SSA officially designates ODs ‘acceptable medical sources’

The Social Security Administration (SSA) has officially expanded the role optometrists play in determining whether people are eligible for disability benefits due to visual disabilities. Under new rules, issued March 1, the SSA recognizes optometrists as “acceptable medical sources” for determining visual disorders, ranging from blindness (which optometrists previously could determine), to debilitating conditions of the eyes such as ptosis, to paralysis of accommodation and traumatic eye injuries.

Until now, optometrists have been authorized only to assess visual acuity and visual fields when determining whether a patient meets the SSA’s criteria for blindness. In announcing the rule change in the

see Social Security, page 6

Luxotica and VSP fund 33 Healthy Eyes Healthy People™ projects for 2007

The American Optometric Association has announced the funding of the 2007 Healthy Eyes Healthy People™ (HEHP) State Association Grants. The AOA will be administering two generous grants, one from Luxottica Group and one from VSP for a total of $140,000. This year 33 HEHP state association grants were funded.

“Third consecutive year Luxottica has supported HEHP grants and the third consecutive year for Vision Service Plan (VSP). The American Optometric Association is very grateful for the financial support of the HEHP grants, which have distributed $625,000 to state associations since the inception of the grant program,” said Tommy Crooks, O.D., AOA president.

The Healthy Eyes Healthy People™ State Association Grant Program is intended to stimulate community initiatives in health promotion and disease prevention that support the vision objectives of Healthy People 2010. The projects must include collaboration with at least one group outside of optometry.

The AOA recognizes the importance of strengthening the outreach of community-based organizations by providing “seed money” from the ophthalmic industry to begin or continue vision-related projects. Healthy People 2010 is an initiative developed by the U.S. Department of Health and Human Services over the past two decades to establish 10-year objectives to improve the health of Americans. For the first time, vision objectives

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President’s Column

Optometry is on the march this March

The month of March is a great time to measure performance. You can see it all around us.

Those not inclined to wait until the next month’s income tax filing deadline have been spending a lot of time looking at financial performance.

A baseball fanatic is looking at his favorite team’s statistics from last season and comparing them to emerging trends among key players in spring training.

Many of us have been following our alma mater or hometown team in the college basketball national championship tournament, aka “March Madness.”

More than so many other months, it just seems like there are winners and losers in March.

As I enter the final weeks of my term as president, I’m taking a good hard look at the AOA’s performance in key areas — like federal advocacy — over the last year, and I know what I see.

In fact, given that we’ve come such a long way in such a short period of time and how we are all part of the successes we’re seeing, I thought I’d share some March observations with you.

Now, it’s important to remember that it wasn’t long ago that our profession sent a powerful message to the AOA: Optometry should be defined only by optometrists, whether in the perceptions of the general public, among the elites (and less than elites) in the news media or in the hearts and minds of elected officials in Washington, DC.

The AOA received that message and, with the energy and vision of our Board of Trustees and volunteers, completely reorganized our approach to how the profession interacts with the federal government.

Most of the colleagues I speak with when I’m traveling to state meetings tell me that they’ve noticed and appreciate the difference in our approach as well as the results we’re achieving.

In 2005 and 2006, as companies and groups with an anti-optometry agenda found out the hard way, the AOA racked up an impressive track record on Capitol Hill and in the halls of federal agencies:

Winning federal recognition of ODs as acceptable medical sources for Social Security disability determinations.

Taking on ERISA plans and exposing the exclusionary policies of Medicare managed care plans.

Securing a seat at the table for optometry in federal health panels developing Medicare “pay-for-performance” guidelines.

Blocking massive cuts to Medicare physician payments.

Defeating the two-year, $2 million lobbying effort by Internet contact lens sellers who want to overrule prescriptions and undermine patient protections.

Passing the Enzi-Boxerman bill to ban the over-the-counter sale of decorative contact lenses.

Sparking the debate in the U.S. Senate over small business health plans and winning support for the Collins-Murkowski provider non-discrimination amendment.

Confronting companies like Trinity Enterprises and I-800 Contacts when we see evidence of misguided business practices that can put patients at risk.

Spurring Federal Trade Commission enforcement actions against companies that violate contact lens prescription verification safeguards.

Making federal funding for state children’s vision programs a priority supported by more than 200 congressional and senate committees.

Fighting to end exclusion of ODs from Medicaid.

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March 26, 2007 • 3
Crooks to be immediate past president

Tommy Crooks, O.D., will assume the AOA Board of Trustee office of immediate past president.

Dr. Crooks was elected to the American Optometric Association Board of Trustees in June 1999 and re-elected in 2002. He served as president during this past year.

He currently serves on the International Affairs Committee and is an ex officio member of the Optometry Awareness and Public Affairs Committee. As a member of the AOA Board, he was the chair of the Personnel Committee and a member of the Agenda, Executive, and Program Planning Committees.

He served as a board liaison to the AOA Industry Relations Committee, American Academy of Optometry, and the California, Indiana, Ohio, and Pennsylvania State Optometric Associations.

In addition, Dr. Crooks co-chaired the Optometry’s Summit Project Team, and is the president of the American Optometric Institute and the VISION USA Board.

In the past, Dr. Crooks served as liaison-trustee to the Information and Member Services Group, the National Board of Examiners in Optometry, the Sports Vision Section, the Association of Regulatory Boards of Optometry, and the National Optometric Association.

Dr. Crooks is president and CEO of EyeCare Associates, Inc., in Birmingham, AL, a group practice consisting of 19 locations and 33 doctors.

He is a past president of the Southern Council of Optometrists, the Alabama Optometric Association, and the Birmingham Area Optometric Society.

In 1985, the Alabama Optometric Association named Dr. Crooks the Alabama Optometrist of the Year and in 1990, he was named University of Alabama-Birmingham Alumnus of the Year.

Dr. Crooks lives in Birmingham, AL, with his wife of 33 years, Kaye. They have two grown sons, Jeffrey and Kevin.

March, from page 3

key federal health programs, like the National Health Service Corps student loan repayment and scholarship program.

- Sharing the good news about InfantSEEB, our profession’s national public health initiative, with the Surgeon General and members of Congress.

These results are no accident. They represent the proactive and energetic approach to federal advocacy that our profession demanded and that I have committed my time as president to advancing.

So, if someone were to ask me what’s new in advancing advocacy here’s what I’d say:

- The “New” AOA Advocacy Group

Although the AOA Advocacy Group is made of an alphabet soup of different committees (FRC, EBAC, FRC, PAC, SCRC and FLC) with different areas of responsibility, we’ve made sure they are pursuing optometry’s goals in a coordinated way.

If the objective is patient access to ODs, which I can assure you it always is, then AOA Advocacy Group volunteers are focusing on all aspects of it, from political action (that means contributions to the campaigns of key lawmakers) to grassroots activism to policy research to coalition building.

We created a new committee within advocacy – the Federal Legislative Committee, known as FLC and pronounced “FLACK” — whose charge is to do more than ever to mobilize the resources of our profession on fighting and winning in Washington, DC. If you haven’t heard from a member of “FLACK” yet, my guess is you soon will because we all need to do more for our profession.

Last October, the AOA Advocacy Group held a “New Leadership” meeting that provided dozens of young ODs and students with the training to become our profession’s next generation advocacy leaders.

- The “New” AOA Keyperson Program

We’ve long known that optometry’s ability to win on Capitol Hill is based on the willingness of ODs to serve in the AOA Keyperson program. Unfortunately, the program had become less effective over time and its resources were limited. No more.

Keypersons are again becoming optometry’s direct grassroots links with members of Congress and their staffs. They are extending the reach of our profession’s advocacy efforts from Washington, DC, into each of our communities.

The AOA Advocacy Group – led in this area by AOA-PAC, FRC and “FLACK” – has made it a top priority to recruit new Keypersons and to better support the efforts of existing ones. Also, we are expanding the AOA Congressional Advocacy Conference, our annual Washington, DC, meeting of Keypersons, to ensure that ODs are heard as never before on Capitol Hill.

The bad news is that there are still congressmen and senators who do not have an AOA Keyperson connected to them. The good news is that every OD can volunteer to join the program, receive instruction and strengthen optometry where it counts most.

- The “New” AOA-PAC

AOA-PAC aimed high in 2005 and 2006 by setting an ambitious $1.5 million fundraising goal. Although it fell just short ($1.4 million), it’s notable that 2006 was AOA-PAC’s most successful single year ever. This has led the AOA-PAC Board of Directors to commit to raising $2 million over the next two years. Can it be done? It’s up to you.

As an aside, while you’re thinking about whether or not to contribute to AOA-PAC and help reach the new goal, here are some things to consider:

- AOA-PAC helps elect pro-optometry candidates to U.S. Senate and House of Representatives, and is central to the AOA’s federal legislative strategy.
- It’s the only federal political action committee that focuses solely on advancing optometry’s agenda in Washington, DC, and may only take in contributions from AOA members.
- AOA-PAC competes directly with hundreds of PACs representing special interests with an anti-optometry agenda, including organized medicine, insurance and managed care companies and Internet contact lens sellers.

- The “New” AOA Washington Office

Mike Jones, O.D., AOA’s executive director, oversaw the complete reorganization of our Washington Office team, including the recruitment of an extremely talented group of government relations professionals – that means real lobbying firepower – that has far expanded our capability and reach.

What pleases me most whenever I travel to the nation’s capital these days is the “can do” spirit that is apparent in our Washington Office.

Now that I think about it, that’s a whole lotta performance to measure in just one month. The bottom line is – and I’m a bottom line guy – in March 2007, it’s clear that the AOA is both a winner and an organization on the march.
Many Americans at high risk of vision loss have no access to eye care

Data from a national survey suggest that an estimated 60 million American adults are at high risk of vision loss, according to a report published in the March issue of Archives of Ophthalmology.

Of those adults, one in 12 cannot afford eyeglasses when needed, and about one-half do not get dilated eye examinations on a year-by-year basis.

In 2000, about 3.3 million Americans age 40 or older were visually impaired and more than 11 million of those age 12 and older needed glasses or contact lenses, according to background information in the article.

By 2020, these numbers could increase by 50 percent or more. Eye diseases and vision problems are associated with increased illness, increased risk of death and decreased quality of life. They also are causes of falls and injuries and can lead to depression and social isolation.

Xinzi Zhang, M.D., Ph.D., of the Centers for Disease Control and Prevention, Atlanta, and colleagues used data on vision from the 2002 National Health Interview Survey to estimate the number of U.S. adults at high risk of vision loss and assess factors associated with the use of eye care services.

A total of 30,920 adults age 18 or older participated in the survey, designed to be representative of the entire U.S. population.

Sixteen percent of the participants were age 65 years or older, 6.5 percent had diabetes and 19.5 percent had vision or eye problems.

Based on these percentages, the authors project that an estimated 61 million American adults are at high risk of serious vision loss.

The researchers estimated that of those, only half visited an eye doctor in the past 12 months and half had a dilated eye examination.

The AOA Clinical Practice Guidelines recommend yearly exams for people with diabetes or who are 61 or older.

The AOA recommends an annual eye exam — or as the optometrist recommends — for people at high risk.

For people with no known risk factors between 18 and 61, the AOA recommends an eye examination every two years.

Only one-third of the estimated 144 million U.S. individuals not at high risk of serious vision loss visited an eye doctor, and one-third had a dilated eye examination in the past 12 months.

“Among the high-risk population, the probability of having a dilated eye examination increased with age, education and income,” the authors write. “The probability of receiving an examination was higher for the insured, women, persons with diabetes and those with vision or eye problems. Approximately 5 million high-risk adults could not afford eyeglasses when needed; being female, having low income, not having insurance and having vision or eye problems were each associated with such inability.”

As the population ages, providing access to preventive eye care services will become a larger public health concern, the authors note.

“Many conditions causing visual impairment and blindness are often asymptomatic in their early, treatable stages,” they conclude. “There is substantial inequality in access to eye care in the United States. Better targeting of resources and efforts toward people at high risk may help reduce these disparities.”

For information about how the AOA is responding, through the Healthy Eyes Healthy People™ program, see story, page 1.

Letters

Editor:

I find myself compelled to reply to some of the issues mentioned in Dr. Roger Filips’ response to what he sees as an oversupply of optometrists (Letters, Feb. 12, 2007).

Do we really have an oversupply of optometrists, or do we have too few optometrists meeting the visual needs of patients? I respectfully submit that we do not have enough ODs practicing “full scope” optometry.

If we really did, we would not have enough ODs to meet the demand.

So the question then becomes “What is practicing full scope optometry?” My definition of ‘full scope’ optometry includes treating binocular, accommodative, and ocular motility dysfunctions, strabismus/amblyopia, brain-injured patients, and children with vision-related learning problems.

And yes, diagnosing and treating ocular disease when present. To fully meet the visual needs of all of our patients means that we have to provide vision therapy and behavioral vision care as well as treat ocular disease.

This is in the best interest of our patients and the profession, and therefore I would like to see the leadership of AOA place a greater emphasis on behavioral care.

I was able to open a private practice 2 1/2 years ago because I do vision therapy. Without vision therapy, it would have been much more difficult.

Behavioral optometry is one way to differentiate yourself and to make yourself seen as an expert in vision. There are far too many patients who need vision therapy for the limited supply of optometrists that we have to take care of them all.

The patients are extremely grateful, as many of them have been to other eye doctors who did not help them. If you are looking for a great way to build a practice, vision therapy is it.

Do we have too many optometrists? No. As I see it, we do not have enough providing full scope care, including vision therapy.

John Abbonanzo, O.D.
Southboro, MA
The proposed rule change comes as the result of a decade-long effort by the AOA to expand the role of optometrists as acceptable medical sources for the Social Security system, administrators noted.

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“Special recognition for his relentless efforts to bring about this victory for optometry should go to Robert Easton, O.D., of Fort Lauderdale, FL, the AOA Keyperson for former Rep. Clay Shaw (R-FL) who, until January, served as chairman of the Ways and Means Subcommittee on Social Security,” noted AOA Advocacy Group Director Jon Hymes. “Dr. Easton worked closely with Rep. Shaw and the AOA Washington Office to convince the Social Security Administration to write, consider and take final action on the proposed rule.”

Expansion of optometrists’ authority to determine eligibility for SSA benefits will help individuals with visual disorders qualify for benefits more quickly, notes Michele R. Haranin, O.D., chair of the AOA Federal Relations Committee. It will also help the SSA save money, Dr. Haranin adds.

“These revised regulations will allow us to make more decisions based on medical evidence supplied to us solely from optometrists, rather than having to purchase time-consuming and expensive consultative examinations with ophthalmologists,” SSA administrators note.

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Legacy IDs needed on NPI applications

All health care providers, including Medicare providers, should include their legacy identifiers, as well as associated provider identifier type(s), on their National Provider Identifier (NPI) applications, according to the U.S. Centers for Medicare and Medicaid Services (CMS).

Health care providers who have completed an NPI application without submitting legacy identifier should update their application information, according to the CMS.

Provider information can be easily updated using the NPI enumerating (NPI) Web site (https://nppes.cms.hhs.gov), the agency notes.

“While doing so, providers should also validate other data in NPIES (the National Plan and Provider Enumeration System), such as address, contact person information, etc., and update anything that has changed,” the CMS advised in its e-newsletter last month.

NPIs are uniform government-issued health care identification numbers, intended to replace the myriad identifiers used by various public and private health plans.

Under federal law, NPIs will be required on all electronically filed health care claims forms, effective May 23.

Once health care providers have received their NPIs, they should share their NPIs with other providers whom they do business, and with health plans that request their NPIs, the CMS emphasizes.

“In fact, as outlined in current regulation, providers must share their NPI with any entity that may need it for billing purposes — including those who need it for designation of ordering or referring physician. Providers should also consider letting health plans, or institutions with whom they work, share their NPIs for them,” the CMS e-newsletter states.

“In addition to updating critical data and legacy identifiers in the NPIES, Medicare providers should include both their NPIs and their Medicare legacy numbers in their Medicare claims. This will help Medicare build its NPI crosswalk by enabling Medicare to link providers’ NPIs to their Medicare legacy identifiers. Also, when Medicare providers make changes to their Medicare enrollment information, they are now required to furnish their NPIs when making those changes.

Providers applying for Medicare enrollment must furnish their NPIs on their enrollment applications,” the CMS e-newsletter continues.

There are no additional actions that Medicare providers need to take to inform Medicare of their NPIs, the agency adds.

FAQ answers and additional NPI information are available on CMS’ NPI Web page at www.cms.hhs.gov/NationalProviderIdentifystand under “Educational Resources.” (To find the FAQs, scroll to “Related Links Inside CMS” and click on “Frequently Asked Questions.”)

In addition to filing NPI applications online at https://nppes.cms.hhs.gov, health care providers can request paper applications by calling the NPI Call Center at (800) 465-3203.

CMS postpones deadline for new 1500 claim form

The U.S. Centers for Medicare and Medicaid Services (CMS) has announced it will not require claims be filed on a new version of the CMS-1500 form — the CMS-1500 (08-05) — effective April 1 as anticipated.

Instead, the agency will say it will continue to accept claims on either the older CMS-1500 (12-90) version of the form or the new CMS-1500 (08-05) version for an as-yet undetermined period of time.

CMS blamed the postponement of CMS 1500 (08-05) requirement on the circulation of some flawed forms being sold by some vendors.

The AOA Order Department is not among those vendors, emphasized department manager Kevin Doyle. CMS-1500 (08-05) forms presently available through the AOA Order Department meet all CMS requirements and can be used for filing Medicare claims, he said.

The CMS 1500 was revised last year primarily to allow use of National Provider Identifier (NPI) numbers on paper claims.

Officially unveiled in July 2006 by the National Uniform Claim Committee (NUCC), the new CMS-1500 (08-05) version of the form provides a number of new lines on which NPIs can be entered.

Since July, the health insurance industry has been preparing for the implementation of the revised Form CMS-1500 (08-05).

In September 2006, Medicare announced that it would implement the revised Form CMS-1500 (08-05) on January 1, 2007 with dual acceptability of both versions until March 31, 2007.

Medicare further announced that beginning April 1, the only acceptable version of the form would be the Form CMS 1500 (08-05) and that the prior version, Form CMS-1500 (12-90), would be rejected.

However, CMS administrators recently discovered that incorrectly formatted versions of the revised form were being sold by print vendors, specifically the Government Printing Office (GPO).

“After reviewing the situation, the GPO has determined that the source files they received from the NUCC’s authorized forms designer were improperly formatted. This resulted in the sale of both printed forms and negatives which do not comply with the form specifications,” a CMS statement explains.

Medicare contractors will be directed to continue to accept the Form CMS-1500 (12-90) until notified by CMS to cease. At present, CMS is targeting June 1, 2007 as the new deadline for the mandatory use of the CMS-1500 (08-05) form.

During the interim, Medicare payment contractors will be directed to return, not manually key, any Form CMS-1500 (08-05) forms received which are not print- ed to specification.
Time getting short for Optometry’s Meeting™ plans

Education courses are available every day of the meeting—June 27 through July 1. In addition to outstanding CE, Optometry’s Meeting™ attendees will have numerous opportunities for entertainment and networking.

To ensure availability of courses and avoid long lines on site in Boston, attendees are encouraged to register as early as possible. The deadline for advance registration is May 31.

Attendees arriving Wednesday, June 27 will be able to meet up with friends and make contact with colleagues at the Welcome Reception sponsored by Bausch & Lomb. On Thursday morning, Essilor is sponsoring the Opening General Session with keynote speaker Ben Stein.

On Thursday afternoon, American Optometric Student Association (AOSA) attendees won’t want to miss the AOSA Awards and General Session featuring optometry’s first astronaut Larry DeLucas, O.D., Ph.D. Later that evening, HOYA is sponsoring the International Wine and Cheese Reception in the exhibit hall.

Friday is Buck-A-Beer Night in the exhibit hall. “America’s Orchestra,” the Boston Pops, will perform both Friday and Saturday nights.

Friday night is “student night” with the Boston Pop at Optometry’s Meeting™ with special recognition of the Massachusetts Society of Optometrists, celebrating its 100th anniversary this year. Saturday’s performance will open with the Presidential Celebration. Both nights are sponsored by Signet Armorlite.

Rooms at the official Optometry’s Meeting™ hotels are booking fast. To reserve a room and register, visit www.optometrymeeting.org.

Running, learning top Saturday’s agenda

Saturday at Optometry’s Meeting™ will get off to a great start with the 5K Run/Walk followed by a wealth of specialty education, including the New in Practice—Panel of Experts Series.

Attendees can start their day early with the Optometry’s Meeting™ 5K Run/Walk sponsored by CIBA Vision, a Novartis Company. The event promises to be a “mini version” of the Boston Marathon. Participants will have the option to run or walk along a scenic route beside the Charles River.

The Run/Walk will start at 6:30 a.m. Register for function #0340 ($10 per person).

TLC Vision is sponsoring Saturday General Education Day, which will kick off with “New Developments in Refractive Surgery,” course #3008, from 8 a.m. to 10 a.m. (Lecturer: B. Tullo, O.D.)

The course will cover several emerging technologies in the refractive surgery arena such as intralase, epikeratophakia, Intacs® for keratoconus, phakic intracorneal lenses (IOLs), and other new treatments for presbyopia and ametropia.

Vistakon Pharmaceuticals is sponsoring “The Big Itch: Understanding and Managing Ocular and Systemic Allergies,” course #3108, from 8 a.m. to 10 a.m. (Lecturer: K. Nicholes, O.D.)

This course will review diagnosis and current topical and systemic medications for allergies. It will address medical management, including coding and billing, and advice for patients with a “whole body” approach.

Bausch & Lomb will sponsor “Retina Grand Rounds,” course #3208, from 8 a.m. to 10 a.m. (Lecturers: A. Cavallerano, O.D., and S. Richer, O.D., Ph.D.)

This course will discuss ocular, personal, and environmental risk factors for retinal disease and use a case study format to present emerging and evolving trends in the treatment of retinal disorders.

The New England College of Optometry is sponsoring “Contact Lenses in Pre-Teens and Adolescents,” course #3308, from 8 a.m. to 10 a.m. (Lecturer: M. Rah, O.D., Ph.D.)

This course will review clinical pearls for fitting pre-teen and adolescent patients with contact lenses and provide information from recent clinical studies of contact lenses in this age group.

The TLC Vision education track continues...
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- Opening General Session with speaker Ben Stein. Sponsored by Essilor.
- International Wine and Cheese Reception in the Exhibit Hall on Thursday. Sponsored by HOYA.
- Buck-a-Beer Night in the Exhibit Hall on Friday.
- The Varilux Optometry Super Bowl XVI, where optometry schools compete for academic supremacy. Sponsored by Essilor.
- Presidential Celebration X 2 (Register for Friday OR Saturday Night) featuring The Boston Pops. Sponsored by Sigmet Armorlite.

To register and learn more about Optometry’s Meeting™ please visit
www.optometrymeeting.org
The doctors count themselves lucky to have found a new site for the practice just two doors down inside the Huntington Bank building. They were able to re-open the practice one month after the fire.

Firefighters attempt to quell the blaze that destroyed the practice of Bill Ratcliff, O.D., and Chris Ratcliff, O.D., the night of Jan. 10.

ODs recovering from loss of practice in fire

One of the more unusual stories recounted in the international press this winter related to a small bird who, in the process of building its nest on the roof of a historic office building, mistakenly carried a lit cigarette back to its home, resulting in a large fire that destroyed the entire building.

Not only did the bird lose its home, but the two optometrists who owned the building lost their state-of-the-art practice.

Brothers Bill Ratcliff, O.D., and Chris Ratcliff, O.D., also lost the building they had renovated, which was considered one of the most outstanding landmarks in the city of Huntington, WV.

Prior to the fire on Jan. 10, the building also housed a large law firm, a publishing company, a Christian counseling service, and a pediatrician’s office.

Tri-State Eye Care, located on a lower floor, mainly suffered water and smoke damage from the fire.

The practice lost expensive equipment, 30 computers and frames worth $60,000.

Nevertheless, the doctors count themselves lucky to have found a new site for the practice just two doors down inside the Huntington Bank building.

They were able to re-open the practice one month after the fire.

Drs. Bill and Chris Ratcliff relate that recent events in their lives have given them opportunity to reflect and share.

During the past year, they lost a close family member.

They also saw the making of the movie We Are Marshall, recounting the story of Marshall University (which is located in Huntington) and its rebuilding process after a tragic plane crash took the lives of the entire football team and many prominent citizens in 1970.

Then, three days after the Ratcliff’s devastating fire, a fire at a local apartment building claimed the lives of nine people.

Drs. Bill and Chris Ratcliff point out that there are lessons to be learned from their misfortune.

“Any one of us could die tomorrow or lose a partner in life or practice,” said Dr. Bill Ratcliff. “So we need updated wills, trusts, and buy/sell agreements. We need adequate life insurance to address these concerns.

Those close to us need to know what our wishes are and how they will deal with things if we’re no longer here for them. These need to be detailed out in writing and put in a safe deposit box or comparable safe location away from our homes and businesses, along with other important papers.

Furthermore, loved ones need to know that it is done and where it is.”

Dr. Chris Ratcliff also pointed out the need to be prepared for the unexpected.

“Each of us needs to make a list of the most important things to us, should we have only a short time to save some of them from our home or business,” he said.

“You won’t think of everything in the midst of a crisis.”

Drs. Bill and Chris Ratcliff stressed the need to take inventory, both at home and in business at regular intervals, and document the results in written format along with photos.

They also recommend reviewing insurance coverage for contents.

“To increase this coverage is a minor expense,” said Dr. Bill Ratcliff. “In our instance, we had grown to have a full-service lab, six fully equipped exam lanes, 30 computers, approximately $100,000 in dispensary inventory, and all the newest instruments – it added up to a lot more than we realized.”

Ratcliff stressed the importance of making sure you have reliable back-up arrangements for computer systems.

“This needs to be done regularly, and there has to be back-up that is updated as often as possible and kept off-site,” he said. “The longest loss that you should have is one week. Fortunately for us, we had this covered, but it was amazing how many others we have learned that don’t. Additionally, technology has gotten to the point where most of us should be able to consider including our patient medical records in an electronic format. Beyond the possible loss of real estate, there are storage and access advantages.”

“Remember that even as bad as things seem, they could be worse,” said Dr. Bill Ratcliff. “Look at the results that those in southern Louisiana and Mississippi are dealing with from the hurricanes or those in Florida from the recent tornadoes. We, personally, can relate locally to those who lost so much in the plane crash of 1970 and apartment fire three days after ours.”

“Certainly, we all need to remember what is really important to us—the people who are close to us—our family, our close friends, our loyal employees, our trusting patients, and all the good supporting people in our community and lives,” said Dr. Chris Ratcliff.
Looking for optical lab discounts?
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As the owner of a small to medium practice, you know the best way to save on your ‘cost of goods’ has always been to concentrate your purchases with a few key suppliers and buy the rest of your products through a traditional buying group. But unless you do a lot of volume, that still doesn’t get you the maximum discount offered by most optical labs and frame companies.

Now there is something new, Red Tray Optical.
We offer the maximum published discount from a select group of top optical labs and frame companies. And, unlike traditional buying groups, we don’t hold back any of the discount. You get it all!

Effective immediately, Red Tray members receive the following discounts:

**Maximum Discounts From America’s Best Labs — 16 Just Added!**

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<th>Crown Optical 24%</th>
<th>ELOA New Jersey 24%</th>
<th>Eye-Kraft 25%</th>
<th>IcareLabs Gold Level</th>
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**Maximum Discounts From America’s Top Frame Companies — 5 Just Added!**

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All discounts are off list. *Maximum discounts vary by individual designer lines.

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2007 Healthy Eyes Healthy People™ Grants

The American Optometric Association has announced the funding of the 2007 Healthy Eyes Healthy People™ (HEHP) State Association Grants. The AOA will be administering two generous grants, one from Luxottica Group and one from VSP for a total of $140,000. This year 33 HEHP state association grants were funded:

ALABAMA

Consortium for Vision Care for Rural Alabama (Luxottica)

Over the 2007 calendar year, the project intends to complete five health care evaluation sessions.

Greene County Blindness Prevention Project (VSP)

The Greene County Hospital will distribute 1,500 brochures in monthly billing statements and health and senior living facilities; 2,000 more will be distributed with prescriptions at Eutaw Drug Pharmacy along with 2,000 bags that feature a personalized message about dilated eye exams preventing blindness. The Greene County Hospital staff will be educated by optometrists to field telephone inquiries.

Care for Homeless Persons in Birmingham (VSP)

This project includes four visual health evaluations (one per quarter) over a period of one year. Approximately 100 homeless persons would take part in each health evaluation for a total of 400 persons.

Educating Hispanic Parents on the Need to Obtain Eye Care for their Children (VSP)

The project aims to educate the Hispanic population in the Birmingham area on the importance of obtaining eye care for their children. Cahaba Valley Health Care is providing monthly vision screenings. An educational video will be presented to the Hispanic parents at local churches and other gathering places.

ARKANSAS

Arkansas Eyes on Diabetes (VSP)

The project aims to increase the rate of dilated eye exams in people diagnosed with diabetes via education and by using an eye care referral form.

ARIZONA

East Valley Men’s Center Eyecare Project (Luxottica)

The project will establish a collaborative undertaking between the Arizona Optometric Association and East Valley Men’s Center to provide basic eye examinations and glasses at no charge to homeless men who are living in a shelter.

CALIFORNIA

Eye Care for All (Luxottica)

The project will provide services to constantly improve the care of homeless people and expand the number of patients that can be served.

Serving the Un-Served (VSP)

The California Optometric Association (COA) will partner with the American Diabetes Association and with six local societies. The COA will partner with The California Vision Project and Sight for Students to provide follow-up exams and appliances.

Garden Grove Boys and Girl Clubs – Healthy Eyes (VSP)

This project will offer vision health education, screenings and eye care services that will lead to the reduction of vision impairment in low-income, under-represented children and provide comprehensive exams of early childhood and pre-kindergarten, under-represented populations.

Early Detection and Treatment of Diabetic Retinopathy and Glaucoma in At-Risk Patients (VSP)

To reduce vision loss from diabetes and glaucoma, UC Berkeley School of Optometry will strengthen the ongoing collaborative effort with one of the LMC clinics, the Over 60 Health Center, and will continue to expand the amount of eye care extended to two additional local community care clinics.

CONNECTICUT

KidSight Connecticut (VSP)

There are four phases of the project, including educating the optometric community to improve their pediatric skills; providing patient education materials to Connecticut optometrists; and promoting eye safety in Connecticut Schools.

GEORGIA

The Ringgold Project (VSP)

This project is to provide comprehensive eye examinations to be performed on students at Ringgold Elementary School. The project collaborators include the Georgia PTA and the office of State Rep. Billy Mitchell (D).

IDAHO

Improvement of Eye Health in the Disadvantaged and Special Needs Population (Luxottica)

The project will set up eye screenings to be conducted by optometrists throughout the state of Idaho.

School District #273 Healthy Eyes Vision Screening Program (VSP)

This project will enhance the vision

Projects, from page 1

have been included in Healthy People 2010. Out of the over 400 objectives found in Healthy People 2010, there are 10 vision objectives: visual impairment due to diabetes, glaucoma, cataract and refractive error, regular eye examinations for children and adults, vision screening for preschool children, eye injury prevention, and vision rehabilitation. Healthy People 2010 provides the opportunity for improving the visual health and well-being of communities through local, state and national programs. Healthy Eyes Healthy People™ is an initiative by the AOA to improve the vision and health of all Americans. The goal of HEHP is for optometrists to impact community health programs so that vision services are recognized as vital to the health care system and to improving the quality of life for all Americans. The HEHP Committee has oversight for the HEHP grant program. For more information about the HEHP initiative, go to www.aoa.org and click on the “For Doctors” under Clinical Care Center, which takes you to the Healthy Eyes Healthy People™ page. The site contains summaries of previously funded HEHP grants, a Power Point presentation, and other information.

According to Elton Brown, O.D., chair of the Healthy Eyes Healthy People™ Committee, “These local healthy eye grants are a great partnership with the ophthalmic industry and the AOA. Our committee goal is to expand the programs and grow the outreach.”

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See Grants, next page

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screening program in School District #273 (Post Falls, ID) by providing the school nurses and volunteers with vision screening tools and equipment to better diagnose undetected refractive errors. Once the nurses have appropriately identified and referred students, eye care providers in the area can perform a more thorough assessment and recommend treatment options.

Idaho Panhandle Vision Screening Coalition (VSP)

This project will initiate a uniform vision screening program for all preschool children attending Head Start or enrolled in a similar program coordinated through the Panhandle Health Department. Vision screening supplies will be purchased and a kit will be distributed to each Head Start center in five northern counties of Idaho.

IOWA

Student Vision Card (VSP)

The Student Vision Card will be distributed to pre-kindergarten and kindergarteners in hundreds of schools. The card contains information based on an eye examination.

Iowa Optometric Association

Additional cards for older students will be available for use if a teacher or administrator suspends a problem or as a follow-up to a failed vision screening.

Diabetic Communication Report (VSP)

The Diabetic Communication Report was developed to document diabetic patient information, communicate this information to the patient’s primary physician and educate patients about how diabetes affects the eye.

What to Look For (VSP)

This project will educate parents and others who work with children about a child’s visual development by collaborating with Iowa hospitals and other child-related agencies and organizations and coordinating the distribution of “What to Look For” brochures that the Iowa Optometric Association developed.

LOUISIANA

Faith in Wellness (VSP)

The Optometry Association of Louisiana (OAL) is putting together a booklet for distribution by Louisiana SeniORRx to its clients. This booklet will explain what Medicare and Medicaid will cover, as well as provide a list of contact information for optometrists who accept Medicare/Medicaid.

MARYLAND

Senior Awareness Vision Campaign (VSP)

The MOA Senior Vision Awareness Campaign aims to educate seniors and their health care providers about the importance of routine dilated eye exams in detecting and preventing visually debilitating eye diseases.

NEBRASKA

See-To-Learn Promotion (VSP)

This grant will fund production of a 30-second radio spot and 30-second television spot promoting the availability of free assessments from participating doctors all across the state. The spots would provide a toll-free telephone number for parents to call to be referred to a nearby See-To-Learn doctor.

NEW JERSEY

Camden Eye Center Healthy Eyes Healthy People™ Community Outreach Program 2007 (Luxottica)

The program will bring screenings and eye care service to 500 children at 15 sites; conduct a countywide glaucoma screening program; offer eye care and glaucoma presentations to 10 senior organizations, bring amblyopia screening to 500 children, and provide prescription ophthalmic materials to 300 people.

OREGON

Healthy Beginnings – Vision for the Future (Luxottica)

Healthy Beginnings (HB) serves Deschutes County with 12 full-day screening events per year. HB initiated inclusion of the Casey Eye Institute Vision Screening Project for all children 3 years and older.

Children’s Vision Foundation Vision Screening Project (VSP)

The Children’s Vision Foundation (CVF) is conducting comprehensive vision screenings. The screening battery used is a modified version of the New York State Optometric Association battery. Students’ results are shared with their families and schools, encouraging them to get a professional exam.

PENN.SYLVANIA

Increasing the Use of Rehabilitation Services and Adaptive Devices by Persons with Visual Impairments (VSP)

The Pennsylvania Optometric Association will work with the Pennsylvania Association for the Blind and the Pennsylvania Vision Conservation Institute to develop procedures and tools to increase intraprofessional and interprofessional referral patterns and awareness of low vision rehabilitation service options.

RHODE ISLAND

Save Your Vision Campaign (VSP)

A public service announcement (PSA) was developed detailing the new Rhode Island vision examination law from funding of a 2006 HEHP grant. The PSA, which ran daily for six weeks last year, will be expanded to run for at least three months this year.

See Grants, page 18
Optometry in the Media

The first quarter of 2007 has already proved to be an active time for the AOA in terms of its exposure in the media—particularly in print and broadcast. Following is an overview of several high-level media hits the AOA and its members have received.

A Washington Times article recently quoted Richard C. Edlow, O.D., regarding the growing demand for optometrists in coming years as the U.S. population ages.

The March 5, 2007, U.S. News and World Report issue featured two articles with AOA members as spokespersons. The first article touched on new advances in contact lens wear and quoted how to differentiate your practice from a retail practice. It will also explain the metrics of measuring staff training and performance. Bausch & Lomb is sponsoring “Expert Consensus in the Management of Dry Eye Inflammation,” course #3210, from 10 a.m. to noon. (Lecturer: P. Karpecki, O.D.)

This course will cover inflammatory pathogenesis, predisposing factors, and new modes of treatment for dysfunctional tear syndrome or dry eye condition. The lecture will include signs, symptoms, diagnostic testing, and treatments of ocular surface disease.

The State University of New York College of Optometry is sponsoring “Optic Nerve Trilegacy,” course #3310, from 10 a.m. to noon. (Lecturer: P. Modica, O.D.)

This course will feature the clinical presentations of papilledema, optic neuritis, and ischemic optic neuropathy, along with current literature updates that impact understanding and management of these conditions.

TLC Vision is sponsoring “The Top Ten Things We Have Learned about Custom LASIK,” course #3014, from 2 p.m. to 4 p.m. (Lecturer: J. Owen, O.D.)

This lecture will get attendees up-to-date on custom LASIK procedures, which can help many patients achieve better outcomes.

Bausch & Lomb is sponsoring “Prescribing for the Baby Boomer,” course #3214, from 2 p.m. to 4 p.m. (Lecturers: M. Horn, O.D., and R. Robinson, O.D.)

This course will explore how to choose contact lenses, provide refractive and solution options, examine clinical performance pros and cons, and review specific case reports for this demographic.

The Pennsylvania College of Optometry is sponsoring “The Eye in Systemic Disease,” course #3014, from 2 p.m. to 4 p.m. (Lecturer: C. Pelino, O.D.)

This course, presented in a grand rounds format, is designed to allow the optometrist to fully understand retinal findings and their correlations to possible systemic diseases. It will review differential diagnosis, laboratory testing, and the eventual systemic correlation.

Heidelberg Engineering is sponsoring “Are Visual Fields Being Replaced by Imaging? Focus on Technologies: OCT & CLSO,” course #3414, from 2 p.m. to 4 p.m. (Lecturers: J. McGreal, O.D., and R. Wooldridge, O.D.)

This course will review the leading imaging technology and demonstrate how to integrate imaging devices into expanding practices. For information, or to register for Optometry’s Meeting, visit www.optometrymeeting.org.
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CA #0633005
Industry Profile: CIBA Vision

CIBA Vision is a global leader in the research, development and manufacturing of contact lenses and lens care products.

Headquartered in Atlanta, GA, the company provides one of the widest varieties of contact lenses and solutions that fit the lifestyles, preferences and needs of people in more than 70 countries around the world. CIBA Vision is committed to innovation—exploring new materials and formulations that continue to yield eye care breakthroughs.

As a worldwide leader in silicone hydrogel technology, our research and development (R&D) efforts have produced lenses such as GEOplus™ high-oxygen, breathable lenses for healthy eyes, and Night & Day®, high-oxygen, extended-wear lenses that can be worn for up to 30 continuous nights.

Millions of people rely on CIBA Vision’s Focus® Dailies® lenses for renewed comfort each new day. They are the No. 1 daily disposable lenses in the United States, and feature AquaRelease™, a moisturizing agent that is released gradually throughout the day for even better end-of-day comfort than original Focus Dailies.1

CIBA Vision is the leading global provider of color contact lenses to change and enhance eye color. The company’s FreshLook® lenses enable you to change, enhance or illuminate your eyes. CIBA Vision offers the widest variety of colors, modalities and color contact lens styles—more than 85 combinations in all—of any contact lens manufacturer. In lens care, CIBA Vision has pioneered many products, such as our AQquify® Multi-Purpose Solution and Clear Care®. Clear Care is a one-bottle solution that actively cleans, disinfects and removes protein deposits from lenses.

And, a new study shows that silicone hydrogel lens wearers rate Clear Care better for comfort, cleaning and clarity of vision than leading multi-purpose solutions.2*

Looking forward, CIBA Vision will continue to build upon its strong history of innovation to introduce exciting products to delight eye care professionals and contact lens patients.

1 CIBA Vision, Data on File, 2004
* Opti-Free RepleniShe, Opti-Free Express, Complete Moisture Plus, and ReNu Multi Plus compared as a group.

An Escape for Frames...

Just in time for spring, Framescape™ announced the release of its Oxygen Collection. The frames are totally screwless and have a patented flex-hinge design that allows for a repair without costly parts or screws. Parts from each style are interchangeable, making repair seamless and immediate. Several new styles are now available in zyl. Shown is style Exhale 5002 in caramel.

For more information, visit www.framescape.com or call (877) 372-6372.

Portable system allows ODs to measure macular pigment

ZeaVision announced the release of QuantiVEYE®, a program that allows optometrists to easily assess the risk of age-related macular degeneration (AMD) in their patients. With AMD currently affecting 15 million Americans, it is expected to reach epidemic proportions by 2020 as baby boomers reach their 60s and 70s. AMD is the leading cause of blindness in this age group.

ZeaVision’s QuantiVEYE® Program has been associated with a high risk for AMD. Until recently, devices to measure macular pigment have only been available in research facilities. ZeaVision offers a portable instrument providing heterochromatic flicker photometry, according to Terry Hatfield, president of ZeaVision.

“The program can provide ODs and the patient with measurable results,” he said. Doctors can advise patients who are found to have low levels of MPOD to change their diets and take zeaxanthin and lutein-based supplements, which are available as part of the program.

For more information, call ZeaVision customer service at (888) 875-3937.

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.
CooperVision introduces 2-week CLs for presbyopes

CooperVision expanded its offerings with the introduction of Biomedics® EP, a two-week disposable lens for emerging presbyopes. The new lens is designed to improve the shortcomings of monovision and bring value to both the patient and the practitioner.

Biomedics EP has a center spherical distance zone with a progressive aspheric zone fitting to provide superior binocular visual acuity at near, intermediate, and near distances, according to the company.

“CooperVision designed Biomedics EP to fit like a sphere and perform like a multifocal, helping to fill a void in the eye care practitioner’s practice,” said Doug Brayer, marketing manager, CooperVision.

Biomedics EP, eye care practitioners do not need to compensate for ADD power or determine eye dominance. The lenses are intended for patients with less than +1.50 ADD. Biomedics EP lenses are available in sphere powers of +4.00D to -6.00D in 0.25D steps and have an 8.7mm base curve and a 14.4mm diameter. They are made from omafilcon A material with 60 percent water content.

“Biomedics EP is the only lens designed exclusively to address the needs of the emerging presbyope,” said Brayer. “CooperVision offers eye care practitioners fitting options for emerging to mature presbyopia in similar lens designs. This allows eye care practitioners to easily transition patients into multifocal products as their condition progresses.”

For more information, visit www.coopervision.com.

Blue Shield of CA to cover photochromics

Blue Shield of California announced it will be the first U.S. health care plan to cover photochromic lenses in all new vision plans. Plan participants will receive coverage of up to $200, including a $150 eyeglass frame allowance for photochromic lenses, which will include coverage of Transitions® lenses.

“Eye health is integral to overall health and wellness—and to many people’s job performance as well,” said Bob Repke, vice president of Blue Shield’s Ancillary Group.

“As more doctors prescribe photochromics to enhance and protect eyesight, we are making sure our vision plan members are covered for their eye care needs,” he said.

Photochromic lenses reduce glare, leading to increased visual contrast and comfort for wearers. They also provide protection from ultraviolet (UV) light, which is linked to several leading causes of preventable blindness.

Transitions lenses block 100 percent of UVA and UVB rays and automatically adjust from clear to dark in proportion to the intensity of UV light.

“As vision wear advances, there are features to consider beyond vision correction, including the enhancement of everyday quality of vision and the preservation of long-term eye health,” said Pat Huot, national account executive, managed care, Transitions Optical, Inc.

SteriLid cleanser now available OTC

Advanced Vision Research announced the release of TheraTears SteriLid foaming eyelid cleanser, available over the counter starting in March.

SteriLid is intended for use by patients suffering from dry eye or blepharitis and for those who have punctual plugs or who are preparing for surgery. These conditions are related to bacterial growth on the eyelids, and lid hygiene is highly recommended to combat the organisms.

Most anti-bacterial cleansers contain chemical ingredients such as benzalkonium chloride, ethyl alcohol or triclosan, which often irritate the eyes, according to Jeffrey Gilbard, M.D., founder, CEO and chief scientific officer, Advanced Vision Research.

SteriLid contains linalool, a natural oil and fragrance, which helps create a “gentle-on-the-eye-tough-on-bugs” eyelid cleanser, said Dr. Gilbard.

SteriLid is also ideal for use in surgery on patients who are allergic to iodine and has been shown to kill most organisms faster than iodine, according to Dr. Gilbard.

SteriLid foaming cleaner can be directly pumped onto clean fingertips and applied to the eyelids. The cleanser is designed so that patients can wash, not scrub, their eyelids.

“Scrubbing allows tiny abrasions that allow bacteria to sneak into tissues,” said Dr. Gilbard.

For more information, visit www.theratears.com. For samples, email samples@theratears.com.
SOUTH DAKOTA

See TV (VSP)
“See TV” is a cooperative project between the South Dakota Broadcasters Association (SDBA) and the South Dakota Optometric Society (SDOS). Television messages developed during a pilot project with a single ABC affiliate station will be broadcast by SDBA member stations statewide. The stations are asked to air the message when parents with school-age children are most likely to watch television.

Airwaves for Sight (VSP)
Airwaves for Sight is a cooperative project between the SDBA and the SDOS. Through an agreement between these organizations, audio messages are developed, distributed, and ultimately aired by SDBA member radio stations.

TEXAS

Texas Multidisciplinary Low Vision Symposium (VSP)
The Texas Low Vision Initiative (TLVI) hopes to introduce a new approach to low vision eye health education by coordinating a statewide symposium, developing a monthly low vision forum for multidisciplinary professionals and allied health professionals, and developing a referral campaign soliciting commitment to vision rehabilitation cross-referrals by medical and allied health professionals who serve older adults.

UTAH

Decreasing Visual Impairment in Children by Educating Parents About the Need for Early Examinations (VSP)
As new mothers are discharged from hospitals the Utah Optometric Association will disseminate information about children’s vision. The project also includes funds to produce “Vision Utah,” a quality color brochure explaining the need for children’s vision examinations.

WASHINGTON

Can You See How I See (VSP)
Alderwood Vision Therapy will use hands-on and eyes-on techniques and demonstrations in the diagnosis and treatment of visual-motor and/or perceptual-cognitive deficiencies. Local eye care professionals will test children and discuss the children’s eye health with their adult caregivers.

WEST VIRGINIA

U.S. Department of Agricultural-Cooperative Extension Office “Dining with Diabetes” – Vision and Eye Health Module (VSP)
The project will update and disseminate to individuals and health professionals the Vision and Eye Care Model curriculum within the “Dining with Diabetes” community education program. Revision of educational materials will reinforce the need for individuals with diabetes to understand that they need an annual dilated eye exam to detect diabetic retinopathy.
Meetings

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

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

April

AMERICAN ACADEMY OF OPTOMETRY NEW JERSEY CHAPTER GOVERNORS' CENTER CONFERENCE
April 11-15, 2007
Kington Plantation, Myrtle Beach, SC
Dennis H. Lyne, O.D.
732/920-0110
FAX: 732/920-7881
dh2020@aol.com

TROPICAL SEA E
April 11-17, 2007
St. Thomas
Scott Walshburn
901/883-1591
swalshburn@tropicalsea.com

SOUTHERN COLLEGE OF OPTOMETRY
INJECTIONS COURSE
April 13, 2007
SCO Campus
Kristin Anderson, O.D.
901/722-3234
FAX: 901/722-3325
cel@SCO.edu

SOUTHERN COLLEGE OF OPTOMETRY
SPRING CONTINUING EDUCATION
April 13-15, 2007
SCO Campus, Memphis, TN
800/238-0180, ext. 4
cel@SCO.edu
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MOUNTAIN WEST COUNCIL OF OPTOMETRISTS
ANNUAL CONGRESS
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Bellagio Hotel, Las Vegas, Nevada
888/376-6926
traceable@earthlink.net
www.mwco.org

The Ohio State University College of Optometry
Broculos Vision & Pediatrics
Forum and the Children's Learning Forum
April 19-20, 2007
Holiday Inn on the Lane,
Columbus, Ohio
Dr. Marceau Taylor Kulp
614/688-3326
Kulp@osu.edu
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION
SPRING CONVENTION
April 19-22, 2007
Embassy Suites, Little Rock, AR
Jennifer Martinez
501/661-7675
FAX: 501/372-0233
www.arkansasoptometric.org

OPTOMETRIC EXTENSION PROGRAM
CALIFORNIA REGIONAL VISION-THERAPISTS’ FORUM
April 20-21, 2007
San Diego, California
Shea Green
559/625-5464

INDIANA OPTOMETRIC ASSOCIATION
CONVENTION & CD CONTINUING EDUCATION
April 20-22, 2007
Sheraton Hotel and Suites
Indianapolis, IN
317/237-3560
FAX: 317/237-3564
www.ioa.org

ORTHOPATHTOLOGY
ACADEMY OF THESAURUS
April 20-22, 2007
University of Houston, Cary
Herberg, O.D.
866/851-9922
www.orthopaedics.org

OPTOMETRIC EXTENSION PROGRAM
EXAMINING INFANTS & CHILDREN THROUGH AGE THREE
April 21-22, 2007
Framingham, Massachusetts
John Albaugh, O.D.
508/481-8558
djohnnabbel@charter.net

OPTOMETRIC EXTENSION PROGRAM INSIGHTS INTO PAEDIATRIC OPTOMETRY
April 21-22, 2007
Melbourne, Australia
Nicholas Anderson
03/9375 3111
andon@nethspace.net.au

PINEALAS OPTOMETRIC ASSOCIATION
15TH ANNUAL SUNCOAST SEMINAR
April 21-22, 2007
Hilton Clearwater Beach Resort
Philip Curey, O.D.
727/442-5504
lidoc1@tak.com

EXCELLENCE IN EDUCATION CONFERENCE 2007
April 22, 2007
Pennsylvania College of Optometry
Bernard Blaustein, O.D.
215/276-6180
www.pco.edu

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O.D., EXCELLENCE IN
EDUCATION CONFERENCE
April 22, 2007
Pennsylvania College of Optometry
Bernard Blaustein, O.D.
215/276-6180
www.pco.edu

AOA CONGRESSIONAL CONFERENCE
April 23-25, 2007
Washington, DC
www.aoa.org

OPTOMETRIC EXTENSION PROGRAM
ROBERT WOOL, SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR
April 23-25, 2007
San Diego, CA
Lynn Dymon
808/748-6210

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

KENTUCKY OPTOMETRIC ASSOCIATION
105TH ANNUAL CONGRESS
April 26-29, 2007
Hyatt Regency Hotel & KICC,
Louisville, KY
800/320-2406
info@kyleyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
VOYAGES IN VISION
April 26-29, 2007
St. Kitts
804/643-0309
voasseydocs@aol.com
www.voasseydocs.org

OPTOMETRIC EXTENSION PROGRAM
MODULE 1, THERAPISTS COURSE
April 27-28, 2007
Brisbane, Australia
Beverley Roberts
07/3205 1593
berrys@people.net.au

OPTOMETRIC EXTENSION PROGRAM
CLINICAL INSIGHTS AND RESEARCH IN VISION TRAINING TODAY
April 27-29, 2007
Auckland, New Zealand
Richard Shanks
(+64) 4473 7047
r.shanks@xtra.co.nz

WEST FLORIDA SPRING BREAK SEMINAR
April 27-29, 2007
Sandestin Beach Hilton, Destin
Dr. Wanda Batson
850/683-0221
Batsey20@aol.com

PSS 2007: CONFERENCE ON COMPREHENSIVE EYE CARE
April 28-29, 2007
Niagara Falls, New York
203/413-3087
education@pssyecare.com

EASTERN STATES OPTOMETRIC CONGRESS
April 29-30, 2007
Mohonk Mountain House,
New Paltz, NY
Dr. Stuart Rothman
973/992-0998
FAX: 973/992-8961
smrd@aol.com

May

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Ron Wahlmeier
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Barry M. Fisch, OD (112-0)
Chief, Optometry Section
Director, Optometric Research Fellowship
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150 South Huntington Ave
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Vice President and Dean of Academic Affairs
Southern California College of Optometry
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