AOA survey takes stock of Americans’ average ‘Eye-Q’

The second annual AOA American Eye-Q™ survey shows Americans are concerned about their vision, but clearly need more accurate, expert information when it comes to their eyes and visual health.

The survey identifies American’s attitudes and behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being.

As part of the launch of the AOA American Eye-Q™ survey findings, the AOA will conduct a satellite media tour on Oct. 18 with Hilary Hawthorne, O.D., to increase awareness of what Americans need to know about taking care of their vision.

The survey was conducted by Opinion Research, and overseen by Hill & Knowlton as part of the AOA’s Optometry Awareness and Public Affairs campaign. The results of the 2007 survey of 1,000 Americans were fairly consistent with those gathered the first year of the survey, though some new areas were included this year. As was the case in 2006, loss of vision stands as a major concern among nearly half (47 percent) of Americans. However, non-users (those who do not use a form of vision correction) do not visit their eye doctors as often as they should.

A surprising 35 percent of non-users last visited an eye doctor five or more years ago, followed by 11 percent who do not use a form of vision correction.

The AOA Optometric Clinical Practice Guidelines suggest that children should receive their first comprehensive eye exam at 6 months.

However, only one in 10 children (11 percent) think children should receive an eye exam within the first year of life.

Only 56 percent of Americans believe that behavioral problems are a sign that a child’s vision may be impaired.

In many instances, women tend to be slightly more knowledgeable about eye care than men.

Women recognize that macular degeneration (28 percent vs. 20 percent) is the leading cause of blindness in Americans believe that behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being.

As part of the launch of the AOA American Eye-Q™ survey findings, the AOA will conduct a satellite media tour on Oct. 18 with Hilary Hawthorne, O.D., to increase awareness of what Americans need to know about taking care of their vision.

The survey was conducted by Opinion Research, and overseen by Hill & Knowlton as part of the AOA’s Optometry Awareness and Public Affairs campaign. The results of the 2007 survey of 1,000 Americans were fairly consistent with those gathered the first year of the survey, though some new areas were included this year. As was the case in 2006, loss of vision stands as a major concern among nearly half (47 percent) of Americans. However, non-users (those who do not use a form of vision correction) do not visit their eye doctors as often as they should.

A surprising 35 percent of non-users last visited an eye doctor five or more years ago, followed by 11 percent who do not use a form of vision correction.

The AOA Optometric Clinical Practice Guidelines suggest that children should receive their first comprehensive eye exam at 6 months.

However, only one in 10 children (11 percent) think children should receive an eye exam within the first year of life.

Only 56 percent of Americans believe that behavioral problems are a sign that a child’s vision may be impaired.

In many instances, women tend to be slightly more knowledgeable about eye care than men.

Women recognize that macular degeneration (28 percent vs. 20 percent) is the leading cause of blindness in Americans believe that behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being.

As part of the launch of the AOA American Eye-Q™ survey findings, the AOA will conduct a satellite media tour on Oct. 18 with Hilary Hawthorne, O.D., to increase awareness of what Americans need to know about taking care of their vision.

The survey was conducted by Opinion Research, and overseen by Hill & Knowlton as part of the AOA’s Optometry Awareness and Public Affairs campaign. The results of the 2007 survey of 1,000 Americans were fairly consistent with those gathered the first year of the survey, though some new areas were included this year. As was the case in 2006, loss of vision stands as a major concern among nearly half (47 percent) of Americans. However, non-users (those who do not use a form of vision correction) do not visit their eye doctors as often as they should.

A surprising 35 percent of non-users last visited an eye doctor five or more years ago, followed by 11 percent who do not use a form of vision correction.

The AOA Optometric Clinical Practice Guidelines suggest that children should receive their first comprehensive eye exam at 6 months.

However, only one in 10 children (11 percent) think children should receive an eye exam within the first year of life.

Only 56 percent of Americans believe that behavioral problems are a sign that a child’s vision may be impaired.

In many instances, women tend to be slightly more knowledgeable about eye care than men.

Women recognize that macular degeneration (28 percent vs. 20 percent) is the leading cause of blindness in Americans believe that behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being.

As part of the launch of the AOA American Eye-Q™ survey findings, the AOA will conduct a satellite media tour on Oct. 18 with Hilary Hawthorne, O.D., to increase awareness of what Americans need to know about taking care of their vision.

The survey was conducted by Opinion Research, and overseen by Hill & Knowlton as part of the AOA’s Optometry Awareness and Public Affairs campaign. The results of the 2007 survey of 1,000 Americans were fairly consistent with those gathered the first year of the survey, though some new areas were included this year. As was the case in 2006, loss of vision stands as a major concern among nearly half (47 percent) of Americans. However, non-users (those who do not use a form of vision correction) do not visit their eye doctors as often as they should.

A surprising 35 percent of non-users last visited an eye doctor five or more years ago, followed by 11 percent who do not use a form of vision correction.

The AOA Optometric Clinical Practice Guidelines suggest that children should receive their first comprehensive eye exam at 6 months.

However, only one in 10 children (11 percent) think children should receive an eye exam within the first year of life.

Only 56 percent of Americans believe that behavioral problems are a sign that a child’s vision may be impaired.

In many instances, women tend to be slightly more knowledgeable about eye care than men.

Women recognize that macular degeneration (28 percent vs. 20 percent) is the leading cause of blindness in
OPTI-FREE® RepleniSH® is the only multi-purpose solution that demonstrates biocompatibility (minimal corneal staining) across all soft lens types, including silicone hydrogel.¹² Plus our proprietary TearGlyde™ Reconditioning System enhances comfort and keeps lenses moist for 14 hours — up to 6 hours longer than other MPS solutions.³⁵ Why look further?

#1 Doctor Recommended®

References:
Setting priorities

Recently, I received the following question from the “Ask Your AOA” mailbox on our Web site: What are the top five concerns the AOA feels it needs to spend its resources addressing in the next two years?

To best address this excellent question, a little background about AOA planning may be helpful.

Each year, shortly after Optometry’s Meeting, the Board of Trustees meets for the President-elect Planning Meeting. This meeting is crafted by the president-elect to prepare for the upcoming year in which he or she will be the president.

In recent years, at this meeting, the AOA Board of Trustees has addressed the AOA Strategic Plan either by a complete revision or simply updating sections of the plan. In addition, the president-elect leads the board to specific goals for the upcoming year as they flow from the strategic plan.

The next official planning meeting following the President-elect Planning Meeting is the Spring Planning Meeting where the new committee members meet to lay out their plans for the upcoming year with the direction of the Board of Trustees. Between the President-elect Planning Meeting and the Spring Planning Meeting the board continues to discuss and refine the goals identified in the President-elect Planning Meeting.

This past year, the AOA Board of Trustees finalized the inclusion of public health as one of the four pillars of the AOA Strategic Plan—joining advocacy, membership, and affiliate relations.

Further, as president-elect, I challenged the board to identify “four things” they would like to accomplish in the year ahead.

Through an extensive process of elimination we identified four top concerns for 2007-2008. Those concerns are:

- Continue to enhance the federal advocacy program,
- Meet InfaSEE® goals set for 2006-2008,
- Increase membership to 24,000 active, practicing ODs with pilot membership programs and
- Develop the AOA as an information source and improve the Web site.

We were fortunate this year to hold the President-elect Planning Meeting immediately after the conclusion of the Optometry 2020 Summits where the profession identified 57 “Preferred Futures.” This was an exciting platform from which to launch new ideas for the AOA.

In addition, the AOA met at the Academy meeting in December with the presidents of the AAO, ARBO, ASCO and NBEO where the issue of inclusion of public health as a topic the profession should pursue.

We were fortunate this year to hold the President-elect Planning Meeting immediately after the conclusion of the Optometry 2020 Summits where the profession identified 57 “Preferred Futures.” This was an exciting platform from which to launch new ideas for the AOA.

In addition, the AOA met at the Academy meeting in December with the presidents of the AAO, ARBO, ASCO and NBEO where the issue of inclusion of public health as a topic the profession should pursue.

At the Academy meeting, those organizations, along with the AOSA, agreed to form the Joint Board Certification Project Team to develop a prototype board certification process that could be evaluated by the profession.

The AOA Board of Trustees endorsed this project team in January 2007, and this was presented at the Spring Planning Meeting along with the other four goals.

Although the above goals represent the “five top” goals for the upcoming year and beyond, these goals are not by any means the only things the AOA is “spending its resources addressing in the next two years.”

There are scores of programs and projects that the AOA is undertaking at any time to advance the profession on multiple fronts.

Just one example: We are working to include optometrists in third-party plans and expand patient access to quality optometric care. At the beginning of 2006, more than 45 million people will have access to optometric care as a result of the AOA’s work.

Eye disease management campaign to debut for November diabetes month

A new campaign focused around patient information on glaucoma, macular degeneration, and diabetic retinopathy will debut in time for National Diabetes Month in November.

The Eye Disease Management Campaign is made possible by a generous grant from Opton®—the optomap Retinal Exam. Members can use the various materials included in the kit to facilitate the conversations with patients that take place at the point of diagnosis of age-related eye diseases.

The Eye Disease Management kit is available to members free-of-charge and includes the following:

- Printed folder with brief explanations of each disease state, retinal images of both a healthy eye and eyes affected by eye disease, and a diagram of the eye
- Patient information available in two forms—handouts in padded quantities of 50 and laminated cards for in-office use—for glaucoma, macular degeneration and diabetic retinopathy.
- Vision simulator cards
- Laminated card with patient testimonials about the importance of regular eye exams

To obtain a copy, e-mail publicrelations@aoa.org.
Speak up for contact lens patient safety

The Fairness to Contact Lens Consumers Act (FCLCA) became effective in February 2004. The act requires unconditional release of contact lens prescriptions at final lens fit, as well as timely verification of replacement lens Rx for the life of the prescription.

As required by the FCLCA, the Federal Trade Commission (FTC) issued a report on the strength of competition in the sale of prescription contact lenses. The FTC reported there was vibrant competition benefiting consumers.

What the FTC report did not address were some glaring deficiencies in the FCLCA which could potentially put contact lens wearers at risk. The deficiencies in the Act relate to prescriber complaints of improper filling and overfilling of contact lens prescriptions. These practices are a result of open-ended prescription verification rules that leave insufficient time and provide no mechanism to pause selling of replacement lenses when substantive questions regarding the prescription arise.

In an attempt to correct the deficiencies in the act, and to protect the eye health of contact lens wearers, HR 2012, the Contact Lens Consumers Protection Act was introduced by Representatives Mike Ross (D-AR), Ed Whitfield (R-KY), Tom Allen (D-ME), and John Boozman (R-AR).

Provisions of the Contact Lens Consumers Protection Act include:

- Establishment of a toll-free telephone service and an e-mail service to allow pre-scribers to communicate questions. This will pause lens dispensing and extend the eight-hour verification response time in cases where there is a health risk issue.
- Permit prescribers to select their preferred method or methods of prescription verification communication from: fax, e-mail, or telephone.
- Increase penalties for improperly filling prescriptions from $11,000 per violation to $100,000 per violation.

In recent years, the Internet contact lens sales industry has spent millions of dollars to lobby members of Congress and state legislators in an effort to expand loopholes in the FCLCA and its prescription verification safeguards.

Fortunately, the AOA has taken this on in out-of-control industry, fought hard to keep our patients safe, and even helped defeat 1-800-Contacts-backed legislation during a past-midnight vote on the floor of the U.S. House of Representatives last December.

Every OD who fits and manages contact lens patients is affected by the deficiencies in the FCLCA. Every patient whose lenses are improperly filled or overfilled is potentially put at risk. Now, for the Federal government to crack down and put a stop to prescription verification abuses by unscrupulous sellers, we need to educate our congressmen and senators, build support for HR 2012, and do our part to make it a top priority for Congress.

Paul Klein, O.D.
Chair-elect
AOA Contact Lens and Cornea Section
Ft. Lauderdale, FL

Stellar season

Editor:

For years, optometrists have watched with pride and pleasure the golf achievements of Gil Morgan, O.D., who graduated from the Southern College of Optometry in the early 1970s. Gil is still going strong and is a regular winner (or near-winner) on the Champions Tour.

We are pleased to report that Dr. Morgan’s “replacement” is in the wings. John Mallinger, son of Joe Mallinger, O.D., of California and brother of Jennifer Mallinger, O.D., of Las Vegas, is beginning to make golf history.

At the very recent BMW Golf Tournament, the third leg of the prestigious FedEx Cup, John shot a terrific 5 under par for the four days of professional golf. John is 44th in earnings in his rookie year.

This entitles him to his PGA card for the 2008 PGA Tour.

His father reports he continues to receive many e-mails and voice mails from members of the “AOA John Mallinger Golf Fan Club.” He answers as many as time permits, detailing all the “behind the scenes” stories he knows from walking with his son during tournaments and dining with all the PGA players and their families during the PGA events in the PGA players’ family dining room.

John turned pro in 2002, shortly after graduating from Long Beach State with a degree in Business Administration. He racked up three third-place finishes so far in 2007, his first on PGA tour.

He had previously distinguished himself on the Nationwide Tour and in other events. His accomplishments to date indicate that we shall be hearing a lot about this skilled 27-year-old.

Father Joe Mallinger, O.D., and sister Jennifer Mallinger, O.D., are both graduates of Southern California College of Optometry (another Mallinger—Joe’s niece, Leah Mallinger, will earn her OD degree from SCCO next year). Joe is now President/CEO of the Vision West Buying Group.

Irving Bennett, O.D.
Beaver Falls, PA
Lawmakers seek to delay Medicaid Rx requirement

As AOA News went to press, lawmakers in both the House and Senate were in the process of finalizing AOA-backed legislation that would provide more time for Medicaid prescribers and pharmacists to comply with a provision requiring all Medicaid prescriptions be written on tamper-resistant paper to avoid fraud.

Originally enacted as part of the Emergency Supplemental Appropriations bill (Pub. L. No. 110-28), the provision would have required prescribers to use tamper-resistant paper for Medicaid patients starting Oct. 1. On Sept. 25, the Senate unanimously passed legislation (S. 2085), the proposed Patient and Pharmacy Protection Act, that would delay implementation of the provision requiring use of tamper-resistant pads for six months.

Separately, the House approved a measure, H.R. 3668, a bill to extend certain health care programs set to expire on Oct. 1. It included a provision that would also provide a six-month delay in the implementation date for use of these particular prescription pads for Medicaid patients.

To enact the extensions, President Bush would have to sign the legislation before the Oct. 1 deadline.

The AOA has learned that the U.S. Centers for Medicare and Medicaid Services (CMS) still planned to require all non-electronic Medicaid outpatient drug prescriptions be written on tamper-resistant pads effective Oct. 1, 2007. The new legislation passed by Congress, however, would postpone the deadline to April 1, 2008.

This requirement was authorized earlier this year under a provision (Section 7002 (b) of PL. 110-28) attached to the U.S. Troop Readiness, Veterans’ Care, Katrina Recovery, and Iraq Accountability Appropriations Act. State Medicaid directors were informed of the new requirement in an August letter from the CMS (see AOA News, Sept. 17).

The AOA Washington Office team, along with the leadership and staff of state optometric associations, the pharmacy community and other health care provider groups, led the effort in communicating to members of Congress the need for a delay in implementing these tamper-resistant prescription pads.

In particular, the AOA would like to recognize the leadership of the Ohio delegation as they played an integral role in successfully and expeditiously securing this delay prior to the Oct. 1 deadline.

Along with 48 state and national health care-related organizations, the AOA signed a Sept. 17 letter to key congressional leaders, asking that the requirement be postponed one year.

In the letter, it was noted that: “States are reporting that uniform compliance with the new requirement by the Oct. 1 (2007) deadline is not possible due in large part to the extremely tight timeframe of the legislation. The guidance states needed to administer this new initiative was just issued on Aug. 17, which gives states roughly six weeks to notify providers, pharmacies, and recipients.”

The AOA will continue to monitor and provide updates on the progress of this and other critical legislation on the AOA Web site, and it will be covered in upcoming editions of AOA e-newsletters and AOA News. Also, the AOA Order Department now carries tamper-resistant prescription forms. The forms are available for purchase from the AOA at (800) 262-2210.

Improved AOA alter-proof pads designed to meet Medicaid rules

Improved AOA Alter-Proof Prescription Forms, now available through the AOA Order Department, are specifically designed to meet recently announced Medicaid tamper resistance requirements, according to Department Manager Kevin Doyle.

New federal standards call for Medicaid prescription medications to be issued on pads incorporating industry-recognized features to prevent:

- Unauthorized copying,
- Erasure or modification, and
- Counterfeiting.

Under a federal directive issued last month, state Medicaid programs were required to prescribe forms meeting at least one of those requirements by Oct. 1, 2007. The Oct. 1 deadline was postponed to April 1, 2008, under legislation passed by Congress last month.

The newly revised version of the alter-proof form is printed on a special paper stock developed to prevent unauthorized reproduction of either completed or blank forms. Although not visible on the form itself, the words “Rx invalid” appears on any photocopies made of the form.

Suppliers say the new paper stock is probably the best product readily available for the production of prescription pads meeting the new tamper-resistant requirements. The stock is being widely utilized by hospitals to comply with the regulation.

Alter-proof forms also incorporate industry-recognized features to prevent the erasure or modification of prescriptions.

Because the paper stock deters duplication of the form, it effectively deters counterfeiting. This requirement does not apply to prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy, or prescriptions communicated to the pharmacy by telephone by the prescribing doctor, including ODs. The requirement does not apply to refills of written prescriptions presented at a pharmacy before Oct. 1, 2007.

This requirement only applies to prescriptions reimbursed by Medicaid; it does not apply when a managed care entity pays for the prescription. States will be able to exceed the baseline standard in their definitions of a tamper-resistant prescription pad. States also have the latitude to make their own determinations whether to allow pharmacists to accept out-of-state prescriptions that meet the tamper-resistant requirements of another state.

States may elect to purchase compliant prescription pads for Medicaid prescriptions and provide them to doctors at no cost or at a discounted rate.

Optometrists should check with their state Medicaid agencies to determine the exact specification for prescription pads before they purchase pads from any source the office advises. Contact information for state health departments, who administer the Medicaid program, is available at http://www.cms.hhs.gov/apps/contacts/.

Ordering information

Improved AOA Alter-Proof Prescription Forms (5 1/4 x 4 1/4 sheets, 100 per package) are printed in black ink with a blue AOA logo and can be personalized with up to six lines of type. Practitioners wishing to ensure they meet the Medicaid requirements should specify “Improved AOA Alter-Proof Prescription Forms” when ordering. In addition to the improved tamper-resistant version, AOA prescription pads will also remain available in single sheet and NCR 2-part forms. AOA members receive a discount on all AOA Order Department products.

The prescription pads can be ordered through the AOA Order Department by calling (800) 262-2210.
CMS launching public health care quality measurement system

The U.S. Centers for Medicare and Medicaid Services (CMS) formally announced plans for a Performance Measurement and Reporting System (PMRS) through which Medicare beneficiaries could obtain and compare quality and cost data for health care providers.

The PMRS will serve as a master system of records that could provide “transparency” in health care data on a broad scale, enabling Medicare beneficiaries to make better-informed choices when selecting a source of care, according to the CMS’s announcement in the Sept. 12 edition of the Federal Register.

This has the potential to be a very important development for health care providers — including optometrists — and eye and vision care patients, according to the AOA Washington office.

It potentially offers optometry, as a profession, and each optometrist, as an individual, the opportunity to objectively demonstrate the high quality of cost-effective care ODs provide.

However, there are concerns associated with any such system. The AOA Advocacy Group is actively working with federal agencies and advisory boards that are shaping the new quality reporting system to ensure that optometrists are assessed fairly and equitably. The AOA will be developing educational materials to make sure AOA members understand this new system.

The CMS did not specify when the new service might become available but indicated development of the system would begin on Oct. 15, unless public comment prompts major changes in the planned program.

Quality and price data will be made available on a Web site and through various other means, the CMS said.

In addition, the PMRS will facilitate a number of other ongoing projects to improve health care, the CMS said.

Among them: pay-for-performance programs such as Medicare’s new Physician Quality Reporting Initiative (PQRI) and development of a national network of local health care purchasing exchanges.

The PMRS is an example of an overall move toward quality reporting “value-oriented health care” in the U.S. health system.

The federal government’s Value-Driven Health Care Initiative is an effort to reform the U.S. health care system through the coordinated use of interoperable health information technology (HIT); health care price and quality data; and incentives for high-quality and cost-efficient health care.

Health care quality measurement programs, such as the planned PMRS, rate health care providers based on factors such as adherence to recognized quality of care standards or patient outcome data. They rate provider cost efficiency by analyzing insurance claims records.

Among other functions, the PMRS will be used to make records of the Medicare PQRI program publicly available. Under the PQRI, providers can earn bonuses for appropriately taking designated steps to help ensure quality care.

In addition to the type of Web site listing specifically mentioned in the CMS announcement, administrators have discussed issuing “provider report cards” to both providers and patients and competitive rankings of providers based on outcomes data.

The health care quality and cost data available through the PMRS will be particularly valuable to the government’s planned network of federal-chartered “value exchanges,” now being organized across the country, the CMS noted.

Through these exchanges, purchasers and providers of health care will be able to establish reimbursement rates based on the quality and cost-effectiveness of care offered by various providers, federal administrators said.

The CMS plans to provide quality and cost data from a variety of health plans — Medicare fee-for-service, Medicare Advantage, Medicaid and private insurance companies (both by plan and aggregate), the agency noted in last month’s announcement.

The CMS has also launched the Better Quality Initiative to Improve Care for Medicare Beneficiaries (BQI) Project to develop a model for data aggregation, quality measurement, and public reporting, the announcement noted.

The PMRS is being developed by the Quality Measurement and Health Assessment Group in the CMS’s Office of Clinical Standards and Quality. Additional information on the PMRS will appear in the Practice Strategies section of a future edition of Optometry: Journal of the American Optometric Association.
FTC warns CL prescribers to provide patients with prescriptions

The Federal Trade Commission (FTC) sent warning letters to 10 contact lens prescribers for allegedly failing to release prescription information to their patients, requiring their patients to purchase contact lenses from them, or imposing additional fees on their patients before releasing the prescriptions.

The letters were sent on Aug. 15 in response to consumer complaints filed with the FTC.

Under the Contact Lens Rule, contact lens prescribers must provide their patients with copies of their contact lens prescriptions and verify the prescriptions to any contact lens seller chosen by the patient.

Prescribers cannot require patients to purchase contact lenses from the prescriber or require patients to pay additional fees to receive their prescriptions.

The letters include guidance for the prescribers on their obligations under the Contact Lens Rule, directing them to The Contact Lens Rule: A Guide for Prescribers and Sellers, and Complying With the Contact Lens Rule. (Online at http://www.ftc.gov/bcp/online/pubs/buspubs/contact.htm)

Consumers can learn about their rights under federal law in The Eyes Have It - Get Your Prescription. (Online at http://www.ftc.gov/bcp/online/pubs/alerts/contactalrt.shtm)

In 2003, Congress enacted the Fairness to Contact Lens Consumers Act (FCLCA), which requires prescribers of contact lenses to automatically release contact lens prescriptions to patients following an exam and fitting.

The act also requires sellers of contact lenses to verify contact lens prescriptions with prescribers.

In July 2004, the FTC issued the Contact Lens Rule to implement the act.

The FTC’s Ophthalmic Practice Rules govern the provision of spectacle lens prescriptions to patients.

The AOA Office of Counsel noted that optometrists must provide both contact lens and spectacle lens prescriptions to patients whether or not a copy is requested.

According to the FTC, prescribers must:

- give a copy of the contact lens prescription to the patient at the end of the contact lens fitting or a copy of the spectacle lens prescription at the end of the eye exam—even if the patient doesn’t ask for it.
- provide or verify the contact lens prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers.
- In any response to a verification request, prescribers must correct any inaccuracy in the prescription, inform the seller if it is expired and specify the reason if it is invalid.

Prescribers cannot require patients to:

- buy contact lenses or any ophthalmic goods
- pay additional fees or sign a waiver or release in exchange for a copy of the prescription.

In very limited cases, prescribers may require a patient to pay for the eye exam, fitting and evaluation before giving the patient a copy of the prescription, but only if the prescriber also requires immediate payment from all patients, including those whose eye exams reveal no need for glasses, contact lenses, or other corrective eye care products. Proof of valid insurance coverage counts as payment for purposes of this requirement.

Prescribers cannot disclaim liability or responsibility for the accuracy of an eye examination.

“Doctors of optometry are dedicated to the health and well-being of patients, and it is our job to ensure that our patients have access to affordable, quality health care,” said Kevin Alexander, O.D., Ph.D., AOA president. “The AOA certainly supports the Federal Trade Commission’s enforcement of the Fairness to Contact Lens Consumers Act and encourages its members to serve patients under the guidelines of this law.”

AOA takes FCLCA fight to FTC and Congress

In the early morning hours of Dec. 8, 2006, an important victory for optometry was realized as Congress voted down a special interest contact lens sales and distribution provision aimed at the Fairness to Contact Lens Consumers Act (FCLCA).

Despite a two-year, $2.2 million anti-optometry lobbying campaign undertaken by 1-800 Contacts Inc., AOA worked with other eye care providers and pro-optometry members of Congress to prevent unscrupulous Internet contact lens sellers from putting patients at increased and unnecessary risk.

However, new concerns over patient safety are on the rise as Internet contact lens sellers’ prescription verification practices are failing to fully comply with mandates established through the FCLCA.

Optometrists, ophthalmologists and patients have all expressed renewed concern over deficient prescription verification practices being used by the Internet contact lens sales industry.

According to ODs around the country, Internet contact lens sellers are continuing to:

- use inaudible or unconnected automated telephone “robo-calls” as a mechanism for verifying prescriptions,
- sell contact lenses without verification of a prescription,
- overfill contact lens prescriptions, and
- leave providers unable to communicate patient verification information to sellers.

Internet sellers’ noncompliance with the FCLCA’s patient protections puts patients at risk. That’s why the AOA Washington Office team reports complaints it receives from ODs and patients across the country directly to the headquarters of the U.S. Federal Trade Commission (FTC), the agency responsible for enforcing the FCLCA.

Based on these complaints, the FTC has issued specific warnings to Internet sellers, including 1-800 Contacts.

In addition, the AOA is working with concerned members of Congress, including Reps. Mike Ross (DAR) and Ed Whitfield (KY) to pass HR 2012, the Contact Lens Consumer Health Protection Act, a bill aimed at cracking down on unscrupulous Internet sellers. It’s important for ODs to educate their representatives in Congress about this issue and urge them to cosponsor HR 2012.

The FTC has also made it clear that it intends to continue to monitor prescriber compliance with the law as well.

Under the Contact Lens Rule, contact lens prescribers must provide their patients with a copy of their contact lens prescriptions and verify the prescriptions to any contact lens seller chosen by the patient. (See story, above.)

Prescribers cannot require a patient to purchase contact lenses from the prescriber nor require the patient to pay an additional fee to receive his or her prescription.

Prescribers’ obligations under the rule are detailed in the AOA FCLCA Compliance Guide and outlined in an FTC brochure, The Contact Lens Rule: A Guide for Prescribers and Sellers, and Complying With the Contact Lens Rule.

The AOA will continue to work with the FTC and members of Congress to ensure that patient safety remains a top priority.

ODs who are aware of FCLCA violations by Internet contact lens sellers are urged to contact Alicia Kerry Jones of the AOA Washington Office at (800) 365-2219, ext. 1373 or akjones@aoa.org.
AOA NEWS

AOA backs military eye trauma bill

Half of those treated at Walter Reed Army Medical Center and diagnosed with Traumatic Brain Injury also experience vision damage.

More than 70 percent of wounded military personnel and veterans with brain injuries at the VA Polytrauma Rehabilitation Center in Palo Alto, CA, reported vision problems.

A landmark legislation that would aid injured combat troops and veterans is being supported by the AOA.

Introduced in the U.S. House of Representatives, the bill is designed to improve the care of American military personnel affected by combat eye trauma and aid those suffering vision damage associated with Traumatic Brain Injury (TBI).

Rep. John Boozman, O.D., (R-AR), an optometrist and member of the House Veterans Affairs Committee, introduced the Military Eye Trauma Treatment Act of 2007, which would create a Center of Excellence within the Department of Defense specifically devoted to the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries.

This is important legislation for the care of our wounded service members suffering from eye trauma on active duty. Serious eye wounds are among the most common injuries incurred by our troops in our current conflicts,” said Rep. Boozman.

The primary responsibility of the Center of Excellence would be the development of a “Military Eye Injury Registry,” containing up-to-date information on the diagnosis, treatment and follow-up for each serious eye injury received by any member of the armed forces while serving on active duty.

The registry will include input from optometrists and ophthalmologists from both the Department of Defense (DOD) and the Department of Veterans Affairs (VA).

The Military Eye Trauma Treatment Act also requires a joint DOD-VA program for service members and veterans affected by visual dysfunction related to Traumatic Brain Injury.

“TBI has become the hallmark injury of our current conflicts. The treatment of TBI, and the vision issues deriving from it, is important work that the Department of Defense and the VA should work together and provide leadership on,” added Rep. Boozman. “Coordination between the two is vital to ensuring effective treatment for our injured troops and veterans; this is why the bill requires the sharing of information.”

“The American Optometric Association stands shoulder-to-shoulder with Representative Boozman in his steadfast dedication to improving the care that America’s service members receive. The AOA fully supports the Military Eye Trauma Treatment Act and is confident that this legislation will ensure our military personnel receive the level of care they deserve,” said AOA President Kevin L. Alexander, O.D., Ph.D.

The AOA has made it a priority to encourage Congress to create a central registry for military eye injuries due to persistent problems in identifying the numbers of military members suffering eye injuries as they return from Iraq and Afghanistan.

The AOA has also partnered with the Blinded Veterans Association (BVA) in highlighting the seriousness of combat eye trauma and vision problems associated with TBI.

“If Congress approves this legislation, it will be one of the greatest advances in military eye care in over 60 years,” said Tom Zampieri, Ph.D., director of Government Relations at the BVA.

Currently, eye and vision care services for service members and veterans is lacking because a framework to ensure continuity of care simply does not exist.

“Those selfless Americans have sacrificed their vision for the good of our country; they deserve the very best care that we can give them,” added Dr. Zampieri.

A bipartisan group of members have already signed on to Rep. Boozman’s bill, including: Reps. Randy Forbes (R-VA), Vic Snyder (D-AR), Loretta Sanchez (D-CA), Frank LoBiondo (R-NJ), Collin Peterson (D-MN), Shelley Berkley (D-NV), Robert Berry (D-AR), Gus Bilirakis (R-FL), Robert Brady (D-PA), Bob Filner (D-CA), Barton Gordon (D-TN), John Hall (D-NY), Robin Hayes (R-NC), James McGovern (D-MA), Jeff Miller (R-FL), Heather Wilson (R-NM) and Delegate Eleanor Holmes Norton (D-DC).

Companion legislation has also been introduced in the Senate by Sens. John Kerry (D-MA), Chuck Hagel (R-NE), Barack Obama (D-IL) and Pete Domenici (R-NM).

“This is important legislation which goes beyond party labels and gets to the heart of the debt we owe our men and women who wear, and who have worn, the uniform,” said Rep. Boozman. “I am particularly proud of the veterans’ organizations and eye care professionals who have come together to support this legislation which addresses a timely concern.”

“This is important legislation for the care of our wounded service members suffering from eye trauma on active duty. Serious eye wounds are among the most common injuries incurred by our troops in our current conflicts.”
GLANCE AT THE STATES

AOA names K.I.D.S. grants first-round winning projects

The AOA announced the winners for the first round of the Keeping Injuries Down in Sports (K.I.D.S.) State Association Grant program. Each grant is worth up to a maximum of $10,000 with a total of $50,000 being awarded for the first round.

The grants are sponsored by Liberty Sport and provide funding assistance for projects that support public education and awareness of the prevention of sports-related eye injuries through the use of appropriate personal protective eyewear.

The following seven state association grant applicants were funded:

- Armed Forces Optometric Society—Operation See Victory: Awareness packets will be produced and distributed by up to 300 participating AFOS member providers who will then coordinate with their local federal service community contacts for targeted presentation.
- Arkansas Optometric Association—Let’s Play Ball! Safely: The project will provide school nurses with education booklets to use as guides for eye safety. The booklets will contain information about how to recognize different eye injuries, appropriate responses, eye injury prevention, types of eye protection, and resources for providing treatment and/or protection.
- Maine Optometric Association—K.I.D.S. for ME: The project aims to educate school sports administrators, parents, coaches and children about the eye health risks that can be prevented through the use of proper protective sports eyewear worn by children ages 10 and older who participate in sports programs.
- Operation Awareness packets will be distributed throughout schools, medical offices and health care centers in Maine.
- Oklahoma Association of Optometric Physicians—Focus on K.I.D.S.: The project aims to reduce the number of sports-related eye injuries in Oklahoma by encouraging coaches and parents to integrate the use of protective eyewear in school sports programs.
- Oregon Optometric Physicians Association—Eye on the Ball: The project encompasses bi-fold brochures and press releases targeted at parents and coaches, informing them of the potential of eye injury to children during participation in sports and the importance of eye protection.
- Rhode Island Optometric Association—Sports Eyes Need Defense (S.E.N.D.): The project aims to cultivate a group of “visiting optometrists” to speak to target audiences to raise awareness regarding the correlation between unprotected eyes and the frequency of injuries in sports.
- Northern Virginia Optometric Society/Shenandoah Valley

Optometric Society—Youth Eye Protection for Sports (YEPPS): This project includes a children’s poster contest covering 14 schools in northern Virginia and in the Shenandoah Valley.

The winning posters will become the backdrop for a PowerPoint presentation at the schools.

The goal of YEPPS is to educate students about the use of safety eyewear in activities with potential for ocular injuries.

The second round of the K.I.D.S. State Association Grant program will have a total of $50,000 available.

Each grant will be worth up to a maximum of $10,000.

Alaskan ODs gain hard-fought privileges for nearly all orals

Alaska Gov. Sarah Palin (R) signed the states’ oral prescriptive authority bill into law on Sept. 7.

The law grants prescriptive authority to optometrists for all oral drugs, excluding Schedule I and II narcotics. It also allows, after the optometrist takes the required course, injectables, except those into the globe of the eye or derivatives of clostridium botulinum (Botox).

The law passed after more than 10 years of grassroots campaigning, fundraising and testifying for committees, said Michael Bennett, O.D., Alaska Optometric Association (AKOA) president and legislative committee chair.

"We have no restrictions on orals other than Schedule I or II narcotics and a four-day limitation on narcotics," said Dr. Bennett. "There were some claims that we were seeking to become cosmetic folks, so we specifically put the prohibitions on botulinum injections."

"The passage of this legislation is the culmination of years of hard work and grassroots efforts," said Tracy Oman, executive director of the AKOA. "This new law is especially important in a state like ours where optometrists are often the only eye care physicians available in rural areas. It is truly the patients throughout Alaska who will benefit from the top-notch eye care and strengthened treatment authority optometrists are now allowed to provide."
Survey looks at eyes at all angles

Following are some of the questions, and responses to, the 2007 AOA American EyeCare Survey.

When was the last time you used the services of an eye doctor or eye care specialist? Within the past year: 53%, Within past two years: 18%, Within three to four years: 8%, Five or more years ago: 14%, Never: 7%.

Which of the following do you worry most about losing? Ability to see: 47%, Your memory: 28%, Ability to walk: 11%, Ability to hear: 6%, Your hair: 4%.

Which of the following do you believe is the biggest benefit to getting LASIK? Poor contact lens hygiene on a regular basis, including showering, swimming and sleeping in contact lenses as well as wearing lenses longer than the suggested timeframe. Overall, most Americans have a rudimentary understanding of the relationship between healthy eyes and a healthy body. Forty-one percent know that diabetes can be detected through comprehensive eye exams, and 51 percent know that hypertension can be detected through comprehensive eye exams.

Survey, from page 1

In the United States and that diabetes (68 percent vs. 61 percent) and brain tumors (53 percent vs. 44 percent) can be detected through a comprehensive eye exam. Overall, most Americans have a rudimentary understanding of the relationship between healthy eyes and a healthy body.

Seventy-eight percent of Americans do not have their computer monitors positioned at the correct height, below eye level, as the AOA recommends.

They are also not recommended the taking of recommended breaks to relieve eye strain. Only about 29 percent rest their eyes at least once every 20 minutes.

Two-thirds (67 percent) of Americans believe that glaucoma is preventable with proper eye care.

It is still a considerable misconception that reading under dim lights (83 percent) and sitting too close to the television (78 percent) are the main behaviors that are bad for the eyes, when in fact the bad behaviors are: smoking (68 percent), rubbing the eyes (61 percent), drinking alcohol (50 percent) and drinking caffeine (22 percent).

For more information, visit www.aoa.org.

Which of the following would you say is the leading cause of blindness in the United States? Glaucoma 24%, Macular degeneration 24%, Cataracts 21%, Accident 9%, Poor diet 9%.

Do you agree or disagree with the statement: “Glaucoma is preventable with proper eye care?” Agree: 67%, Disagree: 18%. Should not receive an eye exam.

Which of the following behaviors is bad for your eyes? Smoking: 69%, Rubbing eyes: 61%, Drinking alcohol: 54%, Drinking coffee: 27%, Crying: 8%.

Which of the following foods are good for your eye health? Carrots: 93%, Broccoli: 76%, Spinach: 74%, Apples: 64%.

Which of the following do you think is a sign that a child’s vision may be impaired? Squinting while reading or watching TV: 93%, Tunneling their head to see: 82%.

Which of the following would you say is the most important to you when purchasing sunglasses? UV protection: 60%, Price: 12%, Style: 16%, Safety: 10%.

Which of the following would you say is the most important to you when purchasing sunglasses? UV protection: 60%, Price: 12%, Style: 16%, Safety: 10%.

Which of the following would you say is the most important to you when purchasing sunglasses? UV protection: 60%, Price: 12%, Style: 16%, Safety: 10%.

Which of the following would you say is the most important to you when purchasing sunglasses? UV protection: 60%, Price: 12%, Style: 16%, Safety: 10%.

Do you wear eyeglasses, contact lenses or both? Eyeglasses: 77%, Contact lenses only: 5%, Both: 18%.

Would you be more willing to have a vision correction procedure, such as LASIK, if it did not require you to have a surgical procedure? Yes: 64%, No: 36%.

Do you purchase sunglasses for your children? Yes: 61%, No: 38%.

Which of the following items do you usually take with you when you purchase sunglasses for your children? Your computer monitor positioned above your head: 32%. If you are 51%.

Do you believe that children should be taught about the importance of eye care from an early age? Yes: 47%, No: 50%.
We’ve got your numbers.

6-10 Six to 10 milligrams of lutein daily, that is. Science has linked this amount of lutein consumed daily with maintaining healthy eyes and possibly reducing the risk of AMD. With purified FloraGLO® Lutein as the ingredient, you know it’s natural, safe and reliable.

And thanks to ODs across the U.S. who have ordered a simple brochure to give to patients, more than 100,000 Americans have learned the benefits of taking 6-10 milligrams of lutein daily.

We’ve freshened up the brochure with a new look, but the same great information.

To view the pamphlet and order free copies to give to patients, visit www.LuteinEd.org/AOA.

From FloraGLO Lutein, the original and leading lutein ingredient in supplement brands worldwide.
Charity,
from page 1

- Optometry’s Fund for Disaster Relief
- VISION USA

Over time, the foundation board plans to support additional charitable programs championed by the AOA.

“It represents the first time an umbrella organization has been established to ensure funding for a range of optometric charitable endeavors,” Dr. Bennett said.

Established in July 2006, Optometry’s Charity — The AOA Foundation is a 501(c)(3) charitable non-profit organization subsidized in part by the AOA and supported by donations and grants from corporations and individuals.

The foundation’s board of directors represents various stakeholders in the optometric community who are committed to the foundation’s mission and success. Donations are being accepted for the general fund or may be designated for any one or combination of the five entities.

America is experiencing an “explosion in giving,” according to the philanthropic trade publication Chronicle of Philanthropy. U.S. charitable giving reached a record $295 billion in 2006, according to estimates in the 2007 Giving USA report compiled by the Center on Philanthropy at Indiana University.

“Americans are becoming more philanthropically aware,” investor Warren Buffet recently told the Bloomberg News Service. Similarly, the number of charitable organizations in the nation is growing rapidly. The U.S. Internal Revenue Service now recognizes nearly 2 million 501(c)(3) and other tax-exempt organizations, according to the National Center for Charitable Statistics. Many of those have been established over the past 10 years. However, that means the competition for those charitable contributions is also becoming greater, according to Dr. Bennett.

Optometry’s Charity is positioned to solicit and accept “mega-donations” from major charitable foundations and corporations, Dr. Bennett said.

However, the AOA foundation is activity soliciting a wide range of sizes and types of contributions. Like most charitable causes, the bulk of its funding will probably come from a number of small- to medium-sized contributions, according to Dr. Bennett.

About 65 percent of households with incomes below $100,000 now give to charity, according to the Giving USA report.

Memorial donations, an increasingly important source of funding for charities of all types, have already been received by the foundation.

“The family of one AOA life member recently requested that ‘in lieu of flowers,’ donations be made to the AOA foundation. It was the first time that has happened. Unaware of the request, we were surprised to suddenly receive $1,100 in donations in honor of the optometrist,” Dr. Bennett said. “I recently observed a similar notice for a prominent ophthalmologist suggesting that memorials be made to the American Academy of Ophthalmology. This type of thing may not be uncommon.”

Such contributions are recorded in the AOA Book of Memory and Tribute in the AOA’s St. Louis headquarters.

Memorial donations are also recognized in the AOA Book of Memory and Tribute in the AOA’s St. Louis headquarters.

New name reflects Optometry’s Charity

The AOA’s charitable foundation introduced its new name as of Sept. 10, 2007: Optometry’s Charity — The AOA Foundation.

The foundation’s board determined the previous title, the American Optometric Association Foundation for Science, Education and Charity, was too unwieldy.

In addition, the AOA Optometric Disaster Relief Program was also renamed Optometry’s Fund for Disaster Relief, and the Book of Memory was renamed the “Book of Memory and Tribute.”

The latter name now reflects the many donations to the program that also honor achievements and accomplishments.

Optometry’s Charity encompasses five major entities: InfantSEE® VISION USA, the International Library, Archives & Museum of Optometry (ILAMO), the Endowment Fund, and Optometry’s Fund for Disaster Relief.

All donations or contributions to Optometry’s Charity, a 501(c)(3) organization, are fully deductible.

The Optometry’s Charity Board of Directors includes Irving Bennett, O.D.; Paul Berman, O.D.; Richard L. Hopping, O.D., MPH; Don Carlson, O.D.; David Cockrell, O.D.; and industry representatives Jacques Stoerr and Ben Lynch.

Contributions should be sent to Optometry’s Charity — The AOA Foundation, 243 North Lindbergh Blvd., St. Louis, MO 63141.

Memorials raise $1,500 for foundation

Administrators for Optometry’s Charity — The AOA Foundation report nearly $1,500 in memorial donations have been received in honor of past Pennsylvania Optometric Association (POA) President Ray L. Kinch, O.D.

The contributions marked the first time that donations “in lieu of flowers” have been requested for the new foundation.

The AOA Board of Trustees established Optometry’s Charity — The AOA Foundation to provide ongoing support for the AOA Endowment Fund Program, InfantSEE®, the International Library, Archives and Museum of Optometry (ILAMO), Optometry’s Fund for Disaster Relief, and VISION USA.

Best remembered for career-long involvement with the POA and the Central Pennsylvania Optometric Society, Dr. Kinch served as POA president, as interim executive director, and as an interim administrator.

A six-decade AOA member, Dr. Kinch was instrumental in the development of the AOA Keyperson Network, chaired the first AOA National Keyperson Conference in 1969, and served on a number of AOA committees.

He was involved in the development and operation of the nonprofit Optometric Centers of Pennsylvania to meet the needs of underserved populations in the central part of the state.

Dr. Kinch was a 1951 graduate of the Pennsylvania College of Optometry who practiced in Hershey, PA, for 41 years.

Optometry’s Charity administrators say “in memorial” contributions could become an important source of support for the fledgling foundation, as they have become for many other charitable organizations.

Such contributions are being recorded in the AOA Book of Memory and Tribute at the AOA’s St. Louis headquarters.
**PUBLIC HEALTH**

---

**Mom remembers InfantSEE® program from prenatal visit, finds baby has extreme myopia that was undetected**

InfantSEE® leaders often advise providers to inform all their patients about the program. Louisiana InfantSEE® Chair Jerry Gerdes, O.D., took his own advice when he told one pregnant mom about the no-cost infant eye assessments last year.

The mother remembered the InfantSEE® program when her daughter Jasmine was 16 months old, and though she did not technically qualify for the program, Dr. Gerdes suggested she bring the infant in anyway. Jasmine had some problems walking, but her mother did not suspect a vision problem. The pediatrician told her everything was fine.

“I didn’t think there would be a problem until we gave her some toys that I had sitting next to the exam chair, and she held them two inches in front of her face,” said Dr. Gerdes. “And then with the Lea grating paddles, even the biggest ones, I didn’t get a response.”

Jasmine had no reflex on retinoscopy. Mohindra retinoscopy revealed -11.00 -1.25 X90 O.D. and -12.00 -1.50 X90 O.S.

Dr. Gerdes dilated Jasmine and found no pathology.

“We’re going to keep a close eye on her,” said Dr. Gerdes. “It’s hard to predict. In the first year of life, you develop crucial motor skills and walking. I just can’t predict the effects.”

Jasmine will be fitted with spectacles, which were ordered, and will have a follow-up examination in three months.

“Her life will significantly be impacted due to InfantSEE®,” said Dr. Gerdes. “Do not underestimate the power of telling your expectant mothers or mothers with babies. It works.”

Dr. Gerdes provides four to five InfantSEE® assessments each month and actively promotes the program in Louisiana.

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail infantsee@aoa.org, call (800) 365-2219, ext. 4286, or visit www.aoa.org.

---

**Diabetes form facilitates comanagement**

The AOAN updated its Diabetic Eye Examination Report form with the help of Ohio Optometric Association members who participated in a pilot program.

The program evaluated the forms used for optometrists to communicate with their diabetic patients’ comanaging physicians and created a revised reporting form that could be implemented into clinical practice.

The pilot program was developed and field-tested by Kelly Nichols, O.D., Ph.D., MPH, and Sylvia Jones, O.D., of The Ohio State University College of Optometry and was based on survey responses from 51 optometrists and 75 comanaging physicians for the design of the new reporting form.

The program was funded from grants from the AOA Healthy Eyes Healthy People™ program and the National Eye Institute’s Healthy Vision 2010 Community Awards Program.

Details of the pilot program and the report revision will be featured in an article in the November issue of Optometry: Journal of the American Optometric Association.

The revised Diabetic Eye Examination Report form is at http://www.aoa.org/x8533.xml.

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail infantsee@aoa.org, call (800) 365-2219, ext. 4286, or visit www.aoa.org.

---

**LETTERS**

Send letters to: Editor, AOAN News
243 N. Lindbergh Blvd.,
St. Louis MO
63141
RAFoster@aoa.org

AOA News reserves the right to edit letters submitted for publication.

---

© This form was created by the Ohio Optometric Association and The Ohio State University College of Optometry through support from the NIH Healthy Vision 2010 Awards Program and an AOA Healthy Eyes Healthy People Grant.
ODs asked to join in World Sight Day Oct. 11

Optometry Giving Sight is asking all optometrists to join the World Sight Day Challenge and help support “Our Vision for Children” by giving sight to the estimated 13 million children who are blind or vision impaired simply because they do not have a pair of glasses. World Sight Day is Oct. 11.

The organization, which is the only global initiative that specifically targets the prevention of blindness and impaired vision due to refractive error, hopes that staff, patients and students will also support the campaign by signing up for a single or regular monthly donation of as little as $5.

Optometrists, practice staff and optometric students can participate in the World Sight Day Challenge in a number of ways:
1. Optometrists can sign up for regular donations of $25, $50 or $100 per month.
2. Practices can donate all exam fees on World Sight Day to Optometry Giving Sight.
3. Optometrists can ask all patients to add $5 to their invoices throughout October.
4. Staff and students can sign up for a regular donation of $5 per month.

According to Professor Brien Holden, CEO of Optometry Giving Sight, it costs just $5 to provide an eye exam, a pair of glasses and residual training for staff in countries that lack eye care services.

This simple intervention can save someone from a life without sight—enabling children to learn, adults to work and the elderly to preserve their dignity and independence.

To register, visit the Optometry Giving Sight Web site, www.givingsight.org, or call (888) OGS-GIVE. Once registered, all practices will receive a World Sight Day Challenge Practice Kit. This kit includes materials to help promote the challenge in practices and communities.

World Sight Day is an initiative of VISION 2020: The Right to Sight and is supported by the World Health Organization, the International Agency for the Prevention of Blindness, and more than 80 non-government organizations who share the goal of eliminating avoidable blindness by the year 2020. The theme for 2007 is VISION for Children.

Optometry Giving Sight is a joint initiative of the World Optometry Foundation, the International Centre for Eyecare Education and the International Agency for the Prevention of Blindness.

National industry sponsors include CIBA Vision, the Institute for Eye Research, Marchon, Vision Source, and Signet Armorlite.
The Illinois College of Optometry’s (ICO) Vision of Hope Health Alliance (VOHHA) program announced that it reached its goal of serving 1,000 new patients this year.

Since its inception in 2005, the VOHHA program has provided care for 1,802 uninsured or low-income patients. “We provide them the eye care they need and likely otherwise would not receive,” said Janis Winters, O.D., medical director of VOHHA. The program has created a model for health care delivery by building alliances between optometrists, health care providers and social service agencies in the Chicago area.

These partnerships have helped advance the quality and availability of care to underserved and low-income patients. “We talk to them about getting a primary care provider,” said Dr. Winters. “We hope to re-engage them in the medical system so in the future they are more likely to receive preventative eye care. Oftentimes those without insurance don’t seek preventative care.” Of those served, more than 87 percent required corrective eyewear, and approximately half of the patients referred to the program from Federally Qualified Health Centers had diabetes mellitus or hypertension.

The majority of VOHHA patients are ethnic minorities: approximately half are black, one-third are Hispanic, and the rest are Asian, American Indian or white.

The patients are funneled into the eye clinic at ICO and are seen by residents and students, precepted by faculty. “You can see the impact we’re making on these people’s lives,” said Dr. Winters. “You see people who face so many barriers, and we’re reducing some of those barriers through this program.”

Funded by the Robert Wood Johnson Foundation and local partners, VOHHA works toward its goals of strengthening patient-provider communication and providing health education to patients in order to prevent eye diseases.

School visits by AOA leadership

AOA President-elect Peter Kehoe, O.D., chats with University of Houston American Optometric Student Association Trustee Kristyn Reed, Trustee-elect Eric Haselhorst and past Trustee Angelique Sawyer following an AOA visit and presentation at the University of Houston (UH) College of Optometry Sept. 5. Also pictured are Sam Pierce, O.D., Trussville, AL, and Jody Tacker, O.D., Mexia, TX, of the AOA Student and New Graduate Committee. Drs. Kehoe, Pierce and Tacker updated UH students and, at a separate event, their faculty on AOA activities.

Ronald Hopping, O.D., member of the AOA Board of Trustees, visits with students Jenni Sinclair (left) and Angie Jammer during Student Night sponsored by the MichiganOptometric Association at the Michigan College of Optometry Sept. 18. Dr. Hopping updated the students on AOA activities and talked with them about his practice in Clear Lake, a suburb of Houston. He also visited with MCO faculty at a breakfast Sept. 19.

IU announces search for optometry dean

A search committee has been formed to seek a new dean for the Indiana University School of Optometry, said Charles R. Bantz, chancellor of Indiana University-Purdue University Indianapolis.

In announcing the committee, Bantz noted the accomplishments of Gerald E. Lowther, O.D., Ph.D., dean and professor of optometry at the IU School of Optometry. Dr. Lowther will retire as dean after 10 years of service in that position. Among his accomplishments are:

- Research funding increased
- Recruited six new high-caliber tenured research faculty
- IU School of Optometry is now known as a premier research facility in Visual Optics
- New $3 million clinical facility on Third Street on Bloomington campus breaking ground this month
- Increased outreach to underserved population of Indiana with establishment of Rural Health program (provide services at four community-based health clinics in southern Indiana)
- Establishment of ECCO (Eye Care Community Outreach program) in Indianapolis
- Implementation of problem-based curriculum
- 99 percent graduation rate (2007)
- National Board of Examiners in Optometry scores dramatically increased
- O.D. applications increased
- OAT scores of admitted O.D. students increased

The majority of VOHHA patients are ethnic minorities: approximately half are black, one-third are Hispanic, and the rest are Asian, American Indian or white. The patients are funneled into the eye clinic at ICO and are seen by residents and students, precepted by faculty. “You can see the impact we’re making on these people’s lives,” said Dr. Winters. “You see people who face so many barriers, and we’re reducing some of those barriers through this program.”

Funded by the Robert Wood Johnson Foundation and local partners, VOHHA works toward its goals of strengthening patient-provider communication and providing health education to patients in order to prevent eye diseases.
Study to weigh role of antioxidants, fish oil in staving off AMD

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

This new study, called the Age-Related Eye Disease Study 2 (AREDS2), will build upon results from the earlier AREDS. The original study results were released five years ago this month. 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, the small area responsible for central vision near the center of the retina) 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 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 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, which often leads to vision loss. Previous observational studies have suggested these nutrients may protect vision.

“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., director of the NIH.

Paul A. Sieving, 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, 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,” he added.

Emily Y. Chew, M.D., study chair and deputy director of the Division of Epidemiology and Clinical Research at the NEI said, “The AREDS2 study is seeking 4,000 people between 50 and 85 years of age with AMD in both eyes or advanced AMD in one eye. They must be available for yearly eye examinations for at least five years. 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.”

According to Dr. Chew, 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 (877) 273-3780.
It's time to let go of outdated technology.

Can you dig it?

Discover a better way to order eyecare products and process insurance transactions. Visit us at www.visionweb.com to learn more.
**Industry Profile: Transitions**

Transitions Optical is pleased, as a participant of the AOA Ophthalmic Council, to have an opportunity again this year to update you on the efforts of our organization as we continue to strive to promote healthy sight in every light. Not only is this goal the tagline for our core product, Transitions® lenses, it is reflective of our company mission.

We look to achieve our mission — on one hand — by offering a product solution in the form of Transitions® lenses for everyday wear and the new Activated by Transitions™ product lines for specialty wear. Transitions lenses change from clear indoors to a tinted state outdoors, allowing sunglass wearers to enjoy the benefits of photochromic technology.

To help effectively promote healthy sight, however, Transitions recognizes more must be done than offering a quality product solution. The role of our partners who are on the frontlines delivering vision care is critical, and we are committed to providing them with the education and tools they need to be most successful.

Transitions Partners in Education™ is an integrated and comprehensive program that incorporates a wide range of critical information, tools and ongoing initiatives. Recognizing that kids and Hispanics are atrisk groups who may require tailored approaches to delivering healthy sight solutions, Transitions Optical has recently introduced a number of education resources focused on these populations.

Transitions recognizes that we are not alone in striving to support the cause of healthy sight and eliminating preventable blindness. At the end of 2006, Transitions launched the Transitions® Healthy Sight for Life Fund to encourage people to establish healthy eye habits now to optimize their vision and help preserve it for the future. Through the Fund, Transitions has partnered with Prevent Blindness America to further educate consumers about the importance of UV protection. The fund also offers a number of community grants to support education and service efforts at a local level.

Transitions also remains dedicated to reaching out to consumers, building a recognized brand and priming patients for more meaningful discussions with their eye care professionals. Transitions is committed to continued innovations in photochromic technology, marketing and education that, along with support from the industry, will enable eye care professionals to connect with consumers and engage patients in more meaningful ways.

**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.

---

**YOUNGER OPTICS AND TRANSITIONS OPTICAL, INC.**

Teamed up to create Drivewear® lenses Activated by Transitions™, which are the first polarized photochromic lenses to darken behind the windshield of a car. Since their introduction, Drivewear lenses have been getting rave reviews not only for driving, but for achieving ultimate vision in extreme, changing light conditions.

Shown is Kirk Wolfinger, a two-time Emmy Award-winning director and co-founder of Lone Wolf Documentary Group, who used Drivewear lenses for a recent trip to Antarctica to film a documentary, “Antarctica’s Icy Secrets,” to be aired on Nova, a premiere science series on PBS.

In order to overcome the extreme lighting conditions of Antarctica and produce the best possible documentary, Wolfinger knew he needed more than just regular sunglass lenses. He turned to David Heward, O.D., of South Portland, ME, who has been his optometrist for more than 10 years. Dr. Heward recommended Drivewear lenses as a way to combat the harsh lighting conditions of Antarctica.

**Company introduces all-in-one UV meter**

O ptiSource International announced the development of a first-of-its-kind, multifunctional digital ultraviolet (UV) meter.

The single-unit MultiMeter works as a UV spectrophotometer, photochromic lens demonstrator and visible light meter.

In just seconds, it can activate Transitions® or any brand photochromic lenses. It can also measure UV transmittance of any lens and visible light transmittance of colored lenses.

“The MultiMeter gives any practice the ability to demonstrate how photochromic lenses will look when exposed to sunlight without having to walk outside,” said Daryl Squicciarini, vice president of OptiSource.

For hard-to-match tint tasks, the MultiMeter offers a precise visible light reading to match tint densities. The device’s compact footprint is a fraction of the size of a shoe box, making it convenient for countertop use.

The photochromic demonstrator works with both mounted and unmounted lenses, and the digital display instructions and four-button operation make the unit simple to use.

The MultiMeter costs about the same as a traditional UV meter, according to OptiSource.

For more information, visit www.1-800-optisource.com or call (800) OptiSource (678-4768).
Transitions educational tools, research paper directs focus on children

Through a series of new course offerings, Transitions Optical, Inc. is expanding its efforts to provide eye care professionals with the educational tools and resources needed to communicate the importance of healthy sight to younger patients and their parents. The Healthy Sight Counseling for Children course series includes a COPE-approved module for optometrists, an ABO-accredited component for opticians and a clinical review paper.

Each seminar will focus on the Healthy Sight Counseling model of eye care and illustrate how the model can serve as a foundation to address the unique vision care and vision wear needs of children. A brief Skills Workshop for Real Life course is also available for in-office use, providing a quick, practical overview of Healthy Sight Counseling for kids.

Healthy Sight Counseling is an integrated approach to eye care that promotes customized vision correction, maintenance and preventive eye care, and increased professional and patient awareness of eye health through education.

The Healthy Sight Counseling methodology can be applied to patients of all ages, but certain aspects of healthy sight – such as the need for ultraviolet (UV) and trauma protection, and even self- and peer-acceptance – are especially important for children.

“Healthy vision is critical to a child’s early educational, functional and social development – and a child’s eyes are more susceptible to certain risk factors that affect long-term ocular health, including impact and UV protection,” said Denis Fisk, global director of education, Transitions. “These courses will encourage eye care professionals to take that extra step when making product recommendations for children by focusing on the full range of factors impacting a child’s healthy sight, and by taking the time to educate parents on what is required to optimize healthy sight now and preserve it for the future.”

The courses focus on providing both quality and quantity of vision and encourage eye care professionals to consider lens enhancements – such as impact-resistant lenses, anti-reflective coatings, fixed-tint and photochromic lenses and polarized lenses – to address the individual needs of children.

The courses also highlight the importance of screening children for ocular disease and refractive error at an early age, stressing the need to consider various factors – such as systemic medications and their impact on healthy sight – when examining children.

Recognizing that education is key to the successful implementation of Healthy Sight Counseling, the courses also encourage eye care professionals to adopt an integrated approach to Healthy Sight Counseling for the child – involving parents, pediatricians, teachers, athletic coaches and anyone else connected to the child’s overall health and safety.

The courses complement a Transitions-sponsored Healthy Sight Counseling and Children clinical review paper.

The paper represents a collaborative effort by a panel of experts in vision and child care, including an optometrist, an ophthalmologist, a pediatric ophthalmologist, a pediatrician and an ophthalmic educator, and details several of the topics covered in the courses.

For more information about the new Healthy Sight Counseling for Children educational offerings, or to order a copy of the new clinical review paper, contact a Transitions Optica Solutions Team representative or call customer service at (800) 848-1506.

Amy Sacks Eyewear is going “green” with its new bamboo eyewear collection designed by Ann Sacks. “I wanted to bring this sustainable material to my customers who seek a level of sophistication and design that is beyond anything offered today in the reading glass category,” said Sacks. The collection includes reading glasses, optical frames and sunglasses. Shown is style Masa. For more information, visit www.amysacks.com.
MEETINGS

October

NEBRASKA OPTHALMOLOGICAL ASSOCIATION FALL MEETING
Oct. 24-27, 2007
Holiday Inn, Omaha, NE

ARKANSAS OPTOMETRIC SOCIETY ANNUAL FALL MEETING
in Little Rock, AR

November

ARKANSAS OPTOMETRIC ASSOCIATION ARKANSAS FALL MEETING
November 1-4, 2007
Pine Bluff, AR

December

MARYLAND OPTOMETRIC ASSOCIATION ANNUAL FALL MEETING
Dec. 1-4, 2007
Baltimore, MD

OPTOMETRIC EXTENSION PROGRAM
HEART OF AMERICA OPTOMETRIC EXTENSION PROGRAM (OEP)
November 1-4, 2007
Wyndham Garden Hotel, Overland Park, Kansas City, MO

OPTOMETRIC EXTENSION PROGRAM
OMNI MEETING 2007
Nov. 16-18, 2007
Omni Hotel, Des Moines, Iowa

OPTOMETRIC EXTENSION PROGRAM
FLORIDA OPTOMETRIC ASSOCIATION ANNUAL MEETING
Nov. 17-18, 2007
Shannon Hotel, Tallahassee, FL

OPTOMETRIC EXTENSION PROGRAM
NEW ENGLAND PROFESSIONAL OPTOMETRISTS ANNUAL EDUCATION CONVENTION
Nov. 9-11, 2007
Showplace Exposition Center, Boston, MA

OPTOMETRIC EXTENSION PROGRAM
NEW YORK OPTOMETRIC ASSOCIATION ANNUAL MEETING
Jan. 11-13, 2008
Hotel New Yorker, New York City, NY

OPTOMETRIC EXTENSION PROGRAM
OREGON OPTOMETRIC ASSOCIATION ANNUAL MEETING
Feb. 15-17, 2008
Orofino Conference Center, Orofino, ID

OPTOMETRIC EXTENSION PROGRAM
SUNY, COLLEGE OF OPTOMETRY
January 15-17, 2008
LaGuardia Marriott, Queens, NY

OPTOMETRIC EXTENSION PROGRAM
BERKELEY, SCHOOL OF OPTOMETRY
January 20-23, 2008
University of California, Berkeley

OPTOMETRIC EXTENSION PROGRAM
NEW ENGLAND PROFESSIONAL OPTOMETRISTS ANNUAL MEETING
Jan. 19-21, 2008
Snowmass Village, CO

February

HEART OF AMERICA CONTACT LENS SOCIETY ANNUAL MEETING
Feb. 15-17, 2008
Fairfield Inn, Kansas City, MO

HEALTHY PEOPLE™ (HEHP) CONFERENCE
January 18-20, 2008
Hyatt Regency Hotel at Union Station, St. Louis, MO

To submit an item for the meetings calendar, send a note to eventcalendar@aoadc.org
The American Optometric Association Order Department
Office Hours: Monday - Friday, 8AM-4PM
(Central Standard Time)

Fax: (314) 991-4101
E-mail: Orders@aoa.org
On the Web: www.aoa.org under doctors/order department
Toll-free: (800) 262-2210
automated telephone available 24 hours a day, 7 days a week.

Code Books
A list of codes to aid in submitting Medicare and third party insurance claims.

CODEx
FOR OPTOMETRY
2007

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

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

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

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

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

Chart and Models
Great for office displays and one-to-one patient education.

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

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

Signs and Plaques
Mark the important locations in your office with our large selection of signs. Name badges and plaques also available.
DEAN AND VICE PRESIDENT OF ACADEMIC AFFAIRS

The State University of New York College of Optometry invites nominations and applications for the position of Dean and Vice President of Academic Affairs. The position is responsible for the overall administration, coordination, and development of instructional policies, programs, personnel, and facilities. The position also oversees curriculum implementation, research activities, faculty development objectives and strategies, course and program assessment, budget, and planning.

The successful candidate must be an effective leader, working well with faculty, staff, and students, and must be an excellent communicator capable of integrating exciting and innovative changes into the curriculum. Candidates should have substantial experience in teaching, research, scholarship, and administration. A Doctor of Optometry degree is expected. The Dean and Vice President of Academic Affairs will report to the President of the College.

The Search Committee will start reviewing application material immediately with the expectation that the formal interview process will begin by December 1st, 2007. Applicants should submit a letter of interest, CV, and the names and complete contact information for three references. Confidential inquiries, nominations, and application materials should be directed to:

Ms. Elaine Wells, MA, MLS, AHIP
Chair, Search Committee
SUNY College of Optometry
33 West 42nd Street
New York, NY 10036
ewell@sunyopt.edu
www.sunyopt.edu

ASSOCIATE DEAN FOR RESEARCH

We seek highly qualified applicants for a newly established position. The Associate Dean for Research (ADR) will lead the research activities of the College which are managed within the Vision Performance Institute (VPI). Current research groups within the VPI include: sports vision, vision ergonomics, contact lenses, optics, and clinical. The ADR will grow the VPI by providing administrative and fiscal infrastructure, mentoring faculty and students, growing and teaching graduate programs, and maintaining an active personal research program. A strong record in teaching, scholarship, and research and the supervision of graduate students is required. A strong track record in attracting external research grant support is expected. Applicants must have a record of leadership and previous administrative experience. The successful applicant will likely hold qualifications at the PhD level in a field relevant to Vision Science and an OD degree is desirable.

Candidates should submit a letter of application, current comprehensive curriculum vitae, and three references. Applications will be accepted until the position is filled.

SUBMIT APPLICATION MATERIALS TO:

James Sheedy, OD, PhD
Pacific University
College of Optometry
2043 College Way
Forest Grove, OR 97116
jsheedy@ pacific.edu
www.opt.pacific.edu

All employment offers are contingent upon the candidate’s satisfactory completion of a pre-employment background check. Pacific University is an Equal Opportunity Employer.

A competitive recruitment and selection process is being conducted for this job opportunity, if a U.S. worker is not selected pursuant to this process, an application for alien employment certification may be filed on behalf of an alien to fill the job opportunity.
**SHOWCASE**

**LasikPlus**, one of the first providers to perform laser correction surgery in the U.S., is at the very forefront of its field with 70+ centers across the country. We have earned an impressive reputation having performed 800,000 laser vision correction procedures in the U.S. and Canada since 1991. Come, share the success and be at the leading edge of your profession in one of our Vision Centers.

You will perform pre- and post-op eye exams exhibiting quality patient care, educate and answer questions for patients, and solve there issues. We will look to you to research industry advancements, recommend new technology, and build relationships with colleagues. Position involves anticipating, recognizing and solving problems: participating and contributing during Center meetings; and motivating team members. To qualify, you must be registered and licensed to practice Optometry and a Board-certified Optometrist. Position requires excellent communication, interpersonal, listening and technical skills. You must be an open-minded team player & responsive, enthusiastic professional.

Choose LasikPlus where the brightest of career futures awaits you. We offer competitive compensation, excellent benefits, and an inspiring environment that recognizes your talent, encourages your growth and rewards your performance.

For immediate consideration, send your CV/resume to: LasikPlus, 7840 Montgomery Road, Cincinnati, OH 45236; Fax: (513) 792-5626; e-mail: employments@lca.com; Office: 1-866-783-3030.

Please stop to visit us at the American Academy of Optometry Annual Meeting, October 24th to October 26th in Tampa, FL! We will be located in Booth #439.

Equal Opportunity Employer M/F

---

**Are you buying or selling a practice?**

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

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

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

---

**OCULAR THERAPEUTICS IN CANCUN**

March 5-9, 2008
Fiesta Americana Condesa
Cancun, Mexico

Tony Litwak, OD, FAAO
Maynard Pohl, OD, FAAO
Jim Thimons, OD, FAAO

For Further Information: Call 1-856-429-7415 or E-Mail: info@otce.net
Or Visit us at: www.otce.net

---

**Ski Vision 2008**

Snowmass, Aspen Colorado
Silvertree Hotel

February 16-20, 2008
23 Hours of Continuing Education
Tuition only $495

For information please visit our website at:
www.skivision.com
800-868-4888
mplatrot@sumyopt.com
Silvertree Hotel Reservations
800-525-9402
ask for the Skivision rates

State University of New York
State College of Optometry
800-868-4888
www.skivision.com

---

**$100 DISCOUNT off tuition with:**

Conference registration before November 15th OR
Silvertree Property Hotel reservation before December 15th.

---

**FEATURED SPEAKERS:**

Andrew Adler, MD
Jim Cogan, OD
Kathy Durante, MCOpt
Richard Durante, OD
Robert Farber, MD
Molly Frongillo, OD
John Flanagan, MCOpt
Jeffery Gilbert, MD
Jack Schwar, OD
Joe Samol, OD
Seth Smith, OD

---

**EYECOM3**

WEB-BASED OPTOMETRIC SOFTWARE
WEB-HOSTING
E-COMMERCE
24/7 REMOTE ACCESS
ELECTRONIC BILLING
PAPERLESS

Contact us today for a free demo!
800-788-3356
WWW.EYECOM3.COM

---

**LasikPlus**, one of the first providers to perform laser correction surgery in the U.S., is at the very forefront of its field with 70+ centers across the country. We have earned an impressive reputation having performed 800,000 laser vision correction procedures in the U.S. and Canada since 1991. Come, share the success and be at the leading edge of your profession in one of our Vision Centers.

You will perform pre- and post-op eye exams exhibiting quality patient care, educate and answer questions for patients, and solve there issues. We will look to you to research industry advancements, recommend new technology, and build relationships with colleagues. Position involves anticipating, recognizing and solving problems: participating and contributing during Center meetings; and motivating team members. To qualify, you must be registered and licensed to practice Optometry and a Board-certified Optometrist. Position requires excellent communication, interpersonal, listening and technical skills. You must be an open-minded team player & responsive, enthusiastic professional.

Choose LasikPlus where the brightest of career futures awaits you. We offer competitive compensation, excellent benefits, and an inspiring environment that recognizes your talent, encourages your growth and rewards your performance.

For immediate consideration, send your CV/resume to: LasikPlus, 7840 Montgomery Road, Cincinnati, OH 45236; Fax: (513) 792-5626; e-mail: employments@lca.com; Office: 1-866-783-3030.

Please stop to visit us at the American Academy of Optometry Annual Meeting, October 24th to October 26th in Tampa, FL! We will be located in Booth #439.

Equal Opportunity Employer M/F

---

**LasikPlus**, one of the first providers to perform laser correction surgery in the U.S., is at the very forefront of its field with 70+ centers across the country. We have earned an impressive reputation having performed 800,000 laser vision correction procedures in the U.S. and Canada since 1991. Come, share the success and be at the leading edge of your profession in one of our Vision Centers.

You will perform pre- and post-op eye exams exhibiting quality patient care, educate and answer questions for patients, and solve there issues. We will look to you to research industry advancements, recommend new technology, and build relationships with colleagues. Position involves anticipating, recognizing and solving problems: participating and contributing during Center meetings; and motivating team members. To qualify, you must be registered and licensed to practice Optometry and a Board-certified Optometrist. Position requires excellent communication, interpersonal, listening and technical skills. You must be an open-minded team player & responsive, enthusiastic professional.

Choose LasikPlus where the brightest of career futures awaits you. We offer competitive compensation, excellent benefits, and an inspiring environment that recognizes your talent, encourages your growth and rewards your performance.

For immediate consideration, send your CV/resume to: LasikPlus, 7840 Montgomery Road, Cincinnati, OH 45236; Fax: (513) 792-5626; e-mail: employments@lca.com; Office: 1-866-783-3030.

Please stop to visit us at the American Academy of Optometry Annual Meeting, October 24th to October 26th in Tampa, FL! We will be located in Booth #439.

Equal Opportunity Employer M/F
SHOWCASE

Casey Eye Institute-Optometrist

Schedule:
Days, Full Time

The Casey Eye Institute at Oregon Health & Science University (OHSU) in Portland, Oregon is seeking an Optometrist with exceptional clinical skills in the areas of Low Vision Rehabilitation and comprehensive eye & vision care to join the practice.

The Casey Eye Institute houses the department of Ophthalmology within Oregon Health & Science University. The Institute has over 50 physicians and optometrists who cover all subspecialty areas of ophthalmology and optometry and is nationally recognized for the excellence of its staff. Casey is home to 300 total employees, and is part of OHSU, which has nearly 12,000 employees working to fulfill its mission of teaching, healing, discovery and outreach.

Candidates must have earned a Doctor of Optometry degree from an accredited college or school of optometry and possess or be eligible to obtain current Oregon licensure. Completion of a residency in low vision rehabilitation or equivalent clinical experience is expected. Required clinical skills include comprehensive low vision rehabilitation, refractionometry, keratometry, retinoscopy, tonometry, pachymetry and the ability to perform and analyze corneal topography; and provide comprehensive eye & vision care including contact lens fitting and dispensing. Other desired skills include clinic management, teaching of ophthalmology residents, patient counseling, and public speaking.

Salary commensurate with experience. OHSU offers excellent benefits with an employer paid retirement plan. OHSU is an equal opportunity, affirmative action institution.

Please send CV and letter of interest to:
Contact: Alix Bach, MPA
Human Resources Manager
Email: ohsuhr@ohsu.edu
Mail: 3181 S.W. Sam Jackson Park Road, Mail Code CEI-HR
Portland, OR 97239-3098
Phone: (503) 494-2640
Fax: (503) 494-0470

TLC Vision is a premier eye surgery services company and one of the world’s largest providers of laser vision correction procedures. At TLC, everyone is working toward the common goal of helping people to see better than they ever have, without contacts or glasses. We have the following opportunity in our corporate headquarters in St. Louis, MO.

The VP of Clinical Services is a member of the senior management team for our refractive centers business. This position is accountable for ensuring the highest levels of quality and patient satisfaction in combination with fiscal outcomes. You will direct the development, implementation and continuous improvement of clinical and technology initiatives to support the short- and long-term goals and objectives of the refractive centers business. This position is accountable for a high level of impact by ensuring satisfaction and engagement of our employed optometrists, contracted ophthalmologists and referring doctors. Relies on experience and judgment to plan and execute against objectives.

The qualified candidate will possess Doctor of Optometry licensure and demonstrated leadership in providing a positive influence to the relationships across all areas and levels within a corporate medicine environment. The ability to plan and manage at both strategic and operational levels is required. Must have a clear understanding of quality as an encompassing term comprising: utility, objectivity and integrity. The ability to travel 50-60% of the time is necessary. The incumbent must be an outstanding relationship builder; team builder and possess strong communication, decision-making and execution skills. Must be business and technology savvy and have a drive to succeed!

TLC Vision offers a competitive salary, comprehensive benefits and excellent career development opportunities. Please send resume to (INDICATING POSITION TITLE IN SUBJECT LINE) to careers@tlcvision.com

Equal opportunity employer

VA Department of Veterans Affairs

VA Boston Healthcare System - Optometrist

“The VABHCS is seeking a qualified Optometrist to serve as the Chief of the Optometry Section. This is an outstanding opportunity to lead an established, highly accredited and multifaceted program. Responsibilities include the administration and oversight of an integrated six-site optometry section comprised of a group of accomplished and talented optometrists. This position offers exceptional opportunities in patient care, education, research, and telehealth. Prior VA patient care experience as well as a demonstrated track record in clinical education, administration, and research is preferred.

The Chief, Optometry Section oversees and participates directly in patient care as well as the education of optometry students, residents, and fellows. In addition, the Chief supervises the section’s professional and support staff, monitors implementation of VA clinical and administrative protocols as well as VA performance measures. Superior leadership and management skills with a commitment to and passion for excellence are essential attributes. The selected individual must qualify for faculty appointment at the level of Associate Professor at the New England College of Optometry. Interested candidates should submit electronically a letter of interest and complete curriculum vitae to Anna Leitao Human Resources Management Service vhabhjjobs@med.va.gov

The Prevention of Blindness Society of Metropolitan Washington Announces a Low Vision Residency

The Prevention of Blindness Society (PBOS) of Metropolitan Washington D.C. is pleased to sponsor a one year clinical fellowship in Low Vision Rehabilitation, starting July 1, 2008. A generous compensation package including medical and malpractice insurance, paid time off and educational benefits will be provided. Training will take place at the Inova Eye, Ear, Nose and Throat Hospital, Walter Eye Vision Center, in Northern Virginia and the National Rehabilitation Hospital, Washington, D.C. The goal of the program is to provide advanced clinical training in low vision rehabilitation for individuals who have already completed a low vision residency, or well qualified, new graduates with a strong interest in low vision, by practicing in an interdisciplinary clinical setting within the Physical Medicine department of two of the prominent outpatient rehabilitation facilities in the area.

The candidate will also participate in the activities of PBOS including lecturing to visually impaired groups, performing vision screenings and conducting community awareness programs. The fellowship has been designed to introduce the candidate to the community and potentially provide a permanent low vision rehabilitation opportunity. Therefore, preference will be given to applicants willing to remain in the metropolitan Washington D.C. community and continue practicing low vision rehabilitation upon completion of the fellowship.

Please see the society’s website at www.pbosdf.org for application forms and more information

Visit the AOA Web site at www.aoa.org

Equal opportunity employer
Pennsylvania College of Optometry
Residency Programs

At The Eye Institute

- Primary Eye Care
- Pediatric Optometry/Vision Therapy
- Low Vision Rehabilitation
- Cornea and Contact Lenses

Affiliated Residency Programs
- At Veterans Administrations Medical Centers
- In Ocular Disease and/or Refractive Eyecare

For more information, please see our web site: www.pco.edu.

Indiana University School of Optometry
Faculty Position / Tenured-Track

Indiana University School of Optometry seeks a tenured-track faculty member. Responsibilities would include teaching in the professional optometry degree program, overseeing graduate students and developing a funded research program in a clinically related field (preference given to an individual in the area of contact lenses, ophthalmic optics and/or geometrical optics).

Rank and salary will be commensurate with experience. Applications received on or before December 1, 2007, will be assured consideration; however, applications will be reviewed until a suitable candidate is identified.

Information regarding the school and Indiana University is available at http://www.opt.indiana.edu and regarding Bloomington at http://www.visitbloomington.com/.

Candidates should have completed an optometric or medical degree and have advanced research experience. For consideration, please forward a statement of teaching and research experience. For consideration, please forward a statement of teaching and research experience and interest, CV or resume, and contact information for three references to:

Attn: Dr. Vic Malinovsky, Chairperson
E-Mail: opthr@indiana.edu
OAA #: 20709-11
TT Faculty Search and Screen Committee
Indiana University
School of Optometry
800 E. Atwater, Room 307
Bloomington, IN 47405
Fax: (812) 855-8864

Rank and salary will be commensurate with experience. Applications received on or before December 1, 2007, will be assured consideration; however, applications will be reviewed until a suitable candidate is identified.

Indiana University is an equal opportunity, affirmative action employer and encourages applications from candidates with diverse cultural backgrounds.

Florida Optometric Association
In Conjunction with Nova Southeastern University College of Optometry

Date: November 17-18, 2007
Location: Sheriff Airport
Ft. Lauderdale, Florida

Special Rate for FOA Members: Register on-line and save $20 on registration
12 hours of CE (6 TQ) including:
- Medical Errors & Jurisprudence
- Continuing Education Opportunities
- AOA Ethics

Cut off date for special room rate of $129/night is October 25, 2007

For hotel reservations, please call 800-325-3535
To register, go to www.floridaeyes.org or contact Kellie Webb, Education Coordinator at 800-399-2334 or email Kellie@floridaeyes.org

For more information, please see our website at www.nweyes.com
CLASSIFIEDS

Professional Opportunities

ALL STATES – PRACTICES FOR SALE and 100% FINANC.


Associate needed for 23 year old specialty practice. LV. Developmental Vis., CRT, specialty contacts. Will mentor if desired. 806-745-2222 Lubbock, Texas.

BUYING OR SELLING? A NEW VISION IN PRACTICE SALES.

Practice Concepts specializes in practice sales for eyecare professionals. Led by Alissa Wald, O.D. and Scott Daniels, our nationwide team combines over 75 yrs experience in finance, management, and hands-on practice ownership. We’re in practice to advance your prac-ticetm For more information and current listings visit www.practiceconcepts.com or call 877-778-2020.

Central VA – Small city. Associate position leading to partnership. Residency trained or 2 years experience. Email vita with cover letter to advancedeye@roanoke.com

CLEARWATER AREA, FLORIDA – Established optical with 3 exam lanes, diagnostic equip-ment, computerized and well established. Gross $380K on 4 1/2 days per week. Asking $280K. Come live near the beach. Please reply to email at opticals@coa.com

Colorado – Practice for Sale Exceptional private practice opportunity available in affluent Metro Denver, Colorado. Recently renovated with complete optical and onsite-fitting location. Located in a busy retail area. Asking $70K motivated seller. Contact contact@cofeeyc.com or 303-316-0331.

DOWNEAST MAINE Optometrist Immediate opening for a full-time optometrist in a busy, full-service optometric practice. Beautiful Downeast Maine. We have two office locations in Castine and Machias. A great opportunity to become part of a well-established and respected practice with the option for purchase. Email: mailma2@mcrnet.net.

Indiana residency trained or experienced consultative O.D. with leadership skills for high intensity optometric surgery practice. Resume to Jim Hunter, O.D., 317-738-5544.

MONTANA – Second generation practice for sale. Located on the Lower Yellowstone River. Excellent schools, community college, golf course, fishing, and hunting. Thriving solo practice with satellite. Contact Dr. Ken Zunzoff, Box 1369, Glendive, MT 59330. e-mail: mzunzoff@hotmail.com 406-377-6021.


New Mexico: Excellent practice for Sale in Carlisle, New Mexico. Gross $60K. Contact: Dr. Robaer Call (505) 302-8882.

Ohio-Hamilton County, Practice for Sale. Grossing $800,000, Netting $300,000 annually on 4.5 days. Long-established, fully-equipped, 100% Financing Available. Call 800-416-2055.

OMAHHA County, Practice for Sale. Grossing $800,000, Netting $300,000 annually on 4.5 days. Long-established, fully-equipped, 100% Financing Available. Call 800-416-2055.

OPTOMETRISTS & CENTER DIRECTORS WEST OR $20,000 FOR A MONOCULAR INDIRECT OPHTALMOSCOPES

Private Northampton, MA optometry practice in beautiful 5 college area seeks Associate Optometrist. Initially 3 days/week, grow with our practice! Current instrumentation, 3 lanes, 3 lanes, licensed opticians, plus support staff and work environment. Contact Mary 413.584.6616.


Washington State – Central Successful, well established prac-tise with state of the art instru-ments and professional building for sale. Located in growing area with diverse economy including high tech companies. Many recreational opportunities. Email eyecare_2020@hotmail.com

Miscellaneous

AMAZING - FINANCING - 100% - Acquisition, Debt Consolidation, Equipment, Real Estate, Working Capital, Fast Approvals, Low Rates, Terms~15 Years. ProMed Financial, Inc. – 888-277-6833 or email info@promed-financial.com

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems should begin in the 2nd grade. Call 661-822-4047.

Pharma Sales Established phar-maceutical co. seeks independent rep for territories throughout the US. Non-competitive lines ok. Excellent commission and lead referrals. Trade show travel and expenses paid. Contact www.oscuft.com. Mail resumes to confi-dence to: Mary Harris; email: maryharris@oscuft.com.

PRACTICES FOR SALE: We currently have practices available in California, Florida, Illinois, Michigan, Nebraska, Rhode Island, and South Carolina. Go to our website for shipping. Call 503 292 5221.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or used. Full, Semi, or Rimless styles. Send description, quantity, price and shipping address for quote. Call 603-522-2275.

Preschool & Early School Age Learning Program: Anyone who does this program will learn to read, write, learn numbers and how they work, or their money back! Cost: $30.00, includes 3 AA batteries, learning will be easier. For some, it will be priceless. Four million children begin school each year. One million will have learning prob-lems. Developmental Vision is the only thing that will solve their learning problems. Ben Stroober, Developmental Optometrist, Retired. POB 400, Tehachapi, Calif. 93581 (661) 822-4047.

Want to distinguish yourself in your community? The OEP Clinical Curriculum Courses can help you find your optometric niche. Call 800 447 0370.

Equipment for Sale

For all your pretesting needs at the best price. Pretesting tables, All shapes and styles for any size room. For the best products at the best price, call today. 800-922-2275.

MO replacement handle. LED light runs on 3 AAA batteries. Used by 55 doctors and one college. $139.95 plus $5.95 shipping. Satisfaction guaranteed. 806-745-2222.

MONOCULAR INDIRECT OPHTALMOSCOPE

This LED light is brighter and more brilliant than the original Monoview Tonometer. It’s held by 3 AA batteries. My supplies are not limited. Cost $100 plus $6.95 shipping. Call 503 922 9221.

Palm Desert, CA: Optical (completed) with display units & risers, reception desk, dispensing tables. Equip that 2nd office inexpensively call Karen @ 760-978-5034

REACERT (AOA) 590 TONOMETER NON-CONTACT AUTO ALIGN-
MENT - $4000 FDT VISION FIELDS; HUMPHREY $9500 CANNON CR-3 RETINAL CAMERA WITH SYMEO-MED DIGITAL-COMPUTER STORAGE $12,000 HUMPHREY AUTO REFRACTOR $30,000 MARSH, KL 400 $5990 OR $20,000 FOR THE 4 UNITS CALL 281-332-1041.

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $50 (40 words maximum) 2 column inches - $100 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@coa.com or for fax at 212-633-3820 attention Keisha Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Ave 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 ads 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 publication of the AOA NEWS publication dates. Call Keisha Spurlock – Elsevier ads contact – at 212-633-3986 for advertising rates for all classes and showcases ads.
Back to School

Wise Eyes Materials
WE-S1 Rainbow Stickers
WE-S2 Eye Chart Stickers
AOA Member price: $10 per roll of 100

WE-1 Be Wise About Your Eyes Activity Book
AOA Member price: $55.00/100,
$48.00/75, $40.00/50, $30.00/25

WE-D Be Wise About Your Eyes DVD
WE-V Be Wise About Your Eyes VHS
AOA Member price: $20.00(DVD or VHS)

C Series Pamphlets
C1-Your Preschool Child’s Eyes
C2-A Look at Reading and Vision
C3-Your School-Age Child’s Eyes
C10-A Teacher’s Guide to Vision Problems
C20-Toys, Games and Your Children’s Vision
C24-Your Baby’s Eyes
AOA Member price: $16.00/100

Mail this completed order form to: American Optometric Association
Attn: Order Department, 243 N. Lindbergh Blvd, Flr 1, 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

AOA Member Number
☐ Please send AOA membership information

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY.</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL

STATE SALES TAX

TOTAL

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

NO RETURNS ACCEPTED AFTER 30 DAYS