

Corporate Optometrist

The Voice of Corporate Optometry™

Celebrating 10 Years of AACO

Mark J. Uhler, O.D.

AACO Founding President

My Top 10 Presidential Memoirs



**AACO 10th Anniversary
"Top 10" Special Issue**

- Top 10 Tips for Corporate Leaseholders with Multiple Locations
- Top 10 Co-Management Tips from a Surgeon
- Top 10 Tips for Building a Medical Billing Optometric Practice in a Corporate Office
- Top 10 Ways to Increase Patient Care Compliance
- Top 10 Ways Technology Can Help Grow Your Practice

Plus

- **The Cornea: Our Window to the World**
- **AACO Southern Regional Meeting Re-Cap**

AACO 10-Year Anniversary

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1. JJV Data on File 2022. TearStable[™] Technology Definition.
2. JJV Data on File. CSM Subjective Responses ACUVUE[®] OASYS MAX 1-Day Contact Lenses- Retrospective Meta-analysis

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American Association of Corporate Optometrists™

AACO Mission Statement: To provide technical and professional education, practice resources, and tools for corporate affiliated practitioners so they may provide the highest quality care to their patients.

AACO Core Values: Engagement; Inspiration; Education; Unity

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Looking Back At 10 Years of AACO



Ten years. A lot can happen in 10 years. Two presidential terms are completed in less time. Many musicians have had shorter careers. Why even entire social media platforms can come, peak and then effectively go in less than 10 years. But 10 years later, a good idea is STILL a good idea. The founding of AACO (originally known as Energeyes) was a good idea.

I wasn't here 10 years ago when Energeyes was formed but it was very insightful to be able to see some of the key founding goals from Dr. Mark Uhler in his article in this issue. The founding goals of the organization were to encourage corporate optometrists to practice at their highest professional levels, in an all-inclusive brand environment, while seeking to work alongside and within the AOA and state affiliates, providing relevant education, networking and potential mentoring with the ultimate goal to provide superior optometric care to all our patients.

These were great goals 10 years ago and just as essential today. I may not have been here 10 years ago, but I am excited to be here today as AACO continues to live up to these lofty goals.

I was looking over the most recent issue of AOA Focus and was interested to note the comparison of the AOA as a "home." For ODs who practice in corporate environments, I think there is one "take-home" message I saw to clarify the "home." In describing the concept, it is made clear, "And everyone is welcome, no matter where they practice or how they look."

The optometry family is too small, and the needs of our patients are too great for complacency and not engaging with all of our peers. It was very progressive thinking of the founding AACO members to desire to be inclusive, both within the brands or corporate modalities, as well as across all practice modalities, and I applaud the engagement of AACO members who are active within the AOA and their state affiliates.

I have been blessed to have been involved within the optometry community in several organizations and at many different levels. Having had these leadership opportunities, I've found it a special privilege to help play a role in mentoring peers in the profession. It is a joy to see friends moving into areas of leadership and to know that, in some small way, you played a role in the leaders they have become.

The concept of mentoring, or meeting with

mentors, was one of the associated goals of the formation of this association and is a very essential in crafting the future of an organization. But being a mentor is not limited to board members, and if you have been in practice for more than just a few years, you have knowledge a newer practitioner can benefit from.

I think regardless of whether you are the "mentor" or the "mentee" there are benefits from the arrangement for both parties. Frequently in a mentorship, the mentor brings a historical knowledge base and prior experiences, while the mentee brings new eyes, new ideas and new energies. In the end, both can learn from each other. If you desire to grow, both as a person as well as a provider and potential leader, please consider this as an important option for your profession.

Starting in 2023, the AACO will have OD chairs representing the various corporate modalities. Several are already in place and the goal is to have comprehensive representation. AACO members are encouraged to contact the Chairs for questions and advice and industry news specific to their brand. Keeping in mind the unique scenarios that may exist in the different corporate brand settings, it seems logical that these relationships be within the larger label, however, I can see where cross company mentoring could have some unique advantages. You will find within this issue who these representatives are and what their roles will be. The extent to which you grow from these potential connections is up to you.

Finally, practicing at your highest level and providing superior optometric care to all your patients should be the foundation of all we do as providers. Whether you use of newest technologies or not, continue to strive to ensure you are living up to your calling as the doctor your patients expect and deserve. To borrow a quote: "It doesn't matter where you practice, it's how you practice."

Hopefully you will enjoy this "Top 10" issue as we also remember the 10 years of Energeyes/AACO. Lofty goals with great success. Let's pledge to continue to build on those goals for another 10 years. Happy 2023!

Doug Melzer, OD, FAOO
Editor-in-Chief

AACO Turns 10!



The American Association of Corporate Optometrists, formerly Energyeyes, has reached another milestone! Founded in 2013, we are celebrating a decade of success, and I want to wish AACO members a BIG 10-Year Anniversary Congratulations!

I want to officially thank all of our members and leaders who have remained steadfast throughout the years and we hope to celebrate with everyone this year in appropriate style! The commitment, good 'ol team work and collaboration have pushed us forward to who we are today and is what will propel us in the decades to come. Another big thank you to all of our very appreciated sponsors; we can't do all we do without your support!

Members, everything we do is in attempt to benefit your needs, you're our backbone. You are our focus and we hope that shows. Take advantage of all we have to offer and save the dates to join us for our 2023 live and virtual events!

So, what's new in 2023? Quite a lot!

In this issue of Corporate Optometrist™, you'll be hearing from many professional influencers as they share their "Top 10" tips information in honor of our 10-year anniversary. It will give you a reflection backwards, but also a look forward.

One of the best benefits and why I'm a strong proponent of being a part of an association is the networking and learning from each other, both with the small and big-ticket items. Corporate Optometrist™ is a branch of that benefit and we hope you take the time to read through and learn from your colleagues that practice in a similar setting and face the exact challenges you do. We also want to learn from you! If you have a tip to share, big or small, please contact us and contribute to the magazine.

So, what's new in 2023? Quite a lot! Starting in February, we will be hosting monthly virtual one-hour "happy hour" events to discuss

business tips for topics ranging from intake forms, implementing advanced instrumentation, managing staff, medical billing, retirement planning, and much more.

You will also notice we have created a mentorship program of sorts by appointing a Chair for the major corporate entities so our members can have a personal contact to answer questions. I'm very excited about these two new programs.

We have also instilled a magazine advisory board so we can bring our members the latest and greatest in updates from the optometric industry. Additionally, because we have had so much positive feedback and a desire to build on AACO community and networking, we will be planning more pop-up local dinner continuing education events through-out the year like we hosted with partners in Chicago in the fall of 2022.

Our membership and sponsorship committees have worked hard to extend the list of product and service discounts that will be available to our members that will help cushion that pocketbook. However, our main mission – providing quality continuing education – hasn't changed, and we have some great classes planned this year, including some open-discussion practice management sessions.

We can't leave out perhaps our biggest change of all; we have our new executive director, Peg Densmore, who is passionate about AACO and who is skillfully leading our association. Her background in board work and positive energy is invaluable and is a huge asset to AACO. Please meet Peg by checking out her executive director's letter in this issue, and don't be shy about sending her a virtual welcome.

So, 2023 should be an amazing year for AACO and as I've expressed in past editorials, it's important to stay connected with colleagues. Connection is the main asset of being a part of an association, especially this one. We welcome all optometrists and corporate partners to join us and our mission, but please note that if you practice in a corporate setting, we are "your people" and you have a home with us. We're also a fun group to boot!

Melonie Clemmons, OD
President

AACO Looks to the Future



I would like to thank our members, our sponsors and the Board of Directors of AACO along with our new executive director, Peg Densmore, for a spectacular year-end finish.

We have worked extremely hard to bring forth a magazine worthy of our members and we cannot wait to celebrate our 10th Anniversary edition with all of you. As we embark into our 10th Anniversary year, we are reminded of all the work and sacrifice that went into making this possible.

AACO looks to the future with great excitement, so please join us in making our 10th year anniversary a special and exciting time to be in corporate practice. If the last 10 years are any indication of what is to come, AACO would like to be on the forefront of change for our profession. While we welcome all forms of practice, our goals for the betterment of corporate optometry are at core of our values.

This year we are planning several AACO co-sponsored regional meetings, starting with SECO on March 5, 2023 in Atlanta, Georgia, to kick up our 10th Anniversary in style. This should be a highly attended meeting given the

Georgia Jurisprudence CE provided.

Our Annual CE Conference will be held in my adopted home town of Austin, Texas on August 18-20, 2023. Nestled east of the Hill Country, Austin is affectionately known as The Live Music Capital of the World, and the variety of music venues are well-known to many. Famous for our love of college football (University of Texas Longhorns), barbeque, honkytonks, breweries and live music, I do not think the Annual Conference will disappoint. Please "Save the Date" and make plans to attend our Annual Conference and enjoy some Texas hospitality. You will not regret it!

AACO will end our year co-hosting a regional CE Meeting in Chicago for our colleagues in corporate optometry.

We hope to see you at one of our in-person CE Conferences and Meetings. Be a part of the change you want to see in our profession. Come to our meetings, meet the decision makers, collaborate and learn and have fun.

See Ya'll in Texas,
Carla Gavilanes Gasparini, OD
Associate Editor (Adopted Austinite)

Call for Articles

Would you like to be published in your profession's trade magazine?
Do you have information you'd like to share with your fellow corporate ODs?



An article in your profession's trade journal is a great marketing piece for your website or office wall.

Your name, credentials, a short bio and photo will be included in the article.

Not a great writer? Don't worry, we can provide a ghost writer.

If you have an idea for an article for Corporate Optometrist™, please contact us at managingeditor@aacoeyes.org.

FTC Wants ODs to Keep Written Proof of Glasses Prescriptions



The U.S. Federal Trade Commission is proposing an update to Ophthalmic Practice Rules that would require eye doctors to signed acknowledgements from patients of eyeglasses prescriptions, similar to its 2020 rule change that required this practice for contact lenses.

The FTC said it considered more than 800 public comments before making its decision. The new rules would require ODs to give patients a copy of their prescription immediately following an exam, get a written acknowledgment from patients that they had received their prescription, and require doctors to keep these records for three years. Eye care professionals may not charge a fee or require eyeglass purchase for a prescription release. Doctors may provide digital copies of prescriptions with a patient's verifiable consent.

To read more information about this proposal, visit rb.gy/zevlez.

Smart Contact Lenses for Glaucoma Diagnosis and Management Planned

Researchers are developing a new contact lens that will help increase early diagnosis of glaucoma. Researchers at Purdue University have developed a technology that continuously monitors intraocular pressure (IOP) in a person's eye.

"We developed a unique class of smart soft contact lenses built upon various commercial brands of soft contact

lenses for continuous 24-hour IOP monitoring, even during sleep at home," said Chi Hwan Lee, the Leslie A. Geddes Associate Professor of Biomedical Engineering in Purdue's Weldon School of Biomedical Engineering, who led the research team.

According to Eric Beier, MD, partner and chief medical officer at Boomerang Ventures Studio, a partner in the group that will commercialize the technology, "Our interviews with optometrists and ophthalmologists demonstrated that Lee's technology has the potential to become a new standard of care for diagnosing and managing glaucoma patients." To learn about this new technology, visit rb.gy/6hxfql

California OD Found Guilty of Medicare Fraud



A California optometrist has plead guilty to Medicare fraud and paid restitution for more than half a million dollars in fraudulent billings. Carole Sachs, OD, billed Medicare \$550,000 for procedures she did not perform during a four-and-a-half-year period between 2016 and 2021. In addition to paying restitution, Sachs is facing sentencing in March, which could include a fine of up to \$250,000 and 10 years in prison.

ODs Can Learn From Ophthalmologists When It Comes to Google Rankings

A recent examination of the Google search results presented to people

entering "eye doctor near me" found that ophthalmologists were under represented in 35 of 52 states and territories. This is a reminder for optometrists that they should check their Google search results to make sure their websites and Google Business Profiles are optimized, or potential patients might not find them.

FDA clears new Bausch + Lomb contact lens rewetting drop



The FDA has given 501(k) clearance for Bausch + Lomb's Biotrue Hydration Boost Contact Lens Rehydrating drops. Biotrue is a preservative-free multi-dose rehydrating drop for use with soft and rigid gas permeable contact lenses. According to B+L, the drops provide up to eight hours of moisture. "Biotrue drops contain a combination of ingredients informed by the Tear Film and Ocular Surface Society's DEWS II report including hyaluronan, a moisturizer found naturally in the eye, and other naturally inspired ingredients," according to a press release from the company.

"Many of my patients experience dry, uncomfortable contact lenses throughout the day," said AACO member and Corporate Optometrist™ contributor, Mile Brujic, OD, Premier Vision Group. "The availability of Biotrue Hydration Boost for Contacts will help my patients quickly reduce their contact lens-related dryness. I look forward to recommending this product to patients as soon as it is available next year."

AACO Names Corporate Chairs

New Exclusive Member Benefit

AACO now has representation from ODs who have significant experience working with their corporate partners. These chairs will be available to AACO members to answer questions that lease-holding ODs might have about their corporate-affiliated partners.

These chairs will not act in an official capacity or speak for these entities. AACO chairs will be available to talk and offer their knowledge from their years of experience.

AACO members can access these corporate chairs through the AACO website.

The new chairs include:



Maria Fragoulis, OD
- Walmart



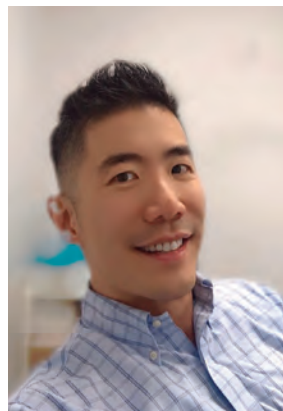
Mark Gifford, OD
- Vision Works



Rosemary Holcomb, OD -
LensCrafters



Robert Houghteling, OD -
Pearl Vision



H. Anthony Kwong, OD -
Sam's Club



Steve J. Lowinger, OD
- Costco



Lauren Waldron, OD
- Target

**To contact your corporate chair
please email them at info@aacoeyes.org**



Top 10 Ways to Increase Patient Care Compliance

By Frank LaRussa, OD



Frank LaRussa, OD

#1 Admit You Have A Problem/Realize the Opportunity

To borrow a key principle from Alcoholics Anonymous, the first step is admitting you have a problem. If you are not sure you have a compliance problem, you might want to look at a couple of key stats.

Per Adherence to Therapy in Glaucoma Treatment—A Review, Alexandra-Catalina Zaharia,* Otilia-Maria Dumitrescu, Madalina Radu, and Roxana-Elena Rogoz:

“Adherence with glaucoma medications is a fundamental problem in the care of glaucoma patients as up to 50% of patients fail to receive the intended benefits of the treatment.”

Per Kelsy Steele, OD Contact Lens Update:

“When asked about their lens wear and care, around 85% of patients report good compliance, but upon further investigation, the reality is somewhere between 1 to 50% achieving true compliance.”

On the positive side, once you admit you have a problem, you realize that likely nothing will improve your patient care more than solving the compliance puzzle.

#2 Be Definitive With Your Diagnosis and Treatment

Try to avoid terms like “borderline” that open the door to noncompliance. Recommend specific products and actions rather than general statements like artificial tears and multipurpose solutions.

#3 Use Technology To Enhance Education

Use your OCT and camera as educational tools. Create a personalized YOURchure with patient photos and OCT images along with the generic patient education brochure.

#4 Use Generic Medications And Discount Plans

One of the major factors in compliance is cost. As I tell my students, a medication that is never purchased is 100% ineffective.

Know the cost of medications and your patient’s insurance coverage. Utilize generic medications, pharmaceutical discount programs, and savings programs like Good Rx to lower cost.

#5 Choose Medications With Lower Dosing Frequency

I find the lower the frequency of dosing, the better the compliance. When possible, choose medications with lower dosing requirements and combination medications.

#6 Prescribe 90-Day Supplies

90-day supplies often lower cost as well as reduce pharmacy visits, both of which can improve compliance.

#7 Consider Contact Lens Store Brands

I find store brand lenses often offer a high quality, less expensive option for my patients.

These brands often increase compliance by lowering monthly cost.

#8 Pick Your Battles

Despite all my efforts, I have some patients who continue to sleep in their contacts. With these patients, I try to minimize the risk by encouraging less frequent extended wear and stressing that they dispose of lenses if there is any potential contamination like water exposure.

#9 Write It Down and Repeat After Me

I find writing instructions down greatly increases compliance and having patients repeat my instruction is also very helpful.

#10 Use Pre Appointment and Recall Text/Calls To Increase Compliance

Nothing improves compliance with visits more than an appointment on the books and a simple reminder.

Final Thought:

Given compliance stats and the impact compliance has on care, I propose you take my compliance tithe pledge. Spend at least 10% of your time with every patient on compliance. If you are a lecturer, dedicate 10% of each talk to compliance issues.

References:

Adherence to Therapy in Glaucoma Treatment—A Review – PubMed (nih.gov)
Contact Lens Compliance: A Review – Contact Lens Update

Frank LaRussa, OD, has a Walmart practice in Homewood, Alabama. He is a past Walmart National Doctor of the Year, a University of Alabama at Birmingham clinical assistant professor in the department of ophthalmology, and has served as a consultant for numerous ophthalmic companies.

If you are not sure you have a compliance problem, you might want to look at a couple of key stats



Top 10 Lessons From Optometry School

By Natalie Victoria Fliegel

Corporate Optometrist asked optometry student, Natalie Victoria Fliegel, to share her thoughts on the Top 10 things she was getting out of her academic experience. A student at the University of Alabama at Birmingham, she provide the following answers.

- #1 Don't be afraid to not know an answer, be afraid of pretending like you know when you don't.
- #2 There's no better way to listen to a lecture than in-person.
- #3 You can befriend smart people.
- #4 Stress tolerance will increase over time, which means you might not notice when school gets harder.
- #5 You can lean on your support system when needed.
- #6 You're able to utilize your mentors as much as possible.
- #7 Find gratitude wherever possible so that the journey is more enjoyable.
- #8 Give back to your community—you are blessed just to be where you are, use your unique abilities to benefit others.
- #9 Communication doesn't have to be straightforward to build a connection with a patient— use Google translate or use non-verbal gestures when necessary, patients will appreciate any effort.
- #10 Meditate on your most appreciative patient, especially when clinic is hard.



Top 10 Ways Technology Can Help Grow Your Practice

Provided by Topcon Healthcare

- #1 Equipment that is state-of-the-art and memorable makes your patients feel they're getting the best eye exam they've ever had.
- #2 Software that allows images to be reviewed in the exam lane helps patients better understand their ocular health and encourages compliance.
- #3 Digital phoropters, such as Topcon's CV-5000S, provide huge time savings when integrated with the practice's EHR system. With just a few clicks, data from the autorefractor, keratometer and lensmeter can be input into the CV-5000S to streamline the refraction.
- #4 OCT technology provides important information on the health of the retina and optic nerve that can help expand the medical side of the practice. Topcon's Maestro2 robotic OCT + fundus camera captures a 12x9mm OCT scan and a fundus photo with just one click, so anyone in the practice can operate it.
- #5 Connected technology empowers efficiency by reducing the amount of time spent on data entry. Topcon's equipment can be connected to the practice EHR so patient information only needs to be entered once and then sent to each device.
- #6 Saving time at each step in the patient journey frees the doctor to spend more time counseling patients and establishing a relationship that builds trust and loyalty.
- #7 Automated instruments, such as those offered by Topcon, are very easy to operate, making new-hire training quick and straightforward. This gives the practice the option to hire people with less experience, making it easier to fill staff vacancies.
- #8 Technology that enables identification of dry eye patients – who could benefit from treatment – can change patients' quality of life while growing a new specialty within the practice. Topcon's CA-800 Corneal Analyzer provides key metrics in dry eye diagnosis, such as non-invasive break-up time, tear meniscus height and in-depth imaging of the Meibomian glands.
- #9 Incorporating telehealth technology allows the practice to see patients even when a doctor is not physically in the practice. Topcon's RDx is an innovative ocular telehealth platform that allows you to connect to your office remotely and provide top-tier patient eye care, without sacrificing the quality care you provide.
- #10 Having the latest and greatest technology differentiates your practice and gives you a competitive advantage!



Top 10 Reasons to Implement ForeseeHome Into Your Practice

By Megan L. Blemker, OD



Megan L. Blemker, OD

- #1 Improve vision outcomes for your intermediate dry AMD patients. ForeseeHome is proven to help you detect wet AMD earlier, with 84% of patients maintaining functional vision (20/40 or better) for years after treatment initiation!
- #2 Integrate remote monitoring services into your patient care model at no cost to your practice. The Notal Vision Monitoring Center is a Medicare accredited digital healthcare provider specializing in remote patient monitoring services and manages the entire process for you and your patients.
- #3 Reassure patients you are protecting their vision, even when they're not in your chair.
- #4 Empower patients to take charge of their vision and ocular health.
- #5 Generate additional billing opportunities by using in-office diagnostic equipment after ForeseeHome alerts.
- #6 Benefit from E/M code billing for review of third-party health care data.
- #7 Retain your patients to the point if a qualified referral for wet AMD treatment.
- #8 Become a valued partner within your referral network.
- #9 ForeseeHome is perfect for the patients you see every day: intermediate dry AMD diagnosis OD/OS/OU and BCVA 20/60 or better.
- #10 ForeseeHome is Medicare covered, FDA cleared, and easy to get started: www.ForeseeHome/doctor.

ForeseeHOME™ AMD Monitoring Program



Megan L. Blemker, OD, is an ocular disease residency-trained optometrist who practiced in the Nashville area for nine years before transitioning to industry. She was an executive clinical outcomes specialist with Bausch + Lomb Surgical for four years prior to joining the Notal Vision team a little over four years ago where she serves as director of clinical affairs and education.

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1. Mathai M, Reddy S, Elman MJ, Garfinkel RA, Ladd B, Wagner AL, Sanborn GE, Jacobs JH, Busquets MA, Chew EY; ALOFT study group. Analysis of the Long-term Visual Outcomes of ForeseeHome Remote Telemonitoring: The ALOFT Study. *Ophthalmology Retina*. 2022;6:922-929. Doi: 10.1016/j.oret.2022.04.016



Top 10 Ways to Better Connect With Your Patients in a Corporate Practice

By Naheed Ahmad, OD



Naheed Ahmad, OD

In a patient's eyes, what makes the difference between just a good optometrist and a great optometrist or for that matter, any health care professional? In my experience, it's not always the technical skills we were taught in school and have continued to hone; it is our ability to connect with patients.

Connecting with patients is what builds trust. That connection is also what brings patients back year after year as well as referring other people to you.

Before I continue, let's make a few assumptions. If we are practicing optometry, then we have all passed our board exams and have shown proficiency in the knowledge and practical skills needed to take care of our patients. Some optometrists may be better at detecting ocular disease, some may be more comfortable in practicing the medical model, some may be better at fitting specialty contact lenses.

What our patients notice and internalize as a good or great experience is their comfort, confidence and trust in their eye care provider. In other words, the connection they feel you made with them.

Here are some ways to better connect and connect and communicate with your patients:

#1 Eye Contact

A recent UK study discovered that participants found "...photos of people who are smiling and looking directly at you to be the most attractive, and the very same faces were found to be less attractive when looking away or off to the side." – Carol Kinsey Goman, Ph.D.

Establish eye contact when speaking to your patients. When you make direct eye contact, it shows the other party you're interested in what she is saying. It shows your

patient you are listening to her and are processing what she is saying and internalizing her concerns.

Making direct eye contact provides others with the comfort needed to communicate with you in return. With EMR systems in our offices, this can be difficult, but my advice is to put the computer away for several minutes, face the patient and give them your undivided attention at the beginning and at the end of the exam.

Too much eye contact can give a message of confrontation, coercion and/or aggression and may lead to the patient feeling uncomfortable. So, what is the right amount of eye contact? Some communication experts recommend intervals of eye contact lasting four to five seconds. Effective eye contact should feel natural and comfortable for you and the person you are speaking with.

#2 Touch

We communicate a great deal through touch. Touch is critical to our well-being. Babies do not thrive without a loving touch. Think about the different messages that may be conveyed by a weak handshake vs. a firm handshake vs. a controlling grip on the arm or a pat on the head. It's all touch but sends very different meanings.

A limp handshake might actually indicate something else entirely, such as arthritis, therefore be careful of misreading

nonverbal signals. Pay attention, if someone doesn't offer a hand in greeting, don't necessarily offer yours. Greeting preferences are driven by cultural, religious beliefs and customs, so keep that in mind when greeting patients.

Think about how gentle or rough you are when touching a patient's eyelids. They will remember if they feel you were too rough.

#3 Facial Expressions

The human face is extremely expressive, able to convey countless emotions without saying a word. The facial expressions for happiness, sadness, anger, surprise, fear and disgust are the same across cultures and seem to be universal.

Is your facial expression masklike and impassive, or emotionally present and filled with interest when talking to a patient? It's hard to fake facial expressions. Pay attention. Make eye contact. Nod your head at appropriate times and take notes as necessary. These communication cues show the patient that you are interested in what they are saying, thereby connecting better with your patient.

Offer a smile when you first enter the exam room. If you are having a bad day, there is absolutely no need for any patient to be aware of that. Before you open the exam room door, take a deep breathe, let it out, put a smile on your face and enter the room as if you are greeting your best friend.

“When you talk, you are only repeating what you already know. But if you listen, you may learn something new.”

– Dalai Lama



#4 Personal Space

Have you ever felt uncomfortable during a conversation because the other person was standing too close and invading your space, and you end up doing a dance – you move a step back, the other person takes a step closer and repeat.

Pay attention to your proximity to others. Different cultures' view proximity in various ways, so take notice if the person you're communicating with is uncomfortable. This could mean that you are standing too close and you should create some distance between the two of you.

The amount of physical space given can convey many emotions. For example, a person who is behaving aggressively is probably standing very close to the other person. The goal is to be close enough to be attentive but be far enough for comfort.

#5 Posture

Consider how your perception of people is affected by the way they sit, walk, stand or hold their head. If you want to better connect with your patients there are several things we can do in the exam room to make the patient more comfortable.

Sit up straight and lean forward and face the patient, not the computer. Slouching shows that you are not interested in what the patient is saying. Drooping shoulders may show a lack of confidence, or that you're tired, under stress or depressed. Be open in your posture. Don't cross your arms, avoid eye contact or tap your feet. Consider moving your seat height to match the patient's height. (This is especially important when working with pediatric patients.) Mirror the other person's body language to convey understanding.

#6 Tones and Sounds

Your tone of voice and the sounds you make can communicate your thoughts to others without you even speaking a word. Vocal sighs, groans, coughs, tone of voice, volume, intensity, speech patterns (slow or fast), and emphasis on words can affect how you communicate your message or how your message is received.

Avoid sighing repetitively or speaking

in a high-pitched voice. Speak calmly, confidently and with real concern for the patient. Remember, you are the expert in the room and have knowledge to impart. You need to do it in a manner that builds confidence in your patients as well as gets your message across in a meaningful and effective manner. Your tone of voice should match what you are trying to say.

Saying the patient's name makes the exam more personal and indicates you are willing to make the effort to see the patient is an individual. That makes connecting with your patient easier.

#7 Active Listening

We can listen at about twice the speed the average person talks. That means we can speak at a rate of 125 to 150 words per minute, but we can hear, process and analyze at a rate of 400 to 800 words per minute. The extra time between what you say and what is heard can be used positively or negatively in the communication process.

Use active listening. Try not to interrupt and really listen to what the patient is saying. And remember, "When you talk, you are only repeating what you already know. But if you listen, you may learn something new." – Dalai Lama

#8 Avoid Stress in your Communication

Stress compromises your ability to communicate. It can result in patients' misreading what you are saying; it can signal anxiety, worry and tension. That can lead to a lack of trust on the part of the patient. In addition, you're more likely to misread patients and may be sending out confusing or off-putting nonverbal messages. Emotions are contagious! You being upset and stressed is very likely to make your patient not feel you care about doing your best for their sake.

Don't bring unnecessary and negative emotions into the exam room. When necessary, take a time out, take a deep breathe (or a few), squeeze a stress ball, smell a favorite scent, listen to a soothing piece of music, etc.

#9 Gestures

Gestures are using our body parts in the communication process. For example, waving, pointing, beckoning, nodding or shaking your head. It is using hands when talking/arguing/speaking animatedly. Nervous mannerisms such as fidgeting communicate a lack of confidence.

In our practices, we can use gestures by nodding to show interest in a comment and to indicate understanding of what the patient is saying. Be careful using certain gestures since they have different meaning in different cultures.

#10 Communicating with Patients when English is their Second Language

We have a tendency to speak louder when dealing with a patient who may not be fluent in English. We all know that doesn't work. So how do we best deal with this situation? We need to speak slower, enunciate all your words clearly, and do not use contractions. Say "do not", instead of "don't", or "it is not" instead of "isn't". Contractions are not universal across all languages and they can be confusing when the patient may not be confident in English.

In addition, if there is a translator in the room, we tend to talk to the translator instead of our patient. I was informed by a professional translator that we should always be facing the person we are talking to, not the interpreter in the room. This allows you to connect to the patient and allows you to observe their facial expressions and non-verbal cues.

Sometimes the easiest way to relate with our patients in our office is the simplest and most cost effective. It costs us nothing but time to improve our communication skills. In the long-term that will pay off in better patient experiences, more trust in your skills and a better connection with your patients.

Naheed Ahmad, OD, has been practicing for more than 30 years, with the last 24 in Atlanta, Georgia. She has been a presenter at the Georgia Optometric Association, SECO and AOA national meetings. She is presently the Past-President of AACO, where and has chaired a number of committees, as well as being a volunteer on the membership committee.



Top 10 Corporate Optometry Practice Tips

By Joe DeLoach, OD, Peter Cass, OD, BJ Avery



Joe DeLoach, OD, FAAO, Dipl. ABO

BJ Avery

Peter Cass, OD

To help celebrate AACO's 10th Anniversary, the Practice Compliance Solutions team came up with our Top 10 recommendations for your practice. See which ones might apply to you.

#1 Engage Your Staff

Don't just pay them – pay them well. Times have changed – \$15 an hour will likely not attract and keep the kind of staff you want. Train them to their capacity. Delegate to work to your assistants that goes beyond just working patients up. Let your staff know they're important to you. Write them personal notes on their birthdays, buy them lunch for no reason, indulge in afternoon ice cream sundaes, give them a gas gift card, create a team and play "Who am I?" games at staff meetings. Use your imagination – staff know when you prioritize them.

#2 Use a Company Credit Card

Get a cash back credit card and put all your company expenses on it. This is free money. Use the cash (that will build very quickly) to buy something for the office or your staff that will make everyone's job or life better. Use autopay features to keep your credit in great shape. Consider an automatic bill pay system like www.bill.com and make the whole process easier with less involved administrative time.

AOA has a credit card that lets you earn money toward your dues, based on business purchases made with the card.

#3 Outsource Your Insurance Billing

A revenue cycle management company with optometry billing experts will save you money, increase your insurance receipts and take a burden off the practice that few

staff members will argue with. Consider working with larger companies – dealing with an individual remote billing agent can lead to the same down time problems that occur with in-house billing.

Be careful using billing companies that outsource outside the US. Active and efficient communication with your billing company is essential.

#4 Develop a Mission Statement

Let your employees and your patients know what you stand for and offer them. Make it short and sweet. Create a documented company culture statement and designate a Culture Director. In the current employee and patient market, what you stand for is as important as the service you deliver.

#5 Find a Niche

Vision plan reimbursement not lighting a fire to the bottom line? Consider offer-

ings beyond the traditional eye practice model. Find something that turns you and your staff on. Separate dry eye center, aesthetics counseling and treatment, lifestyle and nutritional counseling, myopia control, low vision services, vision rehabilitation – optometry can be far more than just exams and product sales.

#6 Make Sure All the Money Ends Up in Your Bank Account

Small businesses, especially doctor's office, are prime targets for embezzlers. Embezzlement is common and pervasive, despite most practice owners thinking it will never happen to them. People (often your most trusted who are victims of "life issues"), will find a way to steal your hard-earned money and can bring your business to ruin. Make your target smaller with tips on finding and stopping embezzling from your practice.





#7 Partner with a Comprehensive Compliance Company

Compliance includes more than just the things you recognize, like HIPAA and OSHA. Compliance means being in tune with issues such as salaried vs. hourly employees, contract labor, discrimination, diversity and inclusion. It includes really understanding the legal side of medical reimbursement, requirements of patient access to their information and your obligations to accommodate employee and patient disabilities.

A company providing HIPAA and possibly even OSHA assistance simply isn't enough and thinking you can go it alone when it comes to compliance is a fantasy. Turn all this over to a company that will provide and keep you updated on all the resources for every compliance need.

#8 Profitability in Your Optical

The first step to increasing profitability in the optical is simplifying your product mix. Try to work with as few frame vendors as possible (five is a good goal). This will decrease the amount of time your staff spends dealing with reps, increase the level of service from those reps, help you get volume discounts and help you better manage your frame boards.

The same applies to your ophthalmic lens mix. Your entire optical list can fit on a simple desk mat if you keep it simple. Use a good-better-best strategy. Once you have decided on your mix, make a one-page patient education check-off sheet you can use in the exam lane. Last, consider working with a lab that supports private practice and uses non-branded lenses. They are made on the same machines with the same technology but can save 30-40% without laser engraving one of the big brand names onto the lens. PCS can provide referrals.

#9 Know Your Metrics – and Pay Attention to Them

The Management and Business Academy for Optometry, published by ECP University can be an incredible guide for tracking your practice's performance and guiding your efforts to improve your practice. Reviewing all the metrics can be overwhelming at first, but you will quickly find that you are doing better than you think in some areas, and not so well in others.

Be careful using billing companies that outsource outside the US.

These are the areas you can focus on and begin to actively track. Teach employees about metrics at staff meetings. You will never fully understand the areas of your business you don't measure.

#10 Increase Referrals by Communication with Other Health Care Professionals

This is very simple to do but often overlooked. Most PCPs, endocrinologists, rheumatologists, pediatricians and neurologists want to know what was found on the eye exam. It's also something they are judged by in their quality assurance protocols. Keep it short and to the point – don't tell them a ton of eye findings that are not

related to the reason they are following the patient. If you promptly send a report, they will notice and they will likely send you more patients.

Maintaining a growing, profitable business gets harder all the time. It requires detailed attention and smart use of resources. Do what you know and are good at – outsource the rest.

Joe DeLoach, OD has been in practice for 41 years. He is president and CEO of Practice Compliance Solutions. Peter Cass, OD, is vice-president of development of PCS and has been in practice for 25 years. BJ Avery was executive director of the Texas Optometric Association for 35 years. She is vice-president of marketing for PCS.





Top 10 Advantages of Using Punctal Plugs in Your Practice

By Eric Brooker, OD, FOAA



Eric Brooker, OD, FOAA

#1 Creates a Specialty Dry Eye Practice

It may be surprising, but many optometric doctors do not use punctal occlusion in their practices. This billable medical procedure can easily move the average optometric practice into a specialty dry eye clinic.

#2 Patients Recognize the OD as a Medical Dry Eye Specialist

Using a value-added treatment for patients who are suffering from Aqueous Deficient Dry Eye Syndrome builds patient loyalty and appreciation for the advanced skills of a trained optometric specialist.

#3 Increased Revenue Reimbursements

An optometric general examination has an average reimbursement of approximately \$70; however, reimbursement for a patient returning for a medical eye exam with occlusion of all four puncta can be up to \$255, three times more revenue than one annual examination. Adding this procedure into the general flow of an optometric clinic can significantly increase medical insurance reimbursements with very little capital investment.

#4 Improved Contact Lens Patient Retention and Fitting Success

Dry Eye Syndrome is one of the most

common reasons for contact lens dropout patients. Untreated dry eye conditions cause contact lenses to dry out and decrease the amount of comfortable wear time in a given day. Patients perceive the underperformance of their contact lenses as either a failure of their candidacy to wear contact lenses or a failure of their doctor to properly fit them in the optimal contact lens.

Either perception has a negative outcome for the optometric clinic. Alternatively, identifying dry eye conditions early and using treatments such as punctal occlusion can help patients in having optimal performance of their contact lenses and therefore, prevent patients from discontinuing contact lens wear.

#5 Optimal Postoperative Refractive Surgery and Cataract Outcomes

One major reason for poor refractive outcomes from LASIK or cataract surgery is untreated Dry Eye Syndrome. Patients may perceive post-operative dry eye as a failure of the procedure. Treating dry eyes pre-operatively and optimizing the ocular surface may improve the accuracy of surgical measurements and allows for improved vision and recovery.

#6 Ability to Treat Dry Eye Aggravated by Allergic Triggers

The creation of the 90-day synthetic extended plugs is an excellent solution for patients who suffer from seasonal allergies that can flare up and disrupt the tear film. The 90-day synthetic extended plug is intracanalicular so it does not disturb nasal chemosis that can be present in patients that suffer from regular seasonal allergic conjunctivitis. Inserting a temporary plug allows the doctor to improve tear volume when needed at certain time frames during the year.





#7 Patients Can Be Less Dependent on Eye Drops that Contain Preservatives

Patients' consistent use of OTC eye drops that contain preservatives can aggravate a dry eye condition and cause damage to the ocular surface. Punctal occlusion increases the overall tear volume and can decrease a patient's consistent dependence on lubricating eye drops.

#8 Patients Have Improved Compliance for Treatments with Dry Eye Disease

Using punctal occlusion requires patients to return for follow ups to assess effectiveness of the treatments. Consistent interaction with the doctor reiterates the importance of compliance and improves the outcomes of the therapeutic treatments.

#9 Increased Referrals From Specialists

Medical specialists like rheumatologists can be an excellent source of dry eye patient referrals. These patients have usually already been treated with multiple types of eye drops and continue to suffer. Punctal occlusion can be a great solution for patients with rheumatic conditions. Positive outcomes reflect back to the rheumatologist who, in turn, is more likely to send additional patients suffering from dry eyes and autoimmune disorders.

#10 Patient In-House Referrals

When successfully abating patients' dry eye condition and dependence on lubricating eye drop usage, patients are usually excited and surprised that their condition has finally improved. Satisfied patients are motivated to tell family and friends of the optometrist's expertise and commonly refer them to the optometric clinic resulting in the best type of referral and in-house marketing.

Eric T. Brooker, OD, FAAO, founded the Advanced Vision Institute in Las Vegas and has practiced medically based optometry for the past 11 years. He is an adjunct clinical professor at the Southern California College of Optometry, teaching 4th year SCCO students interested in anterior segment and refractive surgery. Dr. Brooker has focused his career and studies on refractive surgery, anterior segment disease and dry eyes, and completed post-doctorate work to become a fellow of the American Academy of Optometry. He is also a member of AOA and the Association of Cataract and Refractive Surgery.

Patients perceive the underperformance of their contact lenses as either a failure of their candidacy to wear contact lenses or a failure of their doctor to properly fit them in the optimal contact lens.

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* Sulley A, Young G, Hunt C. Factors in the success of new contact lens wearers. Cont Lens Anterior Eye. 2017 Feb;40:15-24.



NEARLY HALF OF DROPOUTS ARE DUE TO DISCOMFORT AND DRY EYE

* Sulley A, Young G, Hunt C. Factors in the success of new contact lens wearers. Cont Lens Anterior Eye. 2017 Feb;40:15-24.

* Dumbleton, Kathy et al. "The impact of contemporary contact lenses on contact lens discontinuation." Eye & contact lens vol. 39:1 (2013): 93-9.



ON AVERAGE, CONTACT LENS WEARERS ARE 60% MORE PROFITABLE TO YOUR PRACTICE THAN GLASSES-ONLY PATIENTS

* Ritson M. Which patients are more profitable? CL Spectrum 2006;21:3 38-42.



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Celebrating AACO: My Top 10 Presidential Memoirs

By Mark J. Uhler, OD

As AACO's first president (2013-2015), I find much to remember and celebrate about my term. The beginning of any new association is an undertaking which requires much thought and a concerted, collaborative effort. While it would be impossible to list every accomplishment, I would like to share my Top 10 fondest memories during our early years.

#1 Find Your Voice

My first memory begins with a true story about my childhood. While I generally had a happy and normal childhood, my mother tells me that at the tender age of two she had become increasingly concerned about my lack of speech development. I simply did not talk. I communicated just fine, but words were not part of my communication. When I wanted something, I would just point at it. No surprise here, I actually have a picture from that time period as my mother described.

Concerned and upset by what she thought was my lack of development, my mother took me to the pediatrician. The pediatrician checked me out physically and concluded that I could, in fact, talk. The doctor advised my mother to make me verbalize what I wanted; this advice fixed the problem.

Just as I lacked a voice at age two, I believed corporate-affiliated optometrists lacked a united voice as well. Corporate-affiliated optometrists have not historically been offered a place at the table with organized optometry. While most of us have been fortunate to advance our careers despite the bias of some colleagues in traditional private-practice settings, corporate-affiliated optometrists needed a voice unencumbered by non-healthcare entities and their agendas.

The Organizational Committee met July 19, 2013 near Claremont, California to discuss the official launch of the new organization (at that time called Energyeyes), along



with a strategic plan to grow the association.

It was important for the first board of directors that we advocated diversity and an all-inclusive environment. The vision was to include all corporate-affiliated brands. This intentional and directional decision for inclusiveness of all corporate ODs was vital for growth and sustainability of the association.

It also was essential to build a welcoming community where corporate-affiliated optometrists could get relevant education, network with associates and meet mentors serving in this unique practice setting.

On September 1, 2013, Energyeyes was launched specifically to support corporate-affiliated optometrists with the aim of growing their practices.

#2 First Energyeyes National Meeting

On April 25, 26, and 27, 2014 Energyeyes held their first National meeting at the Cheyenne Mountain Resort in Colorado Springs, Colorado.

With our first meeting, we had accomplished the establishment of a viable organization.

#3 First President's Council Award

At Energyeyes, we recognize and celebrate great optometrists. As a matter of fact, the Energyeyes Board of Directors



elected Dr. Larry Alexander to be our first recipient of our President's Council honor.

The President's Council Award, now named the Larry Alexander Award in honor of the first awardee, pays tribute to a career that has impacted us all. By awarding this honor, corporate-affiliated ODs emulate leaders in the field. An accolade at this level is an important step in supporting the community of corporate-affiliated optometrists.

#4 The Power Hour

Initially started by Dr. Gary Gerber in 2003, The Power Hour is the longest-running optometry podcast in the world. Episodes have been downloaded more than 850,000 times by listeners around the globe. Energyeyes was interviewed on June 11, 2014. The title of the podcast was "Corporate OD's Unite".

Corporate-affiliated optometrists have long been viewed as individual islands with very little support from organized optometry.

Energieyes provided an opportunity to institute and support programs allowing corporate-affiliated optometrists to practice at their highest level.

Corporate optometrists needed to take more control of their practices but had no outlet to do so. Energieyes was created to address these very issues. These include, but are not limited to, coding and billing, insurance panel involvement, practice management, corporate interactions, contract negotiations and other areas unique to corporate affiliation. This was an opportunity long overdue.

#5 Energieyes at the AOA National Meeting

Energieyes was introduced at the AOA National Meeting June 28, 2014 in Philadelphia. This was monumental leap for the Association to get in front of the AOA, because from time to time, Energieyes had been asked who we are in competition with. State Associations? AOA?

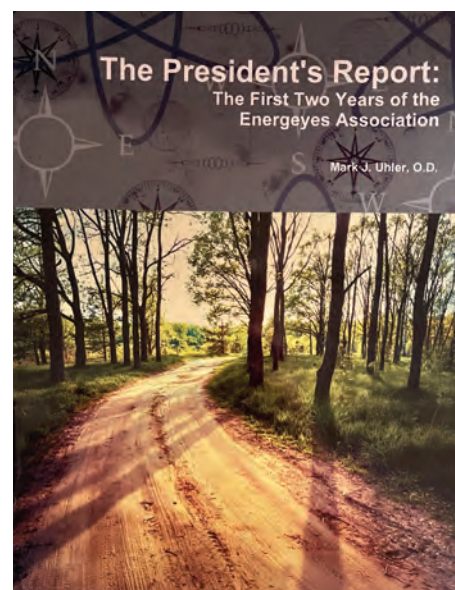
Dr. Eric Botts and I attended the AOA Meeting to demonstrate there was no competition. In fact, Energieyes has always worked closely with the AOA. Many of our Board Members as well as our membership also hold leadership positions in their state associations.

#6 Second President's Council Award - Dr. Ernie Bowling

A courageous individual is someone acting in accord with their conscience, risking their career or even their life by pursuing a larger vision in opposition to popular opinion or pressure from others – or so says Wikipedia, our new collective conscience.

I was very pleased to announce that the 2015 Energieyes President's Council Award winner was Dr. Ernie Bowling. Dr. Bowling fits the Wikipedia definition of a courageous individual as he risked his career and reputation as chief optometric editor for *Optometry Times* when he published his article, Energieyes will energize corporate optometry. I would like to quote from that article:

"Years ago, corporate optometrists were somewhat of a pariah. They got the cold shoulder from ODs in private practice and often weren't made to feel welcome at local zone meetings. I have to admit, I was probably one of those guys. I once thought



that because I had my own building with my name in large letters out front I was somehow better than folks whose chose to work somewhere in a box store.

My years teaching optometry students offered a different perspective and showed me the error of my outlook. I've seen a lot of my former students choose to work at commercial places—not only are they surviving, but are thriving in that environment.

They practice at a high level and strive to care for their patients the same way we all do. You see, over the years I've come to understand that it doesn't matter where you practice, it's how you practice. Patients deserve the best optometric care no matter where it's sought, and ODs in commercial locations strive to provide that care.

It's no different from the docs who

own their own box. It's time to realize outstanding patient care is what defines us as a profession, no matter where you choose to hang your shingle."

Those paragraphs still send chills up my spine as they did when I first read them so many years ago.

A few months after Dr. Bowling published that article, I had the occasion to meet him at the AOA meeting. I made a special point to ask him about the aftermath of publishing that article. As you might have expected, Dr. Bowling had taken a lot of heat from his colleagues. Knowing he would get a lot of flak, his courage still guided him to state what he believed to be true about corporate-affiliated optometrists.

His award is a call to us all – to say what needs to be said, to be proud of our

career choice and your practice environment and to accept the responsibility for “energyeyesing” our profession.

#7 The Growing Season – My First Book!

I have cultivated my “victory garden” in my backyard for many years. While in quiet contemplation in my garden, I realized the uncanny parallels that existed between my work in the garden and my leadership of a newly formed organization like Energyeyes.

Through stories, decisions and challenges in my garden, I learned lessons in optometry about taking pride in being a corporate-affiliated Optometrist. Providing the best care to the patients and communities we serve is the top priority for all optometrists regardless of where they practice.

Who would have thought that we could learn to appreciate the wisdom through a discussion on tomato varieties or how to build a mentoring program through a discussion on staking those very same tomatoes, for those fortunate to have the book.

Writing *The Growing Season* inspired me to use the lessons of the world around me to become the person and professional I hoped I was born to be.

#8 The President’s Report: The First Two Years of the Energyeyes Association – My Second Book!

The 24 essays that comprise this book was a collection of my writing during my two years as president of Energyeyes. I used metaphors in my stories to draw lessons from all around me and applying them to the practice of optometry. The history of Energyeyes unfolded through the President’s Reports that appeared monthly in the Energyeyes newsletter.

My last report dated August, 2015: “With a tear in my eye and a stumble in my step, I look to pass my gavel as president of Energyeyes. Like Frank Sinatra sang a long time ago – ‘And now, the end is near, and so I face the final curtain’ – this tune is lodged in my head as I write my last president’s report. Like a parent sending their child off to school for the first time, my intellect tells me this is how it should be, but my heart breaks nonetheless.”



#9 The Pride of Energyeyes – Simply The Best!

My intention with this project was to increase attendance at our national meeting by creating a directory/yearbook for our members to use as a reference. This reference could be used while at the meeting or any time through the year as a networking resource. Not to mention, I thought this would make a nice keepsake from the national meeting.

After enlisting the help of a company assist with the content, I sent a letter and template of 10 questions to all 700 of our members (at the time). I extend my appreciation to everyone who responded.

In addition to our members submitting their photo and/or logo with answers to questions, I included a collage of photos from our past national meetings as well as the President’s Council award recipients. We also posted weekly on Facebook while I compiled this directory.

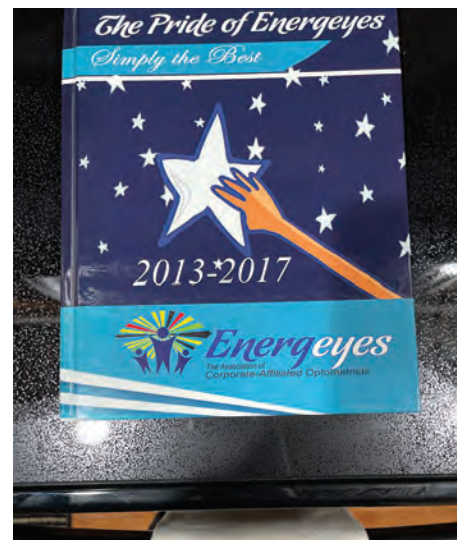
This was my labor of love to Energyeyes.

#10 ElectrifyEye Journal

Recognizing the need for a corporate-affiliated and peer-reviewed publication, the first board initiated the steps to what materialized as the ElectrifyEye Journal.

In addition to accepting the role of associate publisher/business manager for the journal, I oversaw all of the financials. As you may expect, my passion came from writing my monthly column, where I correlated my practice of optometry with observations in the everyday world.

Admittedly, this venture would never have happened without the direction of the editor-in-chief, Dr. Ernie Bowling. We thank you Dr. Bowling for all your hard work and dedication!



Conclusion

Although I was the captain of the ship for two years during my role as president, the ship would have gone nowhere without all of you as the crew. To make an often used comparison, without our members, the Energyeyes Association/AACO would have sank on our maiden voyage.

We hit some rough seas but stayed our course and docked so future captains could take the helm and steer our ship to new and exciting destinations.

I count my presidency as one of the highlights of my life. What true fortune it has been to meet and rekindle relationships with such dedicated optometric leaders like yourselves. I have been fortunate to have experienced this with all of you.

It is refreshing to be reminded that it does not matter where we practice, only that we are committed to providing superior optometric care to all our patients. I know our association will continue to carry that message to seasoned optometrists as well as recent graduates who will be carrying the torch into the future.

Energyeyes/AACO celebrates its 10th Anniversary and we take a look back on the impact it has had during the last 10 years. As the AACO leaves port with our new captain, Dr. Melonie Clemmons, rest assured I will be among the crew in a past-president capacity. We can expect great things from our newly elected executive board. Our ship will enter ports that will thrill and amaze all of us, as there is so much left of our voyage.

Mark Uhler, OD, operates Uhler Vision Care as a Walmart-affiliated practitioner in Pittsburgh, Pennsylvania. He served as AACO's first president from 2013-2015.

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Top 10 Tips for Corporate Leaseholders with Multiple Locations

By Anisha Haji, OD

With five LensCrafters leases and 45 staff members and optometrists working for her, Anisha Haji, OD, needs to make sure her locations are all well-coordinated. Over the years, she and her husband, who helps manage the business, have developed best practices and protocols that can work for any multi-lease OD.

She operates each of her businesses as a separate entity, grouping them under the Atlanta Eye Group (AEG) name. Each location has its own tax ID number, its own bank account and its own insurance policies. Each location hires its own staff, who are loaned to the other locations when needed, but still paid by their primary location.

Her company's vision is implemented by her corporate team, which handles human resources, accounting, strategic planning, setting of protocols and policies and all of the administrative work that comes from having multiple practices.

In addition to protecting each location from the others' legal liabilities, Atlanta Eye Group's business structure lets it take advantage of bulk discounts on equipment and

services, and qualify for other benefits from vendors. Following are her top 10 tips for managing multiple locations.

#1 Build structure: Develop an employee handbook with rules and expectations. Structuring your company with strong business and medical protocols as well the frequently encountered "how-to's" and troubleshooting guides will allow clinics to function without you.

#2 Build consistency: Multiple locations can often fragment the experience your staff and patients receive from location to location. Build consistency in image, processes and standard technology to allow doctors and staff to work between locations and for patients to be seen between locations smoothly.

For example, all my clinics have the same model of Optos: The Monaco; to allow for a consistent standard of care and unified staff training. We use shared Google Docs and DropBox for all of our protocols, and all of our office communications happen via the HIPAA-compliant version of Slack.



Anisha Haji, OD

Not every office has the same specialized equipment, for example only one of my offices has a Lipiflow, but all staff members and doctors know where to send a patient who might need a special procedure that is only available at one office.

#3 Be the patient: See your patient's journey through their eyes - Never get so far removed to believe the experience is better than it truly is by making everything your office does about the patient experience. Put your practices and processes through the patient filter. How does it feel to be them, not how does it feel as the doctor?

#4 Have onsite management: Have either a managing OD or an office manager. Let them handle day-to-day issues. Don't micromanage, especially from a distance. Some of your staff members probably know your office better than you do.

To cut down on staff workload in the clinics, AEG has created an in-house, off-site call center with three to four customer service reps, trained in the company's services. The call center uses Weave software to answer calls, direct patients to office staff or doctors or take messages. The call center is open during the clinics' operating hours (seven days per week). The call center is less expensive than hiring five receptionists (one for each location).

#5 Hire quality not quantity: Bad hires of doctors or staff will always create problems, damage your reputation, and in the long-term, reduce your revenues and profit. Pay for quality. It will be worth it.

#6 Invest in your team: Your team is only as good as your least-knowledgeable team member. The better your





team is, the more patients you will be able to handle efficiently, the more five-star google reviews you will get and the more your corporate partner will love you.

Continue to educate and certify your staff and doctors. Atlanta Eye Group pays for its employees to take advantage of AOA courses such as the Certified Paraoptometric, Certified Paraoptometric Assistant, Certified Paraoptometric Technician and Certified Paraoptometric Coder Programs. AEG also allows staff to go through the National Contact Lens Examiner program. Employees also receive training materials from AEG and counseling from an OD, if requested. All employees are expected to complete the first leg of the CPO program during their first six months with the company.

#7 Create an environment of work/life balance: Hire enough providers and staff that you always have coverage, even if someone is out for vacation,

maternity/paternity leave or if someone resigns. You cannot be at two places at one time, so if you cannot do this, you should not expand yet.

#8 Bill Medical: Create an environment for your doctors to practice full-scope. Provide the equipment and protocols to allow your ODs to practice all modes of optometry. They will in turn bill more, retain your patients, and increase your revenues.

LensCrafters accepts EyeMed vision insurance, but AEG is also in-network with most medical insurance providers so patients can receive those services without having to pay cash. It's best to keep these patients in-house, because once they visit another OD for a medical visit, they're less likely to return to your practice.

#9 Be a good partner: Build a strong partnership with your corporation. I

meet with my LensCrafters managers once each week. The stronger your relationship with your corporate partner, the more successful your business can be. Align your businesses and goals with each other.

#10 Don't get in over your head: Take it slow when expanding. Only add a second or additional offices when you get the prior location(s) stabilized before taking on more locations. Be sure to build a cash reserve to help in difficult economic times or unexpected circumstances.

Anisha Haji, OD, owns and operates Atlanta Eye Group, which partners with LensCrafters at five locations across the city. Atlanta Eye Group was voted Best in Georgia in 2021 and 2022 and was inducted into the Kennesaw Business Hall of Fame in 2019, 2020, and 2021. Her clinic in Kennesaw has won Best Optometry Office for the past four years. She is the president of the Greater Atlanta Optometric Association, a trustee of the Georgia Optometric Association and is an active member of AOA.

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1. CVI data on file 2020. Prospective, double-masked, bilateral, 1-week dispensing study with MyDay daily disposable multifocal; n=104 habitual MFCL wearers. 2. CVI data on file 2021. Prospective, subject-masked, randomized, bilateral, two-week dispensing study at 5 US sites with MyDay® multifocal; n=58 habitual multifocal contact lens wearers. ©2022 CooperVision 14059 12/22



Top 10 Reasons to Align Yourself with a Contact Lens Provider

From MyVuong, OD

- #1** B+L has always been at the forefront when it comes to eye care, and showed they cared about all ECPs and understood the needs may vary from private practice ECPs to corporate setting ECPs.
- #2** I choose to fit my patients in Eureka DD or Eureka Monthly because these lenses incorporate the latest technology in eye health, and provide my patients with all day comfort and crisp, clear vision.
- #3** Patient retention and loyalty! When the patients are happy with their contact lenses, they will return to my practice for their eye care needs. Since the Eureka lenses are exclusive to Walmart, patients won't look online for virtual eye exams and contact lens purchase or go to a different ECP.

#4 Continuity of eye care. Some patients may not realize the importance of staying with one ECP for continuity of eye care. However, when I see my returning patients year after year, I am able to discern if there are even the smallest changes to their eye health and be proactive with their eye care. Successfully prescribing the Eureka DD and/or Eureka Monthly will ensure the patients return to me and allow for continuity of eye care which is invaluable!

I chose to partner with B+L, in part, because it's definitely a symbiotic relationship. We have been able to offer our insights as to what we need or want as an ECP, and at the same time learn about the science and technology behind eye care products. To be able to share that with our colleagues during our speaking engagements has been great! I feel that ECPs in a corporate setting are often overlooked, so when B+L

was looking for CLEs in a Walmart/corporate setting, was interested in our inputs, and took our insights into consideration; it showed they cared about all ECPs and understood that needs may vary from private practice ECPs to corporate setting ECPs.

From Justin Weigel, OD

- #5** Innovation leader in contact lenses
- #6** A company that listens and responds to professional feedback.
- #7** A company that supports and helps me grow my business
- #8** Healthy, innovative contacts at a price that isn't a barrier to our patients.
- #9** Superior branded contacts that help grow our practices
- #10** Helps to put our patients ocular health at the forefront of the conversation with contact lens wear with moisture retention and compliance.

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*Based on patient surveys after wearing samfilcon A for at least 5 days or nesofilcon A for at least 14 days.

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Lee S. Waldron, MBA

Top 10 Ways to Quickly and Easily Secure Your Patients' Data

By Lee S. Waldron, MBA

Imagine having to send a letter like this to your patients...

Dear Valued Patient,

It is with deep regret that we inform you that your personal information and medical files may have been stolen from our computer systems as a result of a hacker exploit.

Sincerely,

ABC Optometry

Nobody wants to be the practice that sends letters like that to their patients. Along with the loss of trust from your patients, you could also be held liable for the data breach if you don't have a plan for securing your patients' data. The Health Insurance Portability and Accountability Act of 1996 (aka HIPAA) includes potential fines of \$50 - \$50,000 per record exposed.

Needless to say, ignoring this potential issue could be an expensive act. Thankfully, there are some easy steps that you can take to improve your security posture. These steps won't guarantee your safety but they will dramatically reduce the risk of being targeted by internet ne'er-do-wells.

Like hyenas in the Savanna, Internet hackers tend to look for the weakest prey to go after. Your goal is to be strong enough to make them look elsewhere.

Most of the steps below can be implemented by the average optometry office. One or two may require more seasoned help depending on your practice, computer equipment and other factors. For these steps, your local computer consultant should be able to assist you for a reasonable one-time charge.

#1 Set your software to update automatically

The number one commonality in data breaches is that the intruder was able to exploit a known bug in old software. An embarrassing number of data breaches could have been prevented or hampered by updating the hacked software to a newer

version. Most software companies now include an option to have your software update automatically – use it.

#2 Use a Firewall

Firewalls implement rules on what kind of traffic can enter or leave your network. You can allow specific web traffic (e.g., websites and email), while preventing other communication methods you don't need. Most routers and some computers come with firewalls pre-installed. Depending on the firewall, this could be a do-it-yourself step, but you may want to splurge for an hour or two of IT consulting to help you install a firewall.

#3 Don't Let Patients on Your Wi-Fi Network

Even if all of your patients are honest, you don't know where their gadgets have been. Just like biological germs, you don't want your patients to share their digital germs with you. One of the best ways to prevent this is to not provide Wi-Fi service to your guests.

Free Wi-Fi was beneficial years ago, but now cell phone-based internet service covers a majority of the country, so your patients should still be able to post to Facebook without needing to use your Wi-Fi.

#4 Turn Your Wi-Fi Off After Hours

When aren't in your office, you aren't using your Wi-Fi, so why keep it on? Keeping your Wi-Fi on after hours is the digital equivalent of advertising that you have a locked window that just needs to be cracked in order to get in. Digitally, you want to keep a low profile.

#5 Encrypt Your Devices

Most computers built in the last 10 years provide a built-in capability to encrypt your data "at rest" (an industry term for encrypting your data while it's stored on your hard drive). This is a simple step, but may

take some time to complete depending on several factors such as how old your computer is and how much data you have on it.

Consider doing this step before a couple of days of no patients (e.g., a weekend) so you minimize the chance of affecting your patient schedule.

#6 Use Encrypted Doc Storage

Just like encrypting your computers, you want to ensure that any documents stored in the cloud are encrypted.

#7 Upgrade Your Email – DO NOT USE Gmail!

Gmail and other free email services are wonderful services that millions of people around the world use. They are great for keeping up with friends and family or for hearing about those Door Buster Sales from your favorite local store, but it was not designed with the level of security features that a health care provider requires.

You need an email service that secures your emails at all points of its journey. You deal with health information all day long. Your patients expect you to keep that information safe and you should expect the same from your email provider. Paid email services such as Microsoft 365 have plans that provide the level of protection that will safeguard your patients' information.

#8 Upgrade Your Fax Services

Similar to email services, your fax service should protect your patient data. Use one that encrypts your correspondence from start to end.

#9 Use an Enterprise Password Manager

Recent studies indicate that the average employee manages nearly 200 passwords at a time. Most likely, your practice doesn't require that many passwords, but our

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Top 10 Co-Management Tips from a Surgeon

By Nichelle Warren, MD

Co-management is a wonderful collaboration between optometrists and ophthalmologists that prioritizes patient care. Patients appreciate the fact that there is communication and synchronicity between their referring optometrist and their surgeon. This helps to alleviate some of the patient's anxiety.

Patients know there is a familiar face referring them to a trusted colleague and that same familiar face will be waiting for them on the other side of the procedure. Below we'll review some helpful tips to make the process easier and less stressful.

#1 Finding a surgeon

First, you want to identify what surgical specialist you will need. Do you have a lot of cataracts, keratoconus, diabetic retinopathy, glaucoma, etc.? Educate yourself on what subspecialty surgeons are in your area. Word of mouth also goes a long way.

Talk to the surgeon you would like to

refer to, grab a lunch or spend time together in clinic. Find out what procedures they do and what their post-op regimens are. Be sure to have the surgeon's cell phone number or an office contact number so you can easily reach out if you have questions.

#2 Ensure the patient is a good surgical candidate for the proposed procedure

A lot goes into determining exactly what procedure a patient should have, and if they are ready for it. Dry eye abounds in our clinics. Many patients have very dry ocular surfaces that preclude us from getting accurate measurements for cataract surgery.

We often will start a dry eye regimen and have them return for testing. Not only that but many patients will be even more dry following cataract surgery so getting them to a comfortable place is also key.



Nichelle Warren, MD

#3 Broadly educate the patients as to what their options are

This helps to make it more familiar and less daunting if they hear it more than once. It can be overwhelming to some patients to hear about all the many ways we can help correct and fine tune their vision. At the same time, it's also important not to promise a patient a certain surgery in case the surgeon feels differently based on their testing and exam. It's a team effort.

#4 Recognize there are lots of similarities and differences in between surgeons

For the most part, cataract surgery patients are recommended to have activity restrictions for about a week and preservative-free artificial tears are liberally recommended. However, different surgeons rely on different post-op regimens that are best suited to their surgical techniques. Be sure to know what your surgeon's preference is for post-op drops or dropless, for each specific surgery.

#5 There is no such thing as over-communication.

Just like you, we surgeons greatly care about how our shared patients are doing. If you have any questions or any inkling that something doesn't seem quite right, reach out and ask. Your concern is our concern, and we always want to make sure we're on the same page.

#6 Under promise and overdeliver

Do this particularly with refractive surgery patients. Several studies demonstrate that with femtosecond myopic LASIK, 83-94% achieved uncorrected distance visual acuity (UDVA) \geq 20/20 and 98.8% achieved UDVA \geq 20/40. 20/15 vision is not guaranteed for everyone.

Similarly, with multifocal candidates I explain to my patients that it gives them the



greatest chance of glasses independence. However, no one can promise that they will never need to put on glasses ever again.

#7 Helping to set your patients expectations

Patients with very dense or white cataracts should know it may take longer to get to the final visual outcome. I explain that it will take a lot of phacoemulsification energy to break up their cataract and they will likely have some corneal swelling following.

Assuming they don't have an endothelial dystrophy, it will likely resolve, but it will take time. If a patient has a history of an epiretinal membrane, macular hole, or previous diabetic macular edema then they should be aware they are at increased risk of macular edema post-operatively.

#8 Look for Complications

Along that same line, we as the clinicians should also be on the lookout for

these things because certain ophthalmic conditions predispose patients to complications. If a patient is at increased risk for cystoid macular edema consider a longer steroid and NSAID taper. The more we are aware of potential complications the better care we can provide.

#9 Understanding the billing

It's important to make sure you receive the appropriate compensation for providing the post-op care. Your surgeon will use the 54 modifier to only bill for the

surgical portion of the procedure, and you will use the 55 modifier to bill for the post-operative care.

#10 We are all on the same team.

When patients feel frustrated, I gently remind them we are on the same team. We are also on the same team with you, our optometric colleagues, as well. We want the absolute best for our patients and will work tirelessly to help them get there.

Nichelle Warren, MD, is a cornea, cataract, refractive surgeon at Georgia Eye Partners.

Top 10 Ways to Quickly and Easily Secure Your Patients' Data

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employees still likely need to remember 10-20 passwords.

That's a lot of braincells dedicated that can be freed up for better uses (like remembering that Mrs. Smith likes to talk about her dogs a lot so she shouldn't be scheduled right before lunch). Using an enterprise password manager allows your employees to remember a single password for the password manager and then copy and paste any other passwords as needed.

This means that those passwords can be stronger than normal and not impede your productivity. Perhaps more importantly is that when an employee leaves, you still have access to those websites, accounts or services that only they used, which means that your practice isn't brought to its knees because of one person leaving.

#10 Use Password-Protected Screensavers With Hot Corners

As a patient, I've noticed all too often that practitioners and their staff will pull up my data on their computer and then walk

away for one reason or another while leaving my information visible.

While I should be trusted with my own information, it ignores the risks of others being able to read about my sixth toe on my left foot from across the room or, even worse, myself or someone else being able to search for friends or neighbors if the staff had to leave the room.

Anytime a staff member steps away from a computer, they should lock it. The easiest way is to use hot corners. This is a capability where, if the user moves the cursor to a particular corner of the screen, the computer will automatically do something like lock the screen.

BONUS TIP: Use a Shredding Service

I'm sure you each have reams of paper you get rid of each week. Subscribe to a shredding service. Many will provide you a locked box for your office for you to put your papers in. Then, on a regular basis, they collect your box full of sensitive documents and data and shred your documents.

Our service shreds the documents curbside in a dumpster looking truck that has a closed circuit video of the shredding

that you can watch. With a shredding service, you can be assured that local dumpster diver isn't getting the dirt on your patients.

I've learned these tips (sometimes the hard way) during a 30 year career in technology. These opinions stated here are my opinions alone; they do not necessarily reflect the opinions of the AACO, any of their sponsors or any of my employers (past or present).

I hope these tips help you and your practice. But don't just implement these suggestions blindly. Research each of these ideas for yourself. Consult with your technology friends or a local technology consultant. See if the above tips make sense in your situation and for your practice. My belief is that with these steps, you will be able to look your patients in the eye and say with confidence that you treat their data with the same level of care that you provide for their vision.

Lee Waldron currently serves as Director of Technology at Waldron Eyecare after spending more than 25 years in the public sector. He enjoys spending time with his optometrist wife and their two daughters in Virginia.

AACO creates *Corporate Optometry™* Magazine Advisory Board For Our 10th Year Anniversary

AACO is proud to announce the creation of our first Advisory Board for *Corporate Optometry™* magazine, made up of clinicians in both private and corporate optometry practices, as well as key decision-makers. The Advisory Board will give critical advice, analysis and support for AACO's ongoing efforts in broadening corporate optometry's impact.

AACO is pleased to announce our inaugural magazine advisory board members for 2023:



Naheed Ahmad, OD
Walmart



Jennifer Bodley, OD
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Eric Botts, OD
Walmart



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Joe Deloach, OD, FAO,
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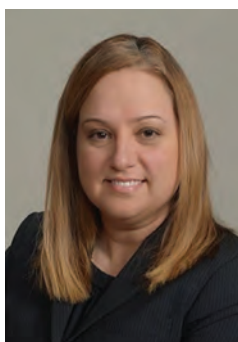
Andre Lenoir, OD
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Curtis Ono, OD



Nikil Patel, OD - Costco



Maria Sampalis, OD
Warby Parker
Founder, Corporate
Optometry FB Group,



Top 10 Benefits of AOA Membership

Robert C. Layman, OD, Imm. Past President

Melonie Clemmons, OD, President, AACO



Robert Layman, OD



Melonie Clemmons, OD

Our profession is unique – everyone brings something different to the table – and that range makes us a singular and exceptional collective of practitioners. It also means that connection is vital in the mission to be the best doctors of optometry we can be.

Driven by the profession, the American Optometric Association and our state affiliates are as distinct as the doctors we serve, working to meet your individual needs. Each benefit, and the overall value, of membership is crafted through collaboration with every state across the country to ensure members have the tools they need to build or maintain thriving optometric practices and careers.

The more doctors working together, the more powerful the profession. From advocacy and partnerships to driving discounts for important services, the AOA is committed to providing resources for members and establishing a unified voice for the profession.

This next year, we encourage you to dig in and see what the AOA and state affiliates have to offer you and your practice. If you aren't a member today, here are just some of the benefits that may be important to you.

#1 Advancing the Profession

Optometry is defined by the laws governing its practice and those laws have evolved because of the concerted and dedicated work of AOA associations and the volunteers who lead them. The AOA and affiliates are the only organizations focused on advocating for you. They work to advance essential primary eye health and vision care roles with state and federal lawmakers, agency officials and policy-makers every day. With engaged doctors of optometry, we can advance optometric scope of practice and the care we are able to deliver to patients every day.

#2 Safeguarding the Doctor-Patient Relationship

While the number of challenges and challengers optometry faces may seem legion, state affiliates and the AOA are ever vigilant to identify risks and deploy strategic initiatives that ensure optometry's interests – and those of our patients – are at the forefront. Each day, staff and volunteers advocate for the inclusion of full-scope optometric care and comprehensive ophthalmic examinations as a core benefit in all medical insurance and ERISA plans.

At the same time, they are tirelessly fighting against vision plan abuses directly, calling online vision tests to task and combatting the deceptive tactics employed by online contact lens resellers. Safeguarding the doctor-patient relationship is at the core of what our affiliate and national associations do every day on behalf of the profession.

#3 Unifying Optometry's Voice on Capital Hill

The 2022 election cycle demonstrated the decisive role the AOA-PAC continues to play in congressional races. The AOA-PAC backed more than 91 percent of winning candidates this cycle by reinvesting more than \$2 million back into the campaigns of hundreds of pro-optometry U.S. House and Senate incumbents and candidates. The growing strength and reach of the AOA-PAC is a major reason why the AOA is consistently named by Washington, D.C., insiders as one of the top advocacy organizations in the nation's capital.

However, with less than 9% of AOA members enlisted as 2022 AOA-PAC investors, optometry's opponents may gain ground. Optometry's advocates are needed to help ensure that the profession's priorities continue to be heard – and acted on.



#4 Delivering Peerless Educational Resources and Content

AOA members have exclusive access to the AOA EyeLearn Professional Development Hub, a newly redesigned online CE and professional development library with educational content that reflects the reality of today's optometric learning.

Year-round, on-demand education, available for AOA CE hours or Commission on Paraoptometric Certification credit, allows doctors and their staff to conveniently build their schedule. Providing access to actionable information on topics that immediately affect practices, EyeLearn ensures members continue to provide high-quality, primary eye health care. Members also have access to all educational opportunities offered through their state affiliate.

#5 Deploying Clinical Care and Coding Resources

To deliver the best in care, AOA members have access to a digital library of clinical care publications and resources, as well as extensive references to help doctors and practices address coding questions. AOA volunteer doctors are always available to address questions regarding medical records, coding and additional information about specific instances.



Safeguarding the doctor-patient relationship is at the core of what our affiliate and national associations do every day on behalf of the profession.

#6 Advancing Public Awareness of, and Affinity for, Doctors of Optometry

AOA and our state associations work every day to elevate our essential, primary eye health care role. In 2021, the AOA launched Eye Deserve More, a national multi-channel marketing campaign that reinforces the valued care we deliver and the importance of the in-person doctor-patient relationship.

In its first year, the campaign drove 13 times more visits to the AOA doctor locator and pushed the message to more than 1.7 billion patients through media, digital and social outlets. In 2023, Eye Deserve More will continue to grow and educate the public that eye health and vision care with an AOA doctor of optometry is a critical component to maintaining one's overall health and wellbeing.

#7 Providing Professional and Personal Service Options and Discounts

AOA and our state affiliates provide an array of services to help propel members' success, including legal and financial services as well insurance options. Through AOAExcel, members can leverage the personal and professional services of endorsed business partners to help their practice flourish. Services include:

- Personal and business insurance solutions,
- HIPAA compliance
- Student loan refinancing
- Retirement savings and planning
- Cybersecurity insurance
- Vendor discounts
- Credit card processing

#8 Training for Staff and Practice Tools

AOA member doctors can enroll their practice staff as AOA associate members—at no additional cost—and gain access to educational and staff training resources that help develop their skills. Leveraging access to AOA EyeLearn, associate members can participate in the regularly scheduled Paraoptometric Speaker Series of webinars or access the growing library of staff training videos. These resources also help orient paraoptometric staff toward professional certifications that can help grow your practice.

#9 Forging Connections

Within the AOA and state affiliates, members don't just gain access to a group of peers, but also a family of like-minded doctors open to delivering what their colleagues need, when they need it. From the moment of membership onward, students and doctors can build connections, support each other's careers and form lasting

connections. Member doctors look to each other for advice, camaraderie and support.

#10 Supporting You Through Everything

The optometry profession has deeply felt the impact of COVID-19, and many optometrists are still figuring out their footing in this new normal. At the outset of the pandemic, the AOA and affiliates did what our organizations do best and took every step to protect the profession. They fought quickly to ensure that doctors qualified for government relief funds and rolled out informational webinars attended by tens of thousands of member and non-member doctors.

Due to these efforts, doctors across the country were able to access more than \$2.1 billion in relief funds. As we move forward, support for doctors continues through the #AskAOA informational webinar series and programs like Optometry's Fund for Disaster Relief, which provides urgent and immediate relief to doctors of optometry impacted by disasters.

It's important for all doctors to understand that when we work together, we can accomplish even more. When you are a part of the AOA and your state affiliate, you become part of the 48,000+ community members who engage with each other, our connected organizations and the industry at large.



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Top 10 Things Your Office Needs to Make You a Great Corporate-Affiliated OD

By Steven J. Lowinger, OD



Steven J. Lowinger, OD

As a corporate-affiliated optometrist for more than 25 years, there are things I have encountered that I think make a great optometric practice. I don't think the modality really matters that much in this article, but there are some parts of being a corporate-affiliated optometrist that require some of these more so than for some of our private practice colleagues.

I'm going to skip over obvious things that are usually provided by the corporate partner, like an Autorefractor or a BIO. A visual field is not included on this list because most corporate partners provide one. If yours does not, it would be item number 11. Some of the things on the list below may be provided as part of your lease. If so, you are ahead of the game.

#1 An EMR

EMRs are more efficient, and doctors still using paper charts may see a bit of a hassle switching, but there are some real benefits to having your medical records being electronic than paper.

First, EMR's relieve a large space issue. File cabinets, no matter how well designed, take up space. An EMR does not. In Corporate practice, most of us complain about desiring the space to have extra equipment, contact lenses trial sets, and most importantly room to move around.

Second, whenever you deal with paper charts, a good percentage of them are either too big or lost. With an EMR, a file doesn't get lost (with proper backup of course), and no matter how many times you see that patient, their chart never becomes the size of a small novel.

Finally, Many EMRs allow for remote access (many even on your cell phone) so if you get that emergency call you can access the patients records from anywhere.

#2 Your Own Web Presence

While you get some reflected glory from the corporation you contract with, having your own presence on the web is essential in differentiating yourself from other doctors in your area. If you think of yourself as a private practitioner in a corporate entity, you need to let your patients know that.

A website is the first step, but Google reviews, social media and even a communication portal with your patients are all part of the total package of comprehensive eye care. The added benefit of this is that if at some point you change or add locations, your website is your own and you can announce such changes more seamlessly than by relying on the corporate partner's page (which is also harder to alter than your own).

#3 A Medical Billing Model For Your Practice

While the jumping through hoops in insurance care can be frustrating, setting yourself up in a medical billing model allows for full comprehensive eye care in your practice. Patients may not realize you can treat a red eye, glaucoma, or a foreign body, but unless you have infrastructure in place to do so (and let people know on your website and in office) the point is moot.

All EMRs are set to help make medical billing seamless, and there are plenty of third-party providers in place to make this paperwork issue as simple as a click of the mouse. For those of you in corporate structures that have a pharmacy on site, medical billing doesn't just help you, it helps the building (and don't be afraid to tell them that when trying to get a lease).





#4 Retinal Imaging Equipment/OCT

While we all love our BIOs and 90s, nothing gives us more information these days than imaging. Dr. Maurice Wilson has a wonderful article in this issue about Optos, and I wholeheartedly agree with him on that piece of equipment. The Claris that compares with it is a nice item too, but wide field imaging is slowly becoming an entry-level differentiator in our practices. OCT adds to that.

If you are going to do any kind of medical billing, you should have an OCT. We screen all our patients with an OCT (the iWellness scan by Optovue). Besides it being a solid “show” for the patient, it’s one of the best diagnostic tools in my office.

If I have a patient I cannot refract to 20/20, I peek at the OCT and Optos. If the macula seems irregular, I know my refraction is as good as it is going to get. If the Macula looks good, then I know I must work harder or that patient may have a corneal issue or a cataract. With one (or two) clicks of my mouse, I know what I am in for.

Showing these images to your patient is key. Many have never seen their retina before and showing them that “even though your mom had macular degeneration, I don’t see anything to worry about here” is one of the best show-and-tell sentences to keep patients coming back to your office

#5 Foreign Body Removal Kit

This is one of the most lucrative and needed items in your office. A patient who gets a piece of whatever stuck in their eye needs your help. If they go to an ER, they are going to wait forever and get charged up the nose for something you likely can solve for them in 15 minutes at a fraction of what it would cost them at an ER.

You can almost “charge what you want” for this service because you are solving a patient’s issue much more conveniently than if they got stuck in an ER. A golf club spud, saline rinse, an Alger brush and a Q tip tend to solve 99% of all foreign body removal requirements. Don’t forget the proparacaine!

Anything you do not wish to do in your office, reach out to those who prefer to do that.

#6 Staff

Many corporate entities will provide you with staffing. Many do not. In either case, you likely need people to help you work up and check out the patient. Staffing is a difficult challenge, but having people to lighten your load is essential in becoming a more successful optometrist. Have a plan in place to hire, train, and most importantly retain your staff. If you want exponential growth of the practice, staff is the key to that.

#7 Your Own Recall System

There are many ways to do this and many different third parties that can provide you with these systems. Many will tie right into your EMR so it becomes another seamless item in your toolbox, but a postcard or a phone call may not be enough anymore. Text messaging is the preference of many ODs now, so your recall system should have at least a one-way text messaging system (two way is better but staff need to be trained accordingly).

#8 A Good Referral System

You may be the best OD ever, but you are not going to provide every service your patients need, and even if you could, sometimes patients require a second set of eyes on the problem. Many other optometrists and ophthalmologists can sometimes provide services we do not, like pediatrics, VT, low vision, surgical options, etc.

Anything you do not wish to do in your office, reach out to those who prefer to do that and have an easy system to refer patients back and forth. Back and forth is key. There should be reciprocity in these arrangements.

Patients are happy for your skill, and they are even happier when your skill is getting them to the right doctor to take care of an issue you find without a

drawn-out referral process. Cut as much red tape as possible and your patients will thank you for it!

#9 Your Own Dedicated Phone Number

This one is mostly for your protection. You have built a practice that, while it is inside a corporate parent, it belongs to you. Your website, email and phone should all belong to you in case the partnership you have with your corporate parent comes to an end. Something as simple as a second cell phone number call forwarded to the main line of the practice allows you the convenience of putting your phone number on your cards so if anything ever happens, you call forward that number to your new location.

Here in Florida, it is a requirement for us to have our own number. No matter where you practice, your own phone number is the best insurance policy in keeping the practice you built your own.

#10 Your Own Personal Touches In the Practice:

Regardless of where you practice, it is your home away from home. Make it that way. Your patients have hobbies and interests that you ask about when evaluating their visual needs – you should show them some of yours! Part of a bedside manner is comfort. If you are comfortable in the space you are working in, your patient will be as well.

The above list is not a complete one, but to me, it is the start of building a long-term successful practice with unlimited growth opportunities.

Steven Lowinger, OD, has been practicing as a corporate-affiliated optometrist inside Costco Wholesale for 27 years. He has three locations in Miami-Dade County, Florida.



Top 10 Reasons to Fit MyDay® Multifocal Contact Lenses

Provided by Cooper Vision

Many presbyopic patients would like to wear contact lenses but don't understand their options!

#1 New research from Ocular Technology Group and CooperVision finds patients fit with MyDay® daily disposable multifocal contact lenses achieved better binocular visual acuity at all distances and provides ECPs a better option in their practice than fitting monovision.^{2,3}

#2 Providing presbyopic patients with a successful and comfortable option, like MyDay® multifocal, for vision correction³ may build your practice and increase profitability.⁴

#3 MyDay® multifocal is a high-performing silicone hydrogel 1-day multifocal contact lens that delivers a high fit success rate of 98% with two pairs or fewer when using the fitting guide.⁵

#4 The Binocular Progressive System™ (BPS) of MyDay® multifocal offers

presbyopes optimal visual acuity at all distances, even as their prescriptions and vision needs change.³

#5 MyDay® multifocal features Aquaform® Technology which keeps the lens soft for a more comfortable wearing experience.

#6 MyDay® multifocal has the widest power range of any daily disposable multifocal lens⁶, enabling you to fit more of your patients with presbyopia⁶

#7 ECPs agree that MyDay® multifocal is fast and easy to fit.⁷

#8 With MyDay® multifocal, habitual multifocal wearers are satisfied with the overall performance of the lens and have their overall vision and comfort needs met or exceeded.^{7,8}

#9 MyDay® multifocal* is net plastic neutral through CooperVision's partnership with Plastic Bank. Meaning that for every MyDay®

daily disposable contact lens sold, CooperVision purchases a credit from Plastic Bank to collect and convert an equal amount† of plastic through their global network.⁹

#10 100% of ECPs agreed that MyDay® multifocal will help their 1-day contact lens wearers continue to wear lenses as they become presbyopic.⁷



Footnotes and References

MyDay® daily disposable is defined as orders and includes MyDay® daily disposable, MyDay® daily disposable toric, and MyDay® daily disposable multifocal products sold and distributed by CooperVision in the US.

† Amount is defined as weight. Net plastic neutrality is established by purchasing credits from Plastic Bank. A credit represents the collection and conversion of one kilogram of plastic that may reach or be destined for waterways. CooperVision purchases credits equal to the weight of plastic in MyDay® daily disposable orders in a specified time period. MyDay® daily disposable plastic is determined by the weight of plastic in the blister, the lens, and the secondary package, including laminates, adhesives, and auxiliary inputs (e.g. ink).

1. Rueff EM, Bailey MD. Cont Lens Anterior Eye. 2017;40(5):323-328.

2. CVI data on file 2021. Global observational in-practice assessment with MyDay® multifocal (US, Canada, UK, France, Italy, Benelux, Iberia, Singapore) with 141 ECPs and 1505 wearers.

3. CVI data on file, 2020. Prospective, double-masked, bilateral, 1-week dispensing study with MyDay® daily disposable multifocal; n=104 habitual multifocal contact lens wearers.

4. Alvarez-Peregrina C, Sanchez-Tena MA, Martin M, Villa-Collar C, Povedano-Montero FJ. Multifocal contact lenses: A bibliometric study. J Optom 2020;https://doi.org/10.1016/j.optom.2020.07.007.

5. CVI data on file, 2020. Prospective, double-masked, bilateral, one-week dispensing study UK with MyDay® daily disposable multifocal; n=104 habitual multifocal contact lens wearers; CVI data on file, 2021. Prospective, subject-masked, randomized, bilateral two-

week dispensing study at 5 US sites with MyDay® daily disposable multifocal; n=58 habitual multifocal contact lens wearers.

6. CooperVision data on file 2021. Based on prescription option combinations (sph and add). available across all daily disposable multifocal soft lenses from top 4 manufacturers in U.S, May 2021.

7. CVI data on file 2021. Observational in-practice assessment with MyDay® multifocal in US with 40 ECPs and 372 wearers.

8. CVI data on file 2021. Prospective, subject-masked, randomized, bilateral, two-week cross-over dispensing study at 5 US sites with MyDay® multifocal and the subject's habitual, optimized multifocal contact lenses; n=58.

9. CVI Data on file, 2022.



Thank You!

A "Top Ten" thank you to GA Eye Partners for sponsoring AACO's amazing SECO Sunday Super CE – March 5, 2023"



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Top 10 Tips To Ensure Proper Insurance Coverage For your Business

By Michael Berger, BBA



Michael Berger, BBA

Comparing and deciding among insurance policies that are best for you and your business can be very confusing. Here are 10 tips to help you when selecting a coverage program that best fits your needs.

#1 Assess Risks Before shopping For Insurance

- What are the things you want to insure that are most important to your business?
- What insurance are you required to carry by your bank, your landlord or your professional affiliations?
- What are the financial risks you are willing to take in order to pay lower premiums, such as accepting a larger deductible?

It's OK to not have a total understanding of an insurance policy – that's why an agent is recommended. But prepare yourself in advance to make an informed decision about your insurance needs before speaking with an insurance provider or agent.

#2 Choose Policies Specifically Tailored For You and Your Business

Look to your association and peers when researching any insurance programs that may be endorsed or recommended in the optometric profession. If there is an existing and proven program available, chances are it is going to have good coverage and a lower premium.

The best programs will usually be offered on a Business Owners Policy (BOP). It combines typical coverage options into a standard package and is offered at a lower premium than if each type of coverage was purchased separately.

#3 Use a Reputable Insurance Company

Some factors to consider when researching are:

- An excellent financial rating

- Great customer reviews
- Proven immediate and available customer service

#4 Find an Insurance Agent to Represent You

An Agent will partner with you and be your advocate for the long-term, helping you with quick responses to your service and claims. Consider an independent insurance agent who represents many different reputable companies and can help you compare pricing and insure all of your insurance needs.

#5 Take Into Account Coverage Over Price

Good coverage is your most important goal when choosing your policy. We all want to save money, but remember to review different options to keep necessary protection while you try to save on premiums.

Some premium reduction options may be:

- Increased deductibles
- Combining or "bundling" your policies
- Asking your agent what other premium credits may be available. Always ask!

#6 Automated Quotes are Not Always the Best Way to Get the Best Coverage at the Best Price

There are many websites available for you to get a quick quote, but cut-rate premiums often means cut-rate coverage and customer service.

#7 Include Your Professional Liability in Your Business Policy

Avoid the confusion of having several different agents to service your different business policies. You can include your malpractice policy coverage in your business policy – there is no need to have separate insurance companies and separate agents.

Including your professional liability sometimes results in a discounted premium.

In the event of a liability claim, it's a good idea to have one company to represent you, rather than two different companies being involved.

#8 Combine ALL of Your Insurance Policies With One Agent

Consider getting home, auto and other personal insurance policies from one agent as you shop for your business policy. You don't have to interview different agents to find the best values. You can feel confident by using the same preferred agent to review and service all of your policies, especially if that agent is one who specializes in your industry and works with your association and its members.

#9 Don't forget to discuss workers compensation

Most states require that you have a workers' compensation policy. Some states require it even if you only have one employee, including part-time, full-time or family members. Buying the right workers comp policy could help you avoid costly non-compliance issues.

#10 Do your homework.

The buck stops with you. Use these 10 tips to find the right agent to help you buy the right insurance at the right price. Get the peace of mind you need to protect yourself and your business

Michael Berger is an Atlanta native and long-time insurance advisor, serving individuals and businesses since 1976. Michael and his team at PointeNorth Insurance Group specialize in optometric insurance and look forward to the opportunity to work closely with AACO and its members. You can contact him at michael.berger@pninsurance.com or 678-252-1815.

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Top 10 Reasons Every Commercial Practice Should Have Ultra-Widefield Imaging (Or Why I Love my Optos)

By Maurice Wilson, OD

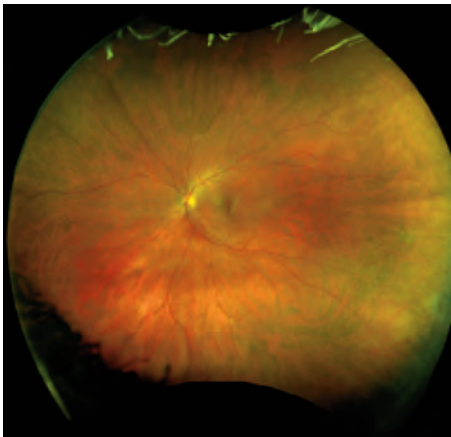


Maurice Wilson, OD

I have had my Optos for 10 years now (I'm on my third one) and can't imagine practicing without it. This article applies to all ultra-widefield imaging devices, but my experience is only with Optos so that will be the example. Hopefully by the end of this article you will also not be able to practice without one.

#1 An amazing 200-degree view of the retina through a 2mm pupil

No other instrument in your office (dilated or not) can give you this type of view or manipulate this wide of a view of the retina.



#2 Red / Green Channels showing different layers of the retina and choroid

Is it a melanoma or a nevus? Is the hemorrhage in the retina or behind it? Your BIO or Slit cannot show you this.

#3 Autofluorescence

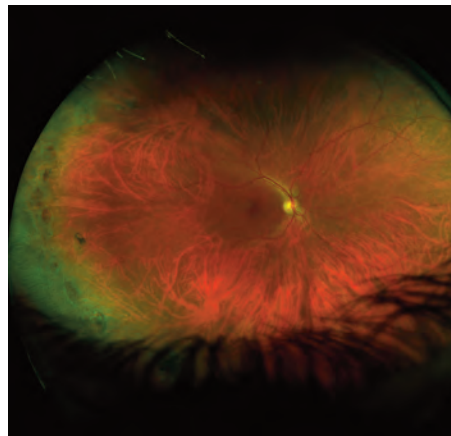
This is the most unique application of these devices. It shows the function of the RPE not related to acuity. Is the RPE sick and under stress or is that area an old nonfunctioning RPE patch or is the RPE normal? Only Autofluorescence can show this in real time.

#4 The patient WOW factor

I have 50" TV screens in each exam room to show the Optos images to the patients. It is the "Wow!" moment of the exam. They have never seen their retina much less on a screen that large. Showing the patient the image on a lap top, pad or computer monitor is just not the same. Its show business!

#5 Equates your practice with others that have this technology (keeping up with the Jones)

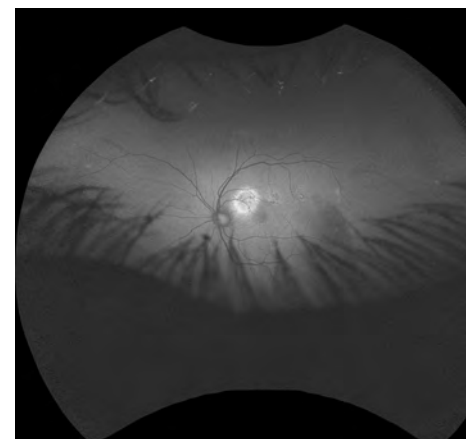
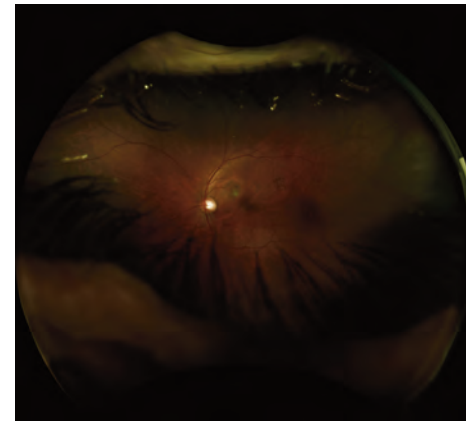
There are more and more offices getting these devices so if you don't have one the patients start wondering why you don't. If you have one and the practice across the street doesn't – you win!



#6 Finding pathology that others have missed – being the unexpected expert even without dilation

- a. Diabetes – equal in sensitivity and specificity to ETDRS standard 7 field photography. Better in detecting peripheral retinopathy for earlier detection/risk management.
- b. Peripheral retinal pathology
Last exam one year ago at another office. Patient was asymptomatic with multiple cuffed retinal holes

- and the left eye was the same.
- c. Choroidal pathology –
Autofluorescence shows hidden old and new pathology. Autofluorescence showing active choroiditis
- d. Macular degeneration – Autofluorescence shows advancing non-exudative pathology



#7 It will cost you nothing: corollary – you will lose money without it

- a. Used as a screening device – outside of insurance (for the most part) it is a cash procedure. Practices charge anywhere from \$15-\$40 for screenings. This is the bulk of your use of



this device, pays for the machine and makes a profit as well. A commercial practice example: \$15 rate with 75% acceptance. 450 exams a month = 338 screenings = \$5,062 per month in fees. 75 screenings (22% patient acceptance) cover the cost of the instrument. Fairly risk-free even for smaller offices.

- b. Medical billing less common – billed as fundus photos with corresponding diagnosis when you can bill medically to insurances.

#8 The technology speeds up your office allowing you to see more patients

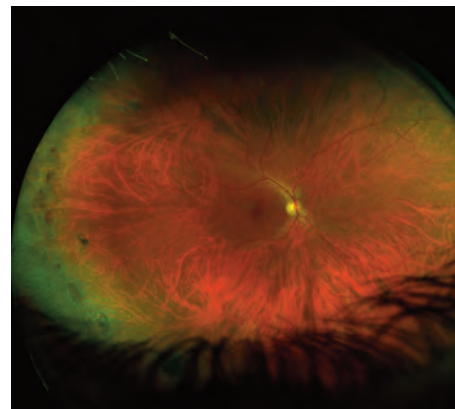
- a. Allows you to dilate fewer patients.
- b. Takes seconds to image a patient from Ora to Ora.

#9 You will see more retinas and make timely and not unnecessary referrals

- a. Can see the entire retina in patients that refuse dilation, which allows you to sleep better.
- b. Can image the retina through poor media (cataracts) because it is a laser imaging system and not the white light from your BIO/Slit Lamp.
- c. How about that five-year-old who will not sit still long enough for you to see his retina even dilated and you don't have to be the mean doctor with the painful eye drops?

#10 It is the most fun you will have every day in the office

I just love seeing retinas and enjoy showing the patients their own retinas. It is the exciting part of the exam. Refractions



are routine, but retinas are exciting! You can even show anterior segment problems with this device.

In conclusion, this technology provides a unique science for your office. It can only benefit your practice in multiple ways. I promise, once you start using this daily, you will be lost without it!



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Top 10 Tips for Building a Medical Billing Optometric Practice in a Corporate Office

By Eric Botts, OD



Eric Botts, OD

#1 To build a successful medical practice in a corporate location, you must choose a model that allows you to process medical insurance claims. Most leaseholder or private contractor partnerships allow you to do this. However, if you are an employee of your corporate partner, it's less likely you will be able to submit medical claims.

Because some corporate partners do not allow their employees to touch the patient's eyes, I also encourage you to hire your own optometric technicians/pre-testers who can perform medical laboratory tests and supplementary tests.

#2 Credentialing your practice is the next step towards building your medical optometric practice. This includes credentialing for medical insurance carriers and routine vision plans. First, you must choose which panels are the best fit for you, starting with Medicare, which is a great fit for almost all optometrists as it reimburses at a reasonable rate and is non-discriminatory towards ODs.

Choose your panels based on which plans are best suited to grow your practice revenues and patient volume. Remember that vision plans will bring in a patient the first time; however your ability to care for a patient's medical eye care needs is what develops a loyal patient who will return to your office year after year.

#3 Once your credentialing applications have been approved, you must then sign your contract with the medical insurance carrier and routine vision plan. Make sure you read your contracts so you understand which patients you can see on every plan for which you are credentialed. Most medical plans allow ODs on the PPO but not HMO plan.

#4 You must learn how to properly document and code your exams using the proper modifiers, CPT procedures and ICD-10 diagnosis codes. The guidelines for determining the level of 99xxx Evaluation and Management office visits changed dramatically in 2021 so educate yourself on how to choose the correct 99xxx office visit.

The changes make it easier and allow you to code 99204/99214 when your treatment plan includes referral for surgery or managing medical drug prescriptions. 92xxx Ophthalmological Service codes as well as S-codes are other options available for coding your exam. Coding and billing processes vary among medical provider specialties so focus on education designed for optometry to instruct both doctors and staff.

#5 Decide how you will submit your insurance claims. Electronic submission is the best option and you can choose between implementing an Electronic Health Record (EHR) system integrated with a clearinghouse or using a clearinghouse web portal alone. The EHR/clearinghouse combination is much more efficient than a clearinghouse only, which is why I recommend it. There are many EHRs and clearinghouses to choose from, so be sure to research and demo them to make the best choice for your practice. You may also consider outsourcing your billing needs to one of the many billing services designed exclusively for optometric practices.

#6 Decide who will submit your claims. Either hire and train a billing specialist in your office or partner with a billing service specializing in optometric billing to process your claims. In a newer, less busy practice, the doctor can learn how to submit and process insurance claims.

#7 Set your fee schedule for medical and routine services. You must charge the same fee for each procedure regardless of whether the patient is cash pay or has a vision plan or medical insurance. You may offer a reasonable cash pay discount but must apply it equally to all cash-pay procedures.

Medicare allowables are a good starting point for your fees as it is middle of the road compared to Medicaid, which is lower, and commercial plans like BCBS, which are higher. Be sure to charge for everything you do.

#8 Invest in the best technology you can afford. A Fundus camera, OCT and Visual Field are necessary for glaucoma and retina disease. However, the least expensive technology to invest in may be Meibography, external photos, TearLab and InflammDry to assist with diagnosis and treatment of dry eye/ocular surface disease which is the most common ocular disease I treat in my office.

#9 Educate your staff on the difference between medical and routine optometric care so both staff and doctors will provide patients the same message on why we bill services to a routine vision plan or medical insurance carrier and what the out-of-pocket expenses will be for the patient.

#10 Treat everything your license allows and perform all procedures within your comfort level to provide comprehensive eye care for your patients.

Eric Botts, OD, started his first practice in a Walmart Vision Center and has since opened two additional offices. He uses an outsourced insurance billing & credentialing provider to help navigate the complexities of patient insurance transactions.

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Tyler's Quarterly Soft Contact Lens Parameter Guide: Top 10 Benefits to Contact Lens Practitioners & the Eyecare Industry

By Scott B. Holcomb, OD



Scott Holcomb, OD

As we practice and serve our patients, some optional tools of the trade quickly become personal standard-of-care resources. Tyler's Quarterly Contact Lens Parameter Guide has been one of those small but necessary tools for me, beginning as a student doctor and throughout my 25+ years of practice.

When it comes to precision fitting of contact lenses, my support staff, opticians and associate ODs refer to Tyler's Quarterly regularly. We all find it the fastest, least-interruptive means of verifying our best-lens choices and of being alerted to important manufacture updates. Here's why:

Several decades ago, Dr. T.T. "Tyler" Thompson began this service to his colleagues as the contact lens industry exploded. That trusted partnership between

manufacturers and the publishers of Tyler's Quarterly has served the contact lens industry for 40 years now.

#1 The Information is Reliable

40 years of manufacturer-backed expertise in comprehensive data compilation ensures reliability – I have peace of mind. Manufacturers trust TQ to communicate accurate and timely updates as they develop products and expand or modify their offerings. TQ publishes quarterly so that practitioners receive notice within three months of existing products being discontinued or replaced, of the launch of new products or of business mergers or acquisitions.

#2 It's Updated Frequently

Timely knowledge of changes within

the contact lens manufacturing industry keeps me up to date. User-friendly format: ovals in the margins signal notes and updates; brand-name SCL locator found in the front section points you to the right page; attachable tabs provide easy access to locate lens sections.

#3 Easy to Read and Use

The organization of the layout makes it quick and easy for me to find what I'm looking for. I keep a copy close at hand for all practitioners and staff. "How long can I sleep in this lens?" "What about UV protection or blue-light blocking?" "Wow, I need a steeper BC for this cornea! When a patient has specific questions or physiological requirements, I review the manufacturer's recommendations and product parameters on the spot.

"Tyler's Quarterly helps countless eye doctors to be better at what they do and, as a result, countless patients to see better and more safely."

~ Arthur B. Epstein, OD, FAAO,
Chief Medical Editor, Optometric Physician

#4 Accurate Information Gives Me More Confidence

I enjoy precision in my fitting selection and confidence in my recommendations. The annual subscription rate is about the amount of one contact lens fitting. Multiple-copy discounts make it profitable for me to have a copy in each exam room and in our CL room.



#5 It's Very Cost-Effective

This is one of the smallest expenses in my operating budget with ongoing impact on our profitability and success. For those who would also like a digital option to consult for contact lens information, visit tylersquarterly.com.

#6 Companion Online Access

Tyler's Quarterly donates complimentary copies to colleges of optometry and opticianry for each student doctor and optician as they enter contact lens instruction and training.

"TQ is an invaluable resource to the optometry community and a cornerstone to how we approach contact lens education with our students. We really appreciate your support of making the next generation of optometrists truly exceptional."

~ D.M. College of Optometry

#7 A Training tool for Staff, Techs, Opticians and Interns

This is the best instruction and training tool available for our staff, fitting technicians, opticians, and for student doctors. As far as I'm aware, there is no other resource as comprehensive as Tyler's Quarterly. Some inclusions I appreciate are: the listing of CL-compatible makeup; vertex distance and diopter conversion tables; a directory of lens manufacturers' contact information and web addresses; listing of lens solutions for SCL and RGPs, including manufacturer recommendations.

#8 Handy and Helpful Extras

I find everything I might need to reference is found in this one resource. The CL industry has seen the advent of myopia control lenses, scleral lenses, hybrid lenses, the continual refining of multifocal options and more



#9 Listings Expanded Regularly

TQ regularly expands its listings to keep pace with the changes and growth in the contact lens industry. The TQ team believes in the publication's unique purpose - to faithfully undergird CL practitioners in their fitting expertise.

#10 Excellent Customer Service Provided

TQ provides personalized communication from a committed team, enthusiastic about the service it provides - refreshing in an increasingly automated world. As CL specialists, our go-to lenses in various wearing modalities typically serve our patients well.

But when questions or problems arise or when a new material, design or technology appears, we must adjust to maintain excellence in our fitting repertoire and to stay current and knowledgeable in our field. In this, Tyler's Quarterly is a constant and ever-faithful guide.

Scott Holcomb, OD, practices full-scope optometry affiliated with LensCrafters in Marietta, Georgia. Because of the value he sees in TQ's publication, he now volunteers time with Tyler's Quarterly, joining Dr. T.T. 'Tyler' Thompson as an optometric consultant to the publisher and team - he wants the TQ resource to carry on for the benefit of present and future eye care professionals, opticians, and contact lens fitting specialists.

This is the best instruction and training tool available for our staff, fitting technicians, opticians, and for student doctors.

The Cornea: Our Window to the World



Dmitry Gutkovich, OD, MBA

By Dmitry Gutkovich, OD, MBA

I can recall being totally blown away in my high school biology class when I first learned how the eye changes light energy to electrical, which then allows us to see the world in its unique colors and shades. The physiology of the retina and its neural network is fascinating. We carefully evaluate it on every patient we examine, especially when acuity is subpar.

The cornea is often the first thing we see in the slit lamp and gets a quick glance unless concerns of redness, discharge or foreign body sensation is a chief complaint. It's just over 11 mm in diameter, consists of just five layers (possibly six) with an index

of refraction of 1.376. Not very impressive.

That being said, the cornea is responsible for 80% of the refractive power with the crystalline lens responsible for the rest. That's an incredible power of visual function of an avascular structure that is made up of mostly a collagen matrix.

The function of interlocking collagen fibers and its symbiotic relationship with its other layers is why we need to pay greater attention to its function and how we can prevent deterioration that can lead to other potentially blinding consequences.

Keratoconus was first described in the 1700s and recent studies suggest its prev-

alence is a lot higher than initially thought. Medical advances have finally allowed us to offer a treatment for progressive Keratoconus other than contact lenses and/or corneal transplant.

In 2016, Corneal Collagen Crosslinking (iLink/Glaukos) was approved, which is the only drug/device combination with FDA approval. It's important to remember that crosslinking does not correct refractive error. Treatment strengthens the collagen fibers and thereby halts the progression of Keratoconus. Because the onset can be earlier than adolescence, early diagnosis and referral for potential treatment will lead to



a drastic improvement on quality of life.

Genetic testing (AvaGen/Avellino) is also now available to quantify the risk assessment of Keratoconus as well as other multiple genetic corneal disorders. This may also be helpful in evaluating family members of patients with Keratoconus.

When I graduated optometry school, refractive error was just a common refractive change that we addressed through the use of spectacles or contact lenses. Myopia control was in its infancy at best. Advising on the reduction of near-point stress, prescription of progressive lenses and undermining the prescriptions was most commonly discussed. But the current view is changing.

With a drastic increase in myopia prevalence and studies suggesting no end in sight, the view of myopia has changed to a disease state. We must remember that axial length elongation can lead to other sight-threatening conditions. Therefore, controlling myopia will not only preserve visual acuity but also simultaneously reduce the health care expenditure burden; creating a win/win for all involved.

Although there is no way to stop myopia progression at this time, we now have multiple tools we can utilize individually or in combination to slow down this disease. The current arsenal includes soft contact lenses, Ortho-K and low dose atropine, with spectacle lenses on the way. At a bare minimum, we should all be talking to parents about their children's screen time and time spent outdoors.

For treatment of many corneal complications, amniotic membrane use is on the rise. Its first ophthalmic use was not until 1940. Also known as Amnion, it's derived from the full-term innermost layer of fetal placenta. It is avascular and consists of three layers: epithelium, basement membrane and stroma. They are pluripotent stem cells because of their ability to self-renew and potency.

Frequency of ocular use of amniotic membrane has recently increased with improvements in tissue harvesting and shelf life. It's an in-office procedure that requires no suturing or glue to address multiple corneal and conjunctival insults. It promotes



epithelial regeneration, reduces inflammation and may have antibacterial properties. Tissue rejection is not a concern. Amniotic membrane extract eye drops are also currently commercially available.

The concept of using contact lenses for monitoring and as a vehicle to deliver medication to address ocular and systemic conditions is not new. The ability to deliver a pharmaceutical agent in a consistent and sustained manner will yield better therapeutic outcomes than relying on our patients to actually use the drops in a prescribed manner.

Acuvue Theravision with Ketotifen (J&J) received FDA approval in March of 2022. It is the first and only contact lens of this type of modality on the market today.

It's a daily disposable lens with an antihistamine to address ocular itching associated with allergic conjunctivitis. Considerable research is being conducted in this arena as companies look for ways to incorporate different pharmaceutical agents to address diabetic retinopathy, infections, glaucoma and anti-inflammatory conditions.

Most of us have some fascination with the eyes, otherwise we would not be in this field. It is exciting to watch and use the incredible advances in the field of eye care. As fascinating as retina is, please don't ignore the cornea, it's our window to the world.

Dimitry Gutkovich, OD, has been with AACO since its inception in 2013. He has served multiple terms on the board of directors and on different committees.

Although there is no way to stop myopia progression at this time, we now have multiple tools we can utilize individually or in combination to slow down this disease.

AACO 2022 Southern Regional Conference Draws Big Crowd

More than 100 corporate ODs, medical doctors and industry suppliers and vendors gathered in Alpharetta, Georgia for AACO's 2022 Southern Regional Conference in November.

ODs were able to take in six hours of expert continuing education courses, network with their peers, and get a chance to meet with more than 20 industry suppliers and vendors to learn about the latest products and services offered by these companies. This year's vendor show sold out!

Conference speakers included AACO president, Melonie Clemmons, OD, Ellijay Eye Care & Ocular Wellness Center; Greg Caldwell, OD, Enhanced Eye Care; AACO past president, Naheed Ahmad, OD, Dr. N. Ahmad and Associates; Milan Patel, MD, Milan Eye Center; Cameron Johnson, Advanced Eye Care, MD

AACO wants to give a special thank you to Milan Eye Center for co-sponsoring our Southern Regional Conference in Atlanta.

Mark your calendar so you can attend one or more of AACO's 2023 three continuing education events. AACO at SECO, March 5, will be one-day event following SECO's annual meeting, offering jurisprudence credits. The AACO Annual Meeting will be held in Austin, Texas, August 18 through 20. A Chicago Regional Conference will take place on November 5. Visit www.aacoeyes.org to learn more about each event.

Attendees learned about Practice Development - Lessons Learned from Dr. Patel. Dr. Clemmons presented, Expanding the Optometrist's Tool Box in the Treatment of AMD and Dry Eye Disease.

Dr. Caldwell reviewed concepts of integrative and complementary medicine, including diagnostic interpretation and approaches. During his two-part talk, Ocular Nutrition Tying Function, Structure and Molecular Altogether, he discussed nutraceutical and therapeutic opportunities, along with guidance on becoming a great integrative optometrist,

Dr. Ahmad presented, Boxing Out Unconscious Bias: Don't Let Your Unconscious Biases Put People in a Box!, and Dr. Cameron Johnson presented Two Vascular Emergencies in Eyecare.



Milan Patel, MD, Milan Eye Center



Attendees earned six hours of continuing education, with plenty of breaks and lunch opportunities to network with peers and meet with industry vendors and suppliers



The vendor hall was packed with exhibitors and optometrists, who were able to talk to experts and learn about the latest equipment, services and products in the profession.



Greg Caldwell, OD, Enhanced Eye Care



Jacquie M. Bowen, OD, Secretary-Treasurer of the American Optometric Association



The 2022 AACO Regional Conference was sponsored by Milan Eye Center (www.milaneyecenter.com)



Thank You!

"TOP TEN" thank you to Milan Eye Center for sponsoring AACO's successful Regional Southern Conference – Nov 2022



Cameron Johnson, MD, Milan Eye Center



AACO Turns 10!



As we begin a new year, I want to say how excited I am to be AACO's new executive director. My first official day began on October 3, 2022. From that day forward it has been a whirlwind of activity. My first AACO conference was the Southern Regional Conference held on November 6th at the Hilton Hotel in Alpharetta, Georgia. It was very exciting to meet (in person) our AACO board of directors and members, conference attendees and of course, our conference sponsors and vendors. I look forward to meeting many more people in 2023.

For those wondering who I am and where I come from, I began my career in the Total Quality Management Program of a 600-employee graphics and printing company, where I worked in marketing, internal auditing, staff training and IT. Later, I switched careers and went into public service. I taught high school and coached various sports for 15 years. After teaching, I spent the next eight years as a social worker assisting children and families in foster care.

In 2012, I became a member of the Ellijay Lions Club and Lions Club International. This is where my passion for working with optometrists and vision services first began. Since I was an educator at the time, I wanted others to be aware of the obstacles that many low-income families faced when trying to find affordable eye care.

In 2018 I sat on the Board of Directors for the Georgia Lions Lighthouse as the Secretary for two years. I came to AACO via my relationship with the association's president, Melonie Clemons. We were both involved with the Ellijay Lions Club, of which I was president, and Melonie worked tirelessly providing eye exams for economically disadvantaged members of our community. During the organization's search for a new executive director, Melonie asked if I would be interested in interviewing, and after several meetings, the board voted to hire me.

The Year Ahead

During 2023, AACO will be celebrating our 10th year anniversary. We have three conferences and CE opportunities planned. We will begin on March 5th with our SECO Sunday Conference located at the Omni Hotel in Atlanta. August 18-20 we will have the AACO Annual Conference in Austin, Texas. This is going to

be a huge 10th year Anniversary celebration! We will wrap up our 2023 conferences and CE events with our Midwest Regional Conference on November 5th in Chicago.

AACO will continue to publish the award-winning Corporate Optometrist® magazine, which serves as the voice of the corporate optometry profession. AACO is glad to welcome back Steve Milano as our managing editor. Steve helped the organization launch the magazine in 2020, and he has stepped back in to help us during the transition to our new management model.

As your executive director, it is my duty (and pleasure) to help you with any membership needs you have and answer any questions you need addressed. Please feel free to email at peg@aacoeyes.org or call me at 770-815-4519.

I look forward to helping AACO continue to grow and thrive, and I hope to meet and speak with many of you during the coming years. Besides being passionate about AACO's success and keeping in the spirit of the "Top 10" theme of this issue here are 10 things to know about your new Executive Director.

Peg Densmore, EdS
Executive Director

Top 10 Things to Know About Peg

1. I am a Christian.
2. I love my family and my dogs Sassy and Ollie.
3. I am HUGE Georgia Bulldawg Fan.
4. I ride a Harley Davidson.
5. I am allergic to chocolate.
6. I graduated from North Georgia College and Lincoln Memorial University.
7. I have a Specialist Degree in Education.
8. I am a member of the Ellijay Lions Club and served two years as president.
9. I love anything Disney.
10. I grew up in Ducktown, Georgia and currently live in the mountains of Ellijay, Georgia.



American Association of Corporate Optometrists™

AACO is pleased to announce our inaugural Magazine Advisory Board Members. The Magazine Advisory Board members are key leaders in the field of optometry. They will provide insight and perspective from the optometric community.

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