‘Mega’ meeting helps ODs build consensus on goals

Hundreds of optometrists with the goals of improving the public’s health and advancing eye care met Oct. 6-8, to build consensus and share ideas.

The meeting, termed an “Advocacy Mega Meeting,” was the first to combine groups from Healthy Eyes Healthy People™, State Government Relations, and Federal Government Relations. Among the highlights of the meeting, which was sponsored by Transitions Optical:

❖ Reports on current Healthy Eyes Healthy People™ projects.
❖ Henry Sand of Luxottica announced that the company, which has provided Healthy Eyes Healthy People™ grants for 68 projects, including 26 in 2005, would support grants through the year 2007 with total additional funding of $105,000.

“We share with you the goals of Healthy Eyes Healthy People™, and the vision of expanding the total market and access to eye care,” Sand said.

❖ Bruce Mebine, O.D., chairman of Vision Service Plan, announced that the company would provide $100,000 for grants in 2006. “We get a lot more bang for our buck due to the hard-working people who implement these projects at the local level,” Dr. Mebine said.


❖ Updates on AOA’s work at the federal level to advance the profession. (See coverage, this page.)

Healthy Eyes Healthy People™

Since AOA began to offer Healthy Eyes Healthy People™ Grants in 2004, more than 97 grants have been awarded, thanks to funding from Luxottica and VSP. ODs at the first day of the conference heard three ODs describe projects undertaken as part of the program, and a state health department executive describe his perspectives.

❖ In “Working with State Health Departments to Achieve Vision Health,” Christopher Maylahn, MPH, of the New York State Department of Health, described his role in visiting seven states in 2004 as part of the program, and a state health department executive describe his perspectives.

AOA targets patient access under Medicare Advantage

AOA will expand its highly successful Managed Care Marketing Initiative to help ensure adequate patient access to optometrists under the new breed of Medicare Advantage managed care plans that will begin providing coverage Jan. 1, AOA President Richard Wallingford, O.D., announced during this month’s AOA Advocacy Mega Meeting (see President’s Column, page 3).

The move was one of a variety of actions discussed during the conference to help ensure patient access to eye and vision care in

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President’s Column

Making great strides

The following is excerpted from Dr. Wallingford’s keynote address at the Advocacy Mega Meeting this month.

The AOA Advocacy Meeting is one of the most important meetings the AOA has ever organized. We exchange information on the many challenges facing our profession at the state level, federal level and in the managed care arena.

Even more importantly, we try to forge a new commitment, dedicated to not only advancing our advocacy efforts at every level, but eradicating discriminatory actions in managed care policies, which affect our patients and our practices.

After many battles and woes others still being waged, our profession is still at a critical crossroads. We must be prepared to meet the challenges ahead – with an even greater level of commitment to our cause, an even deeper concern for our patients, and a clearer vision for our profession’s future.

Optometry has achieved a growth in recognition unparalleled in the history of health disciplines. It is indeed remarkable for me to look back at where we were when I entered optometry school just three decades ago. There were no diagnostic privileges, let alone therapeutic. We were largely ignored by the third-party payers, and were locked out of the biggest payer, Medicare.

Today, we are on the cutting edge of therapeutic practice responsibilities, tens of millions of patients belong to plans that cover our services, and Medicare recognizes our services to the full extent of our state laws.

And yet, forces are at work today that could, if left unchallenged, reverse this progress in far less time than it took to achieve it. And our services would no longer be covered, or guaranteed.

Legendary Ohio State football coach Woody Hayes used to challenge his players by saying that each day you either get better or get worse, you do not stay the same; the choice is yours. The same challenge applies to us as a profession – we will either gain privileges and recognition, or lose them. We will not stay the same, and the choice is ours.

Let us together, AOA and our affiliates, re dedicate ourselves to meeting that challenge of fighting discrimination against optometry. Although that’s a task easier stated than accomplished, it’s our mission.

It has often been said that to get where you want to go, you need to know where you’ve been and how you got there. Well, we know the first two, but sometimes I think we tend to forget the most important part, how we got where we are today. Those of you who have been around as long as I have know it was not by accident.

To get to where we are today, first and foremost, it took the careful and deliberate collaboration of AOA leadership and state leadership. I cannot emphasize that enough.

None of the challenges we face can be met solely by either AOA or state affiliates acting ALONE. We must work together for the common good. As Benjamin Franklin said in the darkest days of the American Revolution, when squabbling among the states threatened a cohesive strategy to win the war, “We must all hang together, or we will surely hang separately.”

Optometry also must hang together. I have had the privilege as an AOA officer and trustee to travel all over the country. After many battles and woes, others still being waged, our profession is still at a critical crossroads. We must be prepared to meet the challenges ahead – with an even greater level of commitment to our cause, an even deeper concern for our patients, and a clearer vision for our profession’s future. Optometry has achieved a growth in recognition unparalleled in the history of health disciplines. It is indeed remarkable to look back at where we were when I entered optometry school just three decades ago. There were no diagnostic privileges, let alone therapeutic. We were largely ignored by the third-party payers, and were locked out of the biggest payer, Medicare.

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Advocacy Mega Meeting

Attention fixed on state-level issues

Advocacy Mega Meeting presenters put the spotlight on several key areas of importance to optometry at the state level. Anti-discrimination laws, children’s vision legislation, grassroots activities, and uniformity of scope were priority topics.

Access Laws

The focus for the State Government Relations Center (SGRC) is to end discrimination in optometry, as AOA President Richard L. Wallingford, O.D., also stressed in his keynote speech. “Being legally qualified to treat patients doesn’t mean we are legally qualified to get paid the same for that treatment,” said Steven A. Loomis, O.D., SGRC chair.

Dr. Loomis discussed three types of laws that facilitate access to patients and plans: any willing provider, direct access, and nondiscrimination. Any willing provider laws allow optometrists access to any plan they wish to join as long as they are willing to accept the plan’s terms. Such plans may also provide for open access for patients to any provider of health care, even if not part of their insurance plan, as long as that provider is willing to accept the plan’s reimbursement. The laws promote patient freedom of choice, continuity of care and greater accessibility.

Eleven states currently have any willing provider laws: Idaho, Wyoming, North Dakota, Utah, New Mexico, Nebraska, Arkansas, Louisiana, Indiana, Kentucky, and Virginia.

However, these any willing provider laws may apply only to a very narrow range of managed care plans, e.g., only in counties of less than 500,000, only to certain HMO panels, that contract with health care entities or provide specified services; or only to HMOs that contract with panels of providers for services; and may not apply to ERISA plans.

Direct access laws allow patients to refer themselves to providers. Patients who know they need to visit an optometrist can do so without being referred by someone else, such as a primary care physician. These laws also promote timely diagnosis of acute eye conditions, more cost-effective eye care, and preventive care by appropriate practitioners.

Five states currently have direct access laws: Colorado, West Virginia, Tennessee, Alabama, and Georgia. As with the any willing provider laws, direct access laws may only apply to certain types of plans or services.

Nondiscrimination laws prevent discrimination based solely on licensure or certification of a class of health care providers acting within their scope of practice under the law. The laws do not require insurance plans to allow all ODs on their provider list; they just have to allow some on the list. The law may also require equal reimbursement with other health care practitioners that provide the same or similar services or procedures as ODs.

“Nondiscrimination language is simply fair,” said Dr. Loomis.

Twenty-five states have nondiscrimination laws applicable to certain plans: Washington, Oregon, California, Montana, Utah, Oklahoma, Texas, Missouri, Wisconsin, Michigan, Indiana, Ohio, Pennsylvania, New York, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, Maine, Tennessee, North Carolina, South Carolina, Georgia, and Alabama.

Children’s Vision Legislation

AOA’s collaboration with the National PTA has led to the following PTA statement: “Early diagnosis and treatment of children’s vision problems is a necessary component to school readiness and academic learning; and that vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor.”

The PTA has also stated, “Comprehensive eye and vision examina-

Vision Goal and Objectives Healthy People 2010

Overall Goal

Improve the visual and hearing health of the nation through prevention, early detection, treatment, and rehabilitation.

Vision Objectives

❖ Increase the proportion of persons who have a dilated eye examination at appropriate intervals.
❖ Increase the proportion of preschool children age 5 and under who receive vision screening.
❖ Reduce uncorrected visual impairment due to refractive errors.
❖ Reduce blindness and visual impairment in children and adolescents age 17 years and under.
❖ Reduce visual impairment due to diabetic retinopathy.
❖ Reduce visual impairment due to glaucoma.
❖ Reduce visual impairment due to cataract.
❖ Reduce occupational eye injury.
❖ Increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home.
❖ Increase the use of vision rehabilitation services and visual and adaptive devices by people with visual impairments.

see State level, page 12
Glance at the States

NC requires eye exams prior to entering kindergarten

North Carolina is the second state, following Kentucky in 2000, to require a comprehensive eye exam by an optometrist or ophthalmologist for all children prior to entering public school. In addition, the law provides funding for children not covered by insurance or programs.

The law, signed on Aug. 13, will go into effect for the 2006-2007 school year.

“The benefit is for the children in North Carolina,” said Hal Herring, Jr., O.D., president of the North Carolina State Optometric Society. “The Governor’s Vision Care Program will enable all children to be better prepared to learn as they enter kindergarten and first grade. As optometrists, we pledge to do our part to provide the vision services necessary for that to occur.”

The Governor’s Vision Care Program will provide funds for early detection and correction of vision problems in children enrolling or enrolled in kindergarten who are eligible for services.

Children eligible for funding must meet income requirements and may not receive comparable services through private health insurance coverage, nor be eligible for services under North Carolina Health Choice, Medicaid, the Department of Health and Human Services’ Commission for the Blind programs, VSP’s Sight for Students, or the Lions Club Foundation.

Funds will be allocated to reimburse optometrists and ophthalmologists who are trained to practice in the state for the comprehensive eye examination, including necessary spectacles.

The bill also established the Governor’s Commission on Early Childhood Vision Care, which will consist of three appointed optometrists and three appointed ophthalmologists. The commission will adopt rules and administer the vision care program.

NC optometry, medical boards agree on injectables

The North Carolina State Board of Examiners in Optometry entered into a settlement agreement with the North Carolina Medical Board on Aug. 13 regarding certain types of injections to be performed by optometrists.

“This is an era for better cooperation between both boards,” said David Baxter, O.D., chair of the optometry board.

The agreement comes after the optometry board first approached the medical board in 1998 to discuss questions about the injections, which was then followed by years of negotiation, litigation and appeals.

The boards agreed on the terms under which optometrists may perform certain injections, as well as the conditions under which they may be credentialled to perform them.

The boards used Current Procedural Terminology (CPT) Codes to describe the procedures at issue.

Seven procedures were included in the agreement, and the optometry board cannot credential ODs to perform four of those during a moratorium period of 18 months.

“The board feels some injection procedures are more straightforward than others,” said Dr. Baxter. “As a board, we decided to go slow on this and have everything in order before going forward.”

The optometry board has the right to credential ODs to perform the following procedures, subject to certain conditions: fluorescein angiography (includes multiframe imaging) with interpretation and report (CPT Code 92235); therapeutic or diagnostic intravitreal or intramuscular (CPT Code 90782); and injection, intravascular, up to 1 and including seven lesions (CPT Code 11900).

The optometry board cannot credential an optometrist to perform CPT Codes 92235 or 11900 until the medical board has given the right to assign an agreeable designee to act as an adviser regarding minimum educational or other requirements for certification and the development of performance protocols.

To perform CPT Code 92235, an optometrist or a member of his or her staff must be Advanced Cardiac Life Support certified. If the OD is not certified, ACLS-certified staff member must be present during the procedure. A “crash cart” must also be present during the procedure.

An optometrist must make best efforts to establish a relationship with a physician who will be reasonably available to provide medical assistance in the event of a complication during the procedure, and must be able to provide proof of their efforts if unsuccessful, before becoming credentialled to perform CPT Code 92235. If a medical emergency or complication arises during a procedure performed by an optometrist unable to establish a relationship with a physician, the optometrist must immediately request emergency medical services.

Additionally, any optometrist credentialled to perform CPT Code 11900 will be limited to injecting chalazia.

The optometry board may credential optometrists to perform CPT Code 90782 into the periorbital muscles, except for the purpose of cosmesis. The board cannot credential ODs to inject into the extraocular muscles.

The optometry board cannot credential optometrists to perform the following four procedures until the end of the 18-month moratorium period: subconjunctival injection (CPT Code 68200); injection of therapeutic agent into Tenon’s capsule (CPT Code 67515); fluorescein angiography with interpretation and report (CPT Code 92240). Any optometrist who performs these procedures without being credentialled by the optometry board or without fulfilling the requirements set by the settlement agreement will be practicing beyond the scope of his or her license and will be subject to disciplinary action by the board.

Dr. Baxter said that allowing optometrists to perform these procedures will especially benefit rural patients who now won’t have to travel so far to visit a medical physician for these procedures.

The North Carolina Medical Society and the North Carolina Society of Eye Physicians and Surgeons (NCSEPS) attempted to intervene in the current litigation, but their motion was denied by the trial court. Both societies appealed the decision, but all appeals have been dropped.
Louisiana exec says many hurricane-struck New Orleans ODs may never come back

Louisiana continues to struggle in the aftermath of Hurricanes Katrina and Rita. Estimates place the number of displaced optometrists around 100. Their return to the area is seriously in doubt, according to James Sandefur, O.D., executive director of the Optometry Association of Louisiana.

Some may not have the resources to rebuild.

“The insurance doesn’t cover floods,” said Dr. Sandefur, who doubts that many optometrists will be covered for their practices and equipment.

Even ODs whose practices were not damaged by the hurricanes are in trouble, as their patient base is gone.

Dr. Sandefur knew of one optometrist who had a busy practice in a high-rent district in Metairie, LA, before the hurricanes struck. Since then, he has averaged five patients a day. He said he will have to start working at a commercial business before his retirement savings are drained.

Another OD desperate for patients displayed a plywood sign that read “Eye Doctor Open,” and brought in patients that way.

With many optometrists leaving the state, Dr. Sandefur fears that the association will lose 20 percent of its members, which means 20 percent of its dues revenue.

To alleviate the financial effects, the association hopes to amend the bylaws to allow for a new class of membership. Honorary members may then be able to join and contribute dues. A special meeting to discuss the amendment was planned for Oct. 21. The results will be reported in the next AOA News.

Towns gone in Mississippi

Mississippi Optometric Association Executive Director Linda Ross Aldy expects that the state will feel the impact of Hurricane Katrina for years.

Of the 200 members, 25 percent were located in the Gulf coast. While they have safely accounted for all of them, many are now displaced without homes or practices.

Some towns no longer exist, said Ross Aldy. There are no doctors’ offices, fire stations or schools.

The entire state, not only the Gulf coast, was affected by the hurricanes, which many optometrists are unable to return to. They consider themselves to be survivors.

New Orleans OD’s recovery began with miles of wading, nights in shelters

New Orleans optometrist Albert Burns, O.D., swam and waded his way through floodwater to get from his office on Canal Street to the Superdome for evacuation Aug. 30, following Hurricane Katrina.

Dr. Burns was at his practice watching events unfold on television when he received a phone call from his wife, who was at their home located near the 17th Street Canal. The levee had broken and was flooding their home. Within 15 to 20 minutes, his wife and her mother were stranded in the attic. He called the fire department for help, but soon lost contact with his wife.

Dr. Burns remained at his practice for some time after that, getting updates on the situation in New Orleans. He thought the worst had happened when he heard that the levee broke.

After being stuck in his office, Dr. Burns decided he should try to evacuate and make his way to the Superdome, more than two miles away. His journey involved swimming through floodwater.

“There was pretty much a lot of lawlessness going on,” Dr. Burns said about what he saw on the way to the Superdome. “I got to the Superdome, it was already starting to deteriorate.”

While staying at the Superdome, Dr. Burns heard gunshots and saw the crowd get hostile. He also said there was a lot of waste, including human waste. “In the shelter system, it’s worse than prison,” Dr. Burns said. “You’re not registered with a name, and there’s no protection from the criminal element.”

After more than three days at the Superdome, he boarded a bus and traveled to Grand Prairie, TX, where he met up with his wife. She had been rescued by kayakers who were able to free a sailboat from the backyard and tow her and her mother to another boat. She spent several days in the shelter system as well.

“When in the shelter and in New Orleans, it was chaotic, but the further out you got from that, the more humanity you saw,” Dr. Burns said.

Dr. Burns found work in a Wal-Mart Vision Center in Winniboro, LA, but plans to rebuild his home and practice in New Orleans if they receive state and federal help.

“I was born in New Orleans, and have lived there almost all my life, but it’s riddled until they rebuild the bridges and highways,” he said.

Dr. Burns believes the structural integrity of his office building was enough to withstand the hurricane and flooding, but he is concerned about his practice’s contents.

He hoped he was able to get most of his equipment up high enough to stay away from the water’s reach, but he imagined “everything else floated around.”

He said he didn’t want to think about the mold growing in his office. He estimated the damage would be a couple of hundred thousand dollars.

“Towns are much worse,” Dr. Burns said. “We’re getting in touch with the insurance adjusters.”

Dr. Burns said his house is a total loss and estimates the damages to be more than $200,000.
‘Eyes on Diabetes’ spreads across Michigan

This is the second in a series of articles spotlighting the 2005 recipients of the National Eye Institute’s (NEI) Healthy Vision Community Awards, which are presented each May in conjunction with NEI’s annual observance of Healthy Vision Month to help support innovative public eye and vision care projects with grants of up to $10,000.

The Optometric Institute and Clinic of Detroit (OICD) will use its Healthy Vision Community Award to expand its Michigan Eyes on Diabetes (MEOD) project statewide, according to Bernard Miller, O.D., the clinic’s chief optometrist and executive director.

With sportscaster Dick Vitale as its spokesperson, Michigan Eyes on Diabetes utilizes newspaper advertising to increase public awareness regarding the importance of annual comprehensive dilated eye examinations for persons with diabetes.

“If you or a loved one have diabetes, get a dilated eye examination every year. Ask your family eye doctor or call Michigan Eyes on Diabetes’ exhort Vitale. “It’s awesome baby! You may be able to prevent loss of eyesight with an annual dilated eye examination. Damage from diabetes can be detected and at times be stopped, before you’re slammed.”

Those who have eye doctors are encouraged to see them for the necessary examinations. Those who do not—or who may have trouble affording an examination—are invited to visit the Optometric Institute or, under the new expanded program, will soon be able to call a toll-free telephone number for referral to a nearby practitioner who can provide care, if necessary, at a reduced fee. With the assistance of the Michigan Optometric Association, a panel of primary eye care practitioners has already been assembled to provide care for patients in all 83 Michigan counties. Local retinal specialists have also been recruited to provide retina laser treatment when retinal bleeding is sight-threatening.

Like the clinic that spawned it, Michigan Eyes on Diabetes targets a large underprivileged population in addition to insured patients. Approximately 85 percent of the Institute’s patients are uninsured. Costs for examinations provided to uninsured patients are covered by underwriting from Optical Dimensions of Royal Oak, MI, one of the Detroit area’s largest optical labs, which has agreed to donate 2 percent of the sales revenues on selected products to the project.

Under a long-standing agreement, Detroit’s St. Frances Cabrini Clinic (the oldest “free medical clinic” in the United States, using volunteer clinicians to provide free or low cost health care to the uninsured) and Keeye Eye Institute provide retinal treatment at a heavily discounted rate for OICD patients—a model Dr. Miller hopes can be expanded to cover the cost of retinal care for Michigan Eyes on Diabetes patients across the state.

OICD and the Cabrini Clinic have been working together to provide eye care for patients with diabetes for the past eight years. OICD initiated the Michigan Eyes on Diabetes program last year, using a Healthy Vision Community Award, with a pilot project in the Detroit-area counties of Wayne, Oakland and Macomb. This year, with the expansion of the program statewide, the OICD becomes “just one link” in a chain of providers collaborative offering care under the program, Dr. Miller said.

Dr. Miller believes Michigan Eyes on Diabetes addresses a critical but unmet need. The Michigan Department of Community Health’s Michigan Behavioral Risk Factor Surveillance System estimates as many as 400,000 people in the state have diabetes and only 40 to 50 percent of them undergo annual dilated eye examinations. The National Institute of Health estimates that one third of Michigan residents with diabetes have diabetic retinopathy.

The Optometric Institute and Clinic of Detroit, a non-profit health service agency, was founded in 1968 by area optometrists to provide full service vision and eye care to central city residents, regardless of ability to pay. As the only optometric agency in Detroit providing complete primary eye and vision care to people with restricted financial resources, the institute serves clients of all ages, and has a special priority to help older Americans, who have the most vision problems, according to the OICD Web site.

The clinic provides primary care, low vision care, contact lenses, children’s care, and care for special needs populations, as well as care for patients with diabetes.

Fees are assessed on a sliding scale basis; the clinic is supported by city and county programs as well as the United Way for Southeastern Michigan.

The establishment of the clinic is variously attributed to increase awareness of social issues in the wake of the 1967 Detroit riots; a group studying the feasibility of an optometry school in the city; and a visit by the world-renowned low vision specialist, William Feinbloom, O.D.

Other collaborators in the Michigan Eyes on Diabetes project include the Michigan Department of Community Health’s Diabetic Prevention and Control Program, Michigan Optometric Association, Southeast Michigan Diabetes Outreach Network, and the Lions Clubs of Michigan.

Additional information on the Optometric Institute and Clinic of Detroit can be found at www.optometricinstitute.org. For further information on Michigan Eyes on Diabetes, call (313) 872-6011 or log onto www.michiganeyes.org.
Access, from page 1

the face of significant developments in the nation’s public and private health insurance systems, including:
- Projected cuts in Medicare Part B physician reimbursements over the next seven years, including a 4.3 percent cut in 2006. Critics say the cuts may prompt providers to abandon the government health program for the aged and disabled.
- A Congressional resolution calling for a $10 billion to $14 billion cut in the Medicaid program over the next five years, which critics say could seriously hinder access to care in the government health program for low income Americans.
- An insurance industry push for consumer-driven health plans, including the increasingly popular new health savings accounts authorized under recent federal law.
- Plans for a federally funded health care program for low-income county in America. AOA has serious concerns that the program to staff those centers, the National Health Service Corps, does not recognize optometrists.
- A planned Medicare pay-for-performance program.
- The planned introduction of a national health information network over the next 10 years with an electronic health record (EHR) for every American.

Dr. Wallingford and other conference speakers called for continuing cooperative action by AOA and its affiliated state optometric associations to address access issues raised by those developments at both the administrative and legislative levels.

The AOA Managed Care Marketing Initiative was developed to encourage managed care plans and employer-based health plans organized under the federal Employee Retirement Income Security Act (ERISA) to provide coverage medical eye care by optometrists.

Under the AOA Managed Care Marketing Initiative, representatives of the AOA Eye Care Benefits Center (AOA-ECBC) and state optometric associations—with assistance from Aon Consulting, one of the nation’s most respected consultants on managed care benefit packages—meet with benefits managers.

The group meets with up to 12 major managed care plans or employer-based insurance plans each year to explain the advantages of optometrically provided medical eye care for both plans and patients. The past four years, the initiative has won access to medical eye care by optometrists for almost 30 million enrollees in managed care or employer-based plans.

Medicare Advantage—essentially an update of the Medicare managed care program formerly known as Medicare+Choice—could emerge as a major provider of managed care coverage over the coming months, AOA Advocacy Mega Meeting speakers noted.

Revised by Congress under the Medicare Modernization Act ( MMA) of 2003, the new Medicare managed care program will offer coverage through not only an expanded system of HMOs, but a network of 26 regional preferred provider organizations (PPOs). The new Medicare PPOMs will offer beneficiaries expanded benefit packages with reduced premiums.

Expanded aid for ODs

The AOA Eye Care Benefits Center is concerned that Medicare Advantage PPOMs, like some HMOs in the old Medicare+Choice program, may arbitrarily exclude optometrists—or discriminate against optometrists who provide the same services as ophthalmologists.

“Our experience with the Medicare PPO demonstration project in 2003 was positive, with extensive optometric participation, but we will be following the development of the Medicare Advantage program very closely,” Michele Haranin, O.D., chair of the AOA Federal Relations Committee, said.

Under the initiative announced during the AOA Advocacy Mega Meeting, AOA members who encounter problems in applying for Medicare Advantage PPOMs will now be able to contact the AOA Eye Care Benefits Center or their state optometric associations for assistance.

AOA-ECBC and the applicable state optometric association will then research the PPO’s coverage policies and request a conference with the plan benefits administrator in the applicable coverage region if necessary.

Given the AOA Managed Care Marketing Initiative’s track record to date, Dr. Wallingford expressed confidence ECBC and state optometric associations will be able to handle many access problems that arise in the new breed of Medicare Advantage managed care plans—or in other emerging new insurance programs—at the administrative level.

However, AOA Advocacy Mega Meeting speakers emphasized that because many of the new developments in public and private health coverage are the result of recent legislation, many access problems may have to be addressed at the legislative level. And many of today’s lawmakers tend to favor deregulation of the insurance industry. Dr. Wallingford said.

"Policy makers from the state level, up to Congress, and even the president himself, are looking to allow managed care plans ‘maximum flexibility’ in seeking to deliver care in the most efficient way possible. This is efficiency as they see it—not as we see it or as our patients see it,” Dr. Wallingford said. “What it really is...is allowing managed care to write the rules.”

Access to optometric care under insurance programs is also threatened by “more active and hostile” organized ophthalmology, which is seeking to diminish recognition of optometric services by third party payers and to limit the scope of optometric practice responsibilities, Dr. Wallingford said.

Organized ophthalmology continues to use high-budget, professionally produced, attack advertising programs in targeted markets to counter increasing acceptance of optometrists as eye care providers.
Access, from page 8

providers, speakers said. Ophthalmology has allo-
cated some $2 million for their efforts in Oklahoma alone, according to
Saundra Gragg-Naifeh, executive director of the
Oklahoma Association of
Optometric Physicians.

Numerous AOA
Advocacy Mega Meeting
speakers called for meas-
ures to shore up optome-
try’s traditionally strong
growth political net-
work against such
attacks.

AOA earlier this
year retained Hill &
Knowlton, one of the
nation’s most respected
public relations agencies,
to help counter negative
advertising and public
relations campaigns by ophthalmo-
lology groups.

In Washington, the
AOA Advocacy Group
and non-MD organiza-
tions recently established
a new Essential Care
Coalition (ECC) to help
counter both insurance
industry and medical
lobbying.

ECC representatives
have already met with
officials from the Centers
for Medicare and
Medicaid Services and
with staff members for
key legislators to discuss
the planned Medicare
pay-per-performance
program as well as ways
to avert a planned cut in
the Medicare physician
fee schedule.

A detailed summary
of recent developments
regarding third-party
coverage of eye and
vision care will appear in
the next AOA News.

Senate staff gets eye check

Fred Goldberg, O.D., McLean, VA (left) and
John Whitener, O.D., AOA Washington
Office (right), perform ocular risk assess-
ments on U.S. Senate staff members during
a health fair held Sept. 29-30 on Capitol
Hill. Dr. Goldberg volunteered to help at the
fair along with David Hettler, O.D., Falls
Church, VA, and Ezra Udoff, O.D.,
Washington, DC. The doctors saw more
than 175 staffers during the health fair,
which was held in the Hart Senate Office
Building. The health fair was sponsored by
the Office of the Senate Sergeant At Arms.
Luxottica undertakes wide range of hurricane relief efforts

Luxottica Group’s hurricane relief efforts included thousands of hours of volunteer services, donations of optometry service and monetary and product donations, as well as assistance to affected employees and private practice eye care professionals.

Luxottica Group donated $50,000 to the American Optometric Institute Disaster Relief Fund, which provides immediate financial relief for optometrists who experienced loss or severe damage to practice and homes.

Luxottica Group is also aiding AOA’s efforts to help private practice optometrists find employment.

Luxottica Group will help rebuild businesses and get products back into stores by offering special billing terms, help with old balances and assistance with things such as setting up store displays and point of sale materials.

Luxottica Group’s Give the Gift of Sight twin 40-foot Vision Vans spent nearly four weeks at relief centers in San Antonio, Houston and Monroe, LA, where 5,324 displaced people received eye exams and spectacles. Doctors and associates from LenCrafterS, Sunglass Hut, Pearle Vision, Sears Optical and Target Optical volunteered their services. The vans were also staffed by volunteers from the local Lions Club, local optometrists and ophthalmologists, and doctors and students from the University of Houston and University of Berkeley optometry schools.

Luxottica Group donated 30,000 frames to the Gift of Sight program, with a wholesale value of more than $1 million. Many employees volunteered their time to select and prepare these spectacles at the distribution center.

Luxottica Retail stores had a 100 percent increase in requests for donated eye care through the Gift of Sight’s onsite voucher program. The program helped more than 4,000 victims with optical services and eyewear.

All employees from Luxottica’s 23 affected stores are safe. The company is helping its displaced employees relocate to other Luxottica Retail stores, as well as encouraging associates to participate in a “Give a Day” vacation time donation program and to contribute to a “Guardian Angel” associate assistance fund.
"VisionWeb, OfficeMate, and ExamWRITER are my tools to run the most successful, efficient practice possible."

Lorie Lippiatt, O.D.
Faye Salem EyeCare Center

VisionWeb and OfficeMate Software Solutions have partnered to help your practice succeed.

At the Salem EyeCare Center, being a "technology-integrated office" is the competitive advantage. Dr. Lippiatt and her staff use the latest technology, including the power of VisionWeb combined with OfficeMate practice management software and tools. PCs running ExamWRITER to help drive efficiency. This enables them to spend their day focused on providing excellent patient care.

Because VisionWeb is seamlessly integrated with their practice management software, Dr. Lippiatt and her staff can go from the exam lane, to product ordering, to claims filing—all from within OfficeMate.

Isn’t it time you discovered your own competitive advantage? Visit www.govisionweb.com/officemate or call 1-800-826-9366 to find out how VisionWeb and OfficeMate can help your practice succeed.
Coalitions can either help or hinder the legislative process.

State level, from page 4

Coalitions can either help or hinder the legislative process. Children first entering school and regularly throughout their school-aged years to ensure healthy eyes and adequate vision skills essential for successful academic achievement.”

Two states, Kentucky and North Carolina, now require a comprehensive eye exam by an optometrist or ophthalmologist for all children prior to entering public school. Nebraska requires a “vision evaluation” by an optometrist, physician, physician assistant or advanced practice registered nurse before beginning school. Arkansas requires enhanced screening by trained school nurses at specified ages or grades. An exam by an optometrist or ophthalmologist is required for those who fail the screening. Massachusetts and Rhode Island require screening by public health department-trained persons (MA) or public health department-licensed professionals (RI) for those entering kindergarten. An exam by an optometrist or ophthalmologist is required for a failed screening or for those diagnosed with neurodevelopmental delay. Ohio requires a comprehensive exam by an optometrist or ophthalmologist after an initial diagnosis of a disability. Kansas requires screening by a teacher or school board designer every two years. Exams by an OD or MD are recommend ed after a failed screening. Exams are also encouraged for those having learning problems. Illinois and Michigan require screening of children ages 3-5 and certain specified grades by community health department-approved screeners (MI), and as determined by school boards in cities with populations more than 500,000 (IL).

Wisconsin school boards shall “request” entering kindergarten ers to show evidence of an exam by an OD or MD.

Dr. Loomis pointed out several considerations for states pushing to pass children’s vision legislation: piggybacking the bill, distinguishing between examinations and screenings, having exams performed by optometrists or ophthalmologists, having econ omic impact information and knowing the level of support for the bill. Dr. Loomis also dis cussed the possibilities of joining a coalition. Coalitions can either help or hinder the legislative process, he said. Points to consider: limiting the size and number of groups, limiting the issues, the baggage and background of potential coalition members, whether new coalition members can get the votes, grassroots organization, establishing the same message for all members, cutting “deals” and controlling the bill.

Grassroots Activities

While contributions play a vital part in grass roots activities, good personal contact with legis lators is even more important, said State Rep. Richard J. Ball, O.D. (R-MI).

Keypersons can volunteer to help with cam paigns, host fundraisers and participate in recre ational activities, among other things, as ways to establish relationships with legislators. Through Keyperson contacts, optometry’s views can be expressed to the legis lature. It is important not to wait until a bill is up for debate before establishing contact with legisla tors, Dr. Ball said. If a Keyperson has close contact with a legislator, he or she may get a call from the legislator before a health bill comes up. Oklahoma Association of Optometric Physicians Executive Director Sandra Gragg-Naifeh said Keypersons are expected to provide a clear overview of issues, open lines of commu nication, and not break ranks. Legislators’ party affiliations are not con sidered barriers in the grassroots organization. “We belong to the optometry party, not the Republican, Democrat or Independent Party,” said Gragg-Naifeh.

Keeping the Keyperson organization updated is crucial. Pairing older OD Keypersons with younger ones allows for continuity when they retire, said Claire Holley, South Carolina Optometric Association executive director.

Kentucky Optometric Association Executive Director Darlene Eakin also noted the importance of includ ing Generation X’ers (those born after 1964) in the grassroots organiza tion. She said half of the ODs in Kentucky are considered Generation X’ers.

Eakin said it is important to reframe the job description from the Generation X pers pective. “Gen X’ers don’t live to work, they work to live,” Kahan said.

Older generations should consider that the Generation X’ers want to be included in grassroots activities, and they also want respect and recognition, said Eakin.

Uniformity of Scope

Having a common scope of practice among states is important for the profession, said Roger Seelye, O.D., SGRC executive committee member. Uniform scope of practice includes full prescriptive authority. When drafting legislation, the specific language used is not as important as the result. To achieve uniformity, an optometry license in every state:

❖ Should automatically include prescriptive authority (as with the other three classes of independent doctoral-level prescribers).

❖ Should authorize the use and prescription of all (rational or appropriate) legend drugs for the treatment of conditions of the eye and adjacent structures.

❖ Should not have any conditions, restrictions, or other standard-of-care type language codified in the law.

In another area, multiple levels of scope standards within a state limit the ability of ODs to provide full-scope primary care medical eye care to their patients.

Optometry is the only independent doctor-al level profession with such extensive “standard of-care-type” provisions codified into law. Having multiple scopes is confusing to the public, third party payers, pharmacists and other physicians.

On a practical basis, those with the “lower” level of prescriptive authority are often excluded from participate as providers in health insurance plans, Dr. Seelye said.

Licensure by endorsement is a top prior ity for the AOA-SGRC. Only 10 states (Oregon, Arizona, Utah, Wyoming, North Dakota, Texas, Illinois, Kentucky, Ohio and Georgia) offer the possibility for licensure by endorsement.
CLCS Mentor Program needs mentors

The CLCS Mentor Program’s mission is to provide added guidance, support and collegiality to optometry students throughout their academic careers. Through ongoing communication between established practitioners and students, the program intends to promote and enhance the student’s exposure to knowledge of contact lens practice, as well as the plethora of practice management issues facing new graduates in today’s optometric practice. The long-term goal for this program is to foster professional relationships that will endure throughout the careers of the mentor and the protégé.

To participate or continue participation, please contact the CLCS office by e-mail, or fax the following to the CLCS at (314) 991-4101.

Yes, I would like to be a CLCS Mentor.

Name __________________________________
Address _____________________________________
City _______________________ State___ Zip _____
Phone # ______________  Fax #  _______________
Email________________________________________

The AOA CLCS leadership thanks you for your interest in the program and looks forward to your active participation. If you should have any questions or need additional assistance, please contact the CLCS office at (800) 365-2219, ext. 224 or 137, or e-mail JEBecker@AOA.org.

CIGNA of Tennessee to reimburse ODs for medical eye care

CIGNA HealthCare of Tennessee has begun recruiting optometrists for its medical eye care panel. Among the Volunteer State’s largest health insurers, CIGNA of Tennessee began sending provider panel applications to optometrists across its service area last month.

Optometrists are being invited to provide eye care under all of CIGNA of Tennessee’s health plans, including the insurer’s HMO, PPO and “Open Access” programs.

CIGNA of Tennessee has covered vision care by optometrists, through vision care carve-out programs but, until now, not eye care.

“This is a great thing for patients in Tennessee,” observed Gary Odom, executive director of the Tennessee Optometric Association (TOA). “If you go to your optometrists to get vision care one day, and then need medical eye care the next—but can’t get it though your local optometrist who is already familiar with your care — that clearly creates a continuity of care problem.”

“And, of course it is a great thing for our TOA and AOA members,” Odom added.

CIGNA of Tennessee’s new policy regarding eye care by optometrists comes following talks between the insurance company, TOA and the AOA Eye Care Benefits Center (AOA-ECBC), as part of the center’s Managed Care Initiative.

Under the Managed Care Initiative, AOA-ECBC representatives, working with Aon Consulting (one of the nation’s most respected consultants on managed care benefit packages) and state optometric associations, meet with up to 12 major insurance plans each year to explain the advantages of optometrically provided medical eye care for both plans and patients.

The AOA-ECBC Managed Care Marketing Initiative has resulted in over 20 million people being provided access to optometrists over the past three years – two million over the past program year alone.

New plaque for Contact Lens and Cornea Section members

For members of the Contact Lens and Cornea Section only, this handsome plaque tells patients and staff that you are committed to excellence in the contact lens and anterior segment specialties. $65 per plaque includes all shipping & handling. Fax orders to (314) 991-4101, or e-mail to JBPayne@AOA.org.

To order, type or print clearly “Item # CLCS1,” your name (as you want it to appear on the plaque), your AOA Membership Number, mailing address, and credit card information (name on card, card type and number, and expiration date).

ATTENTION All Paraoptometric Professionals!

If you are registered to attend the upcoming East-West Eye Conference in Cleveland, OH October 27-30, 2005, you cannot miss the AOA Paraoptometric Section-sponsored breakfast seminar.

Join your colleagues for food and CE while listening to lecturer Rebecca Johnson, CPOT, COT, COE, of the Foundation for Ophthalmic Training, while she presents, “Your Professional Toolbox.”

Ms. Johnson will teach you important steps in utilizing the resources provided by your state, regional, and national paraoptometric associations to reach your career goals.

Register for this seminar on site at the Cleveland Convention Center.

This course has been provided compliments of the AOA Paraoptometric Section.
While I have been largely impressed by the synergy between AOA and the states, candidly I have occasionally seen two responses to issues that I think are counterproductive — the first is to dismiss an issue as being solely AOA's problem. The second is to reject AOA involvement in an issue because the state thinks "we can handle it ourselves.

Neither response, though perhaps well intended, is healthy for our profession. The ability of a federation such as ours to meet its challenges depends in large part on the full collaboration and cooperation between the national association and state affiliates.

I pledge to you an open, honest, and cooperative environment of dealing with all of the issues we collectively face, and hope I can count on you as state leaders for the same. We cannot afford anything less.

Our past successes have also been predicated on total preparation and total commitment. Identifying the issue is the easy part; but preparing a thorough plan to address it, and committing to executing that plan takes deliberation, patience, and perseverance.

There are not likely to be any quick fixes to our issues; we need to recognize that and prepare to chip away at the solutions incrementally, with the resolve to see it through no matter how long it takes.

Challenges ahead

The challenges ahead are many:

First and foremost, organized ophthalmology is more active and hostile than at any time in recent memory. They are raising staggering amounts of money at every level and, more importantly, are a more engaged and politically active force every year.

Optometry's strategies, our strategies, and our level of commitment must reflect this reality. I know many of us, myself included, have good working relationships with ophthalmologists who respect our abilities and the first-rate care we provide patients. But make no mistake; the organizations representing ophthalmology are dedicated not only to preventing our growth, but to turning the clock back and repealing past gains.

Second, policy makers from the state level, on up to Congress, and even the president himself, are looking to allow managed care plans "maximum flexibility" in seeking to deliver care in the most efficient way possible. This is efficiency as THEY see it — not as we see it or as our patients see it.

What it really is . . . is allowing managed care to write the rules. Now, we can discuss and debate the wisdom of this mindset. We can also plan for a day in the future when a more favorable legislative environment may exist.

But optometry can never ignore reality. Today's political environment is what it is. We need to deal with it as such.

Back in 1997, the AOA created the Managed Care Marketing Initiative as a means to identify, inform and work to open managed care and ERISA plans that close their doors to optometry.

We expanded the initiative in 2000 by enlisting the strategic expertise and health industry contacts of Aon — sort of the "Hill and Knowlton" of management consulting firms.

I am pleased to tell you today — we will bring the full resources of the AOA Managed Care Marketing Initiative to bear on any newly created Medicare Advantage plan that would attempt to exclude optometry.

Our goal is nothing less than full inclusion.

The AOA's Managed Care Initiative is relentless in seeking out ways to win over plans and expand access to ODs.

The AOA's Managed Care Initiative is relentless in seeking out ways to win over plans and expand access to ODs. However, to make it as effective and successful as it needs to be, we must have the highest degree of coordination, cooperation, communication and joint action between affiliates and the AOA.

Even then, rather than a quick fix, we face hard work over weeks, months and, sometimes, years to get results. However, the Managed Care Initiative has achieved some outstanding results:

Today, optometrists can provide — and be reimbursed for — medical eye care services for almost 30 million patients covered by managed care and ERISA plans that they did not have access to just five years ago.

Six United Healthcare plans added 2.5 million lives, three CIGNA plans added more than 1 million, and five Blue Cross plans added almost 9 million.

Private Health Care Systems added 5.5 million lives, First Health added 7.7 million, and Great West Life added 2.7 million.

Albertson's, one of the largest retail food and drug chains in the country, offers an ERISA Plan, operating in 31 states with more than 200,000 employees. Thanks to the efforts of our initiative, medical eye care provided by ODs is now available to the Albertson's employees and their families — approximately 480,000 men, women and children.

These are the results we can get when we work together.

But we can't and we won't stop there. Right now, we're working closely with the Tennessee Optometric Association and have helped persuade CIGNA of Tennessee and Arkansas to begin sending medical panel invitations to optometrists, for another million lives. (See story, page 13.)

So, my colleagues, I issue a call to arms aimed at enlisting each of you as leaders in the battle to ensure that optometry assumes its proper role within the health care delivery system.

It will never be acceptable to me to allow others to define who we are, or to define what we do, nor is it acceptable for managed care administrators to discriminate against optometrists, and not cover services we are licensed to perform.

But, in the absence of a coherent and well-executed plan to address these issues ourselves, that is what will happen. Indeed, we are seeing signs of it already.

Our profession cannot afford to let that happen — the millions of patients who benefit from our care cannot either.
CHOOSING THE PROGRAMS, PRODUCTS, AND SERVICES THAT HELP YOU MANAGE AND BUILD YOUR PRACTICE

Efficient Practice Management encompasses virtually every element of your business, from providing quality patient care to offering the products in greatest demand ... from increasing daily practice productivity to long-term growth and success. Selecting the best products, programs and services for your practice can make the difference between optimizing your profitability or unnecessarily losing valuable time and money on the wrong choices.

The five key elements that impact growth and success:

- **High Quality, High Fashion Eyewear that meets your patients’ demands.** Better fit, greater shape retention, and longer lasting finishes – together with a broad selection of popular styles and brands – ensure greater patient satisfaction.

- **High-Impact Merchandising that raises visibility of products and services.** Windows, walls, floors, countertops, in-case displays – virtually every area of your practice can be used for effective presentation of your products and services.

- **Value-Added Programs and Services that save you money and increase sales.** From comprehensive, turn-key eyewear and sunwear programs to special promotions and practice-enhancing services, a wide variety of opportunities exist that can lower your costs and increase your selling opportunities.

- **Managed Vision Care Plans that enhance patient care and raise practice profitability.** Quality managed vision care plans are designed to assist you in profitably prescribing to your patients’ needs and wants. While it might seem that many plans offer a similar array of benefits, a closer look reveals substantial differences among plans.

- **Practice Management Software Systems that optimize your productivity.** Instant access to patient information, efficient inventory management, greater accuracy in billing, effective patient recall: These benefits and hundreds of others are available through superior practice management software systems.
Higher Productivity... Increased Profitability

Drive more patients into your practice... dazzle them... take advantage of the industry's best programs and services.

Sell The Brands Your Patients Demand and Capture A Greater Share of the Fashion Marketplace

Industry surveys prove that those professional practitioners who carry a wide assortment of brand name frames have steadily increased their sales and profits. You can attain a larger share of the fashion marketplace by making a commitment to the following:

- **World Class Brands**: Your dispensary should have a substantial number of leading designer and brand name collections.
- **Fashion Insight**: Your staff should be familiar with the latest eyewear trends: dimension, color, shape, and embellishment.
- **Styling Savvy**: Identifying the collections that best fit your patients' tastes helps you optimize eyewear selections.
- **Celebrity Status**: An awareness of what frames Hollywood celebrities are wearing puts you and your associates in the fashion know.

- **High-Impact Merchandising**: Professionally designed merchandising materials are critical in capturing patient attention.

Use Visual Merchandising Materials That Create Maximum Impact

Well-designed displays, graphics and signage can be used to deliver messages of quality, style and professional services to patients where they count most - inside your practice. Powerful visual merchandising can achieve these goals:

- **Improve service**
- **Educate patients**
- **Increase sales**
- **Increase productivity levels**
- **Reinforce store image**

Merchandising elements such as basic store layout, product displays, signage and dynamic window presentations can not only change patient preferences, they can significantly impact how much patients will buy -- and how much they will spend.

Optimize Opportunities With Programs That Lower Costs And Increase Profitability

The industry's leading optical organizations have created a wide variety of programs and services designed to save you money and simplify your life:

- **Turn-key sunwear programs**: Delight more fashion-conscious patients and help prevent UV-associated eye diseases with comprehensive sunwear programs that create a successful sunwear dispensary in your practice.
- **Cost-saving benefits programs**: Enjoy maximum cost savings on optical and non-optical goods with profit-enhancing benefits programs that save you money every day.
- **Training seminars**: Discover the differences in quality among eyewear and sunwear products and learn a wide variety of dispensing tips that will help you enhance patient care.
- **Professional guidance**: Gain valuable, accurate and timely information from the industry's best professional sales representatives on promotions, products, and other details that will assist you in maximizing patient satisfaction.
profitability... Greater Efficiency.

em with images of style, quality, and performance... and services:

Managing Managed Vision Care

The defining elements of quality programs

As more employees, insurance companies and other organizations expand the reach of eye and vision care benefits to cover more prospective patients, all vision care professionals should become more familiar with managed vision care issues surrounding patient care and practice profitability;

Choice: In products, laboratories, and plan types

Quality vision care plans support your ability to prescribe the products, add-ons and options that best fit your patients’ needs. A wide choice in quality products results in greater patient satisfaction. From basic eyewear styles that offer comfort, quality and good looks to products that include sophisticated designer frames, high tech lens designs, and the latest coatings or tints - the better the product and service offerings, the more desirable the plan.

You know the laboratories you can count on for top quality products and timely service, so you are the best one to choose which laboratories you use. Unrestricted choice of laboratories - even the option to choose your own on-site laboratory - allows you to deliver better service to patients.

You’ll want to work with managed vision care organizations that provide a choice of different plan types, designed to appeal to a broad range of payers and patients. Providing a choice of plans gives clients and members the opportunity to tailor benefits to their specific needs.

Fast, Easy Administration

The best vision care programs understand that your time is valuable. Those plans with Internet Administration simplify and speed up the administrative process. Look for Online Claims Administration that allows you to:

- Receive instant authorizations for service
- View member-specific benefit information
- Perform automatic benefit calculation
- Submit a claim
- Check claim status
- View payment history

Competitive Reimbursements

Look for plans that offer examination reimbursement fees that allow you to spend the time appropriate for the level of service you feel your patients require. You’ll want plans that facilitate your delivery of one level of care for all patients - managed and private-pay.

You know your patients best and the quality of service they expect from their preferred family eye care provider. The more a vision care plan gives you the ability to control your own practice in the delivery of care, service and product, rather than restrict you, the more desirable the plan.
Increasing Practice Management Efficiency:

Choosing The Best Software System For Your Practice

Thousands of eye care professionals across the country are enjoying unprecedented productivity by conducting virtually every aspect of their practice on their computers. Those professionals who are using well designed and comprehensive practice management software systems cite the following key practice-enhancing benefits:

1. Increased Practice Productivity. Instant access to vital patient and materials information - and the ability to utilize this information in a variety of practice enhancing ways - has greatly increased both individual and overall practice productivity.

2. Absolute Accuracy. Predefined prices of materials and services once entered into a computer have cut down on pricing errors. Once pricing is in the system ... totals are automatically and accurately calculated.

3. Sophisticated Marketing Opportunities. Comprehensive, automated marketing functions continue to increase patient population, sales and market share, making it infinitely easier to reach out to new and existing patients.

4. Efficient Practice Administration. From generating daily, weekly and monthly financial reports ... to tracking inventory, credits and balances... computerization is vital to the financial well being of a practice.

5. Consistent Patient Satisfaction. Speed, accuracy, personalized service - all this and more continually contribute to a higher level of patient satisfaction.

Before making a final decision on which system to purchase, consider these variables:

Cost: Which system delivers the best features for your practice at the lowest cost? Higher price does not mean higher quality or more features and benefits.

Ease of Use: Is the program easy to understand and is the system easy to navigate? The easier the system is to use, the more you will be encouraged to explore the program’s full potential.

Solid Support: How knowledgeable and caring is the customer service team that will help you when problems or questions arise? No matter how user friendly a system is ... you will have questions that need to be answered.

Comprehensive Features. Does the system have all the features you’ll need to run your practice? The more a system relates to the needs of your practice, the greater will be the benefits.

Growth Potential. Will the system provide regular updates with new features and benefits? Technology never stands still, nor should your computer system.

From functions that fully utilize vital patient demographics designed to increase patient satisfaction and market share ... to built-in cost-cutting features that raise profitability ... the right practice management system will pay for itself in no time.

These opportunities - and many more - are available to you right now. Don’t delay. Ask your sales representatives about how to take advantage of all the many products, programs and services designed to assist you and your associates in the profitable and efficient management of your practice.
Practice Management: EYECARE offers format for culturally competent care

As the U.S. population becomes more diverse, cultural competency is becoming a more important factor in health care—including the practice of optometry, according to LeVelle B. Jenkins, O.D., of The Ohio State University College of Optometry. EYECARE, a system developed by Dr. Jenkins to help provide culturally competent care in the optometric practice, is the subject of an “In perspective” article by the OSU faculty member in the August issue of Optometry: Journal of the American Optometric Association.

Racial, ethnic, cultural, and linguistic disparities can result in disparities in quality of health care, according to the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH).

The problem is compounded by increased incidences of many chronic conditions, such as diabetes and hypertension—along with their ocular manifestation, such as diabetic retinopathy, hypertensive retinopathy, and glaucoma—among some ethnic minorities, Unequal Treatment, a report by the Institute of Medicine, notes.

Dr. Jenkins’s EYE-CARE model is intended to assist optometric practices, as well as optometric organizations and institutions, in implementing the Cultural and Linguistically Appropriate Service (CLAS) standards, issued by the Office of Minority Health in 2000. Dr. Jenkins’ EYE-CARE (Evaluate, Yield, Explore, Communicate, Acknowledge, Re-evaluate, and Execute) model is intended to assist optometric practices in implementing such steps by evaluating both the practice and the cultural and language needs in their service areas. The process is also applicable to optometric organizations and institutions. Executed properly, culturally competent eye care can result in increased utilization of eye and vision services by presently underserved populations, increased utilization of preventive care measures and increased patient compliance with instructions, Dr. Jenkins maintains. Optometry is mailed to practicing AOA members and all optometry school students each month.
REMEMBER . . .
Order Your Optometric Office Materials

Through The American Optometric Order Department

- **Letterhead** - Choose from five different styles to be imprinted with your personal information.
- **Answer to Your Questions Series** - These easy to read pamphlets help answer patients eye care questions.
- **Educational Material** - NEW interactive CD with teachers guide included. Also, several pamphlets written for children’s specific vision care.
- **Fact Sheets** - Easy to understand text and interesting facts with well drawn illustrations.
- **Compliance Forms and Manuals** - Inform patients on how to use and disclose their private medical information.
- **Code Books** - A list of codes to aid in submitting Medicare and third party insurance claims.
- **Charts and Models** - Great for office displays and one-to-one patient education.
- **Signs and Plaques** - Clearly mark the important locations in your office with our large selection of signs. Name badges and plaques also available.

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Toll-free: automated telephone (800) 262-2210 available 24 hours a day, 7 days a week
Transitions expands ‘Healthy Sight’ Campaign with practice materials

From left, Denis Fisk, director of global education for Transitions Optical; Paula Newsome, O.D.; and AOA President Richard L. Wallingford, O.D., meet after a luncheon presentation at the AOA Advocacy Mega Meeting, hosted by Transitions. At the luncheon, Transitions unveiled a series of colorful posters, available free to optometrists, to help reinforce the need to protect eye health.

A key component of Transitions Healthy Sight Counseling program, the materials offered include “A Ten-Point Checklist For Your Practice,” and posters that address the specific health concerns and risks for specific types of patients.

The posters are highlighted by the message: “Things You Do Every Day Can Affect Your Vision,” and encourage patients to ask about special options that help protect eye health, like anti-reflective coatings, high-impact lens materials and photothermic Transitions Lenses.

For a free set of posters (see below for examples), contact Transitions Customer Service at Transitions Optical Customer Service at (800) 848-1506.
**Industry Profile: Vision Service Plan**

VSP and Vision One Credit Union together have developed an innovative loan program to help optometrists buy all or part of existing private practices. “Banks tend to overlook our industry,” said Bob Schultz, president and CEO of Vision One. “We decided that together we could provide beneficial options to transition practice ownership.”

VSP funds are used to help doctors who meet Vision One loan standards, but do not qualify due to lack of equity or collateral. Applicants must be VSP network doctors. VSP does not benefit from the program. Their interest in providing this service to VSP doctors is to contribute to the longevity of private practice and increase the number of qualified buyers. VSP’s role is to provide the funds; Vision One administers them and makes the credit qualification decisions.

“We saw the need in the marketplace for independent optometrists trying to get into private practice ownership,” said Schultz. “We have designed a product to benefit first time practice purchasers, which is unavailable from a regular bank.”

Vision One offers full service banking exclusively to private practice optometrists and companies that support independent optometry. VSP has provided $5 million in loan funds, which will be replenished as loans are repaid. All loan payments received will be returned to the program fund and used to secure future loans for qualified doctors interested in financial assistance toward private practice ownership.

Doctors interested in partnering in or owning a private practice can benefit from this program, as well as practice owners who would like to add a partner or sell their practices, but can’t find someone with the proper financial backing.

The program is designed to help new and experienced doctors who dream of owning a practice, but who lack the equity or other financial support necessary to qualify for and purchase their practice.

“For new eye care professionals just getting out of school, this looks really attractive, but it’s also for those with existing practices,” said Pat McNeil, VSP public relations manager.

The program features three loan types, including:

**Practice buy-ins.** Unique in eye care, these loans provide qualifying optometrists with the funds necessary to build their future by buying an ownership interest in an existing practice (partnership or corporation).

**Practice buy-outs.** Qualifying optometrists may use existing Vision One loan programs in conjunction with VSP funds to purchase an existing practice.

**Down payments.** Doctors needing help with a down payment to buy all or part of an existing practice may qualify for this program.

Schultz stressed the benefits of the practice buy-in loan option, which allows a senior partner to line up a successor and sell them a fractional interest in a practice while retaining control.

“This affords the seller the opportunity to phase out gracefully over time,” he said.

The loan program has already helped two dozen doctors and is available in nine states. VSP and Vision One are working to fast-track availability in states impacted by Hurricane Katrina.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

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**Study bolsters case for early AMD treatment**

Eyetech Pharmaceuticals, Inc., and Pfizer Inc., announced that exploratory analyses of the VEGF Inhibition Study in Ocular Neovascularization (VISION) suggest that treatment with Macugen® (pegaptanib sodium injection) 0.3 mg may provide better results in patients with early stage neovascular age-related macular degeneration (AMD) compared to the overall VISION study population.

These findings were published in the October issue of Retina.

Neovascular AMD is the leading cause of severe vision loss among people over age 60. Early diagnosis is critical, as the disease can rapidly lead to impaired visual function.

Macugen is indicated in the United States for the treatment of neovascular AMD and is administered in a 0.3 mg dose every six weeks by intraocular injection. Macugen is a pegylated anti-VEGF (vascular endothelial growth factor) aptamer that binds to VEGF.

The subgroup analyses suggest that for patients with early disease receiving Macugen 0.3 mg, responder rates (loss of less than 15 letters of visual acuity) were higher than previously seen in the overall Macugen 0.3 mg group in the study.

In addition, 12 percent and 20 percent of Macugen-treated patients in the two early disease subgroups gained three or more lines of vision, compared with 4 percent and 0 percent, respectively, in the usual care group.

“These analyses suggest that treatment with Macugen early in the course of disease may provide better results for AMD patients,” said Christine R. Gonzales, M.D., assistant professor of ophthalmology, Jules Stein Eye Institute at the University of California Los Angeles. “Furthermore, it suggests that early diagnosis, rapid referral and more timely treatment may be important factors in order to achieve optimal results.”

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**Calvin Klein moves with Slim Fold**

Calvin Klein has introduced a new collection of eyewear that features a range of material and technology – rich in design with graceful execution. The Slim Fold Collection offers three Japanese titanium styles enriched in warm colorations, offset with flared zyl temples – specially formulated to expose a metal wire-core inlay and engraved Calvin Klein logo. The collection also includes an exclusively designed Slim Fold case – rendering ultrathin portability. Shown is Calvin Klein style CK 561.

Calvin Klein has also developed an innovative loan program to help optometrists buy all or part of existing private practices. “Banks tend to overlook our industry,” said Bob Schultz, president and CEO of Vision One. “We decided that together we could provide beneficial options to transition practice ownership.”
**Industry News**

**Polyvue offers fitting set deal**

Polyvue is offering a promotion for optometrists to receive the Polyvue Presbyopic System fitting set free of charge.

The system is a set of patented soft contact lenses that are designed to optimize the fitting of presbyopes. All the lenses in the system feature spherical aberration control optics for enhanced visual acuity.

Doctors fitting at least three presbyopic patients a month can get the $4,500 fitting set from Polyvue for free.

The compact fitting set includes a full parameter range of two main products, High Definition Aspheric and HDX Progressive.

The promotion is available until the end of the year.

For more information, contact Tamiko Ishidate at (877) 734-2010 or email info@polyvue.com.

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**Carl Zeiss Meditec gets FDA clearance for OCT imaging**

Carl Zeiss Meditec, Inc., announced that the U.S. Food and Drug Administration granted 510(k) clearance for Visante™ OCT.

The device is the first stand-alone, high-resolution optical coherence tomography (OCT) imaging system for the anterior segment of the eye, including the cornea, iris, angle and the lens, according to the company.

“Ours Stratus™ OCT is the emerging gold standard for obtaining high-resolution cross-sectional images of the retina,” said Jim Taylor, Carl Zeiss Meditec president and chief executive officer. “Now with Visante OCT, this technology is customized for anterior segment applications.”

Without the need for ocular anesthesia or water bath, Visante OCT can accurately measure corneal thickness to help qualify patients for vision correction surgery. In addition to providing a full-thickness pachymetry map prior to laser surgery, it is the first device to image, measure and document both corneal flap thickness and residual stromal thickness immediately following the procedure – a crucial element in ensuring optimal surgical outcomes.

The Visante OCT software allows for accurate evaluation, measurement and analysis of the anterior segment. The tools enable detailed planning and measurement of anterior segment structures, including anterior chamber depth, anterior chamber angles and the angle-to-angle distance (anterior chamber diameter). In addition, Visante OCT aids postoperative evaluation by allowing imaging and measurement of intraocular lenses and implants in the eye.

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**CooperVision expands multifocal options**

CooperVision introduced the UltraVue™ PC Multifocal Toric to its suite of contact lenses designed for multifocal correction.

The design combines the benefits of CooperVision-patented amafilcon A phosphotylocholine (PC) material with its UltraVue product line to enhance the contact lens wearing experience for astigmatic presbyopes.

The contact lenses are made to order and are available starting in October 2005. UltraVue PC Multifocal Toric lenses are available in single lens vials with options for lens bank purchase as well.

The UltraVue product line offers extended parameters and multiple base curves, which allows optometrists to accurately fit practically all presbyopic patients.

The PC Technology™ used in UltraVue PC Multifocal Toric creates a biocompatible lens material that allows the lenses to be more readily accepted by the eye. This translates into a more comfortable lens wearing experience, according to the company.

The UltraVue PC Multifocal Toric also uses Balanced Progressive™ Technology, a multifocal system that maximizes binocular visual acuity at all ranges. Its two-lens design system features a “D” lens for the dominant eye (distance, intermediate, and near vision) and an “N” lens for the non-dominant eye (near, intermediate, and distance vision).

UltraVue lenses can be independently adjusted to suit individual patient needs, even as their vision correction needs change over time.

“The introduction of UltraVue PC Multifocal Toric allows CooperVision to fit more presbyopic patients, including those with astigmatism, with the widest array of products and parameters available,” said Tom Shone, CooperVision vice president of marketing. “This is a tremendous opportunity to enhance the wearing experience of toric soft lens wearers now requiring presbyopic correction, and is part of the ongoing commitment by CooperVision to maintain industry leadership in multifocal correction.”


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**Coach emerges this fall with a new collection of sun and optical eyewear designs**

The collection offers a variety of pieces from refined metal ophthalmics for the trendy student to bold zyl sunwear with custom logo treatments for the jetsetter. Shown is Coach style Mia, which is a new take on one of spring’s best selling styles, featuring a large rectangular wrap with an 8-base curvature for supreme coverage. www.marchon.com.
Getting in touch with AOA

**Vision Topical Interest Group (TIG)**
- 800-365-2219 x225
- SKBrown@aoa.org

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- 212 633-3966
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**VISTA**
- 800-365-2219 x262

**VISTAUSA@aoa.org**

**Web Site Information**
- 800-365-2219 x219
- GCWilson@aoa.org
Meetings

October
EAST-WEST EYE CONFERENCE
OHIO OPTOMETRIC ASSOCIATION 614/781-0708
www.ohioeye.org
Oct. 27-30, 2005 Cleveland Convention Center
ANNUAL MEETING NEW HAMPSHIRE OPTOMETRIC ASSOCIATION 603/944-2585
optometric@comcast.net
Oct. 28-30, 2005 Portsmouth, NH

November
25th ANNUAL COVD MEETING 888/ 268-3770
covdoffice@sbcglobal.net
Nov. 1-5, 2005 Wyndham Palace Resort and Spa Orlando, FL www.covd.org
ARIZONA OPTOMETRIC ASSOCIATION FALL CONGRESS CE in the Red Rocks Nov. 4-6, 2005
Hilton Sedona Resort Sedona, AZ Jane Lynch
602/279-0055
FAX:  602/264-6356
info@azoa.org

December
MAINE OPTOMETRIC ASSOCIATION'S ANNUAL CONFERENCE
Dec. 2-4, 2005 Eastfield Hotel, Portland
207/626-9920
FAX:  207/626-9935
moa.office@maineyedoctors.com
www.maineyedoctors.com
AMERICAN ACADEMY OF OPTOMETRY, Dec. 8-11, 2005
San Diego Convention Center
www.aaopt.org

January
ARIZONA OPTOMETRIC ASSOCIATION Bronstein Contact Lens Seminar Jan. 27- 29, 2006
Chaparral Suites Ressor Scottsdale, AZ Jane Lynch
602/279-0055
FAX:  602/264-6356
info@azoa.org

February
SECO INTERNATIONAL Feb.
22-26, Georgia World Congress Center, Atlanta, GA.
www.seco2006.com

March
INTERNATIONAL VISION EXPO EAST, March 30-April 2, New York,
wwwVISIONexpo-east.com
For hotel and travel information:
Contact (800) 388-8106 or 13125277300

April
NEBRASKA OPTOMETRIC ASSOCIATION NOA Spring Convention April 1-2, 2006
Omaha Embassy Suites Omaha, NE
Kathi Schidich
402/474-7716

For more meetings information, visit www.AOANews.org. To submit an item, send a note to EventCalendar@aoa.org

Meetings

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Rental — Automobile
National Car Rental 800-227-7368
ID#: N503894
Still@NationalCar.com
Mastercard Platinum Plus Card
MBNA — Applications 800-523-7666
Gen. Info 800-421-2110
Student Debt Consolidation
AOAAdvantage Program 866-408-5626

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Information: (800) 469-3240
Fax: (225) 761-5441
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Visit the AOA Web site at www.aoa.org
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CALIFORNIA - Fresno full / pt time OD needed in Fresno, CA. Contact Brad Magee, OD 505-520-2956 or Nancy 800-731-0331 Order # 181680

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Classified Advertising Information

Effective the August 15, 2005 issue onward. Classified advertising rates are $2.00 per words. This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. There is a $40 minimum charge per issue for the NEWS classifieds. A phone number or e-mail address counts as one word. Boldface listings in AOA NEWS are an extra $2.00 per word. An AOA box number charge is $20.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. The charge for an automated e-mail response link is $10.00. To reply to an ad with such a link, simply click on the link, type your message and press send. Payment for all classified advertising must be made in advance of publication; regardless of the number of times it is to appear. Please remit by check, Mastercard,Visa or American Express. Be sure to include the expiration date and credit card number. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elever.ch or by fax at 212.633.3820 attention Kenda Spurlock, Classified Advertising. You can also mail the ads to Elever, 360 Park Avenue South, 9th floor, New York, NY 10010.

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Judy Arledge is a grandmother of two young children who wear glasses. She wrote “With My Glasses on My Face” to provide a way to “share the experience of the journey to corrected sight from a young child’s perspective.” This children's book will be available for a limited time from the AOA Order Department.

B1 - “With My Glasses On My Face” $12.00 Each

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