4,200 ODs qualified for Medicare PQRI bonuses

Optometrists are participating in the Medicare Physician Quality Reporting Initiative (PQRI) in greater numbers than most other health care practitioners, according to data obtained and analyzed last month by the AOA Washington office. Some 4,285 optometrists submitted at least one PQRI quality measure code to Medicare during 2007. The U.S. Centers for Medicare & Medicaid Services (CMS) began posting PQRI data to its Web site last month.

Under the PQRI, Medicare offers bonuses, based on a percentage of the health care provider’s total annual allowed Medicare billing, to health care providers who report designated measures to improve the quality of patient care. To qualify for the incentive payments, providers must report at least three designated quality measures on at least 80 percent of certain Medicare claims.

The program was launched during the second half of 2007 with bonuses set at 1.5 percent of the participating health care practitioner’s total Medicare reimbursement for the year. Health care practitioners who participated in the PQRI during the 2007 reporting period received their bonus payments in August 2008.

Dr. H. Kehoe, O.D., observed, “Based on the preliminary data posted by the CMS last month, it would be reasonable to conclude that a number of optometrists have been receiving PQRI bonus checks.”

“The Medicare PQRI program provides an important opportunity to objectively demonstrate what the AOA has been telling health care decision-makers for decades: optometrists provide their patients very high-quality care.”

Dr. Kehoe credited a concerted effort by the AOA Advocacy Group to ensure AOA member optometrists are aware of the PQRI program and understand how to report quality measures under the initiative.

He also cited the quality of care optometrists across the U.S., noting that 52 percent of physicians who tried to report a PQRI measure were able to report enough measures to qualify for a bonus payment during 2007.

“Optometry has clearly become a leader in the PQRI,” AOA President Peter Bob Woodruff said.

The Medicare PQRI program provides an important opportunity to objectively demonstrate what the AOA has been telling health care decision-makers for decades: optometrists provide their patients very high-quality care.”
The Design Inside.

EyePoint Technology® is a patented component of Shamir’s lens design software - a dedicated ray-tracing program written by Shamir scientists which combines lens surface topography data with highly advanced mathematical algorithms. EyePoint Technology® simulates the human eye in every angle, prescription, and field of vision. These techniques enable Shamir to create the most sophisticated progressive lens surfaces based upon thousands of points of data. It’s this “design inside” that makes Shamir progressive lenses the most advanced in the world.

Shamir Progressive Lenses - ReCreating Perfect Vision®
shamirlens.com
CEOs COLUMN

ReCreating Perfect Vision®

It may come as a shock to see my picture here where the President’s Column usually resides in this issue. Don’t be fooled, I have not staged a coup of the leadership of the AOA! I have been generously given the opportunity to introduce myself, and Shamir, the company I represent, as the newest member of the AOA Ophthalmic Council and a proud, contributing member of the optical industry. In the coming months, you will be exposed to the many facets of Shamir through our partnership with the AOA. We believe that it has never been more important for OD’s to understand the technological advancements that have taken place with progressive lens technology, specifically Shamir technology. This understanding ultimately translates into a better overall patient experience. So, while I have this platform, I’d like to briefly share some of our story with you.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970’s, Shamir has introduced a wealth of progressive addition lenses integrated with advanced technological design elements. All of our lens designs start with our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis®, which topped independent analyst studies, to one of our latest designs, Shamir Genesis®, which recently won the OLA’s Award of Excellence for Best Lens Design, EyePoint Technology® is “the design inside” each one of our lenses, so that we believe puts Shamir lenses in a class all their own.

...it has never been more important for OD’s to understand the technological advancements that have taken place with progressive lens technology; specifically Shamir technology. This understanding ultimately translates into a better overall patient experience.

Most recently, however, the talk of the industry has been Shamir’s ultimate design: our FreeForm® lens known as Shamir Autograph®. Branded as “Your Personal Lifestyle Lens®,” this family of individually back-surface designed lenses includes the patient’s personal attributes in each lens, truly providing the most customized P&L on the market today. Last year we introduced Shamir Autograph II®, with two exciting new built-in technologies. As-Worn Technology® fine-tunes a patient’s Rx by calculating three distinct measurements in the design (vertex distance, pantoscopic tilt and panoramic angle). FreeFrame Technology® provides an even better visual experience by taking the patient’s frame choice into account to adjust the design of the lens to match the frame fitting and height. Both As-Worn Technology® and FreeFrame Technology® are advancements that only a true R&D company like Shamir can achieve, as we believe takes FreeForm® lenses to the next level.

When it comes to the field, we’re also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir’s Core Values (SCV). With the help of our 300 partnering labs we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our industry-leading Freeform® Certification Program which educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses. To date, we have certified over 4,000 participants in close to 1,000 practices. The industry is obviously eager to learn more about how their patients will benefit from FreeForm® and we are more than willing to assist. In short, we strive everyday to live up to our motto of ReCreating Perfect Vision®. It’s a vision we share with you. The optical industry is constantly changing and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology. I look forward to the chance to do just that in the months and years to come.

Raanan Naftalovich
CEO
Shamir Insight, Inc.

Shamir Insight, Inc. is a fully owned subsidiary of Shamir Optical Industries, Ltd., an Israeli-based public company (Nasdaq: SHAM), which is engaged in the design, development and manufacture of progressive lenses and frames for the ophthalmic industry. Serving as the Sales & Marketing center for the USA, Canada, Central/South America and Mexico, Shamir Insight specializes in the marketing of progressive lenses under product brand names such as Shamir Autograph®, Shamir Creation®, Shamir Pulsar®, Shamir Attitude®, Shamir Genesis™ and Shamir Office®, the industry’s leading recognized lens. Exclusively designed with proprietary, patented EyePoint Technology®, a groundbreaking software program that utilizes eye-tracking to create unique optical properties and simultaneous human vision; the progressive product line is distributed through a network of over 300 Shamir ReCreating Perfect Vision® partnering optical laboratories. Shamir Insight employs a large national sales force of Account Executives, many of whom are ABOCertified optometrists who speak many of the major optical topics to Eye Care Professionals. Shamir Insight is a member of Vision Council of America (VCA) and the Optical Laboratories Association (OLA) supports VCA’s Check Fittingly See Clearly® program. The company was established in 1975 and is headquartered in San Diego, CA.
2009 resolutions and wishes

My wife Melissa is a very wise woman. This year, rather than asking our family to make resolutions that are unlikely to be kept for the New Year, she gave us all “magic” wishbones and asked each of us to make a wish as the ball dropped.

Since this is my first column of 2009, I thought I’d share my “wishes” for the AOA and most important…our profession!

MEMBERSHIP – Clearly members are the life-blood of the AOA and our state affiliates. We need EVERY optometrist in America to be a dues-paying member. Unfortunately, only about 63 percent of us pay our dues while the other 37 percent get many of the benefits we all enjoy through state legislative victories and our Washington, D.C., success.

My wish is that every “dues-paying member” would contact a “non-dues-paying member” and encourage them to start investing in their profession just like you and I do.

Increased membership will reduce the need for future dues increases and allow our state associations and your AOA to achieve more for our patients and our profession.

STAFF – This is an easy one — I wish that every OD would encourage and support their entire staff to become Certified Paraoptometric professionals at the highest level and be involved in state and AOA paraoptometric sections. Our patient care will improve, our practices will be more successful, and our staff will consider themselves in a career rather than a job.

INFANTSEE® – There is no other program in America that can potentially eliminate a disease (amblyopia) and create a paradigm shift toward a lifetime of healthy vision. My wish is that EVERY optometrist and staff in America would become ambassadors, advocates, and participates in this program.

Dispensing – I just introduced the concept of doctors’ dispensing in my last column. So my wish is that all ODs will take the time to learn about all the new technologies in spectacle lenses. And, in the exam room, every OD during their case presentation will explain how the new technologies can improve their vision and their lives.

Patients will win, and our practices will be more successful.

OPTOCRATS – I wish that every member of the optometric profession would fully engage as an Optocrat. This requires all optometrists to support all elected officials (regardless of whether they are a D or R) who are willing to support full-scope optometric care and support full access to optometry in the health care system.

Patients will get to benefit from the great care provided by optometrists, and we’ll get to provide the care we are trained to render!

BOARD CERTIFICATION – I wish that all optometrists will reserve judgment on optometric board certification until they have a chance to see how the changing health care environment requires us to seriously consider this for our profession at this time. And I wish that they will review the information presented with an open mind rather than with a pre-conceived opinion.

OPTOMETRIC REFERRALS – I wish that all optometrists would practice to the highest level with which they are comfortable and within their state scope of practice. And when their practice setting or comfort levels are at the limit, they would turn to their optometric colleagues as a referral source whenever appropriate.

Patients will benefit from great optometric care, and our profession will gain by having more patients understand the level of care rendered by a 2009 optometrist.

MANAGED VISION CARE – I wish that every optometrist would take the time to review their practice finances. They will gain the knowledge to be able to quickly tell any managed vision (or health) plan exactly what it costs to provide a comprehensive eye exam and dispense contact lenses or spectacles and expect a reasonable profit above those costs.

With that knowledge, many doctors have the power, knowledge and courage to realize that working smarter is better than working harder, and that making deep financial decisions that are not truly profitable to the practice.

The airline industry finally figured out that selling seats for less than cost isn’t worth it, especially when more and more of the seats are significantly discounted.

Let’s learn from the airlines and stop accepting plans that don’t adequately compensate us for the expertise and great care that we provide.

And finally, I wish good health, happiness and prosperity to you and yours through 2009.

God Bless,

Dr. Kehoe

PS: Don’t forget to visit www.PetesAOABlog.com to comment on this or any other topic of your choice.

Organizations draft model for board certification

With 12 meetings behind them, representatives of six optometric organizations are drafting a model framework for a board certification process for optometry.

The framework will be presented to the profession, starting with the leaders of the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), the Association of Regulatory Boards in Optometry (ARBBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBE), beginning this month.

At the heart of the process would be a patient assessment and examination that tests knowledge in core categories.

Chris Wolfe, O.D., AOSA representative to the project team and private practitioner, advises that states and new practitioners want a process that facilitates their ambitions of lifelong learning, and the proposed process achieves this desire.

The Joint Board Certification Project Team has said on many occasions that the lack of board certification for optometrists may hinder optometrists’ ability to be accepted in managed health care plans and puts optometrists at a disadvantage when applying for panels or being listed on health care “score cards,” according to Mary Jo Stiegemeier, O.D., AAO representative to the project team.

More than a year ago, the members of the Joint Board Certification Project Team agreed to the following task: “Develop and propose an attainable, credible and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the profession.”

This model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry. This model will communicate information about these standards to the public’s quest for high-quality health care.

In the year since that definition was drafted, the U.S. health care system has seen movement on many fronts that would seem to suggest some type of board certification.

“Health care delivery in the U.S. is evolving,” said Arol Augsburger, O.D., ASCO representative to the project team and president of the Illinois College of Optometry. “Governmental programs currently in place to evaluate quality of care are making reference to board certification/continued competence.”

He noted that programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance (P4P) may require board certification.

Meanwhile, independent Web sites, such as www.healthgrades.com, are already using board certification as a means to pre-qualify a patient’s search for a physician.

“These sites are expected to proliferate and be provided at no cost to consumers,” Dr. Augsburger said. “The first problem: Optometry is often excluded. The second problem: The two ‘quality preferences’ that consumers can typically select are ‘Free of professional misconduct’ and ‘Board certification.’”

“Throughout the health care landscape, there is broad interest in assurance that a doctor maintains the appropriate knowledge, skills and experience needed to deliver quality patient care.”
OD nominated for key spot on HRSA primary care committee

Respected professor of optometry and longtime AOA member and volunteer Roger Wilson, O.D., has been nominated to serve on the Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Medicine and Dentistry.

The influential committee provides HRSA — the lead federal agency working to improve access to health care services for people who are uninsured, isolated or medically vulnerable — with advice and recommendations on a broad range of issues dealing with programs and activities authorized under the Public Health Service Act, including programs directly impacting the public’s access to eye and vision care.

In addition to policy and program development recommendations, the Advisory Committee regularly researches, prepares and submits important reports to the powerful U.S. Senate Committee on Health, Education, Labor and Pensions and the influential U.S. House Committee on Energy and Commerce, which have broad jurisdictions over many aspects of America’s health care delivery system.

An expert in optometric education and training, Dr. Wilson has served on the AOA Commission on Quality Assessment and Improvement, as the chair of the Section on Optometric Education on the American Academy of Optometry, as a consultant for the Council on Optometric Education on the American Academy of Ophthalmology, and as director of the clinical education and assessment program at the New England College of Optometry.

Dr. Wilson also has significant public health experience, having chaired the AOA Community Health Centers Committee since 2005 as well as the AOA Healthy Eyes Healthy People® Committee in 2005-06.

“Doctors of optometry are an integral member of the primary care team and play a significant role in the health and well-being of the American public,” said Michele Haranin, O.D., chair of the AOA Federal Relations Committee. “With a new president and Congress ready to begin work on national health reform, the appointment of Dr. Wilson to this key HRSA committee would shed greater light on the important role played by ODs and other non MD/DO providers that comprise a major part of our health care delivery system.”

While an OD has yet to serve on this key advisory committee, the AOA is urging HRSA to fully recognize the important role played by ODs and other non MD providers by using its discretion and abiding by a requirement that the committee strike a “fair balance between the health professions, that at least 75 percent of members of the advisory committee are health professionals, a broad geographic representation of members and a balance between urban and rural members.”

Wilson

Team, said. “The general practice of optometry is the only prescribing doctoral-level health care profession that does not have a board certification process available as a measure of continued (beyond entry level) clinical competence.”

“We cannot demonstrate ‘continued competence’ (beyond entry level) in the same manner as the other health care professions without a board certification process,” said Christina Sorenson, O.D., representing ARBO. “Board certification is not linked to re-licensure in any profession. Linking board certification to re-licensure is NOT under consideration by the Joint Board Certification Project Team.”

The AOA State Government Relations Center has found a number of cases where state lawmakers are urging to require some form of board certification:

In 2008, as a result of proposed legislation, the governor of Washington created a work group that is looking at requiring continuing competence for MDs.

In 2007, in Virginia, the AARP introduced national model legislation to consider continued competence as a prerequisite for re-licensure.

In 2008, discussions were held in the Oklahoma legislature that would require board certification of pediatricians. No action was taken.

At the federal level, “board certification/continued competence will be one way that may be used to evaluate quality of care,” noted Tom Valuck, who spoke on behalf of the Centers for Medicare & Medicaid Services at the AOA Advocacy Conference in April 2008.

“If asked, can we demonstrate continued competence leading to improved quality of care to the public, government and third-party payers in order to participate?” asked Donovan Crouch, O.D., representing NBEO. “Allopathic medicine, osteopathic medicine, podiatric medicine, and veterinary medicine can. They all have board certification routes for continued competence.”

Editor’s note: The Joint Board Certification Project Team will present the draft model to the profession, starting with state association leadership at the Presidents’ Council on Jan. 23, 2009, in St. Louis. The affiliate executive directors, presidents and presidents-elect will be briefing their members on the draft process shortly thereafter.

Members will receive details and continuous updates in upcoming issues of the AOA News. The proposal will be discussed by the AOA House of Delegates at Optometry’s Meeting® in Washington, D.C., June 24-28, 2009. Should optometry organizations ratify the process, a new certifying board would be appointed that would operate independently from the other organizations.

Certification

from page 5

An aerial view of the Georgetown waterfront shows the diverse collection of shops and restaurants throughout this charming spot within D.C. Optometry’s Meeting attendees can also take in the national monuments by water taxi on a short ride from National Harbor to Georgetown. Photo by Jason Hawkes
SPOTLIGHT ON AOA MEMBERS

Houston optometrists make practice a family affair

In recognition of a lifetime of service to the community, Houston Mayor Bill White proclaimed Nov. 19, 2008, as Dr. Albert Romano and Dr. Gerald Romano Day.

Albert Romano, O.D., and Gerald Romano, O.D., of Westheimer Vision Associates, have been practicing optometry for more than 50 years.

In an era marked by quick in-and-out medical care, the Romanos built a practice and reputation as doctors who care for their patients’ well-being above all else.

The brothers followed in the footsteps of their father, Anthony Romano, Sr., who opened Texas Optical downtown in the 1940s.

Drs. Albert and Gerald Romano graduated from the University of Houston College of Optometry in 1958. Dr. Albert Romano is four years older than Dr. Gerald Romano, but his service in the Air Force delayed his graduation from school.

Over the years I’ve built a loyal family of patients and friends to whom I’ve become very close,” said Dr. Gerald Romano. “I always want to do the best for them. The technology has changed so much over the years. It’s like ‘Star Trek’ now compared to 1958.”

The brothers have been leaders in professional optometric organizations and honor societies.

Dr. Albert Romano trained several generations of doctors as a lecturer at the University of Houston College of Optometry for 20 years and pioneered clinical investigations for several large contact lens manufacturers.

“It has been fulfilling to see patients for over 50 years as well as seeing their children, grandchildren and great-grandchildren,” said Dr. Albert Romano. “It’s also been exciting to see the laws for optometry change over the years increasing the scope of practice so optometrists are now allowed to do what they’re trained to do.”

Dr. Gerald Romano travels to Guatemala every year as part of the Sending Our Servants program, which provides visual, medical and surgical assistance to those who are less fortunate.

As part of their commitment to help Houston’s children see clearly, the doctors provided free exams for charitable organizations such as Eye Care for Kids.

Under their direction, the office also participates in the AOA’s InfantSEE® program, providing free eye assessments for infants between 6 and 12 months of age.

“I’ve had the pleasure of working with the Romanos for the past 20 years as their business manager,” said Amy Backlas. “They are superb doctors with kind and gentle hearts who care deeply for patients as well as their staff.”

The Romanos brothers have no plans for retirement, though they have cut back to three days a week.

The Romanos brothers followed in the steps of their father, Anthony Romano, Sr., who opened Texas Optical downtown in the 1940s.

Drs. Albert and Gerald Romano started their optometric practice in 1958 with the help of their late brother, Anthony (Buck) Romano, serving four generations of loyal patients.

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“The Medicare PQRI program provides an impor-
tant opportunity to objectively demonstrate what the AOA
has been telling health care decision-makers for decades: optometrists provide their
patients very high-quality care,” Dr. Kehoe said. “The
AOA Optometric Clinical Practice Guidelines, devel-
oped by the AOA Clinical Care Group to provide evi-
dence-based standards of care for eye conditions, have been widely used by optometrists
for years. AOA surveys have repeatedly found that
optometrists are extremely active in providing quality for
patients with diabetes, glau-
coma and other conditions
addressed under the PQRI
program. As a result,
encouraged by Medicare
under the PQRI.”

In all, 109,000 Medicare
physician providers attempted
to submit at least one PQRI
quality reporting code to
However, eye care pro-
fessionals were easily among
the most active participants.

In addition to more than
4,000 ophthalmologists, 4,867
ophthalmologists also report-
ed at least one measure.

Optometry accounted for
more PQRI participation than
at least 49 of the 55 health
professions tracked in the
CMS data.

Among health care prac-
titioners defined by Medicare
as “physicians,” only practi-
tioners of internal medicine
(21,863), emergency medi-
cine (18,603), radiology
(12,042), anesthesiology
(10,160), and family medi-
cine (9,507) were more active
than optometrists in the PQRI
during the program’s initial
year.

Nurse anesthetists led
non-physician providers in
PQRI participation with
5,492 reporting at least one
quality measure during 2007.

The AOA Washington
office encourages members to
participate in the PQRI.

In 2009, physicians can
come a 2.0 percent bonus on
all of their Medicare reim-
bursement by successfully
reporting at least three PQRI
measures.

A recent AOA PQRI
Webinar for optometric cod-
ing and billing experts across
the nation was recorded and
will be made available on the
AOA Web site for all associa-
tion members early this year.

In addition, the AOA is
updating all of the materials
on the AOA Web site PQRI
page (www.aoa.org/s7990.xml).

Bonuses,
from page 3

Medicare Web site
lists PQRI practitioners

The U.S. Centers for Medicare & Medicaid Services (CMS) now lists on its Medicare Web site (www.Medicare.gov) health care practitioners who provide quality care to Medicare beneficiaries under the Physician Quality Reporting Initiative (PQRI).

Medicare beneficiaries who use the Web site’s “Physician and Other Healthcare Professional Directory” to locate a health care provider will now find a “Physician Quality Report Initiative (PQRI)” option on the “Search Results” page, inviting them to “view the physicians and other healthcare professionals that reported quality information for this state.”

The agency posted the listing of PQRI participants to its Medicare Web site on Dec. 19, 2008. It provides the names of all eligible health care professionals who submitted at least one PQRI quality data code on a Medicare claim.

The listing includes only providers who reported services during the initial PQRI reporting period (July 1 – Dec. 31, 2007).

The listing includes doctors of medicine, osteopathy, podiatric medicine, optometry, and surgery, dental medicine and chiropractic as well as 12 types of non-physician health care providers and three types of therapists.

The CMS had previously announced it would begin publicly reporting the names of PQRI participating practitioners in 2010. The agency had specifically indicated several times it would not release a list of 2007 PQRI participants, according to the AOA Washington office.

The CMS sees the public reporting of quality care information for health care professionals as “an important means to promote improved quality of care to Medicare beneficiaries,” the agency said in announcing the posting last month.

The PQRI listing represents an opportunity for optometrists and other health care practitioners to demonstrate that they have been recognized by a government agency for providing quality care, the AOA Washington office notes.

Based on preliminary data released by the CMS last month (see related article), a number of optometrists are included in the 2007 PQRI listing. AOA Washington office officials add.

However, both the CMS and the AOA Washington office have expressed concern that some patients will misin-
terpret the absence of a practitioner’s name in the PQRI listing as an indication that the practitioner is not providing quality care.

“The PQRI is a voluntary reporting program,” the CMS emphasized in its announcement. “A physician or other healthcare professional can choose whether to report quality information to Medicare under the PQRI program. There are, however, numerous reasons why physicians or other healthcare professionals, who are committed to providing high quality care to their patients, may have chosen not to report quality information under the PQRI Program which began in 2007.”

Health care practitioners who reported at least one PQRI quality data code to the CMS in 2007 under the PQRI but who are not included in the list can request inclusion using a “feedback tool” that can be accessed through the Physician and Other Healthcare Professional Directory Web page.

By selecting the “Note for Providers” option on the direc-
tory home page, practitioners can access a “Supporting Information” page where they can select the “Physician Quality Reporting Initiative” option to reach the feedback tool.

EYE ON WASHINGTON

PSOs begin taking adverse event reports

The U.S. Department of Health & Human Services (HHS) issued a final rule for Patient Safety Organizations (PSOs). The PSO entities are being developed to provide for the voluntary reporting of certain adverse patient safety events. The program is designed to study and reduce risks and hazards in the future by learning about adverse events in the past, according to the HHS.

Reporting will be voluntary and disclosures should not open the reporting physician to any new liability, according to the AOA Advocacy Group.

Twenty federally recognized PSOs have already been established across the nation. A listing of the PSOs with contact information can be found online at www.pso.ahrq.gov/listing/fplist.htm. The rule went into effect Jan. 19, 2009.

The PSOs are intended to provide a means through which clinicians and health care providers can work to collect, aggregate and analyze data — within a legally secure environment of privilege and confidentiality protections — to identify and reduce patient care risks and hazards.

“I expect the final rule and the creation of Patient Safety Organizations to greatly improve the quality of health care for all Americans,” HHS Secretary Mike Leavitt said. “By making it easier for clinicians and health care organizations to report and learn from adverse events without fear of new legal liability, we will be able to improve our nation’s health care systems and minimize factors that can contribute to mistakes.”

The HHS’s Agency for Healthcare Research and Quality (AHRQ) will oversee PSO operations with the HHS Office for Civil Rights (OCR) enforcing confidentiality rules.

“The Patient Safety Organizations final rule describes the clear, legally protected framework for how hospitals, clinicians, and health care organizations can work together to improve patient safety and the quality of care nationwide,” said AHRQ Director Carolyn M. Clancy, M.D.

However, the AOA Advocacy Group suggests health care practitioners may wish to discuss PSO reporting with their malpractice insurance carriers and/or attorneys before making a voluntary disclosure.

A physician’s malpractice carrier or attorney can better assess the information security safeguards and confidentiality as well as the benefits, if any, of disclosure, AOA Advocacy Group staff notes.

The listing of PSOs by the HHS was authorized by the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act).

The act is intended to encourage voluntary, provider-driven initiatives to improve the safety of health care through the establishment of legal protections to ensure that providers who report patient safety information do not incur new legal liability; to promote rapid learning about the underlying causes of risks and harms in the delivery of health care; and to share those findings widely, thus speeding the pace of improvement.

To read the final rule and access more information about PSOs, including background on the rulemaking process, visit the AHRQ’s PSO Web site at www.pso.ahrq.gov.

Additional information about the confidentiality and disclosure of patient safety work product may be found at OCR’s Web site at www.hhs.gov/ocr/privacy/pqri/

CMS cracks down on surgical errors

The Centers for Medicare & Medicaid Services (CMS) proposed three national coverage determinations (NCDs) to establish uniform national policies that will prevent Medicare from paying for certain serious, preventable errors in medical care.

The following errors, called Never Events, being focused on by Medicare through the NCDs are identified in the National Quality Forum’s (NQF’s) list of Serious Reportable Events:

- Wrong surgical or other invasive procedures performed on a patient
- Surgical or other invasive procedures performed on the wrong body part
- Wrong surgical or other invasive procedures performed on the wrong patient

While the proposed new NCDs probably will not directly impact most optometric practices, optometrists should be aware that the CMS and its parent agency, the U.S. Department of Health & Human Services, is undertaking a major effort to eliminate preventable health care errors and thereby improve the quality of the nation’s health.

AOA offers resources for PQRI

The AOA offers a range of resources to assist member optometrists in providing the services encouraged under the PQRI.

The AOA Communications Group’s AOA Eye Disease Management Program offers the AOA Eye Disease Management Kit with a Recommended Nutrients for Healthy Eyes leaflet, to assist in antioxidant counseling for patients with Age-Related Macular Degeneration (AMD) and as well as other chronic eye conditions such diabetic retinopathy.

The Practice Strategies section in the December edition of Optometry: Journal of the American Optometric Association offers advice on the kit’s use. Additional information on antioxidant counseling for AMD patients is scheduled for the February edition of Optometry. The AOA Clinical Care Group offers AOA Optometric Clinical Practice Guidelines on glaucoma, cataract, diabetic retinopathy, and AMD.

A revised edition of the AMD guideline with new guidelines on antioxidant counseling is scheduled for release next spring.

Information on all of the AOA’s member resources can be accessed on the Doctors’ Page of the AOA Web site (www.aoa.org). A comprehensive guide to PQRI participation for optometric practices appears in the December edition of AOA News.

Low vision VA positions available

The AOA and the Department of Veterans Affairs (VA) announced a new low vision partnership that led to the formation and implementation of the AOA-backed Continuum of Care, a $40 million, three-year expansion program for vets needing blind rehabilitation and low vision care.

The VA called for the addition of over 50 part-time, low vision optometrist positions nationwide to provide rehabilitation services. While a number of the positions have been filled to date, the VA has enlisted the help of the AOA to seek qualified ODs for positions that remain unfilled.

Since its inception in 1976, the Veterans Health Administration’s (VHA) Optometry Service in the Department of Veterans Affairs (VA) has developed into the majority provider of primary eye care and low vision rehabilitation services to meet the ever-changing needs of America’s veterans.

For further details on these openings, including how to become involved, please go to: www.va.gov/optometry and then click on “Open VA Optometrist Positions” in the left-hand column.

AOAN 47-9      AOAN_9.pdf
**Third Party Center**

Mainstreaming eye, vision care takes finesse, patience

In December, the AOA announced formation of the Third Party Center, a major new initiative to help ODs gain access to plans and ensure that ODs are treated fairly and have the tools they need to decide what plans are best for their practice. An important adviser to the AOA staff has been Pauline Yan. “Pauline brings an incredible depth of knowledge and intuitive grasp of complex issues to the ophthalmic profession that is without parallel,” AOA Executive Director Barry Barresi, O.D., Ph.D., said.

“As one of the true pioneers in the pay-for-performance movement, she has insights into the future of health care — and eye and vision care — that will benefit our members, the association and all patients,” said AOA News editor Lauren Almond.

O.

all the types of health care payment plans, those covering vision care are the most complex,” said Pauline Yan, vice president of Integrated Healthcare Solutions at Essilor of America. “Yet the more people utilize eye and vision care, the more money payers can save.”

Yan joined Essilor in 2006 with more than 20 years of experience working to understand and shape the way health care is delivered and paid for. She was a regional vice president with GlaxoSmithKline Pharmaceuticals, and served on the boards of California Health Decisions Inc., Integrated Healthcare Association and Prevent Blindness Texas. She has been a prominent speaker on health care and has been a panelist and featured speaker at the National Pay for Performance Summits. The San Jose Business Journal credits Yan, then on the board of the Integrated Healthcare Association, with being the driving force behind the first summit of California insurance groups, doctors’ organizations and hospitals. The 2006 meeting led to agreements to pursue “pay for performance” and attracted national attention.

In her role at Essilor, she is applying the same strategic thinking to expanding access to eye and vision care.

“We have three goals,” she said. “Helping independent practitioners understand vision plans and reimburse-ment; making sure all stakeholders understand the value of vision care — including payers, end users and intermediaries such as brokers; and demonstrating the economic impact of poor vision to payers of health care.”

Yan said that Essilor is working to educate eye care practitioners and their staffs on the details of managed care plans and reimbursement. “Essilor and the AOA’s common goal is to ensure the long-term viability of independent practitioners,” said Yan.

The two organizations are working on a memorandum of understanding that formalizes their mutual efforts.

Practitioners can keep up with changes in health care by staying aware of changing market conditions, getting to know the major employers and vision care plans in their area, using electronic health records to better understand patient demographics and stay compatible with plans’ requirements and working to understand how plans are designed and paid for, Yan said.

On a more basic level, Yan said, independent practitioners must continue to need to take term “access” to

“Employers are beginning to understand the value of vision care to their company. But vision care is such a small part of the overall health care benefits package that we are dependent on brokers and vision care plans to recommend specific plans.”

Yan further comments that most manufacturers are similarly dependent on eye care practitioners to recommend their lenses without helping them break the barriers of the lack of understanding with the stakeholders outside of the optical industry. Essilor is the first manufacturer that has made this effort, Yan said.

Yan said that since she joined Essilor, she has noticed a trend among employers to reduce administrative costs by only having one health care plan. Typically, that plan is partnered with a particular eye and vision care plan, often as a voluntary benefit (i.e., employer negotiated and employee-paid model).

“Getting vision care integrated into the primary care package is easier said than done,” Yan said. “The health plan that succeeds in doing so is not only going to have access to patients, but access to data that will be crucial to documenting outcomes and managing chronic conditions.”

Another trend that Yan observed is the increasing number of small companies and people who work at home. So health plans and vision care plans are placing much needed focus on innovative benefit designs for small groups and individuals as well as building an Internet strategy to make signing up much easier for these target groups.

**Send letters to:** Editor, AOA News, 243 N. Lindbergh Blvd., St. Louis, MO 63141

RAFoster@aoa.org

AOA News reserves the right to edit letters submitted for publication.
“When you are on the road all the irrelevant things fall away—it becomes the road, the bike, and you. It’s about dedication, motivation, and moving forward. Working together with Luxottica compliments my guiding philosophies and has been essential to my success.”

DR. ROBERT REED JR.
Ali Eyes, Optometry
St. Joseph, MI

Luxottica &me

To learn more about Dr. Robert Reed and the advantages of partnering with Luxottica go to www.luxandme.com
Paraoptometric Section introduces training program for staff online

The AOA Paraoptometric Section (PS) now offers the Online Paraoptometric Training-Navigator (OPT-N) program to provide online instruction for paraoptometric staff through the AOA Web site. Essilor and The Vision Care Institute are the program’s sponsors.

The program was developed in response to a growing need for flexible paraoptometric training.

In 2007, the Practice Efficiencies Survey and focus group calls indicated 50 percent of respondents (712) would like to see online education offered.

The OPT-N program was developed in a skills-focused staff training format with the intent to teach, measure and evaluate the skills required of the paraoptometric trainee.

The instruction is divided into units that allow the optometrist to determine the most beneficial areas of study for the trainees’ job responsibilities.

Each unit consists of a 20-minute lesson and 10-minute review of lesson concepts and includes a review test.

The units include:
- Introduction to the profession of paraoptometry
- Basic terminology
- Front office procedures
- Obtaining an ocular history
- Routine pre-testing procedures
- External examination
- Seven additional units at the beginner level will be available later in 2009, and a future planned expansion of the program will include intermediate and advanced levels of learning.
- After completion of all units, paraoptometrists will receive certificates of achievement.
- Program benefits include:
  - Cost effectiveness for ODs’ time related to on-the-job training
  - Cost effectiveness for staff-on-staff training
  - Higher productivity in initial phase of employment
  - Increased staff competency
  - Increased staff confidence
  - Increased staff job satisfaction leading to staff retention
  - Increased patient satisfaction
  - Increased revenue to practice
- Convenience for staff for learning and training opportunities.
- The program will initially be offered for free, but current PS members and will cater to those new to the field of paraoptometry.

The program also recommends using OPT-N to measure the competence of existing uncertified paraoptometrists. This could provide the springboard for trainees to eventually seek certification in the field of paraoptometry.

To learn more about the program, visit www.aoa.org/OPT-N.xml.

For more information about the Paraoptometric Section, contact Mary Ellen Poff at MEPoff@aoa.org or 800-365-2219, ext. 4108.

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Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available. These large-format, 20-inch by 24-inch ‘gallery-wrapped’ prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

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

The prints cost $89 each.
Registration and Housing Open in Early February!

Optometry’s Meeting® is unparalleled in its uniqueness, imagination, and national exposure! Optometry’s Meeting® has five (5) main components:

- **House of Delegates**: where AOA and our state affiliates shape the future of our profession.
- **Continuing Education (CE)**: features more than 200 hours of CE; which covers a wide spectrum of topics such as: Clinical Optometry, Ocular Disease & Management, Related Systemic Disease, and Business Management. 28 hours of free O.D. education will be offered in 2009!
- **Exhibition Hall**: features more than 200 exhibiting companies with the latest ophthalmic equipment, products, and services.
- **AOSA**: The American Optometric Student Association holds its annual meeting in conjunction with the AOA.
- **Affiliate Functions/Social Events**: features more than 200 affiliate functions, including alumni receptions, business meetings, and an abundance of sponsored social events for your networking pleasure.

To register, take advantage of early bird savings, and learn more about Optometry’s Meeting®, visit [www.optometrymeeting.org](http://www.optometrymeeting.org)
Take control of your future with AOA-Sponsored Insurance Programs.

Professional Liability Insurance

In today's increasingly litigious society, you need to take control of the most important things in your life—yourself, your family and your career—should you be named in a malpractice claim or lawsuit.

* Policy limits up to $2,000,000.00 per occurrence and up to $4,000,000.00 per annual aggregate
* Per occurrence coverage no matter when a claim is filed (as long as the incident took place while the policy was in force)
* Premium credits for good practice
* Lost wage reimbursement
* Defense reimbursement due to licensing board complaints

For more information about Professional Liability, call:
1-800-503-9230

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Protect your entire business with outstanding coverage including Property and General Liability at competitive rates—with no additional charge for coverage for your employees. What's more, workers compensation coverage does not need to be placed with our office in order for us to provide Professional Liability coverage.

Automatic coverage includes:
- Glass (interior and exterior)
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- Money and securities
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- Computer equipment, including software

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1-800-882-2262

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Professional Liability / Business Owner's Package

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DC Gaylord rolls out red carpet for 2009 Optometry’s Meeting®

Take part in Monumental Achievements at the 2009 Optometry’s Meeting® June 24-28 at the Gaylord National® Resort and Convention Center near Washington, D.C. Optometry’s Meeting® consists of five main components:

- House of Delegates — where the AOA and state affiliates shape the future of the profession.
- Continuing Education — more than 200 hours of continuing education (CE) by internationally recognized lecturers.
- Exhibit Hall — more than 200 exhibiting companies with the latest ophthalmic equipment, products, and services.
- Social Events/Affiliate Functions — social events for networking and more than 200 affiliate functions, including alumni receptions and business meetings.
- AOSA — American Optometric Student Association is again welcomed to Optometry’s Meeting®.

Location, location, location

At the heart of all things historical, monumental and naturally beautiful lies Gaylord National® Resort & Convention Center, the site of the 2009 Optometry’s Meeting®.

Located on the 300-acre National Harbor, Gaylord National® boasts beautiful views of the Potomac River amid tree-lined promenades, a marina and piers that host concerts, dinner cruises and other events.

 Incredible shopping and dining experiences await the harbor’s guests. Expect to be dazzled with so much to see and do on the harbor.

When guests have experienced all that Gaylord National® has to offer, consider excursions to Washington, D.C., or side trips by water taxi to Old Alexandria or Georgetown.

An excursion to the nation’s capital requires careful planning and a comfortable pair of shoes — Washington, D.C., has a great deal to offer.

Visitors can stroll through the National Mall and take in the majestic monuments and memorials for Washington, Lincoln, Vietnam Veterans, Korean War Veterans, World War II, Franklin Delano Roosevelt, Grant and Jefferson.

Visitors can take in the monuments by water taxi on a short ride from National Harbor to Georgetown.

Once there, visitors can take a stroll through the historic and nationally significant campus, shop at a diverse collection of shops and dine at restaurants throughout this charming spot within D.C.

Guests can also venture farther to take a tour of government buildings, including the U.S. Capitol, Library of Congress, Supreme Court, The White House and Embasy Row.

Museum enthusiasts have a range of museums from which to choose: the National Air and Space Museum, the 14 Smithsonian museums, the National Gallery of Art and the United States Holocaust Memorial Museum. Old Alexandria, listed on the National Register of Historic Places, welcomes guests to stroll through its streets lined with 18th and 19th-century buildings, historic attractions, shopping and dining.

Old Alexandria is easily accessible from the Gaylord properties with round trips available numerous times daily.

No matter what direction guests choose, the National Harbor offers entertaining options for every taste and interest.

Gaylord National® Resort and Convention Center

The AOA has secured another beautiful, convenient and activity-packed location for its annual meeting.

As with other Gaylord properties, the Gaylord National® Resort and Convention Center offers its guests everything they need and want for a comfortable and relaxing stay.

Gaylord National® is located 15 minutes from Washington, D.C., and is part of the new National Harbor project, which includes shopping, dining, and residential developments.

A resplendent glass atrium offers views of the Potomac River.

Casual and fine-dining restaurants are available throughout the resort. The restaurants range from steakhouse and seafood, to Italian and bar and grill fare, to poolside and in-room dining.

After a day of browsing products and services in the exhibit hall and attending continuing education courses, guests can visit the 20,000-square-foot Reilâche Spa, fitness center and pool.

Guests may also want to check out the two-story rooftop Gaylord National®-exclusive Pose Ultra Lounge & Nightclub, which features an infusion bar and views from its wrap-around terrace. Pose has floor-to-ceiling windows, which offer breathtaking views of the nation’s capital.

Attendees are encouraged to register early as reservations for the Gaylord National® Resort & Convention Center will fill quickly.

For those who opt to stay off-site, reservations may be made at the Hampton Inn & Suites, Residence Inn or Westin, which are conveniently located within one block of the Gaylord National®.

Booking a stay at one of the four hotels highlighted ensures the AOA’s room blocks are filled. The AOA and AOSA appreciate support of the associations by using one of these select properties.

Registration and housing open in February.

Woodruff won a 2008 Peabody Award for “Wounds of War — the Long Road Home for Our Nation’s Veterans,” a series of reports that aired on ABC.

Woodruff was also honored with the Daniel Pearl Award for Courage and Integrity in Journalism.

In addition to his coverage of the war, Woodruff has reported on other top stories.

His reports from New Orleans in the aftermath of Hurricane Katrina helped focus the nation’s attention on the building tragedy there.

He was ABC’s lead correspondent on the Asian Tsunami, reporting from Bandar Aceh, Indonesia, and Sri Lanka.

Woodruff has covered the “axis of evil” named by former President George W. Bush as Iran, Iraq and North Korea.

He covered the nuclear showdown in Iran and, in June 2005, was granted unprecedented access to the secretive country of North Korea.

He has reported extensively on the continuing unrest in Iraq from Baghdad, Najaf, Nassaraya and Basra.

During the initial invasion of Iraq, Woodruff reported from the frontlines as an embedded journalist with the 1st Marine Division, 1st Light Armored Reconnaissance Battalion.


After the Sept. 11 attacks, he was among the first Western reporters in Pakistan and was one of ABC’s lead foreign correspondents during the war in Afghanistan, reporting from Kabul and Kandahar on the fall of the Taliban.

His overseas reporting of the fallout from Sept. 11 was part of ABC News’ coverage recognized with the Alfred I. duPont Award and the George Foster Peabody Award, the two highest honors in broadcast journalism.

He was also a part of the ABC News team recognized with an Alfred I. duPont Award for live coverage of the death of Pope John Paul II in the election of Pope Benedict XVI.

Optometry’s Meeting® registration opens in February. For more information, visit www.optometrysmeeting.org.
DMEPOS surety bond rule exempts optometrists

In an effort to curb Medicare fraud and abuse, the U.S. Centers for Medicare & Medicaid Services (CMS) has announced it will begin requiring some providers of durable medical equipment to post surety bonds. However, the surety bond requirement will not apply to optometrists who provide post-cataract eyeglasses to their own patients under Medicare, the AOA Washington office notes. Congress mandated the surety bond requirement under the Balanced Budget Act of 1997, following reports of widespread Medicare fraud among some suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) — notably providers of wheelchair and oxygen equipment.

The 2007 Medicare error rate report found approximately $1 billion in improper payments for medical equipment and supplies. The CMS announced last month it will require existing Medicare DMEPOS suppliers to post a $50,000 surety bond by Oct. 2, 2009. Most DME suppliers submitting a complete Medicare enrollment form, regardless of whether they are new to Medicare or have been serving Medicare beneficiaries for years, will need to meet the surety bond requirement by May 4.

Last month’s announcement drew questions from some optometrists who noted that Medicare considers post-cataract eyeglasses to be a form of durable medical equipment, the AOA Washington office notes. The surety bonds will probably cost DMEPOS providers around $2,500. However, the surety bond requirement specifically exempts optometrists and other health care practitioners who provide durable medical equipment to their own patients, the AOA Washington office notes.

“In reviewing the statutory language and legislative history of (the Balanced Budget Act), we believe that the Congress intended to create an exception for physicians and NPPs (non-physician providers). Accordingly, we have revised this final rule to establish an exception to the surety bond requirement for physicians … provided that the items are furnished only to the physician or NPP’s own patients as part of his or her professional service,” the CMS emphasized in announcing the surety bond requirement.

The CMS originally planned to include physicians when it first proposed the surety bond requirement in 2007. However, the agency decided to exempt physicians at the behest of the AOA and other practitioner organizations.

Call for posters now open

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 112th Annual AOA Congress & 39th Annual AOSA Conference: Optometry’s Meeting®.

The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues.

The poster preview session will be held Friday, June 26, 2009, and the interactive session offering continuing education credit will be Saturday, June 27 from 11 a.m. to 2 p.m. at the Gaylord National® Convention Center.

Poster abstracts must be submitted electronically and must be received by Feb. 9. For more details and an electronic submission form, log on to www.optometrysmeeting.org and click on the Call for Posters icon. For more information, contact Stacy Smith at 314-983-4254 or at sasmith@aoa.org.
MEETINGS

February

OPTOMETRIC EXTENSION PROGRAM
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2)
February 4, 2009
Phoenix, Arizona
Theresa Keppi
800/447/0370
MINNESOTA OPTOMETRIC ASSOCIATION ANNUAL MEETING
February 5, 2009
Hyatt Regency Minneapolis, Minneapolis, MN
Jennifer Marnay, O.D.
Fax: 952/474-7710
Jennifer.Marnay@msn.com
www.mnoptometrists.org

DAKOTA OPTOMETRIC ASSOCIATION WINTER CHANGING EDUCATION
February 7, 2009
Embassy Suites, Sioux Falls, SD
Fax: 605/337-0234
www.deo.org

NEW JERSEY SOCIETY OF OPHTHALMIC PHYSICIANS SOND SNOw COnferences
February 8, 2009
Clear Water Golf Lodge, Scotch Plains, NJ
609/323-4012
Fax: 609/323-4014
www.njosp.org/events.php

EYE CARE CENTER, SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY WHO CAN HELP MY CHILD OVERCOME LEARNING PROBLEMS?
February 10, 2009
Blaze Conference Center at ECC, Fullerton, California
714/497-4310

NORTH DAKOTA OPTOMETRIC ASSOCIATION 2009 CONTINUING EDUCATIONAL MEETINGS
February 12-13, 2009
Ramada Hotel, Bismarck, North Dakota
Nancy Kopp
Fax: 701/281-7686
ndopt@bismarck.net

NORTH CAROLINA OPTOMETRIC ASSOCIATION 109TH ANNUAL CONVENTION
February 12-15, 2009
Renaissance Austin Hotel
February 12-15, 2009
Minneapolis, MN
Jeffrey Kulp
608/247-0101
Kulp.6@osu.edu

CALIFORNIA OPTOMETRIC ASSOCIATION ANNUAL MEETING
February 13-15, 2009
Hyatt Regency-Crown Center
Kansas City, MO
Dr. Steve Smith
913/341-6211
registration@hoaals.org
www.hoaals.org

TECHNICAL CE
ST. MAARLEN
February 14-21, 2009
Sonesta Great Bay Beach Resort & Spa, St. Maarten
Stuart Aue 281/808-5763
John Cygan 281/700-8493
www.TropicCE.com

INDIANA OPTOMETRIC ASSOCIATION OCULAR PHARMACOLOGY SEMINAR
February 18, 2009
Ritz Charles Conference Center, Carmel, Indiana
317/237-3500
www.ioa.org

25TH ANNUAL IRAH WINTER SEMINAR
February 19-22, 2009
Palm Beach County Optometric Association, February 19-22, 2009
PSA National Resort & Spa, George Schmidt, FRCOA President
561/622-8200
Palm Beach Gardens, Florida
www.pbgusa.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION INTERPROFESSIONAL MANAGEMENT OF YOUR DIABETIC PATIENTS
February 22, 2009
Hotel Hershey, Hershey, Pennsylvania
Barbara Saxerwing
1-800-626-6647
www.psoeyes.org

EYE SKI 2005 23rd Annual Eyefest Conference
February 22-27, 2009
Park City, Utah
Trent Kawai-O 419/475-9181
trent@skibuckeye.com
www.skibuckeye.com

MONTANA OPTOMETRIC ASSOCIATION BIG SKY SKi CONFERENCE
February 24-28, 2009
Huntley Lodge – Big Sky Resort, Big Sky, Montana
Steve Vleugeliner 406/443-1160
www.montopt.com

MARCH

ALLEGHENY OPTICAL/NATIONAL OPTOMETRY
March 1, 2009
Hagertytown Community College, Hagertytown, MD

ALLEGHENY EYE INSTITUTE AND THE MARYLAND OPTOMETRIC ASSOCIATION
March 2, 2009
Eyes Institute Based Care in Keratoconus, OrthoK: Not a Viable Option, and Low Vision Seminar
March 22, 2009
The Johns Hopkins Medical Campus, Baltimore, Maryland
www.eyesinstitute.org

410/583-2843
www.eyesinstitute.org
www.marylandeyes.org
2009hmea.htm

INTERNATIONAL VISION EXPO EAST, March 25-29, New York
www.visionexpoeast.com
NEBRASKA OPTOMETRIC ASSOCIATION SPRING CONVENTION
March 27-29, 2009
Embassy Suites, Lincoln, Nebraska
402/447-8716
nseeas@asconline.net
www.nseoonline.net

APRIL

OPTOMETRIST 2009
April 25, 2009
Hyatt Grand Champions Resort, Villa and Spa, Indian Wells, Calif.
Con Peli
949/273-9897 ext. 237
Fax: 916/868-1423
speli@coavision.org
www.coavision.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION SPRING SEMINAR
April 17-19, 2009
Seaworld Hilton Beach Resort, Palm Beach Gardens, Florida
800/279-2361
www.wvoptometrists.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009
French Lick and West Baden Springs Hotels, French Lick, Indiana
317/237-3500
www.ioa.org

OPTOMETRIC EXTENSION PROGRAM SOUTHERN CALIFORNIA VISION THERAPY SEMINAR April 17-19, 2009
Hardy Cohn, San Diego
866/486-0190
sytonics@bresnan.net
FAX: 719/486-0190

SOUTHERN CALIFORNIA EYESKI CONFERENCE, April 17-19, 2009
French Cohn and West Baden Springs Hotels, French Lick, Indiana
317/237-3500
www.ioa.org

OPTOMETRIC EXTENSION PROGRAM WEST VIRGINIA OPTOMETRIC ASSOCIATION SPRING SEMINAR April 17-19, 2009
Seaworld Hilton Beach Resort, Palm Beach Gardens, Florida
800/279-2361
www.wvoptometrists.com

MAY

MOUNTAIN WEST VILLAGE OF OPTOMETRISTS ANNUAL MEETING
April 23-25, 2009
Las Vegas, Nevada
Tanya Abell 888/370-0926 or 503/436-0798
Fax: 503/436-0612
tanya@allclearlink.net
www.mwco.org

OPTOMETRIC EXTENSION PROGRAM VT/LEARNING RELATED VISUAL PROBLEMS, April 23-26, 2009
Rumble Tree Hotel, Berkeley Marina, Berkeley, Calif.
Nyla Marnay
510/642-6547
Fax: 510/642-1027
option@berkeley.edu
http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY April 29-May 3, 2009
Kripton Resort, Myrtle Beach, South Carolina
Dennis Lyons, O.D.
732/920-0110
DH2020@aol.com

COLLEGE OF SYNTOMIC OPTOMETRY 24TH ANNUAL SYMPOSIUM April 24-26, 2009
DoubleTree Hotel, Berkeley Marina, Berkeley, Calif.
Nyla Marnay
510/642-6547
Fax: 510/642-1027
option@berkeley.edu
http://optometry.berkeley.edu

MORGAN/SARVER SYMPOSIUM 24TH ANNUAL OPTOMETRY COLLEGE OF SYNTOMIC ACADEMY NEW JERSEY CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY April 29-May 3, 2009
Kripton Resort, Myrtle Beach, South Carolina
Dennis Lyons, O.D.
732/920-0110
DH2020@aol.com

24TH ANNUAL OPTOMETRY COLLEGE OF SYNTOMIC ACADEMY NEW JERSEY CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY April 29-May 3, 2009
Kripton Resort, Myrtle Beach, South Carolina
Dennis Lyons, O.D.
732/920-0110
DH2020@aol.com

OPTOMETRIC EXTENSION PROGRAM MOUNTAIN WEST VILLAGE OF OPTOMETRISTS ANNUAL MEETING April 23-25, 2009
Las Vegas, Nevada
Tanya Abell 888/370-0926 or 503/436-0798
Fax: 503/436-0612
tanya@allclearlink.net
www.mwco.org

OPTOMETRIC EXTENSION PROGRAM VT/LEARNING RELATED VISUAL PROBLEMS, April 23-26, 2009
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DH2020@aol.com

MORGAN/SARVER SYMPOSIUM 24TH ANNUAL OPTOMETRY COLLEGE OF SYNTOMIC ACADEMY NEW JERSEY CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY April 29-May 3, 2009
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Dennis Lyons, O.D.
732/920-0110
DH2020@aol.com

COVENTRYOPTOMETRY.COM 315 from trim
Trim Line
Industry Profile: Advanced Medical Optics

AMO is focused on providing the full range of advanced refractive technologies and support to help eye care professionals deliver optimal vision and lifestyle experiences to patients of all ages. We do this by providing a complete refractive solution that includes a differentiated suite of advanced products and services designed to address vision disorders at all stages of life. We offer market-leading technologies for myopia, hyperopia, astigmatism, presbyopia, cataract, spherical aberration and corneal health, and proven educational and support programs that help eye care professionals master refractive technologies and grow their practices.

Discovering New Ways to Correct Vision

Innovation is our livelihood as it continually renews our relevance and differentiation in the market. In 2008 alone, we launched a new, one-piece Tecnis® intraocular lens for cataract patients, a new dispersive viscoelastic expanding our Healon® franchise, and blink tears lubricating eye drops, a unique over-the-counter dry eye product. We also introduced two new refractive technologies, the iFS™ Laser and iDesign™ system. The iFS™ system is the latest advancement in femtosecond laser technologies that allows the surgeon to cut a customizable corneal flap during the LASIK procedure in less than 10 seconds. Projected for an early 2009 launch, the iDesign™ system combines an ab interno and topographer into one machine and provides a higher dynamic range, which allows clinicians to capture wavefront images in more patients.

Both of these technologies are a part of AMO's consumer-facing iLASIK brand, our custom, all-Laser LASK procedure that's performed using our market-leading, proprietary technologies.

Providing a Correct Solution to Customers

We deliver our products through three complementary businesses, each providing specific solutions to address patients' refractive needs at certain stages of life.

Our Corneal business captures teens and young adults as they are introduced to contact lens wear. We work with their eye care practitioners to offer contact lens disinfection, cleaning and wetting formulations that protect and lubricate ocular surfaces, relieve dryness and irritation and increase overall contact lens comfort.

Our Refractive business focuses on patients older than age 21 seeking freedom from eyeglasses or contact lenses. As the world's largest laser vision correction company, we offer refractive practices the industry's most advanced technologies, which are designed to achieve superior visual outcomes with fewer complications, enhance surgeon productivity and break down consumer fears regarding LASIK treatments.

Our Cataract business addresses needs of patients older than age 60 and suffering from cataract and presbyopia. We provide ultrasonic lens removal systems, viscoelastics, aspheric intraocular lenses (IOls) that provide improved functional vision by reducing spherical aberration and multifocal IOls that provide excellent near, intermediate and distance vision without eyeglasses. With our innovations, ophthalmic surgeons can optimize each patient's visual function based on his or her individual need.

Our ability to link our businesses together to form a patient technological offering is our differentiation in the market and the cornerstone of our complete refractive solution approach. For more information, visit the company's Web site at www.amo-inc.com.

Topcon releases new OCT software

Topcon Medical Systems, Inc., supplier of ophthalmic diagnostic equipment and image management solutions, introduced the next generation of Topcon 3D OCT TrueMap™ software called FastMap™ along with two new developments for its EyeRoute® Image Management System.

The FastMap software includes customized capture protocols, enhanced analysis protocols, new 3D OCT Dynamic report interface that includes a historical report viewer, expanded exam compare feature, expanded icons, improved data base functionality, and connectivity to IMAGEnet.

“These new software improvements have made the easiest spectral domain OCT that much faster and better to use,” said Robert Gibson, director of marketing for Topcon Medical Systems.

“An additional feature of this software is that the system automatically tracks the center of the disc, which improves accuracy for detecting glaucoma progression,” said Gibson.

The FastMap software also includes improved database features.

The cost of the new FastMap software is included in the cost of the Topcon 3D OCT-1000, and the FastMap upgrade package is included in the cost of the 3D OCT-1000 warranty.

Customers with the 3D OCT who are under warranty will be upgraded to the FastMap software at no additional charge.

Eye Route developments announced

The EyeRoute Image Management system developments include EyeRoute On Board, which makes it easier to use the system because the software will be loaded on any Topcon device that has a personal computer.

Topcon’s goal is to have EyeRoute on all of its systems, as part of its mission, Connecting Visions.

“Topcon has embarked on a new long-term mission to bring innovative product and information solutions that will reduce cost, enhance office workflow and improve patient care,” said Gibson. “Topcon believes that this is the right direction given a global aging population, increasing costs of health care, reduced reimbursements and a reduction in trained technical personnel.”

The second new development is EyeRoute Mobile, which enables EyeRoute users to access images on their handheld devices as long as the handheld is 3G compatible.

As part of the EyeRoute Mobile package, an Apple iPhone is included. For more information, contact Topcon Medical Systems at 800-223-1130 or visit www.topconmedical.com.

Nautica Eyewear captures the essence of an authentic, active lifestyle with styles N61175, right, and N61205. The fashionable frames were inspired by a cruise ship. For more information about Nautica, visit www.marchan.com.
Allergan announces FDA approval for Latisse™ eyelash treatment

Allergan announced the approval of the U.S. Food and Drug Administration (FDA) for Latisse™ (bimatoprost ophthalmic solution) 0.03% as a novel treatment for eyelash hypotrichosis (having inadequate or not enough eyelashes).

Latissé is the first and only science-based treatment approved by the FDA to enhance eyelash prominence as measured by increases in length, thickness and darkness of eyelashes.

"Latissé fulfills a significant and previously unmet need in the medical aesthetic marketplace with a product approved by the FDA that increases the growth of eyelashes, making them longer, thicker and darker," said Scott Whitcup, M.D., Allergan’s executive vice president of Research and Development. "As the global leader in medical aesthetics, Latissé exemplifies our continuing commitment to developing innovative treatments that are studied in well-controlled clinical trials, manufactured to pharmaceutical standards, appropriately labeled for use, and available to consumers as a prescription product."

Available only through a prescription, Latissé is a once-daily treatment applied to the base of the upper eyelashes with a sterile, single-use-per-eye disposable applicator.

Optometrists’ ability to prescribe Latissé will depend on individual state law. Allergan will recommend consumers seek consultation from a trained and qualified doctor to ensure optimal patient outcomes, according to the company. Latissé users can expect to experience longer, fuller and darker eyelashes in as little as eight weeks, with full results in 16 weeks. To maintain the effect, continued treatment with Latissé is required. If use of Latissé is discontinued, eyelashes will gradually return to their prior state over a period of weeks (average eyelash hair cycle).

Similar to Allergan’s other medical aesthetic offerings, the benefits of Latissé are derived from scientific evidence, its quality formulation, and medical origin. Latissé was clinically tested in a pivotal Phase III, multi-center, double-masked, placebo-controlled study to assess its safety and efficacy in which all endpoints (improved eyelash prominence, length, thickness and darkness) were met.

Bimatoprost, the active ingredient in Latissé, was first approved in 2001 as a medical product to lower intraocular pressure in people with open-angle glaucoma or ocular hypertension. Patients treated with bimatoprost for this specific eye condition experienced eyelash growth as a side effect.

The long-term safety of bimatoprost for therapeutic use has been recognized by the medical community and well established based on use in 32 clinical trials involving more than 5,700 glaucoma patients and more than 13 years of clinical trial experience.

Given the existing and substantial safety data with bimatoprost solution 0.03%, coupled with the positive results from the Phase III Latissé study, Latissé provides patients a clinically meaningful aesthetic benefit with a favorable safety profile.

Bimatoprost is the active pharmaceutical ingredient in the formulation of Latissé and is a structural prostaglandin analog, a lipid compound derived from fatty acids designed to bind to prostaglandin (PG) receptors. PG receptors are present in hair, particularly in the dermal papilla and outer root sheath. Although the precise mechanism of action is unknown, PG receptors are thought to be involved in the development and regrowth of the hair follicle, by increasing the percent of hairs in, and the duration of, the anagen or growth phase.

Latissé will be available in the United States by prescription only and is subject to all U.S. guidelines applicable to dispensing a prescription product. Based on the FDA’s approval, Allergan expects to launch the product nationwide in the first quarter of 2009.

Doctors and consumers can visit www.allergan.com or www.allergan.com for product and prescribing information.

Allergan estimates global peak sales of Latissé could exceed $500 million per year. As the exclusive U.S. and foreign patent owner, Allergan obtains the rights to the use of bimatoprost and other prostaglandins and prostaglandin analogs as a treatment to stimulate eyelash growth.

INDUSTRY NEWS

ODC introduces new PAL

Optical Distribution Corporation (ODC), the U.S. distributor of Rodenstock premium lenses and frames, announced the availability of Progressiv PureLife®, featuring a technologically advanced, proprietary progressive design.

The lenses employ data and technology used in the development of Rodenstock’s optimized and individualized free-form progressive lenses. “PureLife utilizes actual wearers’ data gathered over the past several years, which show changes in both human physiology and the way we use our eyes,” said Laurie Chadone, ODC’s director of Marketing. “People are taller today than in the past, and also do a wider variety of intermediate activities, such as using computers and text messaging. Progressiv PureLife takes these new parameters into account and uses Rodenstock’s “Perfect Balancing” concept, which allows for excellent binocular vision and image clarity as the eyes move across the surface of the lens.”

Progressive PureLife also incorporates the Retina Focus Principle, designing the lens in the as-worn position, which enables the image to always focus on the retina. This improves visual acuity in all fields, and particularly enhances intermediate and near vision.

PureLife provides customized channel placement, using the patient’s specific distance and add powers.

The lens is available in two progression lengths, with a minimum fitting height as low as 14 mm.

Progressive PureLife comes in 1.50, ColorMatric® 1.54 Gray and Brown, 1.60 and 1.67, with availability from +8.00 to -10.00 out to a +4.00 cylinder.

The short corridor PureLife XS is available from +6.00 to -10.00 out to a +4.00 cylinder.

Adds are from +0.75 to +3.00 on XS, with +0.75 to +3.50 on the longer progression length.

For more information, contact Optical Distribution Corporation at 888-407-3937 or visit www.rodenstockusa.com.

Emilio Pucci fuses colors, innovative designs

The Emilio Pucci Eyewear collection unveils a combination of prints, logo treatments and head-turning design. Shown above is style EP6210, a flattering soft rectangular optical shape amplified by discreet detailing. The xyl frame is available in warm, feminine shades of sand with the Tropical print, orchid with the Vivara print, ebony with the Torre print and chestnut with the Quadratini print. Shown at left is style EP6245. This new style features varying freeform shapes elegantly linked together forming the temples. Visit www.marchon.com.
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SET YOUR SIGHTS HIGH

OPTOMETRY

Geisinger Health System seeks a licensed optometrist to join its growing practice at Geisinger-Wyoming Valley Medical Center, Wilkes-Barre, PA.

About this position:
- Residency training in ocular disease preferred
- Work with an ophthalmologist and a support team of nurses and techs
- Assist with inpatient consults, with the primary responsibility of covering hospital consults
- Opportunity to work with collegial staff and create new programs
- Growing department now features Phacometry, OCT, Fundus Photography, HVF, and offers Fluorescent Angiography, with in-house eyewear/contact lens department.

For more information, please contact Autumn Kline, Physician Recruiter, at 1-800-845-7112, email: aumkline@geisinger.edu or visit www.join-geisinger.org/S99/Optometry.

Geisinger REDEFINING THE BOUNDARIES OF MEDICINE.

Visit the AOA Web site at www.aoa.org

Announcement of VA Optometry Residency Openings 2009-2010

Northport VA Medical Center, Long Island, NY announces the availability of four optometric residency positions. The Residency Program is under the guidance of the Northport VA staff and is affiliated with the SUNY State College of Optometry. The uniqueness of the Residency Program is that the residents will receive extensive didactic/clinical training and experience in three major areas:

1. Primary Care, including the diagnosis & treatment of all ocular diseases
2. Reconstructive Optometry, including management of head trauma, stroke, vestibular and binocular problems, and
3. Low Vision Rehabilitation

Residents will also rotate through various clinics within the Medical Center. This one-year program will commence on July 1, 2009. Please submit application through ORMS by 2/28/09. Additionally, the following materials need to be submitted directly to the Residency Program Supervisor: complete curriculum vitae, letter of interest, optometry school transcripts, National Board scores, letters of recommendation, & copies of any state licenses, if obtained. Approx. stipend: $32,800.

Please send materials to: Michael McGovern, O.D., F.A.O.O., Residency Program Supervisor, Optometry Service (123), Department of Veterans Affairs, Medical Center, Northport, NY 11768. Email: Michael.McGovern@va.gov

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The 25th Annual See & Ski Tahoe Education Conference
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Join us March 1st-4th, 2009 at Harvey Resort & Casino

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AOA NEWS

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AOAN 47-9  ADAN_21.pdf
Professional Opportunities

CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717-892-0671.

Grand Junction, CO—Exceptional opportunity on Colorado’s Western Slope. Large Practice seeking a FT associate Doctor. Excellent salary and benefits package. Contact: 303-725-1988. Tsowash@yahoo.com

Littleton, Colorado
$300K annual gross sales with part-time doctors; this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zebarth at (303) 468-0432.

PRIVATE PRACTICES FOR SALE/SELLERS NEEDED FOR BUYERS

Southern VA — High net practice needs associate/partner. Email vita with cover letter to seniorvid@comcast.net

• Specialty Practice • No optical
• No managed care • Specializing in orthokeratology, developmental vision, orthoptics and medical optometry. • Appraised value $217,600.00. Call Practice Broker Richard S. Kattouf, D.O., D.O.O.S. 800-745-3937 or 330-219-5039

Virginia, Roanoke Metro Area
Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 718-692-0071

Miscellaneous

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says “I’d like to get this done…” Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1998. Call toll free 877-048-3823, ask for Tom Boston.

I NEED FRAMES, temples, bridges stamped 1/10th 12kF. (I need: Tavik, old stock, or Used; Full Sani, or Rinns styles. Contact GF Specialties, Ltd. 800-581-9526.

Maximize your profits by adding VT to your practice. OEP Clinical Curriculum Courses are the answer. Call 800-447-0370.

VOISH INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!! How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOISH INTERNATIONAL, with the support of WCO and UNESCO has embarked on a program of equipment transfer to needy Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative): a non-profit 501(c)3 that gatherings, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please check through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to an Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOISH website (www.voish.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.com. This is being done with a new partnership VOISH-INTERNATIONAL with the support of WCO.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand tools for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, photometers, lens docks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOISH INTERNATIONAL
C/O IMEC
1600 Digdig Street
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.voish.org with any questions or email jfinney@comcast.net and voishinternational@comcast.net.

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $60 (40 words maximum) 2 column inches - $110 (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 commissioned. All advertising copy must be received by e-mail at k.spurlock@aoanet.org.

Classified Advertising Information

See the AOA NEWS for classified advertising rates for all classifieds and showcase ads.

Equipment for Sale

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For Less. Save hundreds even thousands on all your pretesting needs. Pretesting tables of all shapes and sizes For Less Guaranteed. If you are looking for quality equipment at the best price Call today. 800-562-2275

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $60 (40 words maximum) 2 column inches - $110 (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 commissioned. All advertising copy must be received by e-mail at k.spurlock@aoanet.org. Contact Kaida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.
The American Optometric Association Order Department

Office Hours: Monday - Friday, SAM-4PM (Central Standard Time)

Fact Sheets
Easy to understand text and interesting facts with well drawn illustrations.

Pamphlets
We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

Educational Material
NEW interactive CD with teachers guide included. Also, several pamphlets written for children’s specific vision care.

Answer to Your Questions Series
These easy to read pamphlets help answer patients eye care questions.

HIPAA Forms
Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.

Public Awareness Ocular Emergency Card
A flow chart of responses for typical emergencies that can occur in school or sports settings.

Letterhead
Choose from five different styles to be imprinted with your personal information.

Charts and Models
Great for office displays and one-on-one patient education.

Signs and Plaques
Mark the important locations in your office with our large selection of signs. Name badges and plaques also available.

Wise Eyes Material
Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.

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Dr. Jennifer Planitz
Optometrist
Explorer
Luxottica Partner

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal.

Dr. Planitz and her husband run one of New Mexico’s busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

Working together with Luxottica allows her to offer her patients the unsurpassable quality and power of the best brands while she enjoys the impeccable service and financial growth only possible with a partner that truly understands her business.

Learn more about the benefits of partnering with Luxottica at www.luxandme.com.