soldiers, sailors, airmen and Marines serving in Iraq and Afghanistan.

Since 2002, nearly 1,350 American military personnel have suffered combat eye trauma and were evacuated from overseas military operations.

“An increase in roadside bomb and improvised explosive device attacks on American troops has resulted in TBI quickly becoming known as the ‘signature injury’ among soldiers returning from the frontlines of Operation Iraqi Freedom and Operation Enduring Freedom,” said AOA Washington office Director Jon Hymes. “Standing shoulder-to-shoulder with Representative Boozman, the AOA is committed to a long-term leadership role in helping to ensure that American officials and (DoD) health of Department of Defense physicians met with nationally prominent doctors in optometry to raise the visibility of optometry and creating Campaign gets results, raising awareness

Since the start of the Optometry Awareness and Public Affairs Campaign, the AOA has made great strides in promoting awareness and understanding of who optometrists are, including their scope of practice, and protecting optometrists’ ability to serve patients to the full extent of their optometric education and training.

Expansion of the campaign, conducted in conjunction with the Hill & Knowlton public affairs firm, serves to position optometrists as “go-to” experts on eye health and wellness and policy leaders in the public health arena. Campaign strategies include raising the visibility of optometry and creating solutions to projected annual payment cuts targeting all Medicare physicians—including ODs, MDs and other health care professionals.

The AOA has made it clear that due to Medicare’s flawed Sustainable Growth Rate (SGR) payment formula, practice costs have outpaced payment levels, placing access to quality care for America’s seniors increasing—

AOA intensifies efforts to block massive 10.6% Medicare pay cut

With only weeks remaining to block a massive cut in payments to Medicare physicians, the AOA is further intensifying its Capitol Hill lobbying effort and urging Congress to take immediate action to avert a Medicare payment cut that will produce disastrous results for Medicare providers and harm seniors’ access to care.

Without congressional action on corrective legislation, a 10.6 percent cut in Medicare physician reimbursement will take effect July 1, 2008.

The AOA Washington office team continually has been the voice of optometry working with the American Medical Association and other physician groups to build support in Congress for immediate and long-term solutions to projected annual

See Veterans, page 6

See Awareness, page 8

See Medicare, page 10
It takes time fitting just the right lens to each patient.

OPTI-FREE® ReplenSH® is the only multi-purpose solution that demonstrates biocompatibility (minimal corneal staining) across all soft lens types, including silicone hydrogel.1,2 Plus our proprietary TearGlyde™ Reconditioning System enhances comfort and keeps lenses moist for 14 hours – up to 6 hours longer than other MPS solutions.3,5 Why look further?

#1 Doctor Recommended®

Time for fishin’

Ten years ago, after a lengthy period of uncertainty in finding a replacement for retiring AOA Executive Director Earle Hunter, O.D., a humble, unassuming optometrist stepped up to serve the AOA in that role. That man was Dr. Mike Jones.

Next month, at the conclusion of Optometry’s Meeting™, Dr. Jones steps down as AOA executive director to begin a well-deserved retirement.

To those of us who know Mike as a colleague, friend, co-worker and leader, most would describe him as “quietly effective.” Few doubt that he was “the right man at the right time” when he was drafted to be AOA ED.

When this kid from Tennessee, who used to break horses and run around back roads in fast cars, finished optometry school, many would have never predicted the enormous impact he would someday make on his profession.

After all, he freely admits, Mike is an awkward public speaker, hates to write anything and would rather wear denim than pin-stripes any day of the week. But still, there is something about this guy that instantly makes one comfortable when in his presence and confident when he is leading the charge.

There is no question that Mike understands and likes people—an essential trait for any leader. His intellect is second to none, and he has the uncanny ability to cut through the layers of any discussion to get to the point. Then, there is that infective grin that just disarms any opposition from friend or foe.

The results of Mike’s winning formula for leadership have been impressive. In his 30-plus years of service to organized optometry, he has served his local and state associations, chaired the AOA Federal Relations Committee, participated in countless committees, symposia and national meetings, was a member of the AOA Board of Trustees, and served as AOA president in 1997-98.

In 1998, after several years of searching for the right person to do the job he has done! Starting with the implementation of a winning formula for leadership, Mike began a process of reorganization and modernization that continues today.

Communication to the member has been streamlined and literally brought online with e-mail and Web-based products.

Mike’s ability to manage “crisis” situations has been demonstrated over and over with issues like contact lens litigation, attacks on the profession by organized medicine or acute legislative issues. He is responsible for hiring outstanding staff in both St. Louis and Washington, D.C.

Through it all, Mike’s quiet, respectful approach solidifies his reputation as a “solid citizen” of leadership.

Of course, all of this devotion to the profession takes away from time with the true love of his life—Mike’s family. His wife, Linda has always been there to support Mike; and children Christopher and Tiffany have literally grown up in the “optometry family.” And a new generation is looking forward to spending time with “Pops”—grandson Gage and granddaughter Sydnee.

As Mike retires, it is my hope that he does so with the personal satisfaction of knowing that there are literally thousands of optometrists who have benefited from his knowledge, expertise and effort.

While we can never repay him for all he has done for us, we can and do say “THANK YOU—job well done, Dr. Jones.”

Enjoy the fishing my friend!

L. J. Allen, O.D.

Dr. Alexander
Hopping files for re-election

Ronald L. Hopping, O.D., M.P.H., has filed for re-election to the AOA Board of Trustees. Dr. Hopping was first elected to the board in 2005.

Dr. Hopping serves on the AOA Finance Committee and the Constitution and Bylaws Committee. He also serves as chair of the Practice Perpetuation Project Team.

Dr. Hopping is the liaison trustee to the Advocacy Group Executive Committee, the Federal Relations Committee, the Federal Legislative Committee, the Eye Care Benefits Center, the Professional Relations Committee and the State Government Relations Committee.

He is also liaison trustee for AOA-PAC and the Insurance Committee.

Dr. Hopping has served as liaison trustee to the Clinical Care Group and 15 state affiliate associations. He has served as chair of the AOA’s Information & Member Services Group and the AOA Communications Group Advisory Committee.

He oversaw the development of the AOA Dr. Locator program and was instrumental in expanding the Save Your Vision celebration into a month-long media event.

Dr. Hopping served on the Healthy Eyes Healthy People® Oversight Committee.

Dr. Hopping was president of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. Dr. Hopping was deeply involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation.

A graduate of the University of Houston College of Optometry, Dr. Hopping is currently an Adjunct Associate Professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He received his Master’s of Public Health from the University of Texas in 1982. Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in Optometry and was elected to its executive committee.

Southern California College of Optometry, Dr. Hopping is currently an Adjunct Associate Professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He received his Master’s of Public Health from the University of Texas in 1982. Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in Optometry and was elected to its executive committee.

AOA, school nurses’ group set mutual goals

The AOA and the National Association of School Nurses (NASN) met in April to embark on a number of relationship-building projects.

“We envision this partnership to be a long-term relationship,” said Amy Pruszenski, O.D., chair of the AOA School Nurse Project Subcommittee. “We plan to work on mutual goals that will be in the best interest of the students and help the nurses have what they need to do their jobs.”

The School Nurse Project Subcommittee was formed to guide the development of new school nurse materials.

As part of this effort, the subcommittee contacted the NASN to determine the current needs of school nurses.

The NASN agreed to a survey of its members to receive feedback regarding their vision-related concerns.

The responses signify a strong desire for information on the vision care of students.

“Some of the key responses represented concern about functional vision, binocular vision, contact lens emergencies and access to care,” said Dr. Pruszenski. “Even if a student has Medicaid, it’s difficult to find an eye care provider.”

More than 1,500 school nurses took the survey, and more than 800 provided written feedback.

And 1,027 school nurses responded affirmatively to the question: “May we inform local optometrists of your school’s interest in the AOA’s school nurse resources?”

Based on the information gathered, the AOA will release a school nurse toolkit in September.

The School Nurse Project Subcommittee continues to determine other resources that will meet the diverse needs of school nurses.

Through these efforts, optometrists are positioned as “go-to” resources for school nurses.

As representatives from the NASN indicated at the meeting, an over-

age, there is one school nurse per 1,151 students.

“Many school nurses feel they are not able to adequately meet the vision needs of the students, and they appreciate the help from optometry. It would be good for optometrists to make themselves available as contacts.”

NASN supports kids’ vision act

As a result of the April meeting, the NASN announced it was signing on as a supporter of the Vision Care for Kids Act (S. 1117 / H.R. 507), a bipartisan bill designed to ensure that no child is left behind in the classroom due to a treatable vision problem.

The Vision Care for Kids Act recognizes the link between healthy vision and learning and would establish a federal children’s vision treatment grant program that will bolster initiatives in the states.

The legislation seeks to encourage children’s vision partnerships with non-profit entities, including groups as committed to the cause of safeguarding the sight of America’s children as state optometric associations.
GLANCE AT THE STATES

Minnesota practice act takes big step forward

Minnesota Gov. Tim Pawlenty (R) signed S.F. 3258, a bill establishing licensure by endorsement, level licensure, and allowing the sale of drugs administered through contact lenses, on May 1.

“This law basically gives us a streamlined, standardized practice act,” said James Melfert-Nelson, executive director of the Minnesota Optometric Association. “We now have a consistent licensing process.”

The new law requires all applicants for initial licensure to apply at the highest level and implements licensure by endorsement.

According to the law, “An optometrist who holds a current license from another state, who has practiced in that state not less than three years immediately preceding application, and who meets certain requirements may apply for licensure by endorsement.”

“We previously had license reciprocity,” said Melfert-Nelson. “Under licensure by endorsement, a state can offer licensure to currently practicing, competent optometrists from other states meeting certain criteria.

The law also establishes “level” licensure whereby all optometrists must be licensed at the highest level by Aug. 1, 2012, in order to renew their license to practice.

Minnesota is the eighth state to mandate level licensure and require licensees to hold a license at the highest level available in that jurisdiction by a predetermined renewal date or lose their license to practice.

The other states that have established a level licensure requirement are Illinois, Kansas, North Dakota, Oklahoma, Oregon, South Carolina and Washington.

The law also amended the prohibition against dispensing drugs at retail to allow for the dispensing of drugs administered to the eye through a contact lens.

Minnesota is the third state to enact this form of legislation, following Ohio and Kentucky.

Melfert-Nelson noted the cooperation of optophthalmology on the issues addressed in this legislation.

“We had some very good discussions with the leadership in organized ophthalmology and we are working on a mechanism to talk with them regularly,” said Melfert-Nelson.

“They didn’t oppose this bill, and hopefully this leads to a different kind of relationship where we build trust for the long term.”

Colorado ODs, occupational therapists define roles in vision therapy, rehabilitation

On May 14, Colorado Gov. Bill Ritter Jr. (D) signed a bill to ensure the provision of vision therapy and low vision rehabilitation by occupational therapists is conducted with the involvement of an optometrist or ophthalmologist.

S.B. 152 establishes a new practice act for occupational therapy, where previously occupational therapy in Colorado was regulated under title protection only.

The Colorado Optometric Association (COA) successfully worked with the state occupational therapy association and the bill’s sponsor to include language in the new occupational therapy practice act to ensure that the provision of vision therapy and low vision rehabilitation services by occupational therapists is done under the referral, supervision, or co-management of an optometrist or ophthalmologist.

“We were concerned that the bill, as originally drafted, would have allowed occupational therapists to practice optometry,” said Gwenne Hume, Ed.D., COA executive director.

“Fortunately, Sherry Cooper (associate director of the AOA State Government Relations Center) provided some suggestions for language that we might consider for amendment to the bill, and we were ultimately able to have this clarified. This gave us an extraordinary amount of help instead of having to attempt to reinvent the language ourselves,” she said.

“The good thing about the bill is that it enhances the positive working relationship ODs have with OTs. Our belief is that it ensures the best interests of patient care are met.”

Dr. Hume said the occupational therapists had no intention of practicing optometry but still resisted the suggested amendments. The bill’s original broad language was written to meet their needs and in a manner similar to other states’ occupational therapy acts.

The act as amended defines “low vision rehabilitation services” to mean the evaluation, diagnosis, management, and care of the low vision patient, including low vision rehabilitation therapy, education, and interdisciplinary consultation.

The practice of occupational therapy includes the assessment, design, fabrication, application, fitting and training in assistive technology and adaptive devices, excluding glasses, contact lenses, or other prescriptive devices to correct vision unless prescribed by an optometrist.

“Vision therapy services” are defined in the act to mean the assessment, diagnosis, treatment, and management of a patient with vision therapy, visual training, visual rehabilitation, orthotics, or eye exercises.

“The good thing about the bill is that it enhances the positive working relationship ODs have with OTs,” said Dr. Hume. “Our belief is that it ensures the best interests of patient care are met.”

Pa. College of Optometry changes name to Salus University

Over the past nine decades, the Pennsylvania College of Optometry (PCO) has undergone a series of transformations—changing campuses, strengthening curricula and developing new programs—now it’s changing its name.

PCO will officially become Salus University on July 1.

The Pennsylvania College of Optometry was established in 1919, but has broadened its focus to include other disciplines and currently offers a total of seven graduate and two professional degrees over the past 25 years.

In addition to the Pennsylvania College of Optometry, PCO is currently comprised of the PCO School of Audiology, four programs in graduate studies in vision impairment and a physician assistant program.

Through its Center for International Studies, the college brings students and practicing optometrists to Philadelphia through its optometric programs in 17 countries around the world.

Salus, a Latin word for health and well-being, was unanimously adopted by the Board of Trustees as an expression of the institution’s dedication to the preservation of the health and well-being of the communities its graduates serve.

“The university’s name supports the institution’s vision of an academic community that emphasizes a holistic approach to education, prevention, treatment and rehabilitation, and includes a commitment to interdisciplinary learning,” according to Salus University President Thomas L. Lewis, O.D., Ph.D.

“Our faculty, students, staff and Board of Trustees realize that, as this institution grows and becomes more complex, the name Salus will offer direction, undergird the value of interdisciplinary education and early clinical experience that are the hallmarks of our innovative curriculum,” he said.

As the need for more highly specialized health professionals continues to increase, Salus University will continue to respond to the demand with relevant programs, according to university officials.

Salus University is located in Elkins Park, Pa. For more information, visit www.salus.edu.
military service personnel wounded in current U.S. conflicts receive the highest quality and most advanced eye and vision care.”

Highly attuned to this growing problem, Rep. Boozman, a senior member of the House Committee on Veterans Affairs, sponsored the AOA-backed Military Eye Trauma Treatment Act, a part of legislation approved by Congress and signed into law on Jan. 28, 2008.

The law establishes a national Center of Excellence dedicated to providing military and Department of Veterans Affairs (VA) eye doctors and eye health teams with the best information on the diagnosis, treatment and follow-up for each serious eye injury received by any member of the armed forces while serving on active duty.

The new law also calls for a patient-centered joint initiative to respond to visual complaints related to TBI between DoD and VA health officials and facilities.

“Traumatic brain injury has become the hallmark injury among America’s wounded warriors returning home from the frontlines of our current conflicts,” said Rep. Boozman, a leading member of the U.S. House Committee on Veterans Affairs.

“The treatment of TBI, and the vision issues deriving from it, is important work that the DoD and the VA should work together and provide leadership on. Genuine coordination between the two is vital to ensuring effective treatment for our men and women who wear, and who have worn, the uniform, including those that have suffered serious eye injuries,” Rep. Boozman added.

By some estimates, more than half of all service personnel wounded as a result of blast exposure in Iraq have sustained a TBI, although the overall incidence of TBI in all wounded soldiers remains to be determined.

In previous wars when blast exposure was thought to be a less common cause of survivable injury, including Korea and Vietnam, overall TBI rates in wounded soldiers have been estimated at about 20 percent or less.

According to the VA, more than 70 percent of service members treated for traumatic brain injury at the center in Palo Alto, Calif., struggle with visual complaints, while it has been reported that more than half of those treated for TBI at the Walter Reed Army Medical Center have vision-related symptoms.

According to the VA, more than 70 percent of service members treated for traumatic brain injury at the center in Palo Alto, Calif., struggle with visual complaints, while it has been reported that more than half of those treated for TBI at the Walter Reed Army Medical Center have vision-related symptoms.


According to the VA, more than 70 percent of service members treated for traumatic brain injury at the center in Palo Alto, Calif., struggle with visual complaints, while it has been reported that more than half of those treated for TBI at the Walter Reed Army Medical Center have vision-related symptoms.
EYE ON WASHINGTON

OD using Army experience to advance care, technology

Dr. McVeigh is visited by Secretary of State Condoleezza Rice, Ph.D.

Recently named chair of the AOA Health Information Technology and Telemedicine Project Team, Col. Fran McVeigh, O.D., retired from the Army this spring after three decades of hard work, service, and accolades.

Col. McVeigh is now serving as a senior clinical consultant working issues of informatics, traumatic brain injury (TBI), eye injuries, ‘hospital of the future’ needs, and electronic health records (EHRs) for the Telemedicine and Advanced Technology Research Center, U.S. Army Medical Research and Materiel Command.

Col. McVeigh’s new role will involve reaching out to universities, colleges, institutes and civilian and military clinicians and researchers to stimulate and oversee aggressively funded medical research. He has already visited Harvard’s Schepens Eye Institute and the University of Miami’s Bascom Palmer Eye Institute.

He has written and published several articles in optometric journals about EHRs and TBI with the central theme of increasing optometrists’ awareness while trying to encourage their involvement. Recently, Col. McVeigh helped plan and conduct the AOA’s successful EHR seminar, which will be offered again later this year.

Among his volunteer work with the AOA, Col. McVeigh has been an active member of the AOA Committee for Quality Assurance and Improvement for more than 10 years and attended the Optometric Leadership Program and lecture to state optometric leaders on this topic.

During his career in the Army, Col. McVeigh served as the chief of Optometry in Waerzburg, Germany, and as regional consultant in the Republic of Korea.

He had a key assignment as chief of service at the Pentagon, as optometry’s director and training counselor at the Academy of Health Sciences, and as the career activities officer for Optometry and other Medical Service Corps health care professions.

Col. McVeigh was one of the few optometrists in the Army to be selected to attend Command and General Staff College in Residence, and, even rarer, the second optometrist to complete the Army War College.

He was selected by the North Atlantic Regional Medical Center (NARMC) Commander to establish and serve as the director for the first-ever NARMC Clinical Informatics Division. Col. McVeigh was appointed chief of the Walter Reed Army Medical Center’s Optometry Service and also established and served as the director for the first-ever NARMC Clinical Informatics Division.

During this period, he provided optometric care to the White House staff, president’s cabinet members and countess congressional and Department of Defense civilian and military leaders.

About a year ago, Col. McVeigh founded the Walter Reed Army Medical Center’s Traumatic Brain Injury Optometry Service—the only one of its kind at that time in the Department of Defense.

His retirement ceremony was attended by former Chief of Staff of the Army retired Gen. Eric Shinseki, retired Lt. Gen. Julius Becton, who was his first division commander in 1975, Rear Adm. Michael Mittelman, O.D., and other dignitaries, family and friends.

His many awards include: the Armed Forces Optometric Society’s (AFOS) Optometrist of the Year, Order of Military Medical Merit, Fellow of the American Academy of Optometry, Army Surgeon General’s ‘X’ Proficiency Designator, Neurology and Optometric Rehabilitation Association’s Founding Fathers Award and this past year’s Orion Award (the highest honor awarded by AFOS, of which he is a past president).

AFOS gets Web site to stop offering overseas military CLs without Rx

American military personnel serving overseas deserve all the support the nation can muster, according to the Armed Forces Optometric Society (AFOS). However, that does not mean selling them contact lenses without a prescription, according to AFOS President Daniel E. Reiser, O.D.

The nation’s largest online contact lens retailer, 1-800 Contacts, this month removed its Web site an icon offering overseas military personnel the option to purchase contact lenses without a valid prescription, as required by the federal Fairness to Contact Lens Consumers Act (FCLCA). Dr. Reiser told AOA News.

According to AFOS Executive Director Steven R. Sem, O.D., executives at the retailer apparently felt they were assisting overseas military personnel by making it easier for them to purchase lenses.

However, Dr. Sem, a retired U.S. Air Force colonel, said the policy actually placed military personnel and their dependents at risk of potentially serious eye problems.

Contact lens wear in the sometimes adverse environments encountered by overseas military personnel requires the periodic eye examination that the FCLCA contact lens prescriptions requirements are designed to ensure, he said.

De Reiser cited the case of one military patient who had been stationed in Japan for several years and was then transferred to Germany. “Under the prescription exemption offered by the retailer, the patient could have gone for six years or more without having been seen by an eye care practitioner or having had the prescription verified,” Dr. Reiser said.

1-800 Contacts removed the icon from its Web site shortly after receiving a letter from AFOS objecting to the company’s policy of providing lenses without prescription to U.S. citizens at Army Post Office (APO) or Fleet Post Office (FPO) addresses. Dr. Reiser termed that “a step in the right direction.” APO and FPO addresses are used to deliver mail through the Overseas Military Mail system established by the Department of Defense in cooperation with the the U.S. Postal Service.

AFOS is now attempting to determine if 1-800 Contacts has changed its policy to prohibit the providing of lenses without prescription through the Overseas Military Mail system or if the company has simply removed the icon from its Web site, Dr. Sem said.

AFOS was informed of the Web site change on April 17 by a 1-800 Contacts attorney who promised to inform Dr. Sem of any changes in the company’s policy regarding lens sales to overseas military personnel.

In addition to raising concerns regarding the eye health of military personnel, the retailer’s practice of providing lenses through the overseas military mail, without prescription, serves to spotlight potential dangers related to the sale of lenses outside the country as well as jurisdictional issues regarding the FCLCA, Dr. Sem said.

The overseas sales policy was one of numerous topics covered during an April 10 meeting on the FCLCA, attended by representatives of the AOA, AFOS, the American Academy of Ophthalmology, and the AOA Contact Lens and Cornea Section at the Federal Trade Commission office in Washington, D.C.
Letters,  
from page 4

profession. Among others, I learned about how re-admittance of optometry into the National Health Service Corps (NHSC) would help expand access to care in underserved communities and how underprivileged Americans too often go without needed eye and vision care because ODs are not currently recognized as physicians under the Medicaid program—as they are under Medicare.

After getting a solid handle on the issues, the AOA gave us the tools needed to truly make a lasting impression on our elected officials. We learned how to conduct a congressional visit and even witnessed a number of OD-led, mock meetings illustrating a typical Capitol Hill sit-down. I thought they were kidding when the doctor playing the role of “Congressman” asked about hearing from the “opposition” that ODs were trying to become surgeons through H.R. 1983—the Optometric Equity In Medicaid Act, but it actually encountered that very question in a few of our meetings the next day.

Scheduled for the last day of the conference were our actual congressional meetings. I accompanied Richard Powell, O.D., and another student from Nebraska in a meeting with Sen. Ben Nelson (D-NE).

We discussed a number of important issues, like the need to secure U.S. Senate approval of the Vision Care for Kids Act (S.1117), to ensure that school-age children are ready and able to learn.

While Dr. Teri Geist met with Rep. Lee Terry (R-NE), two other students and I sat down with his lead health staffer and discussed and number of issues. I was amazed at how we were able to use everything that we had learned in the last few days to convey a clear and powerful message.

Over the last few days, I learned how important it is to continue fighting and winning for optometry.

Through the successful advocacy efforts of a network of dedicated volunteers, optometry has made great advances for our patients and profession. In fact, it was just 25 years ago that optometrists didn’t have the right to dilate their patients.

I now realize that we must continue to fight because the stakes are too high and, sadly, our patients will ultimately pay the price if we fall short.

But, with the energy and the determination that I experienced at the 2008 AOA Congressional Advocacy Conference, I know that optometry’s future is in good hands. I, for one, am looking forward to next year.

I truly can’t thank the AOA membership enough for making all of this possible. I think I speak for all of the optometry students lucky enough to attend this year’s conference when I say that this was truly one of the greatest professional experiences of my life.

Matt Willis
Trustee-elect
American Optometric Student Association

An awareness of the AOA in order to better address attacks.

2008 media coverage

This year’s campaigns have been stellar in terms of increasing the nation’s awareness of healthy vision. Year-to-date media impressions reached 388 million—a publicity value of $505,000. Yearly campaigns raise optometry’s visibility by developing long-term media relationships; reaching out to national health and consumer media, ophthalmic press and top-tier newspapers in each state; and educating freelance journalists.

The latest results from these public relations campaigns demonstrate the success of AOA and Hill & Knowlton efforts.

- January’s National Glaucoma Awareness Month coverage increased from 12 “hits” or media mentions in 2007 to 41 hits in 2008. The number of impressions went from 4.1 million to 38.2 million—an 830 percent increase.
- The campaign stressed early detection of eye disease as critical to maintaining healthy vision and included an article co-authored with the National Optometric Association.
- The March 2008 Save Your Vision Month campaign focused on computer vision syndrome. Total media impressions reached 83 million with a publicity value of $137,000.
- The Sports Vision Awareness Campaign in April garnered 112 media hits and 70 million impressions. The campaign emphasized that sports-related eye injuries are preventable with protective eyewear.
- Media outreach earlier this year for online contact lens purchasing coverage saw 258 hits with 97 million impressions. The AOA released research indicating that Internet lens purchasers typically don’t follow their eye doctors’ recommendations, placing them at greater risk for harmful eye care practices and eye health complications.
- In May, media outreach efforts focused on getting information out to consumers from the AOA about harmful ultraviolet rays and the steps people can take to protect against sun damage. At press time, campaign efforts had already achieved 22 hits, resulting in 33 million media impressions.
- This year’s upcoming campaigns include:

for School
- Early October: American Eye-Q9
- Late October: Decorative Contact Lenses

Measurable results

There has been a significant increase in media coverage of optometry since the start of the AOA Optometry Awareness and Public Affairs Campaign. The number of articles referring to the AOA and optometry in print has doubled from 2005 to 2007, and the number of broadcast stories has more than tripled. Legislative broadcast coverage increased 400 percent, and general eye health broadcast coverage increased 275 percent.

In 2007 alone, more than 5,400 positive stories about optometry and the services optometrists provide were read, seen and heard by legislators, patients, potential patients and AOA members.

The increased media interest in eye diseases results in more opportunities for optometry-driven stories.

The AOA’s increased visibility makes it an even stronger advocate for optometry.
**AOA AND YOU**

**Awareness**,  
from page 1

“The campaign has achieved positive, measurable results over the past three full years that we’ve been working with the AOA,” said Liz Torrez, vice president, Hill & Knowlton Chicago, Optometry Awareness and Public Affairs Campaign management team. “This includes an increase in calls from reporters, inclusion in more stories on eye health and great progress in terms of the quality of coverage that the AOA has been featured in. Additionally, to demonstrate a tangible and direct return-on-investment, we track the publicity value of the coverage that the AOA has achieved, and for the full 2007 calendar year, the amount of publicity the AOA was featured in was valued at $3.4 million—that’s more than a three-to-one return on investment.”

**Outreach**

With the increase in the aging population, there is more opportunity to reach out to media, legislators, third-party organizations and patients as interest in the topic increases. The AOA is working to educate them and work with them on issues. The campaign is also working to diversify the outreach to different media.

In terms of ophthalmic media, the goal is to enhance relationships, target story ideas, arrange deskside briefings and submit bylined articles.

Outreach to freelance reporters includes those who write many months in advance of AOA calendar campaigns, a quarterly AOA e-newsletter designed for freelancers, and relationship-building meetings.

Contact lens compliance and hygiene continue to be a popular issue for the media. Fusarium keratitis and Acanthamoeba provided opportunities to educate the optometrists better convey who they are and what they do in a concise and consistent manner. This series of informational pieces includes flyers, on-hold messages, and “elevator pitches” on key issues. Many of these pieces are designed to be customized for use at the state level.

**Legislative communications support**

With the help of Hill & Knowlton, the AOA is creating an environment within state and federal legislatures to promote legislation that is beneficial to optometry and defeat legislation that is harmful. Issues of particular importance include children’s vision, co-management, expansion of prescriptive authority, surgery and laser surgery.

As the national debate around health care reform builds momentum, it is critical for optometrists to have a credible, trusted and compelling voice in the public discourse.

As frontline health care providers, optometrists have a unique and important perspective on the needs of patients, and on the issues of finance, access and quality.

**Looking ahead**

Additional resources can be used to help affiliates that are facing legislative battles or promoting favorable legislation communicate more effectively.

State legislative communications support has included Web conferences, assistance with messages, materials, strategy and training, updates on toolkits and outreach to key optometry allies.

Legislators vote based on constituent opinion, and the campaign has made significant progress in positioning the profession in a positive light with consumers and other influential audiences.

Looking ahead, adding to the resources available to optometry and the media, and the expert on contact lenses is also working on direct mail pieces that target patients and lawmakers, as well as a Ready for School newsletter.

The campaign has significantly amplified optometry’s voice over the past three and a half years. More resources will ensure that optometry’s presence continues to grow among these audiences.

Ophthalmology continues to escalate efforts to reduce optometry’s scope of practice by targeting the public and legislators through the media and other avenues with their messages.

With the backing of the AOA Board of Trustees, the House of Delegates will consider a $25 per member dues assessment increase this June to expand the impetus of the campaign.

“We want to ensure that optometry continues to address attacks and proactively communicate positive messages about the care we provide to nearly three-fourths of the patients in America,” said Peter Kehoe, O.D., AOA president-elect. “We need to continue to foster the media relationships we’ve worked so hard to build. Media interest in covering issues important to optometry, and the expertise we provide, has increased dramatically, and we want to make sure that we continue being the go-to sources for these pieces.”

According to the results from the AOA’s 2007 Member, Non-Member, & Student Research Report, respondents said protecting optometry’s scope of practice and promoting public education about optometry are two of the AOA’s most important functions.

“The AOA is committed to listening to and addressing members’ requests for growth in the public’s awareness of optometry,” said Kevin Alexander, O.D., Ph.D., AOA president. “This campaign allows us to meet the needs of optometrists and enables us to grow as a profession.”
Medicare,  
from page 1

likely at risk and threatening to undermine America’s promise to future generations.

Last November, the Capitol Hill spotlight on this issue was focused squarely on optometry as the AOA succeeded in securing a prized slot to provide testimony before a congressional subcommittee looking into the impact that current Medicare physician payment policies have on solo and small group physician practices.

John Whitlow, O.D., president of the Georgia Optometric Association, told members of Congress on the panel how ODs in his home state and across the country are harmed by the threatened cuts each year and described the failure of the current system to recognize the costs of maintaining an optometric practice.

As a result of Dr. Whitlow’s testimony and the efforts of numerous AOA doctor and student advocates, the AOA and our partners in the health care community were able to secure a six-month plan to avert the 10.1 percent cut scheduled for Jan. 1, 2008, and replace it with a 0.5 percent positive update.

However, with time on the AOA-backed, six-month “fix” running out, the AOA has again made optometry’s concerns heard loud and clear on Capitol Hill by urging members of Congress to work with ODs and other providers to replace the scheduled Medicare pay cut and seek a lasting, long-term solution.

In a May 8 statement to the influential U.S. House of Representatives Committee on Small Business, the AOA laid out an equitable, 18-month plan including positive updates that accurately reflect practice cost increases as well as the development of a path for permanent replacement of the SGR payment formula to ensure beneficiaries’ access to needed health care services, including eye and vision care services.

As this AOA News went to press, legislation to provide an 18-month reprieve from Medicare physician fee cuts was being developed by Sen. Max Baucus (D-Mont.), chair of the Senate Finance Committee and Sen. Chuck Grassley (R-Iowa), the committee ranking member.

The proposal is expected to not only avert a 10.6 percent Medicare physician fee cut planned for July, but a similar cut slated to take effect on Jan. 1, 2009.

However, many legislators hope to tie Medicare fee fixes measures to an overhaul of the Medicare program and other Medicare-related provisions.

In recent weeks, the Senate Finance Committee has been considering ways to adjust payment for primary care services with this year’s Medicare fee fix legislation.

The inclusion of a medical home provision has been mentioned repeatedly. Some committee members see the medical home as a possible way to achieve long-term Medicare savings, seemingly providing the offsets that many seek to replace spending increases as cuts in Medicare payment are phased out.

In a letter sent to Sens. Baucus and Grassley, the AOA applauded their efforts to secure equitable payment for Medicare physicians; but expressed concern that the medical home model could restrict a patient’s freedom to access a provider of choice regarding Medicare’s regulation.

In addition, the AOA is hearing that a provision that promotes the use of e-prescribing for medication prescriptions may be the first health information technology mandate that moves through Congress.

For more information on e-prescribing, visit www.aoa.org/HIT.xml.

Stay tuned for further updates as the AOA continues to monitor and weigh-in on legislation addressing this issue and others critical to ODs and patients across the country.

To learn more about the medical home visit the AOA Medical Home Web page by following www.aoa.org/9206.xml.

To contact your senators or representatives and urge them to block the looming 10.6 percent Medicare physician fee cut, go to the AOA Legislative Action Center on the AOA Web site (link to http://voteearc.vocus.com/converter1/WebPublish/controller.aspx?).
Report: ODs keep pace in changing eye care market

The field of eye and vision care is not only growing but changing in virtually every respect, according to the AOA's State of the Profession: 2008 report. However, private practice optometrists are maintaining their status as the nation's primary eye care providers, the report finds.

The State of the Profession report is prepared every two years by the AOA Information & Data Committee as a means of charting optometry's position in American health care and spotlight trends that could impact eye and vision care in the future, according to Richard C. Eillow, O.D., committee chair.


The report was officially released in conjunction with the 2008 AOA Spring Planning Meeting, May 2-5, in St. Louis. The complete text of the report appears in the June edition of Optometry: Journal of the American Optometric Association.

Among the report's findings:

Market size, share

The AOA estimates the U.S. ophthalmic market totaled $29.25 billion in 2007 — up 7.5 percent from 2005. Private optometric practices continue to account for the largest share of that market — approximately 44.37 percent.

More, better care in optometric practices

Optometrists are working smarter to provide not only more eye examinations each year (2,229 on average) compared with a decade earlier, but a wider range of care. Optometrists are now very active in the provision of medical eye care for their patients, treating or co-managing 66.1 percent of their patients with glaucoma and 83.2 percent of patients they diagnosed with anterior segment disorders.

Preventive eye care

While, decades ago, most patients sought optometric care only after they noticed they were having trouble seeing, the majority of today's patients visit the optometrist as part of an ongoing program of routine preventive eye examinations — generally prompted by improved patient recall systems.

Most patients have their eyes examined annually, indicating the annual eye exam has now won a place as an accepted part of good ongoing health care for Americans, alongside routine physical and dental exams.

Cost of care

Although Americans are receiving more and better eye care through optometrists, that care continues to be a bargain, rising in cost much more slowly than other forms of health care or consumer prices overall, according to Bureau of Labor Statistics data.

Workforce

The AOA estimates that there were 37,083 full-time equivalent optometrists in the workforce during 2007.

Most (up to three-fourths of those responding to AOA surveys) continue to provide care in traditional private practices, although increasingly in partnerships or group practices as opposed to solo practices.

Insurance coverage

Three quarters (76.5 percent) of patients in a typical optometric office are now covered (48 percent by private plans, 28.5 percent covered by Medicare other public programs). Nearly half of patients (45.6 percent) are in public or private managed care programs.

Practice revenues

Practice gross revenues are up but some practitioners' net incomes are not keeping pace as margins are squeezed by increasing expenses. Income levels vary widely in optometric practices across the nation.

Changing eye care technology

Optometrists are providing patients the latest in state-of-the-art eye and vision care with a solid majority of practices now equipped with automated peripherals (91.3 percent of practices), autorefractor/autokeratometer (77.8 percent) and the pachymeter (72.6 percent). Scanning laser ophthalmoscopes and pachymeters are the technology most often being added in optometric practices.

Changing eyewear materials

Plastic and polycarbonate lens now account for 96 percent of eyeglass lenses, leaving the traditional material — glasses — a relative museum piece.

For a detailed discussion of the state of American eye and vision care, see the 2008 edition of AOA's Caring for the Eyes of America: A Profile of the Optometric Profession, which can be ordered by contacting Tracie Jones at 800-365-2219, ext. 4238 or TAJones@aoa.org.

Court upholds FTC price-fixing action against Texas MDs

The Federal Trade Commission (FTC) acted properly in bringing antitrust action against a group of Texas medical doctors who illegally attempted to "fix" their fees when negotiating with insurance plans and other payers, according to a federal appeals court ruling.

The FTC action against the Texas medical doctors is part of an ongoing federal crackdown on price fixing by health care providers, the AOA Office of Counsel notes.

In its May 14 ruling, the U.S. Court of Appeals for Texas' Fifth Circuit supported an FTC finding that North Texas Specialty Physicians (NTSP), an association of 26 Fort Worth-area medical doctors, had illegally restrained trade by engaging in joint contracting on behalf of its members who, absent the organization, would have competed with each other.

The NTSP was established to negotiate and review contract proposals for the services of its members, to review payment issues, and to act as a lobbyist for the interests of its members, the FTC said.

During negotiations with payers, the NTSP attempted to enhance the collective bargaining power of its members through several means, including the use of member polls on prospective fees, and communication of poll results to members in a manner that could affect payment levels in contracts, according to the FTC.

The organization refused to deal with certain payers and refused to forward to member physicians payer offers that it deemed unacceptable, a practice that amounts to an illegal boycott, the AOA Office of Counsel notes.

The organization's contract with members granted the group the right of first negotiation with payers and largely restricted individual physicians from negotiating independently.

The FTC filed an administrative complaint against NTSP in September 2003. An initial decision in favor of the commission staff was issued by the administrative law judge in November 2004. That decision was upheld by the commission on appeal in December 2005.

During negotiations with payers, the NTSP attempted to enhance the collective bargaining power of its members through several means, including the use of member polls on prospective fees, and communication of poll results to members in a manner that could affect payment levels in contracts, according to the FTC.

The organization refused to deal with certain payers and refused to forward to member physicians payer offers that it deemed unacceptable, a practice that amounts to an illegal boycott, the AOA Office of Counsel notes.

The organization's contract with members granted the group the right of first negotiation with payers and largely restricted individual physicians from negotiating independently.

The FTC filed an administrative complaint against NTSP in September 2003. An initial decision in favor of the commission staff was issued by the administrative law judge in November 2004. That decision was upheld by the commission on appeal in December 2005.

In upholding the FTC action, the appeals court largely rejected the technical objections of attorneys for the NTSP regarding the manner in which the commission filed the action.

The appeals court confirmed that the individual physicians members of the group — not just the association as a corporate entity — could be held responsible for the illegal attempt to restrain trade, ruling that the association was not the "sole actor" in the case and that without the association's members, antitrust activities would not have occurred.

The court also ruled that the FTC appropriately filled the antitrust action on the basis of an "abbreviated analysis" because the physician group's attempt to restrain trade was "obvious."

The appeals court also rejected arguments that the association's actions had "procompetitive" merit.

The final order required NTSP to cease and desist from engaging in the illegal conduct, and to terminate preexisting contracts with payers for physician services.
Optometry’s Meeting™ Exhibit Hall has something for every interest

With more than 190 exhibitors, the Optometry’s Meeting™ Exhibit Hall in the Washington State Convention and Trade Center has everything attendees are looking for—new technology, innovative products, and daily events and giveaways.

The exhibit hall ribbon cutting ceremony will kick things off Thursday, June 26 at 4 p.m.

The Washington Wine Experience, sponsored by HOYA, will be featured throughout the extended hall hours of 4 p.m. to 7:30 p.m. on Thursday.

The Exhibit Hall will be open Friday from 10 a.m. to 6 p.m. with Microbrew Mania hosted by the AOA from 4:30 p.m. to 6 p.m. The Exhibit Hall hours will be 9 a.m. to 2 p.m. on Saturday with student and paraoptometric focus hours from 11 a.m. to 1 p.m.

For the first time, the Exhibit Hall will feature the New Technology and Product Showcase Theater.

On Thursday, the theater will feature “Current Trends in Contact Lens Materials, Design and Modality,” sponsored by CooperVision from 4:30 p.m. to 4:50 p.m.

This presentation will cover new designs and materials that enable the practitioner to take advantage of current trends in fitting contact lenses and will address challenges regarding contact lens surface properties, changing demographics, compliance, and patient health concerns.

Later Thursday evening, Alcon will sponsor “A New Option in Management of Dry Eye Disease” from 5:30 p.m. to 5:50 p.m.

This showcase will introduce the latest technology designed for the dry eye patient and feature options for management of dry eye disease that are much more sophisticated after years of research and development.

Friday morning, the New Technology and Product Showcase Theater will feature “Freeform and You: Shamir Autograph® and Direct Lens Technology®” sponsored by Shamir Insight from 11:30 a.m. to 11:50 a.m.

The presentation will showcase the Shamir Autograph family of individually back-surface-designed lenses, which include a patient’s personal attributes in the design to provide a customized progressive addition lens.

Friday afternoon, Vistakon® is sponsoring “The Latest in Toric Technology” from 12:30 p.m. to 12:50 p.m. in the theater.

An experienced practitioner who participated in a recent field trial involving hundreds of astigmatic patients will provide the latest scoop on a new innovation in toric technology coming soon.

Vistakon® is also sponsoring “Mythbusters: Myths vs. Reality When Fitting Kids in Contact Lenses” from 1:30 p.m. to 1:50 p.m.

A leading expert on fitting pre-teens in contact lenses will take on common myths about fitting children 12 and younger using tips from practice and data from the Contact Lens in Pediatrics (CLIP) study.

There will also be free daily CE in the AOA Education Theater, with courses sponsored by Advanced Medical Optics (AMO), Alcon, Oce Mate, Transitions, and VSP.

Free Optometry’s Meeting™ t-shirts and commemorative pins will be available courtesy of the AOA.

Vistakon® will provide a free commemorative tote bag in addition to its sponsorship of the Cyber Café and loca kiosks. The Cyber Café is located in booth #2219 in the Exhibit Hall.

Marchon is providing $10 lunch coupons redeemable on Friday or Saturday in the Exhibit Hall. Visit Marchon’s booth #707 to exchange the voucher for a lunch coupon. Attendees can also register for chances to win “Money-to-Burn” prizes, a home entertainment system courtesy of HOYA, or a luggage and American Express gift card giveaway courtesy of the AOA.

For more information, visit www.optometristsmeet ing.org.

Call for courses for 2009 meeting now open

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2009 Optometry’s Meeting™ in Washington, D.C., beginning May 7.

Continuing education courses will be held from Wednesday, June 24 through Sunday, June 28, 2009, in the Gaylord National™ Convention Center.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 8, 2008.

To submit a course, please visit the AOA Web site, www.aoa.org, and click on the “2009 Call for Courses” icon. Inquiries regarding the Call for Courses can be e-mailed to continuing ed@aoa.org.

Submissions must be completed by August 8, 2008, for consideration. Notification of selected courses will be e-mailed to all applicants in early fall.

Boats move in and out of the Bell Harbor Marina, with the Seattle skyline as a backdrop. Photo: Tim Thompson
Verma re-elected to national aging council, longest-serving member

Satya B. Verma, O.D., faculty member at the Pennsylvania College of Optometry (now Salus University) has been re-elected to the Board of the National Council on Aging (NCOA) for a three-year term. His new term will expire in 2011.

Dr. Verma is the longest serving board member on the NCOA. He joined the board in 1999 when the board consisted of 65 members, which was later reduced to 30 and is now only a 15-member board.

Dr. Verma has served NCOA in various positions including member of the Board Development Committee, Bylaws Committee, Awards Committee, Executive Committee and has also been the longest-serving member on its Finance committee. He also chaired the Membership Services Committee and has chaired the national conference of the NCOA and twice co-chaired its joint annual conferences with the American Society on Aging. Last year, Dr. Verma was recognized for his many contributions to the NCOA through its Geneva Mathiason Award.

Currently, Dr. Verma is the chair of the Public Policy Committee and also serves on the Finance Committee.

Scott named NECO academic dean

The New England College of Optometry named Clifford Scott, O.D., the new academic dean of the college.

Dr. Scott is a noted scholar, clinician and scientist who has taught at the college since 1970. Currently, he serves as chair of the college’s Department of Community Health.

Dr. Scott has served as chief of the optometry section at the Veterans Administration Center in West Roxbury, clinical director of the Massachusetts Laborers’ Vision Center, and ran a private practice in Newport, R.I.

He has published extensively, served as an investigator for nearly a dozen research projects and has lectured widely in this country and abroad.

Dr. Scott holds a doctorate in optometry from the New England College of Optometry and a master’s in public health from Harvard University.

He is replacing Steve Koevary, O.D., Ph.D., who has been serving as interim academic dean since David Heath, O.D., took over as president of the State University of New York State College of Optometry.

MCO honors Alexander

AOA president and outgoing dean of the Michigan College of Optometry, Kevin L. Alexander, O.D., Ph.D., was honored by the school at the Convocation and Hooding Ceremony Reception on May 9 with the following resolution. Dr. Alexander has been appointed president of the Southern California College of Optometry.

Whereas, Kevin L. Alexander, O.D., Ph.D., has provided competent, thoughtful and visionary leadership to shape optometric education and the profession of optometry throughout his career spanning more than 30 years; and,

Whereas, Dr. Alexander, during eight years of service as dean of the Michigan College of Optometry has been a valued leader and contributor to Ferris State University; and

Whereas, Dr. Alexander has provided strong leadership in modernizing the MCO doctor of optometry degree curriculum by restating basic biological sciences, adding ethics and the doctor-patient relationship, and applied critical thinking courses, as well as adding courses in glaucoma, laser technology and general physical examination and diagnostic procedures; and

Whereas, Dr. Alexander has made substantial and defining contributions to MCO by expanding the number of affiliated postgraduate residency programs from one to six to include the Veterans Affairs medical facilities in Detroit, Grand Rapids, and Fort Wayne, Indiana, The Laser Center of Michigan in Jackson, and the Michigan College of Optometry; and

Whereas, since 2000, Dr. Alexander has been committed to educating our graduates in the use of digital technology such as digital photography, nerve fiber analyzers, corneal topographers, and has supported and encouraged the utilization of instructional technologies such as online delivery and teleconferencing; and

Whereas, Dr. Alexander has championed the development of collaborative relationships with Federally Qualified Health Centers, specifically, urban and rural community health centers whereby 3rd and 4th year students have had the opportunity to provide community-based, primary eye care services for indigent and uninsured members of our community; and

Whereas, Dr. Alexander has supported and mentored faculty members and administrators to serve in leadership positions in the Michigan Optometric Association, the American Academy of Optometry, the College of Optometrists in Vision Development, the National Board of Examiners in Optometry and in many American Optometric Association committees; and

Whereas, Dr. Alexander served to lead the Michigan College of Optometry doctor of optometry degree program through a very successful reaccreditation process with the Accreditation Council on Optometric Education, and

Whereas, Dr. Alexander was first elected to the American Optometric Association’s Board of Trustees in June 1999 and was inaugurated as President at the 110th Annual AOA Congress and 37th Annual AOSA Conference: Optometry’s Meeting™ in June 2007; now, therefore, be it

RESOLVED, that the Faculty, Students, Staff and Administration of the Michigan College of Optometry at Ferris State University express their deep respect, admiration and friendship for Dr. Kevin L. Alexander, and be it further

RESOLVED, that the college and university, and all of its constituencies owe Dr. Kevin L. Alexander a debt of gratitude for his generosity, commitment, dedication and unifying efforts to advance the college and university, and be it further

RESOLVED, that the MCO family extends its very best thanks and congratulations to Dr. Kevin L. Alexander as he completes his term as President of the American Optometric Association at the 111th Annual AOA Congress and 38th Annual AOSA Conference: Optometry’s Meeting™ in June 2008, and completes his appointment as Dean of the Michigan College of Optometry in June 2008.

Call for Volunteers for Junior Olympic Vision Evaluations

The AOA Sports Vision Section (SVS) will be conducting free vision evaluations July 23-25 for athletes competing in the 2008 Amateur Athletic Union (AAU) Junior Olympic Games in Detroit, Mich., thanks to the generosity of CIBA Vision. The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sport vision evaluation equipment. To volunteer or for more information, call the SVS office at 800-365-2219, ext. 4208 or e-mail SVS@aoa.org. Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses.
To register, and learn more about Optometry’s Meeting™, visit www.optometristsmeeting.org


Optometry’s Meeting™:

Optikam Technology, Inc. 1926
OPTO by Professional Practice Systems 1936
Optometric Nutrition Society 2208
Optometric Protector Plant 2414
Optometry Giving Sight 743
Optometry’s Charity™/InstantSEE™ 2300
Optos 807
Optovue Inc 918
OptoHealth Vision 1012
Paragon Vision Sciences 405
Pedavi 1815
Pfizer Ophthalmics 1905
Physician Information Systems 2206
Precision Vision 1237
Prevent Blindness America 1904
Primary Care Optometry News, Slack, Inc. 1928
Pr Design Eyewear 2201
Pro Design Eyewear Co., Inc. 1908
PRK Coding 2401
Rapid Pathogen Screening 1913
Reflexions Eyewear Ltd. 2207
Reichert, Inc. 421
Restore Vision Centers 341
Review of Optometry 639
Rodstock 117
Santen-sall International, Inc. 445
Seko Optical Products of America, Inc. 337
Shamir Insight, Inc. 2201
Shoplovvision.com 2309
Sigmet Armorlite, Inc. 829
Smile Reminder 220
Stereo Optical Company 736
Syrinx Inc. 840
SynergEyes, Inc. 823
TeaScreen, Inc. 1231
The Hearing Aid School, LLC 2020

Three Rivers Optical 1129
TLC Laser Eye Centers 504
Tomy 296
Topcom Medical Systems, Inc. 313
Transitions Optical 1139
Tropical CE. Inc. 1345
TURA 1337
Uniners Corp. USA 237
USI Optometric 1905
Valley Cerax, Inc. 121
Veatch Ophthalmic Instruments 116
VisiCom 819
Vision-Ease Lens 1909
VisionSite Corp. 1814
VisionWeb 617
Vistakon 501
Visual Pathways, Inc. 544
Volk Optical Inc. 213
VOSH International 2311
VSP 701
VSPLabor 701
VSP Mobile Eyes 1701
VSP Group 1701
Walman Optical 1040
Wal-Mart Vision Centers/Sam’s Club Optical 338
Walters Low Vision Optics 1037
Wiley-Blackwell 2204
Williams Group 1029
Wilson Ophthalmic Corporation 1142
Woodlyn, Inc. 1341
X-Cell Contacts 1042
Younger Optics 1133
ZeeVision, LLC 440
Ziemer USA 825
Industry Profile: HOYA

HOYA Corporation is a $3.7 billion diversified global technology company with 59 divisions in 29 countries around the world. HOYA Corporation has 29,000 employees globally.

HOYA has diversified into new business areas that realize the potential of advanced optical technologies. The company has continued to grow as a global enterprise through the expansion of its diverse business activities, which encompass electrophotics, photonics, vision care, health care and crystal products. To further strengthen its market position and diversification, HOYA acquired Pentax Corporation in March 2008.

You can find HOYA technology in many products of well-known consumer brands, such as Apple, IBM, Toshiba, Samsung, Sharp, and many more. Also, HOYA technologies are used in many other professional fields, such as medical and dental devices, aerospace as well as security industries. BusinessWeek magazine recognized our technological advances in 2006 and 2007 by ranking HOYA a Top 100 technology company.

HOYA Vision Care

HOYA Vision Care is a $1.1 billion division with its headquarters located in Amsterdam, Netherlands. Gerry Bottego is the president and CEO of the global vision care division. HOYA, the leading lens supplier in Asia and one of the largest suppliers worldwide, currently operates two lens plants in Thailand, one in China and one in Hungary.

HOYA Vision Care, North America

HOYA Vision Care, North America, led by President and CEO Barney Dougher, encompasses HOYA Optical Laboratories of America and HOYA Lens of America. HOYA Optical Laboratories of North America custom fabricates ophthalmic lenses for eye care professionals in the United States, Canada, and parts of South America. HOYA supplies a complete range of high-quality lens designs, coatings and materials and is tirelessly pushing ahead with the development of new technologies that further meet patient needs.

HOYA Design Technology: At the pinnacle of HOYA’s progressive lens design technology is HoyaLUX-D and HoyaLUX-D LifeStyle, introduced in 2006 and 2007 respectively. These lenses use HOYA’s patented Integrated Double Surface Technology, made possible through HOYA Free-Form Design Technology. HOYA also offers traditionally surfaced lenses that include HoyaLUX Summit ECP, HoyaLUX Summit CD, and HoyaLUX GP Wide.

HOYA Coating Technology: HOYA’s Super HiVision is the industry’s most scratch-resistant antireflective coating. This technology offers a superior Bayer scratch resistance rating of 10.94 – almost matching the abrasion resistance of glass lenses at 12.0. According to consumer research, scratch resistance is one of the top two most important lens characteristics.

HOYA Lens Material Technology: HOYA offers a broad range of lens materials, ranging from standard 1.50 plastic to its line of Efoy 1.70 ultra high index lenses. One of HOYA’s most advanced lens materials is Phoenix 1.53 (Trivex-based). Phoenix offers the perfect combination of lightness, toughness, safety and optical performance.

The outlook is bright for HOYA Vision Care, North America. With strong research and development and a pipeline full of new products, HOYA Vision Care, North America, is in a great position to maximize profitable growth in 2008 and beyond.

VSP signs 3-year strategic partnership with Diabetes Assn.

VSP® Vision Care announced a three-year sponsorship with the American Diabetes Association (ADA) as a national strategic partner.

“Our sponsorship with the ADA is a natural evolution for VSP Vision Care. In addition to serious eye conditions, comprehensive eye exams can detect signs of chronic diseases, including diabetes,” said Jim Short, O.D., chair of the VSP Board. “This collaboration with the ADA is key to educating Americans about the value of regular eye care in managing diabetes.”

Key elements of the relationship include:

- ADA’s Winning at Work program. This program provides resources and education for working Americans to encourage healthier living—with a focus on preventing or managing type 2 diabetes.
- ADA Diabetes EXPOs and Feria de Salud. VSP will sponsor trade shows and health fairs around the country. The EXPOs reach thousands of people affected by diabetes. VSP’s state-of-the-art mobile eye care clinics will provide comprehensive eye exams to low income and uninsured participants.
- Joint awareness activities. VSP will host an “Ask The Eye Doctor” chat series on the ADA Web site addressing questions consumers have in regards to eye health, eye care and its relation to diabetes. VSP will also participate in the ADA’s annual “Step Out Walk to Fight Diabetes” event with an employee fundraising team.

“The American Diabetes Association values VSP’s support as a national strategic partner as it will enhance the association’s ability to fulfill its mission and also reach nearly 4 million VSP members nationwide with important diabetes information and resources,” said R. Stewart Perry, chair of the ADA Board.

Lagerfeld sunwear collection captures spirit and style

Lagerfeld sunwear collection combines excellent craftsmanship and iconic design elements with modern sensibilities. Shown is style KL106S, a masculine aviator detailed with a metal front and zyl temples.
Foundation offers free eye health and allergies brochure for ODs

Transitions Optical released the results of its second annual Global Healthy Sight Survey, which uncovered a poor understanding of factors affecting eye health and vision performance as well as a lack of action taken to enhance or preserve vision.

The Asthma and Allergy Foundation of America (AAFA) is introducing a new “Eye Health and Allergies” brochure supported by 1•Day Acuvue® Moist® Brand Contact Lenses offering advice for eye allergy sufferers and including seasonal strategies for contact lens wearers.

An estimated 50 million Americans suffer from the miseries of allergies, with allergic reactions involving the eyes a common complaint.

For many, symptoms of eye allergies can be so uncomfortable and irritating that they interfere with job performance, leisure-time and sports activities, and vacations.

The Asthma and Allergy Foundation of America (AAFA) is introducing a new “Eye Health and Allergies” brochure supported by 1•Day Acuvue® Moist® Brand Contact Lenses offering advice for eye allergy sufferers and including seasonal strategies for contact lens wearers.

Approximately 4 percent of allergy sufferers experience eye allergies as their primary allergy, often caused by many of the same triggers as indoor/outdoor allergies such as pollen, mold, or pet dander,” says Mike Tringale, director of External Affairs, AAFA. “This brochure offers useful information on how eye allergies occur, common signs and symptoms, and practical advice on how to treat and prevent eye allergies.”

The brochure also includes smart allergy season strategies for the nation’s 40 million contact lens wearers, a group for whom eye allergies can cause unique problems.

“Allergy sufferers who wear contact lenses that you use for two weeks or more may experience discomfort and symptoms such as ocular itching, tearing, and redness, because allergens and other irritants can build up on the lenses over time,” said Susan Resnick, O.D., of New York. “Chemical disinfectants and preservatives used in some contact lens care systems also can cause ocular distress.”

To help minimize these symptoms, contact lens wearers can limit their wearing time during allergy season, but Dr. Resnick says there is no need to discontinue contact lens wear during the allergy season.

“By putting in a clean, fresh lens every day, one-day contacts minimize the potential for accumulation of allergens and irritants that can often accumulate with repeated use of the same pair of lenses,” she noted.

In a three-year study comparing the clinical performance of daily disposables (1•Day Acuvue® lenses) with that of conventional daily-wear lenses, single-use lens wearers reported fewer symptoms of redness, cloudy vision, and grittiness; at the same time, they reported better vision and overall satisfaction, and had fewer lens surface deposits, complications, or unscheduled doctor’s visits.

“When worn on a daily disposable basis, 1•Day Acuvue Moist may provide improved comfort for two out of three patients suffering from mild discomfort associated with allergies during contact lens wear compared with those wearing two-week lenses,” said Dr. Resnick.

Details of a new series of education tools focused specifically on awareness of the impact of diabetes on the eye were also unveiled at MIDO.

Key results of the Global Survey presented by Zaret included:

- Understanding of factors affecting vision enhancement and protection: Although awareness levels crept up a few percentage points in most countries, the vast majority of people are still not aware that extended exposure to UV radiation can cause eye problems. Most people are unaware that many medications in common use can affect their quality of vision and/or long-term eye health.
- Awareness of systemic disease effects on eye health and vision performance: Fewer than half of respondents were aware that high blood pressure can strongly affect sight. Less than 40 percent of respondents identified vision problems as a side effect of diabetes, and less than 15 percent were aware that light sensitivity can be worsened by the disease.
- Healthy habits and preventive vision wear: In general, more than half of respondents report not having a regular eye exam. Between 25 and 45 percent do not report wearing protective eyewear, such as prescription or non-prescription sunglasses or photochromic lenses.

For more information, visit www.transitions.com.
New financial solutions are available to members through the AOA’s recently announced partnership with GE Healthcare Financial Services.

GE Healthcare Financial Services offers more than 30 years of practice financing expertise to help eye care professionals successfully meet the changing needs of their practices. As a preferred provider, GE Healthcare Financial Services will waive all application fees for AOA members.

Through its relationship with GE Healthcare Financial Services, the AOA hopes to provide optometrists with a means to grow their practices or start new ones while saving valuable time and money.

GE Healthcare Financial Services offers:
- New practice loans
- Equipment loans and leases
- Equipment pre-approved lines of credit
- Practice acquisition loans
- Practice expansion loans
- Refinancing loans
- Real estate financing

Financing a purchase is as easy as contacting one of GE’s eye care financing specialists, who can provide information on a broad array of financing solutions ranging from equipment financing to start-up or acquisition financing.

The innovative practice solutions span the entire lifecycle of a medical practice and include specialized products for practice start-ups or expansion, equipment financing and practice acquisition.

GE Healthcare Financial Services’ program also includes a network of financing experts who guide eye care professionals through the equipment and practice financing process.

Now is a good time to invest in a practice as the deductions under Section 179 of the Internal Revenue Tax Code are increased for 2008. Those who are thinking about purchasing equipment can immediately expense up to $250,000 in capital equipment expenditures.

In addition, a bonus 50 percent depreciation can be taken in the first year. The benefit applies to equipment purchased by businesses formed as a sole proprietorship, partnership or corporation.

For more information on GE Healthcare Financial Services, visit the AOA Web site at www.aoa.org, call 888-600-4772 or e-mail eyecarefinancing@ge.com.

DISCOUNTS ON EXCLUSIVE AOA INFORMATION

AOACodingToday.com

Online coding & Reimbursement Tool
increases billing efficiency through “clean claims”

NOW AVAILABLE!
- EXCLUSIVE ACCESS TO OPTOMETRY SPECIFIC INFORMATION
- POWERFUL SEARCH ENGINE SPEEDS RESEARCH
- REAL-TIME, ONLINE UPDATES WITH 24/7 ACCESS
- UP TO $300 IN SAVINGS ON EXCLUSIVE AOA INFORMATION
- FREE TECHNICAL SUPPORT AND PHONE TRAINING

SPECIAL AOA DISCOUNT!
Annual Subscription: $149 first user, $99 for each additional user.
Go to www.AOA.org for more information. Sign up for your free 10-day trial at www.AOACodingToday.com!
NOW AVAILABLE, THE UPDATED
Codes for Optometry and CPT Standard Edition two book set

“The” Coding Tools For Your Optometric Practice

Codes For Optometry 2008 is an extensive listing of the codes that you need to make sure that your Medicare and third-party insurance claims are submitted properly. It is an invaluable aid for you and your staff in identifying diagnosis, procedure, material codes and speeding up administrative procedures. This perfect bound book is divided into four sections with both alphabetical and numeric listings for easy use.

- Material Codes, Health Care Financing Administration’s Health Care Procedural Coding System (HCPCS)
- Medicare’s National Correct Coding Initiative (CCI) Edits

Codes For Optometry also includes both the 1995 and 1997 Documentation Guidelines For Evaluation and Management Services.

CPT ® 2008 Standard A.M.A. a $71.95 value

Easy to use, easy to read. The 2008 edition of the AMA’s Current Procedural Terminology (CPT®) official coding reference contains all CPT codes, modifiers and guidelines for 2008. Our perfect bound book is the only one in the market with official CPT coding rules and guidelines developed by the CPT Editorial Panel and used to define items that are necessary to appropriately interpret and report medical procedures and services.

The Standard Edition features an efficient two-column format and an extensive index to help locate codes by procedure service, organ, condition, eponym and synonym, and abbreviations.

Order both books, item #ODE13:

Special Member Price $118.00*
Non-Member Price $155.00*

*All shipping and handling, and applicable sales tax will be added.

Mail this completed order form to: American Optometric Association
Attn: Order Department, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881
Telephone toll-free (800) 262-2210
FAX the completed form: (314) 991-4101
E-mail your order to Orders@AOA.org

Name_________________________________________Dr’s. Name____________________
Title_________________________________________Corp. Name____________________
Address______________________________________Address_______________________
City/State/Zip________________________City/State/Zip________________________
Telephone (__________) FAX (__________)________________________________________

E-mail or Web site: __________________________

CREDIT ORDERS
☐ Bill me 
☐ Bill my company

CHARGE TO
☐ MasterCard ☐ American Express ☐ VISA

Name on Card________________________ Card #__________ Exp. date_____

SHIP TO (if different)

4 WAYS TO ORDER

AOA Member Number

☐ Please send AOA membership information

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>TOTAL</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STATE SALES TAX</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

All shipping, handling, and applicable sales tax will be added.

NO RETURNS ACCEPTED AFTER 30 DAYS
Are you buying or selling a practice?

Whether buying or selling, let Blackwell Consulting help facilitate a smooth transaction. We are accredited business appraisers and solution oriented advisors.

Value Enhancement Services
Appraisals
Practice Sales & Financing
Employment & Partnership Agreements

Call us today at 800.588.9636 to learn what we can do for you.

Are you buying or selling a practice?

Whether buying or selling, let Blackwell Consulting help facilitate a smooth transaction. We are accredited business appraisers and solution oriented advisors.

Value Enhancement Services
Appraisals
Practice Sales & Financing
Employment & Partnership Agreements

Call us today at 800.588.9636 to learn what we can do for you.
CLASSIFIEDS

Professional Opportunities

ALL STATES-PRACTICES FOR SALE plus 100% FINANCING

BATON ROUGE, LOUISIANA
The Villamor Eye Center is looking for a full time Optometrist to join a busy MD/Optometric practice. Compensation is among the country’s elite. Benefits include medical, 401K with match, continuing education, generous paid time off, life insurance and dental. Cost of living very affordable with new home sales at $140k+! Great Baton Rouge is growing strong, see http://www.businessreport.com/news/2008/0/1/0/whatsrecession-free.html. Great social environment in town...see http://www.22batonrouge.com/printedin/on/archives. Contact Meeta Chaudhary at 225-490-5242 or email meeta@villamorecenters.com.

CARLISLE, PENNSYLVANIA—Full or Part-Time. A lovely town located near Harrisburg and Hershey, 2 hours to Philadelphia. 15 hours to Baltimore. Residuaries and cultural activities abound. Great place to raise kids in. Pure Optometry (Exams Only). Please respond, screen front from location. 717-329-6588, btdarris@embarragmail.com.

CENTRAL MAINE. Busy multi OD/MD surgical practice has immed. opening for full and part-time OD’s for clinic. State of the art equipment. 5 exam rooms, 2 on-site optical fabrication lab including digital camera, pachymeter and on-site optical lab including GDx, OCT, tonometry. Contact Joann @ 530-758-2122. Fax 806-713-7476.

CENTRAL VA - Small city area. Amazing opportunity for an Optometrist or Optician to join a growing optometric practice and learn the business of owning an optometry practice. Position offers competitive salary, benefits, and the flexibility to manage own practice. Position offers competitive salary, benefits, and the flexibility to manage own practice.
MEETINGS

June


AFA CRUISES OPTOMETRIC CRUISE SEMINAR – ALASKA June 29 - July 5, 2008 (follows the AOA Optometry’s Meeting™ in Seattle) Aboard the Star Princess 888/636-5009 afaevents@aol.com www.optometricrcruise.com

July


August

11TH ANNUAL MEETING EDUCATION SEMINAR NORTHERN CALIFORNIA COLLEGE OF OPTOMETRY August 1-3, 2008 Benicia, CA www.nccoo.org OPTOMETRIC EXTENSION PROGRAM THE VISUAL CONSEQUENCES OF ACQUIRED BRACI trauma August 9-10, 2008 Palo Alto VA Medical Center Auditorium, Palo Alto, California Sally Comgold 949/253-6070 Fax 949/253-1577 oep@oep.org


NOW, SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY GEORGIA UPDATE 2008 August 20-23, 2008 Atlanta, GA 404/626-8900 scott@nsu.nova.edu http://optometry.nova.edu/ce

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

ADVERSE REACTIONS

ACUTE IRIS IRRITATION

Characterized by conjunctival injection, tearing, and foreign body sensation. Symptoms usually subside after one to two days of appropriate treatment. If symptoms persist or worsen, consult your physician.

MILD TO MODERATE IRIS IRRITATION

Symptoms include decreased visual acuity, foreign body sensation, photophobia, and tearing. This condition is usually self-limiting, but should be treated with careful observation and appropriate treatment if needed.

SEVERE IRIS IRRITATION

Symptoms include significant visual loss, severe pain, and decreased visual acuity. This condition requires immediate medical attention. Consult your physician immediately.

CONTRAINDICATIONS

Avoiding the use of ophthalmic solutions while wearing contact lenses.

WARNINGS

Not for Inclusion

This ophthalmic solution should not be used in pregnancy, especially if you are a patient with ocular disease such as glaucoma or retinal disease.

PRESERVATIVES

The solution contains benzalkonium chloride, which may cause eye irritation or sensitivity. If this condition occurs, discontinue use and consult your physician.

DRUG INTERACTIONS

Specific drug interactions have not been evaluated with this product. However, the systemic administration of some ophthalmic solution has been shown to decrease plasma concentrations of theophylline, so interactions with this agent and theophylline should be monitored.

SIDE EFFECTS

The most common side effect associated with the use of ophthalmic solutions is irritation. Other possible side effects include blurring of vision, discomfort, and foreign body sensation.

PRECAUTIONS

Use of this product is contraindicated in patients with a history of sensitivity to any of the ingredients in this product.

PATIENT INFORMATION

This ophthalmic solution should be used only as directed by your physician. Do not exceed the recommended dosage.

RETURN POLICY

Any unopened bottle of this product may be returned for a full refund within 14 days of purchase.

Privacy Policy

We will not sell or trade your personal information to any third parties unless you opt in to such sharing.

Accessibility

This website is designed to be accessible to and usable by individuals with visual, hearing, or physical disabilities. If you encounter any difficulties with the website, please contact us at contact@aoa.org.

Terms and Conditions

This website is provided “as is” and without warranties of any kind, whether express or implied. We do not guarantee the accuracy, completeness, or timeliness of the information provided.

Alcohol and Drug Use

The use of alcohol and drugs may impair visual acuity and reaction time. Consult your physician before using.

Copyright

Copyright © 2008 American Optometric Association. All rights reserved.

Disclaimer

The information provided on this website is for educational purposes only and is not intended as a substitute for professional medical advice, diagnosis, or treatment.

Medical Disclaimer

The information provided on this website is not intended as a substitute for professional medical advice, diagnosis, or treatment.

OFFICIAL PUBLICATION OF THE AMERICAN OPTOMETRIC ASSOCIATION
INTRODUCING IQUIX®

SUSTAINED LEVELS OF CONCENTRATION

Delivering concentration above and below the ocular surface1-3

IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.


Please see brief summary of full Prescribing Information on the next page.

IQUIX® is a licensed trademark of Daiichi Sankyo Co., Ltd., Tokyo, Japan. Manufactured by Santen Oy, Tampere, Finland. ©Santen Co. Marked by VISTAKON® Pharmaceuticals, LLC, Jacksonville, Florida. VISTAKON® is a registered trademark of VISTAKON® Pharmaceuticals, LLC.

For more information, visit www.IQUIX.com

©VISTAKON™ Pharmaceuticals, LLC 2008. All rights reserved.

3/08 270710-011A

25 from trim
Trim Line
Bleed Line