AOA goes 2 for 2 in Congress

Plan passed to halt 2007 Medicare SGR payment cuts

Despite a crush of last-minute activity on Capitol Hill on a range of national issues, the AOA — working with concerned members of Congress and other physician groups — helped speed final passage of an emergency plan to prevent Medicare physician payments from being slashed starting on Jan. 1.

Combined with the successful AOA-led effort to defeat a 1-800 Contacts-backed contact lens sales and distribution bill that had been advancing, optometry achieved two key legislative objectives during the final pre-dawn-hours of the post-election “lame-duck” session of the 109th Congress.

Among the final issues tackled by the 109th Congress was special interest contact lens legislation. The session ended after 3 a.m., on Dec. 9.

Calls generated by state optometric associations, lecturers at the American Academy of Optometry, and announcements in the Academy’s exhibit hall ensured that light was being shed onto an amendment that was intended to be hidden.

was approved by the House on Friday, Dec. 8, and the Senate in the early hours of Dec. 9 shortly before lawmakers adjourned.

Included in the bill are provisions that the AOA helped shape in an effort to avert the announced across-the-board cut of 5 percent in Medicare physician payments resulting from the flawed sustainable growth rate (SGR) formula.

At the same time, ODs, ophthalmologists and other providers may still face some unrelated reductions in

Congress rejects special interests’ contact lens sales bill

In a significant Capitol Hill victory, Congress this month rejected special interest contact lens sales and distribution legislation backed by 1-800 Contacts Inc.

The measure died during the final hours of the 109th Congress as lobbyists attempted to push the contact lens legislation through the House as an amendment to a bill designed to aid mothers of prematurely born infants. The rejection of the measure came despite a two-year, $2.2 million lobbying effort by 1-800 Contacts.

The demise of the legislation came after AOA Advocacy Group staff uncovered plans to push the measure through Congress during the final busy hours of this year’s post-election “lame-duck” legislative session.

AOA Washington office staff worked late into the night with pro-optometry lawmakers to remove the so-called “channels of distribution” provisions, which were actually expanded to include language designed to undermine safeguards against the overfilling of contact lens prescriptions by Internet sellers, from the pending legislation (see related article, page 19).

They cited a flood of phone messages and e-mails from AOA members across the nation as a key factor in killing the provisions.

The AOA has made a firm stand against legislation to make changes to the 2003 Fairness to Contact Lens Consumers Act that do not put patient safety concerns first. In September, the AOA endorsed legislation introduced by Reps. Ed

Notes:

Glance at the States, Page 5
Eye on Washington, Page 8
Industry News, Page 17

Inside

Two-thirds of the cases of visual impairment among the population with diabetes are correctable.
#1 doctor-recommended solution

OPTI-FREE® Replenish® MPDS provides a high level of antimicrobial activity against bacteria and fungi.² And in clinical studies, OPTI-FREE® Replenish® demonstrated minimal corneal staining, helping to maintain corneal barrier integrity.³,⁴

References:
President’s Column

Election brings new Congress, opportunities and challenges

Last month’s congressional mid-term elections have produced a vastly changed political landscape in Washington, DC. Starting in January, the Democrats will be in control of the U.S. House of Representatives and Senate, though without the large majorities necessary to easily enact their legislative agenda or to override presidential vetoes.

Nevertheless, Democratic leaders — including incoming Speaker of the House Nancy Pelosi (D-CA) and Senate Majority Leader Harry Reid (D-NV) — have said that health care policy is a top priority and are promising a new look at our health care system as well as specific reforms to Medicare, Medicaid and other programs.

Of course, there’s been no shortage of so-called “experts” — political and otherwise — on TV explaining to us the meaning of the election results or the impact they will have on the urgent issues our country faces at home and abroad.

Like all Americans, AOA members look to our leaders in Washington to pursue the wisest and most effective national security policies and to do everything possible to keep our families, our communities and our country safe in a very dangerous world. Also, as the holiday season approaches, as at other times throughout the year, we pause to think of and be thankful for the enormous sacrifices being made right now by our brave soldiers, sailors, airmen and Marines in harm’s way in Iraq, Afghanistan and elsewhere, as well as the hardships faced by their loved ones.

In my role as president of the AOA, I have spent a lot of time over the past few weeks in consultation with the volunteers of the AOA Advocacy Group and the staff of our expanded Washington, DC, office taking a hard look at what the elections will mean to the future of our profession. Our goal is nothing less than making the most of all new opportunities and meeting head-on all new challenges that we’ll face in the weeks and months ahead on Capitol Hill. In fact, in keeping with their mission to be proactive, the volunteers of the AOA Federal Relations Committee held a special post-election planning meeting in the Washington Office in early December in order to ensure that we hit the ground running in the legislative battles we’ll face next year — a full month before the new Congress is sworn in in January. That’s just the type of pro-active thinking we need.

If the Democrats are planning to reform health care or make meaningful changes to Medicare and Medicaid, it is essential that the AOA battle effectively for, and win, a seat at the table.

Moreover, given the extreme mischief we’ve seen in recent years from organized medicine, including ophthalmology, managed care and insurance companies, shady Internet contact lens sellers and others with an anti-optometry agenda, the cost of not being fully engaged and fully prepared is just too high.

That’s why one of the priorities of my presidency has been to invest heavily in a stronger and more proactive AOA presence in the nation’s capital. With more AOA volunteers involved in federal

See Election, page 5
Most ODs fare well in elections

The majority of optometrists, or those closely related to the profession, running for office this year were successful in their election bids.

U.S. Rep. John Boozman, O.D., was re-elected to a fourth term in Congress in the 3rd Congressional District of Arkansas.

Rep. Boozman, a Republican, is only the fourth OD to serve in Congress and is the only one currently serving. At the state level, decisions on patient access, prescriptive authority, provider discrimination, scope of practice, children's vision and other important legislative issues make those who hold state offices pivotal.

Tennessee:

McClendon, Jr., O.D., was re-elected as a Republican in the state House. Alabama Optometric Association Executive Director Amanda Buttenshaw said, “I know that his second term will be even more successful than his first.”

Alabama: James McClendon, Jr., O.D., was re-elected as a Republican in the state House. Alabama Optometric Association Executive Director Amanda Buttenshaw said, “I know that his second term will be even more successful than his first.”

Alaska: Jeff Gonnason, O.D., was defeated by Democratic incumbent Harry Crawford in the state House District 21.

California: Ed Hernandez, O.D., a Democrat, defeated Republican Holly Carver for the state Assembly District 57 seat. He won by a margin of 63.3 percent to 36.7 percent. He will be the first optometrist seated in the California legislature in four decades.

Kansas: J. David Crum, O.D., a Republican, defeated Democrat Debbie Logsdon in the 77th House District race.

Jim Morrison, O.D., an incumbent Republican, won re-election in the 121st House District with 89.3 percent of the votes. Dr. Morrison is the chair of the Health and Human Services Committee.

Including Senator Pete Brungardt, O.D., who was not up for re-election this year, Kansas now has three elected optometrists in the state legislature – the most of any state.

Sally Cauble, who is married to Steve Cauble, O.D., was elected to the state board of education. She is a past president of the Kansas Foundation for Vision Awareness and a past AFVA board member. Her August primary race against incumbent Connie Morris brought national media attention over the Kansas Science Standards. Cauble is a moderate Republican.

Georgia: DuBose Porter, son of Lester Porter, O.D., and brother of Edwin Porter, O.D., was re-elected to the state House as a Democrat. He is the Minority Leader in the House.


“Representative Ball’s re-election came despite the fact that Democrats gained control of the Michigan House of Representatives for the first time since 1998,” said Bill Dansby, executive vice president of the Michigan Optometric Association. “During the last session of the Michigan Legislature, Dr. Ball’s first term, he served as vice chair of the Agriculture Committee as well as a member of the Education, Health Policy and Insurance Committees.”

Missouri: Terry M. Swinger, O.D., was re-elected to the House as a Democrat.

Steven Tilley, O.D., was re-elected to the House as a Republican.

New Hampshire: Judson Dexter, O.D., a Republican, did not win re-election in the House.

Bette Lasky, who is married to Elliot Lasky, O.D., was re-elected as a Democrat in the House. She is also running to be the Democratic leader in the House.

New Mexico: Terry Marquardt, O.D., a Republican, lost his bid for re-election in the House.

“The vote was 2,631 to 2,451 in favor of his opponent, or a difference of 180 votes,” said Richard Montoya, executive director of the New Mexico Optometric Association. “I do not know if there are any plans for a recount at this time.”

North Carolina: In the close race for North Carolina’s State House District 100, incumbent Speaker of the House James Black, O.D., a Democrat, beat his opponent by 30 votes.

Rhode Island: Arthur J. Corvece, O.D., was re-elected to the House as a Democrat. He is the deputy speaker of the House.

South Dakota: Phil Sietstra, O.D., was defeated by an incumbent Republican in his bid for the state Senate.

Tennessee: Gary L. Odom, Tennessee Optometric Association executive director, was re-elected to the House as a Democrat. He was also elected House Democratic majority leader.

Wyoming: Monte Olsen, who is married to Lisa Glenn, O.D., Wyoming Optometric Association board member, was elected to the state House as a Republican.

Tennessee Optometric Association ED named state House majority leader

After serving in the state House for more than 20 years, Gary Odom, Tennessee Optometric Association executive director, was elected the House Democratic majority leader.

Rep. Odom was elected by a vote of 33-18 over Rep. Mark Maddox.

Rep. Odom, who is from Nashville, said he’s been told he’s only the second majority leader elected from an urban area in Tennessee history.

He replaces Majority Leader Kim McMillan, who did not seek re-election as a representative this year.

Rep. Odom credits his election as majority leader to the support of his caucus.

“I was fortunate not to have opposition in the fall election,” he said. “I used my time to go out and help caucus members who had opposition. I made campaign contributions and even went door-to-door for candidates. And in the leadership election, I won by a good margin with broad support from both urban and rural representatives.”

As the majority leader, Rep. Odom will be responsible for the governor’s legislative agenda as well as his own.

Rep. Odom said some of his major initiatives include health care programs such as TennCare and Cover Tennessee.

TennCare is a waiver program that would cover those who are uninsured and the indigent population.

Cover Tennessee is a state-subsidized health insurance plan for the working poor in which employees, employers and the state all contribute to health insurance premiums.

“It’s an exciting time to serve as majority leader,” Rep. Odom said.

“The Tennessee Optometric Association is a very well-respected professional organization, and I think it’s well known that most of my adult life has been dedicated to serving the TOA. I’m proud of that, and I hope our members are proud that I have been selected as the majority leader.”
Prior to October, optometrists had never been offered a participating provider contract and were considered “out-of-network” providers.

When Sarah Marosy, O.D., became the ECBC representative for the IOP in 2005, she contacted BCOI’s chief benefit coordinator and began a grassroots effort to work on the issue once again.

Dr. Marosy contacted all of the primary care medical doctors who had referred diabetic patients to her for their annual diabetic eye exams and requested that they send letters to BCOI. In those letters, the MDs asked the BCOI why the optometrists performing diabetic eye exams for their patients were not recognized as “preferred in-network” providers.

The campaign grew to include many Idaho optometrists, legislators, and primary care doctors writing to BCOI as well.

“In addition, all state government representatives of the northern districts were notified of the current situation regarding BCOI and optometry,” said Dr. Marosy. “Many were called or interviewed first-hand to outline the situation and urged to send letters on behalf of all their constituents affected by BCOI. One state representative was even an insurance agent for Blue Cross of Idaho and unawares that he and his family could not see their local optometrist through BCOI without paying a higher co-pay and having the claim go toward the deductible, since optometrists were considered ‘out of network’ providers.”

In April 2006, BCOI notified Dr. Marosy and the IOP that it would offer a preferred provider panel contract to Idaho optometrists beginning in the fall.

With this contract, access for optometrists and patients has dramatically expanded.

More than 150 ODs are now enrolled as contracting optometrists with BCOI. More than 400,000 people are enrolled in BCOI plans.

In fact, it’s clear that optometry is ready and able to work with Senate Speaker Nancy Pelosi (D-CA), Senate Majority Leader Harry Reid (D-NV) and dozens of new committee and subcommittee chairmen poised to take power on both sides of the U.S. Capitol.

With the AOA prepared, I want you to be prepared, too. In the year ahead and for years to come, every OD will be called on to join our fight in Washington, DC, for the future of our profession. My charge to you is the same as I laid down months ago to the volunteers of the AOA Advocacy Group: “Get active, get involved and get ready to help the AOA make the most of all new opportunities and meet head-on all new challenges.”
New Legislative Action Center reinforces Keyperson network

Optometrists can now check more easily on any state or federal legislation that could impact their profession, thanks to AOA’s new, enhanced online Legislative Action Center.

Moreover, the new Legislative Action Center now gives the AOA the power to more quickly mount effective grassroots lobbying campaigns by the nation’s optometrists when legislative issues arise, according to the AOA Advocacy Group.

Launched in late October as a feature of the AOA Web site (www.aoa.org), the new AOA Legislative Action Center is built on a proven on-demand software infrastructure developed by Reston, MD-based Vocus, Inc., which provides systems for corporate and non-profit organizations around the world.

A new, cleanly designed AOA Legislative Action Center home page clearly lists the AOA’s top three federal legislative priorities. Moving to the federal issues page, AOA members can access a complete list of all federal legislation targeted for action by the AOA Advocacy Group.

AOA members can also use a state issues page to access listings of the top legislative issues pertinent to optometry in their respective states. AOA members can access an analysis of any legislation listed on any of the pages or opt to quickly send a message to appropriate lawmakers regarding that legislation (with the option to personally compose a message or utilize a model text).

When votes are held on legislation important to optometry in state or federal legislative bodies, AOA members will be able to determine the effectiveness of their lobbying efforts using a Vote Score Card feature.

AOA members can also use the site to determine who represents them in federal legislative bodies, as well as obtain background and contact information on those lawmakers, by entering a ZIP code.

AOA members can even use the site to check on optometry-related legislation pending in other states. In addition to providing AOA members with timely information on a greater range of legislative issues, the Web site will facilitate the organizing of grassroots lobbying efforts by the AOA Keyperson Network.

A new feature allows the AOA Advocacy Group to determine which AOA members use the site most frequently and appear to have an active interest in legislative activity.

Those legislatively interested AOA members can then be sent special e-mail messages when pressing issues arise, allowing AOA members to quickly contact the lawmakers who represent them.

The new state-of-the-art system is similar in many respects to those used by some of the nation’s largest political organizations to effectively target voters with interest in specific issues and allow them to quickly take action.

“The new AOA Legislation Action Center substantially reinforces the AOA Keyperson Network, optometry’s tried and true grassroots lobbying corps, bringing it into the age of modern electronic lobbying,” said AOA Advocacy Group Director Jon Hymes.

AOA members can log on from the AOA Web site (www.aoa.org) by going to the Doctor Center and, under the Advocacy heading, selecting AOA Legislative Action (entering AOA member number and password when prompted).

AOA-PAC has raised $1,337,791 on its way to a goal of $1.5 million. To support AOA-PAC or become part of AOA’s Keyperson network, visit www.aoa.org, call (703) 739-9200, or e-mail NBrazil@aoa.org.
AOA-PAC mounts year-end drive to $1.5 million goal

With just under $200,000 needed to meet a $1.5 million goal, AOA-PAC is mounting a year-end drive to reach its 2005-06 fundraising target. AOA-PAC contributions for the 2005-06 fundraising cycle already totaled a record $1.32 million by late November, reported AOA-PAC Board Chair Rose M. Betz, O.D.

AOA-PAC staff was expecting another $100,000 in contributions as this AOA News went to press. "Contributions are still being accepted," Dr. Betz emphasized. The late November tally alone represented an increase of nearly 15 percent over AOA-PAC’s previous contribution record of $1.13 million set in 2003-04, Dr. Betz noted.

More remarkably, Dr. Betz said, most of those funds have been raised since January when AOA-PAC announced plans to expand its war chest to $1.5 million.

So far in 2006, AOA-PAC has raised $850,000, easily passing PAC’s previous one-year contribution record of $500,000.

Dr. Betz believes the introduction of a new AOA-PAC Web site last month, allowing AOA members to conveniently make AOA-PAC contributions online through a secured server, will prompt a number of contributions during the final weeks of this year. Until now, AOA-PAC members have either mailed contributions or made donations over the phone using a credit card.

In addition to setting a new overall fundraising record, AOA-PAC has increased the number of AOA members making contributions, Dr. Betz said.

A record 53 AOA members have made top-level Presidential ($1,000) contributions. In an effort to “lead by example,” Dr. Betz said, all AOA officers and AOA Board of Trustees members joined AOA-PAC this year at the $1,000 level. Some 366 AOA members have joined AOA-PAC at the new Congressional ($500) level this year.

AOA members have responded favorably to AOA-PAC’s effort to markedly increase its treasury for a couple of reasons, Dr. Betz believes. Congress has been considering a number of measures that could impact optometry, including changes in the Medicare fee schedule and amendments to the Fairness to Contact Lens Consumers Act.

AOA-PAC contributions generally increase when Congress is considering legislation that could impact optometry, Dr. Betz notes.

Widespread media coverage of this year’s record campaign costs have probably served to make AOA members mindful of the increasing levels of funding required to maintain a PAC as a viable force in Washington, she added.

Donate online to AOA-PAC

AOA members can now join and contribute to AOA-PAC online through the new AOA-PAC Contribution Center.

Launched last month in conjunction with the new AOA Legislative Action Center site, the AOA-PAC Contribution Center brings organized optometry’s federally recognized political action committee into the modern age of electronic fundraising, according to AOA-PAC Chair Rose Betz, O.D.

As Internet commerce grows and more Americans are routinely shopping, banking and conducting other transactions online, an increasing number of political and lobbying organizations have begun offering contributors the option to make donations online, Dr. Betz observed.

However, AOA-PAC is among the first health profession PACs in Washington to begin accepting contributions online, she believes. Online fundraising also has the advantage of speeding payment, Dr. Betz added. Stepped up security measures in District of Columbia post offices now can delay the delivery of mail by weeks.

After registering on the site, AOA members can use the AOA-PAC Contribution Center to make monthly, quarterly, or annual contributions online through a secured server. Pledges of support can also be made or adjusted online, with contributions sent by check.

AOA members can easily access the AOA-PAC Contribution Center by logging onto the AOA Web site’s AOA-PAC page (www.aoa.org/x4827.xml?AOAMember), entering a member number and password when prompted, and selecting the “Donate Now” option.
Health care providers who submit Medicare claims electronically should continue to use Medicare provider numbers or other “legacy” identifiers, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

Claims that do not have a legacy number are at great risk of being rejected, the agency says.

The CMS is encouraging health care providers to obtain and begin using new National Provider Identifier (NPI) numbers on claims. However, for the present, legacy Medicare identifiers remain the required form of provider identification on claims.

“Until further notice, claims that you submit containing only an NPI number may be returned to you as unprocessable if a properly matching legacy number cannot be found,” the CMS warns in an article issued through its Medicare Learning Network (MLN) information program last month.

The warning also applies to electronic Medicare eligibility inquiries and other electronic transactions, the CMS adds.

Developed as a form of universally recognized health care provider identification, replacing the myriad identification numbers now issued by various insurance plans, NPIs will be required on all Medicare electronic claims beginning May 22, 2007.

The CMS is in the midst of a four-phase software developed to recognize NPI numbers.

However, during the transition period, the CMS recommends that providers submit claims using:

- The provider’s legacy number, such as a Provider Identification Number (PIN), NSC number, OSCAR number or UPIN; or
- Both the provider’s NPI and legacy numbers.

Until testing of Medicare’s new software is complete, a Medicare claim with only an NPI number may be processed and paid, the agency acknowledges; however, if the Medicare systems are unable to properly match an incoming NPI with a legacy number (e.g., PIN, OSCAR number), the claim may be rejected, and the provider will be required to resubmit the claim with the appropriate legacy number.

“You should make sure that when submitting Medicare claims with dates of service on or after Oct. 1, 2006, your billing staff submit both your NPI and legacy provider numbers until further notice from CMS.”

CMS issues seven codes for optometry

Seven new or revised ICD-9-CM codes and one new CPT code applicable to optometric practice appear on the 2007 code sets recently released by the Centers for Medicare and Medicaid Services (CMS).

There will be no changes to HCPCS codes applicable to optometry in 2007.

The CMS implemented changes in the CPT codes set each year on Jan. 1.

Health care providers could actually begin using new ICD-9-CM codes on claims effective Oct. 1. Each year, the AOA Eye Care Benefits Center carefully reviews the CPT code set (including modifiers, HCPCS, Temporary Codes and E&M codes) as well as the ICD-9 codes for changes pertinent to eye or vision care.

All changes are reflected in the new, revised 2007 edition of AOA’s Codes for Optometry, now available through the AOA Order Department. To order, call (800) 262-2210, fax (314) 991-4101, or log onto www.aoa.org/documents/O rder-Dept-Catalog.pdf.
Unmet need: CDC study finds many diabetes patients need vision correction

A significant number of American adults with diabetes could benefit from vision correction but apparently are not getting the correction they need, a first of its kind U.S. Centers for Disease Control and Prevention (CDC) study finds.

Nearly two-thirds of adults with diabetes who have visual impairment could be adequately corrected with a prescription for eyeglasses or contact lenses, the study notes.

The CDC report calls for increased efforts to ensure patients with diabetes obtain the necessary vision correction. “Health care providers and persons with diabetes should be more aware that poor vision often is correctable and that visual corrections can reduce the risk for injury and improve the quality of life for persons with diabetes,” the CDC report concludes.

The study also suggests visual acuity and refractive error assessments be performed in conjunction with the dilated eye examinations that patients with diabetes are encouraged to undergo annually.

“This study confirms AOA’s long-held position that patients with diabetes should annually undergo dilated comprehensive eye examinations — that include refraction — by an eye care professional,” said AOA Clinical Care Group Director Jeffrey L. Weaver, O.D.

Pay for Performance (P4P) closer to reality for optometrists

On Jan. 1, 2006, the Centers for Medicare and Medicaid Services (CMS), launched the Physician’s Voluntary Reporting Program (PVRP). The goal of the program is to improve quality in health care. Through a cooperative effort by many groups, 16 quality measures were developed for the care of cardiac patients, diabetics and other chronically ill patients. The measures were assigned G-codes and are reported with CMS claims.

Expansion of the program to many specialties is under way. Directed by the CMS, the National Committee for Quality Assurance (NCQA) in conjunction with the American Medical Association Physician Consortium (the Consortium) proposed quality measures for many specialties, including eye care. The eye care measures have recently been included in the proposed 2007 measures for the CMS’ PVRP.

The measures relate to such tests as measuring IOP and evaluating the optic nerve head in a glaucoma patient to reporting dilated eye exam findings to the primary care physician in a diabetic patient [see www.cms.hhs.gov/PVRP/Downloads/qualmeasures.pdf).

The CPT Editorial Panel will be considering new codes for the measures in February.

Once eye care quality reporting measures are agreed upon and finalized, the AOA will thoroughly inform members how to properly record and report these measures. For the eight quality measures proposed to date, most optometrists will not need to modify their practices very much. In the interim, refer to the following Web site for more detailed information: www.cms.hhs.gov/PVRP.

The AOA’s Commission on Quality Improvement and Assessment, Federal Relations Committee, and Eye Care Benefits Center are working together to engage the profession of optometry in the development, endorsement, and implementation of quality measures.

Although optometry was not involved in the development of the eye care measures developed through the AMA’s Physician Consortium, the AOA provided comment during the open comment period and has secured non-voting membership to the Consortium for involvement in future development of quality measures.

The Ambulatory Quality Alliance (AQA), which involves representatives from the provider community as well as insurers and health plans, approved the eight eye care measures developed through the Consortium this fall for implementation in quality reporting programs. The AOA is participating in the AQA meetings to monitor these activities and provide a voice for optometry.

The National Quality Forum (NQF) is currently forming a technical panel to review these measures for endorsement by the NQF. The AOA has successfully nominated two AOA members, Mary Loshin, O.D., and Col. Francis McVeigh, O.D., to serve on the NQF Eye Care Technical Advisory Panel.
Doug Villela, O.D., president of VOSH-PA, receives an award from Ruth McAndrews, O.D., president of VOSH/International. The award was presented to VOSH-PA at the V/I Annual Meeting in Sanford, FL, on Oct. 14, 2006, for constructing three Vincent Pescatore Eye Clinics in Guatemala. The clinics sustainably employ about 50 full-time Guatemalans, including five ophthalmologists, one of whom is pediatric-trained, and two optometrists.

Dr. Villela received a clock made by employees with low vision who work at The Chicago Lighthouse. It will hang in the reception room at the Vincent Pescatore Hospital in Peten, Guatemala.

Major study to weigh antioxidants, fish oil in AMD progression

The National Institutes of Health (NIH) has announced a nationwide study to see if a modified combination of vitamins, minerals, and fish oil can further slow the progression of vision loss from AMD, the leading cause of vision loss in the United States for people over age 60.

This new study, called the Age-Related Eye Disease Study 2 (AREDS2), will build upon results from the earlier Age-Related Eye Disease Study (AREDS).

The original study results were released five years ago. The study found that high-dose antioxidant vitamins and minerals (vitamins C and E, beta-carotene, zinc, and copper), taken by mouth, reduced the risk of progression to advanced AMD by 25 percent, and the risk of moderate vision loss by 19 percent.

AREDS2 will refine the findings of the original study by adding lutein and zeaxanthin (plant-derived yellow pigments that accumulate in the macula) and the omega-3 fatty acids DHA and EPA (derived from fish and vegetable oils) to the study formulation.

The main study objective is to determine if these nutrients will decrease a person’s risk of progression to advanced AMD. “Vision loss from AMD is an important public health issue. This study may help us find a better way to treat this devastating disease,” said Elias A. Zerhouni, M.D., Ph.D., director of the National Eye Institute (NEI) at NIH.

M.D., Ph.D., director of the National Eye Institute (NEI) at NIH, said, “Nearly 2 million Americans have vision loss from advanced AMD, and another 7 million with AMD are at substantial risk for vision loss.”

In the AREDS study, he said, “we found a combination of vitamins and minerals that effectively slowed the progression of AMD for some people. Now, we will conduct this more precisely targeted study to see if the new combination of nutrients can reduce AMD progression even further. This study may help people at high risk for advanced AMD maintain useful vision for a longer time.”

Emily Y. Chew, M.D., study chair and deputy director of the Division of Epidemiology and Clinical Research at the NEI, said, “Nearly 2 million Americans have vision loss from advanced AMD, and another 7 million with AMD are at substantial risk for vision loss.”

She added, “Until we get the results from AREDS2, we encourage people with AMD to visit their eye care professional to see if they need to take the AREDS vitamin and mineral formulation. This alone could save more than 300,000 people from vision loss over the next five years.”

For a list of study centers, eligibility requirements, and other information, go to: http://www.nei.nih.gov/AREDS2, or call (877) AREDS-80.
NOW AVAILABLE.

NEW **TRAVATAN® Z**

(travoprost ophthalmic solution) 0.004%

ZERO BAK

Introducing the World’s First Prostaglandin Analogue with Zero BAK.
At 5:15 a.m. on Saturday, Aug. 26, Shawn Mallady, O.D., was awakened with a phone call that his Danville, IL, practice was on fire. When Dr. Mallady arrived at Chittick Family Eye Care, the building was engulfed in flames.

“Within a half hour, we knew there was no way to fight it,” Dr. Mallady said. “We lost the entire building. It took them 12 hours and 2 million gallons of water to put it out.”

Dr. Mallady said they tried to save the records, but the building collapsed and the records ended up in the basement.

One of Dr. Mallady’s partners, Ron Serfoss, O.D., was able to get an aerial view of the remains and spotted two file cabinets in the rubble.

When they went in to retrieve those file cabinets, they found 18 others—all filled with medical records.

“An excavating company pulled them out,” said Dr. Serfoss. “We used a donated warehouse to lay the records out. It was a football field and a half covered with records.

The concrete sucked the water right out of them within one and a half to two weeks.”

The practice was able to save 40 percent of the paper medical records.

“We were fortunate enough to have our software backed up and the disk off-premise,” said Dr. Serfoss. “We were able to get the software established on a new computer, and by Monday, we were able to call patients.”

Drs. Mallady and Serfoss, along with the other doctors in the practice, James Kelley, O.D., and Mark Pellegrini, O.D., decided to contact a local ophthalmologist who was selling his office. They were handed the keys to the office right away that Saturday.

“It was a small miracle,” said Dr. Serfoss. “Is there anywhere else in the world where a practice is burned down and nine blocks down there is an empty building to move right into?”

The practice was up and running the following week with new equipment delivered with little delay.

“People donated what they thought we needed,” said Pam Troxel, the practice’s general manager. “We got pens, paper, file cabinets, cell phones.”

“I like to say this was the longest funeral where no one died,” said Dr. Mallady. “We had an outpouring of help from the community. They used the theater that they were renovating across the street as a headquarters to provide lunches for the fire fighters and everyone who helped. Stuff like this went on for two weeks straight.”

The doctors credit their ability to recover so quickly from the fire to their staff and help from others.

“We can never say enough,” said Dr. Serfoss. “Some doctors may wonder if their staff is loyal, but we know without a doubt.”

Dr. Mallady said dealing with the situation puts things in perspective.

“Our hearts go out to our brothers and sisters in optometry who lost everything in the hurricanes last year,” said Dr. Mallady.

The doctors offered advice for others to be prepared to face similar situations.

“Look at your insurance limits,” said Dr. Mallady. “Re-evaluate how much it would cost to replace your building and equipment.”

“You’re rarely faced with the dilemma of starting over,” said Dr. Serfoss. “But you trust your instincts and go with what you know versus starting over with someone you don’t know.”
AOA Insurance Committee reviews Office Overhead Expense Insurance

The previous article in this series dealt with long- and short-term disability insurance. There is another type of disability insurance that might be of interest to optometrists – office overhead insurance.

Long- and short-term disability insurance pay the insured a set amount for the period of disability. The payments are intended to be used for daily living expenses – food, home mortgage or rent, and other personal expenses. The maximum that can be insured is two-thirds of the person’s documented income.

Office overhead expense insurance also pays in the case of a disability that prevents the insured from working. The purpose of this insurance is to pay certain expenses related to the running of the insured’s business. Office overhead expense insurance does not pay a set monthly amount. It reimburses actual expenses. Some of the expenses the policy pays are office rent, employee salaries, principal and interest on business equipment loans, professional liability insurance premiums, utilities, equipment maintenance, professional membership fees and other regular monthly bills.

The policy generally includes a feature known as waiver of premium – which means that the policy holder does not have to pay premiums during the disability.

Another type of business insurance is known as “key person” insurance. Many businesses take these policies out to protect the business in case a “key person” is unable to work. In the case of an optometrist’s office, it is impossible for the office to operate without the optometrist, and the optometrist is, therefore, the “key person.” Key person insurance usually pays a set monthly amount – but to the business, not to the individual.

As with all types of disability insurance, a disability claim for office overhead expense or key person insurance must include a notice of a claim and a proof of loss. The proof of loss is proof of disability – loss of ability to earn income. The person making the claim will be required to verify the disability periodically. When the disability ends, so do the payments.

For more information, contact AGIA at (800)-245-4454 or visit www.aoainsurance.com. You may also contact Tom Weaver in the AOA Washington office at (800)-365-2219, ext. 1343 or TWeaver@aoa.org.
“Business as usual doesn’t cut it anymore. My customers demand the highest level of service, and VisionWeb helps me provide it.”
- Dale Parmenteri
Vice President and Partner,
Ballester Optical Company

“VisionWeb, OfficeMate, and ExamWRITER are my tools to run the most successful, efficient practice possible.”
- Lorie Lippiatt, O.D.
The Salem Eyecare Center

“With VisionWeb, I can order spectacle lenses online directly from my suppliers, at my convenience.”
- Karen Krecz
Tanglewood Vision Center

“VisionWeb Essential is an important member of my practice. It enables me to spend more time with the patients.”
- Cindy Weiner
Optician with Ricart & Villella EyeCare Practice

VisionWeb is Developing Technology to Build the World’s Largest Optical Network.

Over 40,000 labs, manufacturers, distributors, insurance companies, opticians, optometrists, and ophthalmologists benefit from VisionWeb’s industry-leading technology everyday - making their businesses more efficient. Join them and find out how using VisionWeb can streamline your business.

Become a VisionWeb member today!
Learn more at www.visionweb.com or call 800-874-6601.
Optometrists highlight vision care’s importance in protecting public health

At the American Public Health Association (APHA) 134th Annual Meeting in Boston last month, more than 13,000 public health professionals from around the world came together to discuss pressing issues in public health including emergency preparedness, access to health care, health disparities and pandemic influenza.

InfantSEE®

The APHA has a Memorandum of Understanding (MOU) with the AOA to promote and facilitate the development and implementation of programs and/or special initiatives to ensure that all Americans have access to comprehensive vision care.

As part of an update on MOU special initiatives, AOA InfantSEE® Committee Chair Scott Jens, O.D., was invited to make a presentation to the APHA Executive Board on InfantSEE®.

According to Dr. Jens, “Building alliances with other associations like APHA will help us to spread the word about the importance of infant’s vision and the availability of InfantSEE® eye and vision assessments for infants.”

InfantSEE® Committee members Glen Steele, O.D., and Pamela Lowe, O.D., distributed materials and answered questions about InfantSEE® in the APHA Exhibit Hall.

Vision Care Section

The Vision Care Section awarded its Distinguished Service Award to Lawrence Ragone, O.D., for his public health work in establishing the Camden Eye Center. The award was sponsored by a grant from Vistakon, a division of Johnson & Johnson Vision Care.

The Outstanding Scientific Paper/Project Award went to the Eye Care Community Outreach (ECCO) from Indiana University College of Optometry and was accepted by Dewana Allen.

The Outstanding Student Paper/Project award sponsored by Beta Sigma Kappa, the optometric honor society, was submitted by Robert Buckingham, O.D., assistant dean for clinical affairs at Michigan College of Optometry. Seven students collaborated: Lynnette Blostica, Jamie Althoff, Rachel Allen, Debbie Baughman, Heather Christensen, and Brooke Peterson.

According to Satya Verma, O.D., chair of the Awards Committee, the deadline for submitting new nominations is March 31, 2007.

Eye protection resolution

The AOA co-sponsored with the American Podiatric Medical Association the annual Eye Opener Breakfast for APHA leadership. Attendance included candidates running for APHA offices, as well as APHA Executive Board members, Governing Council representatives and the APHA Executive Director Georges Benjamin, M.D.

The APHA Governing Council approved a new policy resolution, “Promoting the Use of Protective Eyewear for Children in Sports.”

The resolution strongly recommends that all participants in defined high-to-moderate risk sports utilize protective eyewear appropriately certified for the specific sport, and further urges state legislators to mandate that any child wearing corrective eyeglasses or contact lenses wear protective eyewear that meets the lens and frame standards of ASTM F80318 and other ASTM standards relating to eye protection in sports while playing sports that are classified as high-to-moderate risk sports.

The resolution also urges all state legislators to enact legislation comparable to a New Jersey statute requiring safety eye protection for groups of children who wear glasses engaging in sports and funding to provide eyewear for those children who cannot afford it, with additional provisions for the athlete with one good eye. (See AOA News, Feb. 20, 2006)

The resolution encourages facilitators of sports programs (including coaches, officials, athletic directors, athletic trainers, school principals, physical education teachers and school nurses) to teach the value of quality fitted sports protective eyewear to all.

Other actions

Highlights of other new policies adopted by APHA’s Governing Council include:

- Reversal of the nation’s obesity epidemic: The APHA supports the immediate mobilization of governmental, public and private agencies to coordinate actions to reverse the obesity epidemic, working toward achieving the 2005 Dietary Guidelines for Americans as a means to begin reversing obesity rates;
- Banning trans fats in restaurants: The APHA urges federal, state and local governments to ban and monitor the use of trans fat laden partially hydrogenated oils in restaurants or require restaurants to have menu labeling that would prominently disclose all amounts of trans fat greater than 0.1 gram per serving.

Next year’s APHA Annual Meeting will be held Nov. 3-7, 2007, in Washington, DC. To learn more about the Vision Care Section, contact membership chair, Mort Silverman, O.D., at morton@nova.edu.
Industry Profile: Vistakon

The Vistakon division of Johnson & Johnson Vision Care, Inc. specializes in disposable contact lenses, which it markets under the Acuvue® brand name.

“We believe that Acuvue Brand contact lenses provide a balance of product attributes that create outstanding clinical performance and delivery the end benefits doctors and patients desire,” says Pat Cummings, O.D., VP, Professional Affairs, Vistakon.

Products in the company’s Ultra Comfort Series™ — Acuvue® Advance™, Acuvue® Advance™ for Astigmatism, and Acuvue® Oasys™ — all address gaps that had existed in the marketplace. Acuvue Advance meets the end-of-day comfort need of the new patient. Acuvue Advance for Astigmatism, the most widely prescribed contact lenses for patients diagnosed with astigmatism, satisfies doctors’ needs for an easy-to-fit, low-chair-time toric lens. Acuvue Oasys, with senofilcon-A, a new generation silicone hydrogel material, addresses discomfort due to dryness, the No. 1 concern of contact lens wearers.

“Moving forward, our new products will continue to focus on delivering benefits and filling gaps in the marketplace,” says Dr. Cummings. “You can also expect our lenses to continue to offer the highest level of UV-blocking available.”

Among contact lens brands, only Acuvue® Advance™, Acuvue® Advance™ for Astigmatism, and Acuvue® Oasys™ carry the Seal of Acceptance for Ultraviolet Absorbing Contact Lenses from the AOA’s Commission on Ophthalmic Standards. The lenses block more than 90 percent of UVA and 99 percent of UVB rays that reach the lens.

Vistakon’s commitment to ODs and patients extends beyond the company’s products. For example, the Vision Care Institute of Johnson & Johnson Vision Care, Inc. (www.thevisioncareinstitute.com) helps prepare students for their careers as eye care professionals through a robust curriculum that provides participants the skills necessary to meet patient needs and prepare for successful practice.

To help doctors grow their practices, Vistakon offers “Click-to-be-Contacted,” a complimentary online service designed to facilitate appointment scheduling for new contact lens patients. “Click-to-be-Contacted overcomes consumer inertia by shifting the responsibility of appointment scheduling from the consumer to the practitioner,” says Dr. Cummings. “In a pilot test with 300 optometrists, doctors’ visit rates among prospective contact lens patients increased by 25 percent as a result of this new service.” Doctors wishing to register for this new service can visit www.ecp.acuvue.com or contact their sales representatives.

To help doctors grow their practices, Vistakon offers “Click-to-be-Contacted,” a complimentary online service designed to facilitate appointment scheduling for new contact lens patients. “Click-to-be-Contacted overcomes consumer inertia by shifting the responsibility of appointment scheduling from the consumer to the practitioner,” says Dr. Cummings. “In a pilot test with 300 optometrists, doctors’ visit rates among prospective contact lens patients increased by 25 percent as a result of this new service.” Doctors wishing to register for this new service can visit www.ecp.acuvue.com or contact their sales representatives.

“Because of this, we believe the ‘What to Expect’ brochures will be a powerful public education tool and will help spark dialogue between patients and their eye care professionals about different visual problems and the eye care solutions available,” said Bratteig. The brochures are available in English, Spanish and French. To receive brochures from the “What to Expect” series, contact Transitions Optical Customer Service at (800) 254-2590. Transitions is also offering new educational tools for eye care professionals.

Industry veteran Mike DiSanto authored the course and workshop, which present keys to avoiding common roadblocks to premium lens sales. The workshop focuses on photochromics and the ABO course covers a range of premium products. The quick review module addresses similar topics and is also offered as part of Transitions Optical’s STAR Lab Learn & Earn program.

After reviewing the module, eye care professionals can complete a quiz to earn a chance for a quarterly cash prize drawing. For more information, contact a Transitions Optical Solutions Team or STAR Lab representative or call Transitions Customer Service at (800) 948-1506.
Industry News

Acuvue CLs help prevent winter UV exposure

Although ultraviolet (UV) radiation is generally lower during the winter, snow reflection can double an individual’s overall exposure, according to the World Health Organization (WHO).

The WHO estimates that fresh snow can reflect as much as 80 percent of UV rays compared to the 10 percent reflected by other surfaces such as grass, soil and water.

UV-ray exposure during winter months can temporarily harm the eyes and increase the risk of developing sunlight-related eye disorders, including snowblindness.

“The greatest measure of UV protection can be achieved with a combination of UV-absorbing sunglasses, UV-blocking contact lenses, and a wide-brimmed hat,” said Dr. Brian Linde, O.D., who is a past president of the Montana Optometric Association.

Dr. Linde stresses that sunglasses alone are not enough to block UV radiation.

“While sunblockers with UV blocking lenses can help shield eyes from UV rays in sunlight, they only block about 50 percent of UV radiation because sunlight also enters the eye from above, below and around the sunglasses,” said Dr. Linde. “It is just as important to block these peripheral UV rays. UV-blocking contact lenses provide added protection by effectively blocking sunlight that may enter the cornea from the top, bottom, or sides of the glasses.”

Acuvue® Advance™, Acuvue® Advance™ for Astigmatism, and Acuvue® Oasys™ contact lenses earned the Seal of Acceptance for Ultraviolet Absorbing Contact Lenses from the AOA Commission on Ophthalmic Standards.

The lenses block more than 90 percent of UVA rays and 99 percent of UVB rays that reach the lens, which is the highest level of UV-blocking available, according to Vistakon, division of Johnson & Johnson Vision Care.

Dr. Linde also recommends winter sports participants wear ski goggles to prevent debris and snow from blowing into the eyes and cautions them to be aware of photokeratitis, which can be caused by excessive exposure to UV light reflected by the snow.

Though usually healing with time and treatment, the condition can damage the cornea, cause eye pain, extreme sensitivity to light, and the sensation of having sand in the eye.

Symptoms may not appear for six to 12 hours after exposure.

For more information, visit www.acuvue.com.

VSP expands loan program

VSP announced a large increase in funding and program expansion for its Vision LoansSM program.

VSP doubled its initial funding pledge of $5 million to $10 million and expanded the program to Alabama, Florida, and Tennessee.

Vision LoansSM, formerly Vision One Loans, provides funds to private practice eye doctors for the purchase of their first practices.

Since its start in 2003, the program has issued loans totaling more than $13 million to be used for partnership buy-ins, down payments, or practice purchases.

“VSP is committed to helping private practice eye doctors grow and fulfill their dreams of practice ownership,” said Rob Lynch, VSP president and CEO.

“The Vision LoansSM program is one of the many ways that VSP helps expand the community’s access to exceptional eye care. In the coming months, VSP will announce further innovations to this important program.”

With the expansion, the Vision LoansSM program is available in 16 states. It has been available in California, Colorado, Idaho, Illinois, Indiana, Michigan, Missouri, New Jersey, New York, Ohio, Oregon, Texas, and Washington.

Vision LoansSM are a joint effort between VSP and Vision One Loans. The loans are administered by Vision One Credit Union.

Contact Vision One’s lending division at (800) 327-2628.

B&L names Snyder Lens Care director

Bausch & Lomb named Christopher Snyder, O.D., director of professional relations for the Lens Care/OTC product portfolio within the vision care business of the Americas region.

Dr. Snyder will work with Michael Pier, O.D., director of professional relations for Contact Lenses.

Dr. Snyder and Pier will work to extend outreach programs that engage professionals in a dialogue with Bausch & Lomb to ensure that their needs are being met, according to the company.

Dr. Snyder served as an optometrist in the U.S. Navy and was a professor of optometry at the University of Alabama at Birmingham (UAB) School of Optometry for more than 24 years. He was the director and chief of the Cornea and Contact Lens Service of UAB EyeCare.

Dr. Snyder practiced optometry with the University Optometric Group and plans to continue his practice in the Birmingham area and continue at UAB as an adjunct professor.

Dr. Snyder has written numerous scientific papers, clinical articles and book chapters, and he is the co-author of a textbook, Contact Lenses—Procedures and Techniques.
Among lawmakers and the issue effectively appeared dead. Distribution bill was introduced in the Senate March 29, by Sen. Dingell (D-MI), Frank Pallone (D-NJ) and Dennis Kucinich (D-OH) for taking decisive last-minute action that doomed the special interest contact lens sales measure. Similar to bills defeated in eight state legislatures this year, the federal channels of distribution measure legislation sought by 1-800 Contacts would have required the Federal Trade Commission (FTC) to draft rules to ensure that any contact lens made available through eye care practices also be made widely available through a host of “alternative” sources such as buying clubs, online retailers and mail order houses. The 1-800 Contacts-backed proposal has been the subject of widespread criticism from contact lens manufacturers, the AOA, the American Academy of Ophthalmology and the FTC. FTC spokespersons and lens manufacturers said the measure was not necessary to ensure competition in the retail contact lens market and would even hinder some manufacturers from introducing new contact lens products. All said the measure would have represented an unprecedented use of FTC authority.

As previously reported (see AOA News, April 24), a contact lens distribution bill was introduced in the Senate March 29, by Sen. Robert Bennett (R-UT). However, the measure failed to find support among lawmakers and the issue effectively appeared dead.

Then, a few days before the end of the lame-duck session, AOA Advocacy Group staff received information that the CL distribution provision would be attached to a Senate measure designed to combat illegal methamphetamine use. Although already lobbying for legislation on Medicare physician fees (see related article, next page), AOA’s Washington office staff were immediately dispatched for meetings with senators and congressmen and their aides across Capitol Hill in an effort to halt the channels of distribution legislation. The AOA Washington office also issued an emergency e-mail message to AOA members asking them to contact their representatives in Congress regarding the bill.

Lawmakers reported receiving a torrent of messages from optometrists across the nation. At least three senators were concerned enough to exercise their authority to place holds on the legislation and, as a result, the contact lens provisions added to the “mess” bill were eliminated.

Then, early on the morning of Dec. 9, the AOA received word that Rep. Lee Terry (R-NE) had added a CL distribution provision going even further than the Bennett bill to the Prematurely Research Expansion and Education for Mothers Who Deliver Infants Early, or “Preemie” Act (S. 707).

Reps. Whitfield, Dingell, Pallone, and Kucinich promptly declared opposition to the CL provisions in the bill, forcing a voice vote on the House floor and defeat of that version of the bill.

The House and Senate adjourned a few minutes later, just after a “clean” version of the Preemie Act was approved. AOA Advocacy Group staff say they will monitor for additional attempts to introduce contact lens channels of distribution legislation when Congress reconvenes. They expect to launch an aggressive effort to build support for the Whitfield-Allen bill to address verification abuses by the Internet contact lens sales industry.

Special Interests, from page 1

Whitfield (R-KY) and Tom Allen (D-ME) designed to crack down on unscrupulous Internet contact lens sellers and put a stop to prescription verification abuses that endanger patients. The Whitfield-Allen bill is expected to be re-introduced when the new Congress convenes in January.

The AOA Advocacy Group also credited Reps. Whitfield, John Dingell (D-MI), Frank Pallone (D-NJ) and Dennis Kucinich (D-OH) for taking decisive last-minute action that doomed the special interest contact lens sales measure.

Call for posters now open

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 110th Annual AOA Congress & 37th Annual AOA 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 29, 2007, and the interactive session offering continuing education credit will be Saturday, June 30, 2007, from 11 a.m. to 2 p.m. at the John B. Hynes Convention Center. Poster abstracts must be submitted electronically and must be received by Feb. 5, 2007. For more details and an electronic submission form, log on to www.optometrists-meeting.org and click on the “Call for Posters” icon.

For more information, contact Stacy Smith at (314) 983-4254 or sasmith@aoa.org.

Record attendance at COVD

The 36th Annual Meeting of the College of Optometrists in Vision Development in Phoenix, AZ, on Oct. 26 – 28, 2006, was attended by 540 people, setting a new attendance record.

For the two days prior to the meeting, intensive courses were given in the areas of Visual Information Acquisition, Visual Information Processing, Strabismus and Amblyopia, and Acquired Brain Injury.

One of the highlights of the meeting was a presentation by Susan R. Barry, Ph.D., a neuroscientist at Mt. Holyoke College. She has become known as “Stereo Sue” after Dr. Oliver Sacks, the famous author and neuroscientist, wrote about her in The New Yorker. (See AOA News, July 10).

Drs. Brock and Fernette Eide, a husband and wife team of neurologists who have a neurolearning clinic and are the authors of The Mislabeled Child, spoke about children being mislabeled or labeled too broadly so that learning-related vision problems are often missed.

Lindsey Biel, MA, OTR/L, the author of Raising a Sensory Smart Child, learned the importance of vision from her history with a convergence insufficiency as a child and from comanaging patients with Fran Reinstein, O.D., and Andrea Thau, O.D., FCVOID.

Sherry Bass, O.D., FCVOID, is a professor at SUNY College of Optometry who spoke about diseases that can masquerade as problems of visual function and problems of visual function that may appear to be diseases.

Irwin Suchoroff, O.D., DOS, FCVOID-A; John Streff, O.D., FCVOID; Julie Ryan, O.D., FCVOID, and Greg Kitchener, O.D., interactively presented cases on the functional application of lenses.

Three optometrists and a vision therapist received awards

W.C. Maples, O.D., FCVOID, of Southaven, MS, received the 2006 GN Getman Award in recognition of his clinical expertise in developmental optometry and his dedication to patient care.

The 2006 A.M. Skeffington Award for outstanding contributions to the optometric literature in the areas of behavioral vision care and vision therapy was given to David Fitzgerald, O.D., FCVOID.

The President’s Award was presented to Lynn F. Hellerstein, O.D., FCVOID, in recognition of her many years of service on the COVD Board of Directors.

The 2006 Certified Optometric Vision Therapist of the Year Award was given to Tom Headline, COVT. Headline is a certified optometric vision therapist, working in the offices of Drs. Carole Hong and Bradford Murray.

Twenty doctors were awarded their Fellowship in COVD, and 11 therapists attained Certified Optometric Vision Therapist (COVT) status after demonstrating their advanced competency.
Grassroots action, teamwork pay off

In the last few hours of the 109th Congress, “AOA had a lot of balloons in the air, and they all came down at the same time. But it’s no accident optometry won the day,” said AOA Washington Office Director Jan Hymes.

Until the closing moments, literally, of the session, two bills of critical importance to optometrists and their patients, one restoring cuts to Medicare physician payments and the other, long sought by the Internet contact lens sales industry, seeking to loosen protections for contact lens wearers, were still undecided.

The Medicare payment issue had long been anticipated, and the AOA and other groups had spent time building coalitions and generating support.

However, a second issue, removing many safeguards on the sale of contact lenses, was considered, not as a stand-alone bill, but after it was surreptitiously attached one day before the close of the session to a bill intended to combat methamphetamine abuse.

An AOA e-mail alert on the subject, asking AOA members to call Congress, was widely distributed by state optometric association directors. Several hundred calls from ODs went directly to Capitol Hill to oppose the special interest contact lens amendment. More than 300 AOA members got in touch with the AOA Washington office asking for details and the latest news from Capitol Hill.

“Once the alert went out, the Washington Office team was in position both on Capitol Hill informing senators, congressmen and their staff and in our office working to keep concerned optometrists informed,” Hymes said.

The calls to congressional offices helped ensure that members of Congress knew what was coming and could work with the AOA to respond.

“In the crush of last-minute activity, some members of Congress and their aides weren’t aware that a bill to research methamphetamine abuse had been altered to now include a special interest contact lens sales amendment that the AOA opposed. Although the calls from AOA members were creating questions about the process and helping to build opposition, the situation remained fluid all day, into the evening and then into the early morning hours,” Hymes said. “We kept at it, making the rounds on Capitol Hill to be visible and fully activate all of optometry’s friends in the Senate and House.”

Rep. Ed Whitfield (R-KY), sponsor of an AOA-backed bill to crack down on prescription verification abuses by unscrupulous Internet contact lens sellers, was among those who took the lead in opposing the amendment. AOA staff urged other lawmakers to discuss the situation and coordinate opposition with his office.

Meanwhile, calls generated by state optometric associations, lecturers at the American Academy of Optometry and announcements in the Academy’s exhibit hall, ensured that light was being shed onto an amendment that was intended to be hidden.

Late in the evening after the contact lens amendment was removed from the “meth bill,” it surfaced again as an amendment to a bill intended to improve the health of premature babies. Lawmakers on both sides of the Capitol, already put on alert by their OD constituents, were again asking why a contact lens sales provision kept appearing on unrelated bills.

“All our member calls had created a buzz in the Capitol earlier in the day when the contact lens amendment was attached to the meth bill. Senators and congressman agreed with our position – to put patient safety first – and wanted to reject any scheme to link contact lens sales to the well-being of premature babies,” Hymes said.

“Clearly, there were powerful, anti-optometry special interests pulling out all the stops in a desperate effort to pass at the last minute legislation we knew was misguided,” Hymes said. “All of optometry — the keypersons, state leaders, AOA leadership, Academy leadership — leapt into action and did a great job.”

Noting that the AOA Washington staff was in touch with Rep. Whitfield’s office and offices across Capitol Hill until past 3 a.m. when the House adjourned, Hymes said, “We battled a two-year, multimillion dollar lobbying blitz by an industry that either doesn’t want to or doesn’t know how to play by the rules right until the final minutes of the session,” Hymes said. Although I’d like to say our victory was a final one, that’s just not the case. In the next session of Congress, we’ll need to be just as ready to keep fighting to protect optometry and patients all day, and even late, late into the night.”

Payment, from page 1

Medicare payments next year — in the 3 percent to 5 percent range for optometrists — due to the budget neutrality adjustments applied to work values and practice expense methodology changes.

The bill also calls for the implementation of a quality reporting system for physician services that offers the potential of bonus payments for physicians.

In the absence of consensus in Congress over how to reform the Medicare physician payment system for the long term, the AOA has been a leader among physician and patient advocacy organizations in pushing for an immediate payment fix to ensure that optometrists are not faced with devastating cuts in Medicare reimbursement starting next month.

AOA Advocacy Group volunteers, keypersons, grassroots activists and the AOA Washington Office team have been actively working on Capitol Hill to reach a successful conclusion to several months of difficult negotiations.

As reported in recent AOA News articles, the dramatic payment cuts resulting from the SGR formula would have been implemented on Jan. 1, 2007 and, with even a one-year fix estimated to cost as much as $12 billion, it appeared for a time that Congress would not address the issue this year.

The insurance industry, whose private plans receive support from the Medicare stabilization fund that is being used to support the physician payment change, expressed no opposition to the bill, but indicated it would be returning to Congress on the subject.

The Medicare provisions also provide for a 1.5 percent bonus incentive payment to physicians and other eligible practitioners who report on quality measures from July-December 2007.

There has been increased activity over the past year by many different constituencies to create a “pay for performance” system relying on the reporting of standards of care/quality measures (see related article, page 9). In addition to provider payments and quality measure reporting incentives, the package included other health provisions such as increased payments for rural providers, funding to uncover fraud and waste in the Medicare program, and language promoting the use of health savings accounts (HSAs).
Meetings


SOUTHERN COLLEGE OF OPTOMETRY PRACTICE MANAGEMENT PRIMER FOR RECENT SCO GRADUATES Jan. 19-21, 2007 The Hayes Center for Practice Excellence, Jim Hofffield 800/238-0180 HCPE@SCO.edu www.sco.edu


BROWARD COUNTY OPTOMETRIC ASSOCIATION COASTED EDUCATIONAL RETREAT Jan. 2021, 2007 Hyatt/Pier 66 Hotel, Ft. Lauderdale, Fl. 800/888-5018, 772/683-3274 locao@browardeyes.org www.browardeyes.org

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY ISLAND EYES CONFERENCE Jan. 21-27, 2007 Princeville Resort, Kauai, Hawaii, Jeanne Oliver 503/352-2740 FAX: 503/352-2929 jeanne@pacificu.edu

AOA PRESIDENTS’ COUNCIL Jan. 25-27, 2007 St. Louis, MO www.aoa.org

AOA CRUISE SEMINARS – Class 1 Southern Caribbean Jan 27-Feb. 2, 2007 Crown Princess Dr. Mark Rosanova, President 888/638-6009 aoeacruises@aol.com www.optometriccruiseseminars.com

ARIZONA OPTOMETRIC ASSOCIATION 23rd Annual Invitational Bronstein Contact Lens Seminar Jan. 24-28, 2007 Chaparral Suites Hotel, Scottsdale, Jane Lynch 602/279-0953 FAX: 602/264-6356 jane@aoaaz.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS Jan. 28-29, 2007 Mohegan Sun Casino, Uncasville, CT Dalena Tepzenec dropcense@steyes.org

M ASSACHUSETTS SOCIETY OF OPTOMETRISTS CONTINUING EDUCATION Jan. 28, 2007 Best Western Hotel, Marlborough, MA Richard Lawless 508/875-9700 FAX: 508/875-0010 richie@massoptom.org www.massoptom.org/events/default.asp

MICHIGAN OPT. ASSN WINTER EDUCATIONAL SEMINAR Jan 31-Feb. 1, 2007 Kellogg Center for Continuing Education Michigan State University, East Lansing, MI Bill Danasy, Executive V.P. 517/482-0616, FAX: 517/482-1611 miopcon@aol.com

February

MINNESOTA OPTOMETRIC ASSOCIATION, INC. Feb. 1-3, 2007 Brooklyn Park, MN www.minnesotaoptometrists.com 952/841-1122 or 800/678-8232

AE A CRUISE SEMINARS – Western Caribbean Feb. 3-10, 2007 Star Princess Dr. Mark Rosanova 888/638-6009 aoeacruises@aol.com www.optometriccruiseseminars.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION 2007 LEGISLATIVE & CE CONFERENCE Feb. 8-9, 2007 Radisson Hotel, Bismarck, ND Nancy Kopp 701/258-6766 ndoe@btinet.net www.ndeyecare.info

VT/STRAIGHTSHOTS & AMBLYOPA, PHOENIX, ARIZONA PRESENTED BY CEF CLINICAL CURRICULUM Feb. 8-11, Theresa Krejci, 800/467-0370 or visit www.babousa.org

DELAWARE OPTOMETRIC ASSOCIATION AND PARAOPTOMETRIC ASSOCIATION WINTER THAW CE AND MEETINGS Feb. 10, 2007 Embassy Suites, Newark, DE Troy Raber, O.D. or Holly Zabrokiewicz, CFOT 302/537-0234 troberod@aol.com

A EA CRUISE SEMINARS – South America Feb. 12-23, 2007 Golden Princess Dr. Mark Rosanova, President 888/638-6009 aoeacruises@aol.com www.optometriccruiseseminars.com

A EA CRUISE SEMINARS – HAWAII Feb. 12-24, 2007 NCL Pride of America 888/638-6009 aoeacruises@aol.com www.optometriccruiseseminars.com


Relief mission to New Orleans seeks eye care professionals

The New Orleans City Health Department has requested eye care professionals to staff another Remote Area Medical (RAM) clinic for the early part of 2007. VOSH-Virginia and RAM are scheduled to hold a clinic in New Orleans, Jan 28 to Feb. 3, 2007. Erin Brewer, M.D., director of the Center for Community Health for the state of Louisiana, is supporting the RAM event to bring eye care, dental care and medical care to those still in need in New Orleans.

“This is an exciting opportunity for optometrists to help,” said Vicki Weiss, O.D., president of VOSH-Virginia and a RAM volunteer for eight years. “If you, or any ODs, or any fourth year students, paraoptometrists or opticians are able to join us please let us know as soon as you can.”

The tentative arrival date is Saturday, Jan. 27, with work from Sunday to Saturday, Feb. 3. Contact Dr. Weiss for the eye clinic, at dvcleaver@aol.com or (434) 591-0262. For more information, visit RAM’s Web site at www.ramus.org.
CHECK YOURSELF

As an optometrist, your main focus must be on ensuring customer satisfaction. However, are you keeping your books balanced? A good check and balance system will keep your business running smoothly throughout the year and prevent last minute headaches when tax season rolls around.

Our team of professionals is devoted to assisting with all the financial business needs of our OD clients. We can assist you with getting that check and balance system in place. From QuickBooks, to consulting and tax preparation, May & Company CPAs are ready to assist you.

Decrease your worries about taxes by checking us out today at (601)-636-0096 or email us at kenhicks@maycpa.com. We’re ready to help you get organized so you can operate your business in an accurate and efficient manner. So take advantage of our knowledgeable staff to make this tax season a more pleasant event!

601.636.0096
kenhicks@maycpa.com

May & Company CPAs

NEED SOFTWARE? GET THE BEST!

See how easy it is with Eyecom's USER-FRIENDLY software!

To receive a free trial demo call us at 800-788-3356 or visit www.eyecom2.com

practice software

optometric software

AEN CRUISE SEMINARS 2006-2007

TIME IS RUNNING OUT – BOOK YOUR WINTER 2007 CRUISE NOW!!

Classic: Southern Caribbean, 1/27/07-2/2/07, on the brand new Crown Princess. San Juan, Barbados, St. Lucia, Antigua, St. Maarten, St. Thomas, San Juan. Cruise fares from $739. Speaker: Dr. Timothy McMahon


Exclusive Silversea’s Southern Caribbean, 1/9/07-1/16/07, Silver Wind. San Juan, Bocas Del Toro, Bridgetown, Bequia/ St Vincent/ Grenadines. St. Lucia, Antigua, Virgin Gorda, San Juan. Silversea – Luxurious ships, all-inclusive. Fares from $2531.


Ohio State University Alumni Cruise – Continuing Education will be sponsored by OSU. (All are welcome.)

***End of July***

Mediterranean Adventurer, 7/1/07-7/9/07, Star Princess. London (Southampton), Vigo, Lisbon, Barcelona, Cannes (Monte Carlo), Rome (Civitavecchia), Naples/Capri, Corsica (Ajaccio), Gibraltar, London (Southampton). Cruise fare $3490. **GREAT DEAL FOR 14 DAYS - LONDON IS AN INEXPENSIVE EUROPEAN GATEWAY** Speaker: Dr. Harae Marden

Baltic Heritage, 8/10/07-8/16/07, Star Princess. Copenhagen, Stockholm, Helsinki, St. Petersburg (overnight), Talinn, Gdansk, Oslo, Copenhagen. Cruise fares from $1705. Speaker: Dr. Kirk Smick.

***Labor Day***

Mediterranean Collection, 9/2/07-9/10/07, Royal Princess. Venice, Ravenna, Split (Croatia), Corfu, Kotor (Montenegro), Malta, Sicily, Sorento/Capri, Corsica (Ajaccio), Montez Carlo, Portofino, Rome (Civitavecchia). Cruise fares from $2790. Speaker: Dr. Michael Giese

**Regional and past passenger fares may apply. CALL FOR LOWEST CURRENT FARES. BOOK EARLY! CRUISES ARE SELLING OUT 6-8 MONTHS IN ADVANCE.**

10-12 hours of COPE approved lectures per seminar

Visit us at www.optometriccruisevacations.com; E-mail acruises@comcast.net or call us at 1-888-638-6009.

AEA Cruises: Dr. Mark Romano, President

More than a travel agent, your colleague & innovating partner in Cruise Seminars since 1995

State University of New York, State College of Optometry

12 Month Residencies are available for 2007-08 in:

Cornea and Contact Lenses
SUNY State College of Optometry, NYC
Program Supervisor: Dr. David Lubin
(212) 934-5872, dlubin@sunyopt.edu

Family Practice/Ocular Disease Optometry
East New York Diagnosis and Treatment Center, Brooklyn, NY
Program Supervisor: Dr. Mark Shertinsky
(718) 280-0445, mshertinsky@sunyopt.edu

Family Practice Optometry
United States Military Academy, West Point, NY (Army HPSP graduates only)
Program Supervisor: Dr. James D. Carroll
(845) 934-2072/2096, jamec.carell@us.army.mil

Low Vision Rehabilitation
SUNY State College of Optometry / The LightHouse International, NYC
Program Supervisor: Dr. Alla Zlotina
(212) 934-4023, a.zlotina@sunyopt.edu

Ocular Disease Optometry
SUNY State College of Optometry, NYC
Program Supervisor: Dr. Steven Bass
(212) 934-5865, sbass@sunyopt.edu

Ocular Disease/Primary Eye Care Optometry
Dept. of VA, NY Harbor Health Care System
Program Supervisor: Dr. Evan Canellios
(718) 336-6000, ext. 6071, evcanellios@med.va.gov

Pediatric Optometry
SUNY State College of Optometry, NYC
Program Supervisor: Dr. Marilyn Visicella
(212) 934-4143, mvisicella@sunyopt.edu

Primary Eye Care Optometry
SUNY State College of Optometry, NYC
Program Supervisor: Dr. Marilyn Visicella
(212) 934-4143, mvisicella@sunyopt.edu

Primary Eye Care Optometry
SUNY State College of Optometry, NYC
Program Supervisor: Dr. Martine C. Merz
(212) 934-5879, mmerz@sunyopt.edu

Cornea and Contact Lens Fellowship
The State University of New York, State College of Optometry is inviting applications from...0.50.

Interested individuals should contact the program director for further information and application materials.

Ralph Gundel, OD, FAAO
Supervisor, Cornea and Contact Lens Fellowship
SUNY, State College of Optometry
33 West 42nd Street
New York, NY 10036
Email: rgundel@sunyopt.edu

Optometric Educator in Microbiology, Immunology, Cornea and Anterior Segment Disease

The mission of the Pennsylvania College of Optometry is to graduate Doctors of Optometry and offer other educational, research, and patient care programs responsive to the health care needs of the public. To assist us in our goals, we are seeking an Optometric Educator. This is a tenure track educator and research position in the area of in Microbiology, Immunology, Cornea and Anterior Segment Diseases. The successful candidate will demonstrate strong capabilities as a classroom instructor, clinical provider and researcher. This position requires an OD degree and a PhD degree or equivalent research training and experience in an appropriate discipline.

We offer a salary commensurate with qualifications and a comprehensive benefits package. Please send cover letter and CV to:

Pennsylvania College of Optometry
Human Resources Department
8360 Old York Road
Elkins Park, PA 19027
Email: HRD@pco.edu
Tenure-Track Faculty Position

The University of Houston College of Optometry seeks an outstanding scholar in pediatric optometry to join the College’s internationally recognized clinical and research faculty. (See http://www.opt.uh.edu/.)

The College invites applications for a tenure-track Assistant, Associate or Full Professor position in the Department of Clinical Sciences. The successful candidate will have a Doctor of Optometry (OD), and additional advanced degrees (MS, PhD) in a field related to pediatrics are desired. The successful candidate will be expected to teach optometry students in didactic and clinical settings and to conduct an independent, externally funded research program. The candidate must be eligible for optometric licensure in the State of Texas.

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

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

Application Deadline: February 1, 2007

The University of Houston is an equal opportunity/affirmative action employer. Minorities, women, veterans and persons with disabilities are encouraged to apply.

University of Houston College of Optometry
Tenure-Track Faculty Position

The University of Houston College of Optometry seeks an outstanding scholar in pediatric optometry to join the College’s internationally recognized clinical and research faculty. (See http://www.opt.uh.edu/.)

The College invites applications for a tenure-track Assistant, Associate or Full Professor position in the Department of Clinical Sciences. The successful candidate will have a Doctor of Optometry (OD), and additional advanced degrees (MS, PhD) in a field related to pediatrics are desired. The successful candidate will be expected to teach optometry students in didactic and clinical settings and to conduct an independent, externally funded research program. The candidate must be eligible for optometric licensure in the State of Texas.

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

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

Visit the AOA Website at www.aoa.org
Residency position in Ocular Disease

We are now accepting applications for 2007/2008 academic year. Our 13-months program is fully accredited by the ACOE and affiliated with NOVA Southeastern University College of Optometry.

Aran Eye Associates is a multi-specialty tertiary-care referral center with 5 locations throughout Southeast Florida. We emphasize in diagnosis and management of ocular disease. Resident will work with specialists in the areas of cornea/cataract, glaucoma, retina and ocular plastics. Other activities will include participation in local didactic education and supervision of optometry externs.

For further information, please contact Dr. Beata Lewandowska at blewandowska@araneye.com

wwwaraneyeassociatescom

Department of Ophthalmology
Emory University School of Medicine
Academic Optometry Position

The Department of Ophthalmology at Emory University School of Medicine is seeking a full-time Optometrist to join a growing Comprehensive Ophthalmology Section of the Emory Eye Center. Qualified candidates must be eligible for licensure in Georgia.

Candidates should have strong clinical training, including a minimum of one year residency training. Interest in research and teaching residents in an academic ophthalmology setting is required. An advanced degree (MPH or MS) would be advantageous but not required.

Salary commensurate with experience. Please send inquiries to:

Mrs. Patricia Bennett
Emory Eye Center, Emory University
1354B Clifton Road, NE, Suite B4500
Atlanta, GA 30322

Emory University is an Affirmative Action, Equal Opportunity Employer.

RESIDENCY PROGRAMS

Challenging, dynamic residency positions are available in the areas of:

Residency Programs at Nova Southeastern University

- Primary Eye Care
  - With emphasis in Ocular Disease
  - With emphasis in Cornea and Contact Lenses
  - With emphasis in Low Vision
  - With emphasis in Pediatric Optometry and Binocular Vision
- Pediatric Optometry

Residency Programs at NSU Affiliated Sites:

- Primary Care
  - Gainesville VAMC
  - Lake City VAMC
- Ocular Disease
  - Bascom Palmer Eye Institute
  - Aran Eye Associates
- Pediatric Optometry
  - Bay Pines VAMC
  - Daytona Beach VA Clinic
  - Braverman Eye Center
  - Clayton Eye Center

For further information or questions regarding the application procedures, please contact:

Lori Vollmer, O.D., F.A.A.O.
Director of Residency Programs
Nova Southeastern University
HPD Optometry
3200 S. University Drive
 Ft. Lauderdale, FL 33328
lvollmer@nova.edu
954-262-1452

www.nova.edu/optometry/residency/residency.html
Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence July 2007. Salary for each position is $34,222.00. Applicants must possess an O.D. degree from an accredited professional optometric program, should have a G.P.A. of 3.0 (on a 4.0 scale) in the optometry curriculum, and must have passed Parts I, II, and III of the NBEO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Eye Health Partners of Middle Tennessee - Ocular Disease at Omni Eye Services - Atlanta, Primary Eye Care - Tuscaloosa VAMC, and Geriatric Optometry and Low Vision Rehabilitation - Birmingham VAMC.

Deadline for ORMS application (www.optomtryresident.org) is February 1, 2007. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
UAB School of Optometry
Birmingham, Alabama 35294-0010
lschif@uab.edu

The University of Alabama at Birmingham is an Affirmative Action Equal Opportunity Employer

23rd Annual
PALM BEACH WINTER SEMINAR
PGA National Resort & Spa

Palm Beach Gardens, FL
Friday February 16 to Sunday February 18, 2007
(home of the 2007 Honda Classic PGA Golf Tournament)

FEATURED SPEAKERS

REGISTRATION INCLUDES:
• 17 hour Continuing Education
• 6 hours TQA education
• 2 hour Medical Errors
• 2 hour Breast Cancer
• 1 hour HIV/AIDS

REGISTRATION INFORMATION
Postmarked by January 19, 2007
AOA Members $150 Non-Members $200
Postmarked after January 19, 2007
AOA Members $175 Non-Members $225

Don’t forget the Friday afternoon Golf Tournament!

FOR INFORMATION CONTACT:
Steven Silverstein, O.D., Course Director @ (561) 792-9410
Mark Marando, O.D., Registration @ (561) 242-1200
or email: pbwinterseminar@yahoo.com

SPONSORED BY: The Palm Beach Optometric Association

Classified Advertising Information

Classified advertising rates are $2.00 per words. This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. There is a $40 minimum charge per issue for the NEWS classifieds. A phone number or e-mail address counts as one word. Boldface listings in AOA NEWS are an extra $2.00 per word. An AOA box number charge is $20.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. The charge for an automated e-mail response link is $10.00. To reply to an ad with such a link, simply click on the link, type your message and press send. Payment for all classified advertising must be made in advance of publication, regardless of the number of times it is to appear. Please remit by check, Mastercard, Visa or American Express. Be sure to include the expiration date and credit card number. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com or by fax at 212.633.3986 attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA — do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.

Visit us online for rate information for this and other Elsevier health science titles www.clinicaltrials.com
Professional Opportunities

ALL STATES – PRACTICES FOR SALE AND FOR LEASE
3% FINANCING AVAILABLE

Associated needed with possibility of purchase. Term negotiations. Contact Dr. Dunn, Lubbock, Texas 806-745-2222

ASSOCIATION EXECUTIVE The board of directors of the Lansing based Michigan Optometric Association is accepting applications for the position of executive vice president. This position serves as the chief executive officer of an association which includes management of the administrative office and staff as well as facilitating board meetings and setting policies. Responsibilities include financial management, membership relations and records, publication design and production, laws and governmental affairs, association political action and management of association properties. Applicants must have experience in executive and communication skills, general knowledge of association law and be detail oriented. Experience with a not-for-profit organization and/or health related organization is desirable. Applications accepted until Dec. 31, 2006. To apply, submit your resume with three letters of reference and cover letter to: Michael Wallace, O.D., Chairperson, Search Committee, 1379 Flushing Road, Flushing, MI 48433.

ATLANTA, GA Optometrists needed Full time & part time positions available in the Atlanta, GA area. Excellent salary, benefits, plus commission. Please contact Dr. Mark Lynn, O.D. 1-800-250-6231 x309 or email drmarklynn@drlk@hotmail.com


CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.

IMMEDIATE opening in Atlanta for self-motivated individual to expand our successful specialty practices. Unique opportunity for exceptional practitioner in low vision and vision therapy treatment. Training and interest in management of ocular diseases and primary care patients seen as well. Send resume: rekindle-eye@mindspring.com

SIOUX FALLS, SOUTH DAKOTA Ocular disease trained optometrist for surgery practice in Sioux Falls, SD. Excellent office and growth potential. Practice opportunity in a large center. Practice for Sale. Well established practice with full-time and part-time residents. Mint Condition will sell for 38,000.00 or email: wing.hsieh@joneseyeclinic.com

MISSOURI – Eastern Two practices – Total Fair Market Value $300,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S. 800-745-3837

Missouri: Use Current Practice Full or Part Time. Please email CV to: newman5150@hotmail.com

WASHINGTON Rainier Valley Optometrist needed. Practice seeking an optometrist full time. Our office is located within an underserved community of southeast Seattle. Responsible for providing primary care to Asian population. Candidate must: 1) be licensed in the state of Washington with full therapeutic privileges; 2) possess a minimum of three years experience in therapeutic, contact lens and low vision care; 3) be comfortable working with a diverse ethnic population, especially working within the Asian community; 4) be fluent in one of the following languages: Vietnamese, Cantonese, Mandarin or Taiwanese. Interested applicants should fax a resume and cover letter to (206) 722-2211 Attn: Wibbey Sulisalate, O.D.

CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.

CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.

CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.

CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.

CLINICAL DIRECTOR TLCVision-Johnson City, TN is currently seeking a Clinical Director to be responsible for the overall clinical and professional relations development, ensuring patient care remains at the forefront of all activities and growing surgical volume and profits of the center. TLC Vision Corporation is a rapidly growing organization improving lives through better vision, by providing eye doctors with the tools they need to provide the highest quality care. TLCVision is a premier eye care service company and one of the world’s largest providers of laser vision correction services. Our team is dedicated to excellence in patient care and training to facilitate a professional and educational relationship that advance your practice.™ For more information and current listings visit www.practiceconcepts.com or call 877-779-2020.
Available Mid-December
Codes for Optometry and the CPT Standard Edition two book set

“The” Coding Tools For Your Optometric Practice
Updated with 100’s of code changes

Codes For Optometry 2007 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® 2007 Standard A.M.A. a $62.95 value

Easy to use, easy to read. The 2007 edition of the AMA’s Current Procedural Terminology (CPT®) official coding reference contains all CPT codes, modifiers and guidelines for 2006. 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 $108.00* Non-Member Price $135.00*

*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 to: (314) 991-4101
E-mail your order to JRPayne@AOA.org

MAILING ADDRESS: ____________________________  CITY/STATE/ZIP: ____________________________

SHIP TO (if different): ____________________________  CITY/STATE/ZIP: ____________________________

Name ____________________________  Dr’s. Name ____________________________

Title ____________________________  Corp. Name ____________________________

Address ____________________________  Address ____________________________

Telephone ____________________________  FAX ____________________________

E-mail or Web site: ____________________________

CREDIT ORDERS

☐ Bill me ☐ Bill my company

CHARGE TO

☐ MasterCard ☐ American Express ☐ VISA

Name on Card ____________________________  Exp. date ____________________________

Card # ____________________________

AOA Member Number ____________________________

☐ Please send AOA membership information

ITEM  QTY  TOTAL

SUBTOTAL

STATE SALES TAX

TOTAL

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

NO RETURNS ACCEPTED AFTER 30 DAYS
Watch your most challenging patients’ eyes light up.

You have challenging patients.
We have a revolutionary new silicone hydrogel lens to meet their needs.
Keep your eyes open for more news about this breakthrough product.

Coming soon from CIBA Vision.