

CORPORATE OPTOMETRIST™

The Voice of Corporate Optometry™

MY CORPORATE OPTOMETRY *Journey*

Eric Botts, OD

THE PRACTICE
MANAGEMENT
EDITION



- Don't Miss AACO's Annual Conference
- 170 Years of Clarity: Celebrating Bausch + Lomb's Timeless Vision
- A New Tool for Dry Eye Disease
- Must-Haves in Optometry Practice

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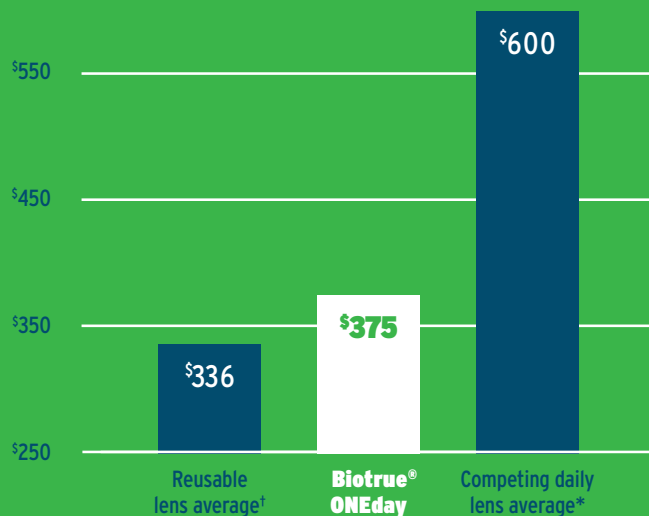
American Association of Corporate Optometrists™

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†Based on ABB Glimpse average frequent replacement lens box price (July-December 2022) after new-wearer rebate and \$100 lens care cost for AIR OPTIX Hydraglyde, Biofinity, Biofinity Energys, ACUVUE VITA 6-pack and 12-pack, ACUVUE OASYS 2-week 24-pack and 12-pack, TOTAL30, and Bausch + Lomb ULTRA®.

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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. Engagement. Inspiration. Education. Unity.

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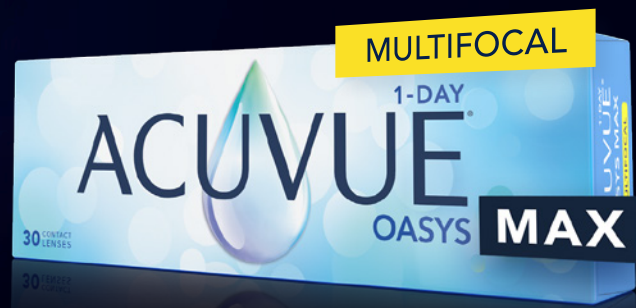
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† Filtering of HEV light by contact lenses has not been demonstrated to confer any health benefit to the user, including but not limited to retinal protection, protection from cataract progression, reduced eye strain, improved contrast, improved acuity, reduced glare, improved low light vision, or improved circadian rhythm/sleep cycle. The Eye Care Professional should be consulted for more information.

‡ Versus publicly available information for standard daily use contact lenses as of July 2022.

1. JJV Data on File 2022. Subjective Stand-Alone Claims for ACUVUE® OASYS MAX 1-Day MULTIFOCAL Contact Lenses - Exploratory Meta-analysis.

2. JJV Data on file 2022. CSM - ACUVUE® PUPIL OPTIMIZED DESIGN Technology: JJVC contact lenses, design features, and associated benefits.

3. JJV Data on File 2022. TearStable™ Technology Definition.

4. JJV Data on File 2022. Effect on Tear Film and Evaluation of Visual Artifacts of ACUVUE® OASYS MAX 1-Day Family with TearStable™ Technology.

5. JJV Data on File 2022. Material Properties: 1-DAY ACUVUE® MOIST, 1-DAY ACUVUE® TruEye®, ACUVUE® OASYS 1-Day with HydraLuxe® Technology and ACUVUE® OASYS MAX 1-Day with TearStable™ Technology Brand Contact Lenses and other daily disposable contact lens brands.

Important safety information: ACUVUE® Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from Johnson & Johnson Vision Care, Inc. by calling 1-800-843-2020, or by visiting www.jnjvisionpro.com.

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Grand Theft Auto

My car was stolen the other day. Middle of the day! Right outside of my office! It wasn't a fancy car, as having had other brushes with crime, I try not to take any nice vehicle into the city. It did, however, have my mountain bike in it and several other personal items. I knew I would never see them again. If you have ever had anything stolen before, you know that feeling of being violated and that you have been wronged. It's an uncomfortable feeling and can leave you feeling out of control. It can lead to feelings of frustration, lack of security and anger.

Well, now that I have your attention, I want to welcome you to this issue of *Corporate Optometrist*, where we delve into practice management. Enjoy this issue as we investigate areas of improvement we can incorporate into our business models, as we strive to be "the best ODs that we can be."

Back to my story: A few days later I was talking with a patient as we were starting his examination. I noticed the "ink" on his arm and asked him about it. (Sometimes things happen in our day for a purpose, and I think this patient was in my chair that day just for a reminder.) On his arm was the marking "70X7." "Oh shoot, I know what that is," I told him. In Bible teachings, one of Jesus' followers, Peter, asked, "How often should I forgive a brother who sins against me? Seven times?" "No!" Jesus replied, "seventy times seven!" Now, regardless of our positions on faith or our personal beliefs, I think there is a very big take-home in this thought, so please follow me for a moment.

We ALL get wronged in life. We are people who "work with" people and "provide care" for people, so we are destined to have to deal with some drama. Perhaps it's a peer who has spoken poorly about us or our care as ODs. Perhaps it's a patient who leaves a bad review or makes accusations of wrongdoing, when all we were trying to do is help them. Maybe it is a co-worker or staff member we need to work with on a daily basis, but they have done something that has caused turmoil in the office.

Obviously, the first thing to do is try to resolve the situation. But sometimes that is not an option. For whatever reason, we may never be able to "face our accusers," and the worst part of that is it leaves us in that position of feeling wronged. That is not a healthy place to be or a place we want to stay in. I think, as a business owner, sometimes we just have to forgive that person for how they have wronged us and move on. They may never know what we have done, or the harm they inflicted on us. The truth is that the more we harbor feelings of ill will toward that person, the more damage it does to us. Learn from the situation and then move on.

I have had cases in my practice where staff has mentioned a certain patient and their egregious behavior. "Hum, I don't remember that." I have in those instances chosen to move on from the situation and not let it occupy precious space in my memories or let it cause knots in my stomach at the mention of their name.

Your time, your life and your charge to be a caregiver for the patients in your care are too important to be filled with damaging feelings. Hopefully these words will encourage you, as a leader of others, to not let the great potential you have be brought down by the actions of others. Have an AMAZING summer.



**Douglas C. Melzer,
OD, Dipl. ABO**

The AACO is Celebrating *10 years:* A Time for Pause, Change and Consistency!

There is a season for everything, and AACO, formally Energieyes, has definitely had many seasons of change during its 10 years!

The AACO is a product of many fingerprints and much passion. All of our current and previous board members, exhibitors, supporters, partners, executive directors and members, along with some well-earned victories and unforeseen challenges, have made us what we are today.

So, what are we? I'm excited to state that today AACO is a strong, impactful association that is making a difference in the world of Optometry! A big shout-out and thank-you to all who have supported AACO's mission. I personally feel honored to be included in just a fragment of AACO's journey.

All new organizations must go through growing pains and find their place. The AACO has been no exception. Continued willingness to flex with new industry trends, or when needs of the membership arise, is a must.

Although change over time is essential, AACO has now reached a maturity in which consistency is just as essential for stability and growth.

After several years of exploring and testing different partnerships and event schedules, AACO has found a good rhythm for its members. There will be a focus on greater consistency moving forward in dates for our annual conferences and regional events. In addition to the magazine publication, you will notice more consistent communication through our newly redesigned monthly newsletter. Be on the lookout!

As the final months of my term as president are nearing an end, AACO will be experiencing another change. I'll be passing the torch to an incredible new president, Dr. Bob Houghteling. I'm confident he will accomplish great things, especially with the support of the AACO Board of Directors and our executive director, Peg.

The AACO's future success also depends on YOU! You have an opportunity to become involved and make an impact as well! Please consider serving on one of AACO's many committees, providing content for our magazine, or even applying to become a board member. The more members willing to contribute, the more momentum and more success the future will bring!

Come join us in Austin! It's going to be our best meeting yet, with more than 20 hours of continuing education and a **sold-out exhibit hall!** Dr. Paul Karpecki will be starting us off, and for you Texans, we will finish with the Texas Professional Responsibility Class!

Lastly, I want to publicly and sincerely thank all who have supported me in my current role. There have been many, and it's been humbling. I couldn't have been successful without you! I'm so blessed.

Kindly,
Melonie Clemmons, OD
AACO President



Austin or Bust!

IS IT ALREADY SUMMER???

Time seems to fly by when you are having fun! This year is no exception. Summer has already begun, and soon our practices will be in the middle of the back-to-school rush with parents and kids in tow getting their annual eye exams. Our summer edition of *Corporate Optometrist* magazine is focusing its attention on helping corporate doctors run their offices more efficiently. Effective practice management is a tool we can all use to care for our patients that serves to increase our word-of-mouth referrals. We hope you learn something new from this edition and take that knowledge back to your home practices. We love feedback from our readership, so please do not hesitate to reach out to our executive board, our board members and myself.

If you are looking for a wonderful place to network and learn more, AACO will be hosting our Annual Conference in Austin, TX, with more than 20 hours of world-class continuing education. We are so fortunate to be celebrating our 10-year anniversary in such a vibrant and eclectic city. My adopted hometown (of more than 20 years), known as the "Live Music Capital of the World," boasts hundreds of music venues, hiking and biking trails, great restaurants and Texas' very own Texas Longhorns. There is ample space for everyone here in the Texas capital, and we hope you come and join us August 18-20, 2023. It is being held at the W Hotel in downtown Austin, next door to Austin City Limits Live at the Moody Theater. Our speakers include Paul Karpecki, OD, FAAO; Eric Botts, OD; Jeffry Gerson, OD, FAAO; and Austin's Westlake Eye Care Specialists, who will be presenting "Perfecting Cataract Surgery in the Imperfect Eye." We have also invited Texas' own Joe DeLoach, OD, FAAO, Dipl. ABO, of Pactice Compliance Solutions, to present his one-hour lecture on Texas Professional Responsibility. This is a conference packed with content not found anywhere else but in Texas.

We are looking forward to having Austin host our magnificent 10-year anniversary conference and can't wait to celebrate there with you!



Carla Gavilanes Gasparini, OD

Dr. Gasparini is a practicing Optometrist with two Walmart subleases in the Austin metro area. She made her move to Austin in 2002 and has adapted her New Orleans roots to include more BBQ and brisket. When not in scrubs, she can be found running after her 12-year-old son in and around Zilker Park. Give her a holler if you come into town. She can be reached at gaspariniod@gmail.com.

Corporate Optometrist™ Magazine Advisory Board

The advisory board for *Corporate Optometrist* magazine is made up of clinicians in both private and corporate Optometry practices, as well as key decision-makers. The advisory board gives critical advice, analysis and support for AACO's ongoing efforts in broadening corporate Optometry's impact.



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Patient Handouts, Portals and Stamps, Oh My!



Lauren Waldron, OD

Each day we provide patients with comprehensive care, we evaluate and decide what treatment will be best for every patient in their unique situation.

For the patient, the encounter with a doctor can be intimidating and overwhelming. Often they can barely remember what the doctor said, let alone what they are to do about the treatment regimen he or she recommended. However unique each patient is, there are many diagnoses that are not that unique — in fact, we diagnose them each day. These are things you can easily write down in an information sheet, so you can share that information each time, for each patient who needs it.

In my practice I have found several information sheets super helpful, and I have been told by my patients that they have understood their eye health issues and treatment plans better than previous providers have managed to explain things. Print these sheets on letterhead in a clear and readable font size. I prefer a bullet format because it's great for quick reference. You will need to put in a little work on the front end, but your front desk can have things ready when needed. Here are a few of the information sheets we use:

1) Dry Eye Instruction Sheet —

Explain the treatment you frequently begin with. In my case, I have patients do lid scrubs and warm compresses each day. I also make other recommendations like artificial tears, nutraceuticals, and adding a humidifier to their homes during the months they are using the heat. I mention the dry-eye products we sell in my office. If they weren't at first interested in those products, they may be better informed about them for the future. I also spell out contact lens-wearing and makeup-wearing tips. I have had countless conversations with women who have dryness issues, and they have frequently mentioned that they have never been spoken to about makeup and its use and removal. This is a great

opportunity not only to help a patient but also to make her a lifelong patient and referral source. We attach one free sample of Ocusoft lid scrub pads onto each sheet so they know exactly what to look for in the store. This starts them on a simple approach to treat the dry eye that I may notice during their vision exam. Then they follow the sheet's steps

and make an appointment with me in order to address things further if this is not working. This is your opportunity to explain how a medical concern would be addressed using their medical plan at a separate visit, not their vision plan.



I have encountered an occasional teen who attempted to get contacts without their parent's knowledge. This permission slip avoids awkward, time-consuming, conversations after the fact.

2) Regener-Eyes Eye Drops Sheet — This sheet is used to bolster the understanding of this important dry-eye treatment. I start this sheet with "Dear Dry Eye Patient" because I want them to know this is the reason for this treatment. Regener-Eyes has been a wonderful addition to my dry-eye toolkit. I want my patients to commit to four-times-a-day dosage and understand that I need to see them for follow-up care. In my office, I follow them closely at first to make sure the drop is being used as prescribed and to get the maximum benefits from this amazing

restorative product. Giving them clear instructions for its use and the follow-up care we expect is well received. Very often these drops are being used by our elderly population, who may have family or healthcare workers checking in on them. Having a detailed sheet of instructions clearly defines procedures and also provides practice information. Should a new bottle be needed, it is clearly outlined where and how to obtain a refill.

3) Contact Lens Important Information — We provide outlined information about contact lens wear and usage for

every new contact lens wearer or any wearer we feel could benefit from it. This document is presented to each new patient, and their parent or guardian, at the time of their insertion and removal training. This document is signed by the patient (and the parent, for minors) and dated and scanned back in the chart. We give the patient this sheet with their starter kit at the completion of the training. It discusses care procedures, what to do if the lens is uncomfortable, and what not to do with contacts.

- 4) Patient Portal Information** — Every one of our patients is given access to the “Portal” within our Revolution EHR. This portal has been a great tool for our tiny office. It cuts down on patients needing to pop in, unannounced, for things like copies of receipts or prescriptions. We found it advantageous to provide every patient with a small sheet of the basic instructions and functions of this portal. On the flip side of the sheet, we ask them to leave us a review at some key sites or call us if we didn’t meet their expectations. We also have a copy of this sheet taped to the front desk so patients can simply take a photo of the info instead. This portal has been a great practice builder for us, and having it explained in a simple format has been a great time-saver for my staff. I enjoy getting emails of “simple questions,” which I gladly answer between patients. Surprisingly, I don’t get bombarded — in fact it very often saves chair time because you can figure out which patients need to see you and which ones do not.
- 5) School/Work Notes** — A quick note to verify that a patient was seen in the office is a much-needed communication for kids and working adults alike. I print and sign these beforehand, and before my staff fills in the basic information. This letter states that they were seen today and can return to normal activity on a specific day. Parents are grateful for this added effort, as it makes things very clear to their children’s school as to why they were absent. It is helpful when you have a person who cannot work for a day or two due to an infectious event or other acute situation. Employers need this documentation, and patients appreciate clear guidance as to how to proceed with their work schedule in the near future.
- 6) Care Release for a Minor** — In my office, parental presence is highly encouraged for every minor, but sometimes that is not possible. When it is not possible, the parent is asked to sign the release as they drop off their child for the appointment, or beforehand. My sheet goes a step further to inquire about contact lenses. In my many years of being an Optometrist, I have encountered an occasional teen who attempted to get contacts without their parent’s knowledge. This permission slip avoids awkward, time-consuming conversations after

the fact. Parents really appreciate things being clearly communicated as to their wishes for their child.

- 7) Stamp All Correspondence** — One other communication tool I have found invaluable is a simple stamp I purchased a few years ago that reads “Reviewed & Approved” with the date and a signature block. My office policy is that any referral letters that come thru on the fax or in the mail need to be reviewed by me before being scanned into the patient’s chart. After I have reviewed them, I simply stamp and sign the first page of each one. This makes it clear to my staff that this document is now ready to be scanned into the patient’s chart. In addition, when I am sending any chart or report, I stamp the first page of each printout and sign it. My staff knows that our company policy states that any charts or notes faxed out of the office must have a valid stamp and signature. This saves us the hassle of mix-ups in terms of exactly what correspondences are generated from our office.
- 8) Fee Schedule** — It is important for every patient to know your fees. While you could commit these to memory, it is far more professional to simply create a fee schedule that is available in every exam lane and at your front desk. This is helpful for a patient to get a clear financial snapshot. It also creates a sense of things being up-front, fair and reasonable for every patient. Your patients are consumers of healthcare, and with the “No Surprises” Act, you want to be able to communicate your fees before you perform your exam. When patients arrive, your front desk should be educating each patient as to the fees they should expect. A simple list of your basic fees is something patients will really appreciate, especially if they are a self-paying patient. Be sure to place the date it was revised at the bottom, so it is clear for all to see when those fees started.

Clear communication is key to good patient management. Patients really appreciate the extra efforts made when they leave your office, in terms of knowing exactly what they need to do to maintain their eye health and maintain visual success. Your staff will also appreciate clear communications when you establish some easy-to-distribute information sheets and policies that make your intentions easy to support. As a provider, be willing to get staff input on these information sheets — your staff can really add value to the patient experience. Becoming a better communicator is a learned skill, and there is always room for improvement in our ever-changing, fast-paced world.

Dr. Waldron has a diverse background in the optometric field, including active-duty Air Force Optometry, nursing home Optometry and now her own primary care practice in Virginia. When not seeing patients, she passes her time with her loving husband, two beautiful daughters and two spunky dogs.

The Art of Communication



Jennifer L. Stewart, OD

One of my favorite statistics to share with a live group is the time it takes for a doctor (not just ODs!) to interrupt a patient when they are describing their chief complaint. Anyone know the answer? It is a shocking number to me: 11 seconds! Yes, you read that right: 11 seconds! At this point in a live presentation, I like to pause and countdown just how short that is (although the quiet in a lecture hall can make it seem like an eternity). I'd like you to do just that: Take a quick break from reading this, look at your phone or watch, and count down 11 seconds. Doesn't feel like much time? You're right!

If you're anything like me, you went into Optometry to be a problem-solver. I love nothing more than to craft the perfect solution or solutions for a patient and wow them with my skills, expertise and knowledge. Once I read that statistic, though, it made me pause (quite literally). Am I one of those people interrupting patients before they can get a full sentence out? I realized that while it may not be intentional, I'm often walking into the exam room ready to solve a problem they haven't even described. While it may make me feel great, it can leave the patient feeling not listened to and talked over.

How did I change my behavior? The first step was realizing what I was doing. I utilized scribes in my practice who did all the pretesting, entrance testing, history taking and information gathering. They would then present this to me, and I'd feel pretty good walking into the exam room, knowing what I was heading

into and already having a perfect solution crafted in my brain. The problem? I never got the information directly from the patient. Once I made a conscious effort to change this, I still gathered all the information from my scribe, but then walked in, sat down in front of the patient, made eye contact, and asked: "What brings you in today?" Now, I already had an idea, but letting them tell me, in their own words, was such a change. They may share something new, different, additional, or just describe their needs differently than my staff. They felt listened to, heard, appreciated and special. I also did what I had to do to NOT interject. If you feel you want to add something to their conversation, don't! Sit on your hands, bite your tongue, count to 60 in your head, do whatever you have to do, but don't interrupt that patient.

What was the result of this? I felt calmer in the exam room — I had a chance to breathe, collect myself, sit for a moment and actually listen to the patient, instead of being constantly on the go. I noticed an increase in our optical capture rate and revenue because I was now solving a problem or need that the patient shared with me — and I used their very own words to craft a solution. I saw an increase in compliance in treatment plans and, overall, more patient reviews where patients shared comments like: "No one has ever taken the time with me that Dr. Stewart did." Did my exam time increase? I did not add 1, 5 or 10 minutes to the time I was in the exam room — I just changed how I used that time. We are all time-crunched in our offices, and time is a luxury we can't afford to waste. I am always looking for ways to be more efficient, more effective and more profitable. I never would have guessed that taking a moment to listen could be so powerful.

Dr. Stewart is an internationally recognized speaker, writer, consultant and entrepreneur supporting Optometry through her consulting firm, OD Perspectives. She serves as professional editor of Independent Strong; an adjunct assistant professor at the New England College of Optometry; and a consultant for Coopervision, MacuHealth, GPN and Zyloware. Dr. Stewart is the co-founder and chief vision officer for Performance 20/20, which provides services for sports and performance vision training; serves on the executive board for the International Sports Vision Association; and provides consulting for sports vision practitioners around the world. She received the 2022 Emerging Leader Award from the Optical Women's Association, the GameChanger Award from Eyecare Business, and the Theia Award for Innovation from Women in Optometry.



GLOBAL IMPACT, *one contact lens at a time*



Having been born and raised in France, Jade Devriendt grew up visiting the United States with her American mom every summer. She became

sensitive to sustainability at an early age. In France, there is more of a focus on environmentally friendly choices in homes and society, from nuclear energy accounting for more than half of the country's electricity to curbside compost collection along with trash and recycling. Furthermore, Jade's family is particularly environmentally conscious, doing things since her childhood like using reusable shopping bags and cloth napkins, as well as adjusting thermostat settings to reduce energy consumption. Jade attended middle and high school in Virginia and had her first eye exam with Dr. Laureen Waldron at her local Target in 8th grade. She was first introduced to Bausch + Lomb's One by One Free Recycling Program by Dr. Waldron, who volunteers as a collection site for the recycling center. This program is currently the only contact lens recycling program in the U.S. that takes back used contacts and the plastic blister packs to distribute to TerraCycle, turning used lenses into diverse objects including outdoor furniture, watering cans and playground surface covers, as well as donating \$10 to Optometry Giving Sight for every 10 pounds collected.

As a young teen, Jade would drop off her used contacts at Dr. Waldron's office regularly and continued to do so while at the University of Virginia (UVA). One day, a friend who also wears contacts approached her in the hall bathroom after noticing that Jade saved her contacts rather than throwing them away. Seeing and talking with other hallmates who disposed of their contacts inspired Jade to try and collect theirs, too. Subsequently, Jade offered to take care of recycling all the contacts thrown out by the



Jade Devriendt

girls on her dorm hall. She installed a bag outside her door to collect contact lens waste for recycling — all they would have to do is drop them off.

By making it easy and accessible, Jade was able to collect a large bag of contact lens waste to bring back to Dr. Waldron's Optometry practice. This program was expanded to her whole coed dorm via word-of-mouth, email support to students from her resident advisor and senior advisor, and printed flyers (designed by Jade) distributed on every floor. The flyer was both educational and promotional, sharing information on microplastics and how students can drop off their used contacts to her recycling bag. Next year she would like to expand the contact lens recycling initiative further by working with UVA Housing & Residence to take it to other dorms on campus. Just by creating convenient drop-off locations, she might be able to increase participation in this program, allowing students an easy and effective way to recycle their contacts.

She shares that she received a very positive response from her dormmates after explaining how contacts break down into microplastics and impact our water systems. It encouraged participation when students learned about how simply collecting contacts can give a second life to what would otherwise be waste. She strongly believes that it's important to increase the ways we can live sustainably. "It's about the small things you do every day that have a ripple effect on society, enabling collective action and lasting change."

Ms. Devriendt is currently a sophomore studying for her Bachelor of Science degree in Environmental Science at the University of Virginia. She is considering a double major with Studio Art and Environmental Science, so she can combine her two passions. She is also a student docent at The Fralin Museum, where she gives tours to kids from grades K through 12. This spring, Jade interned with Rustling Roots, an education center for ecological living, to create an interactive art installation that showcased environmental issues.

Credit Card Processing Fees

Optometrists are always looking for ways to increase profitability, and one small change could make an immediate impact to your bottom line. The beauty of this change is that it can be achieved without an investment in costly equipment or expensive consultant visits to your office. It is time we think smarter concerning our credit card processing fees!

If you have not considered passing along the processing fees to your patients, you are absolutely missing the boat! Many local businesses and restaurants have already made this transition, and I wondered why I should not apply the same business strategy to my practice. My initial thoughts were that patients would balk at the idea, complain and not return the following year. Unbeknownst to me, other practices in my area were already doing this — I was behind the times!

I placed a call to my existing credit card processing company, Chosen Payments, and inquired about a program that would allow these fees to be passed along to the patient. They were very helpful and explained that the program would be a flat fee of \$29.99 per month versus the hundreds I was regularly paying for monthly processing fees. This program would place a 2.99% service fee on any transaction placed through my credit card terminal. As a reference, that would mean an increase of \$2.25 to the patient on an exam fee of \$75, or a \$0.30 increase to the patient on a \$10 EyeMed exam copay. This made complete business sense to me, and I made the change.

Presently, I am one year into this adjustment. It was a seamless transition and did not require significant time, money or resources to make it happen. In hindsight, this transition should have been implemented much sooner. Delaying this obvious change has cost me well over \$2,000 a year. There has been no pushback from patients thus far. A sign at the front desk notifies patients of this credit card service fee, and they also have an avenue to bypass this charge by paying with cash or check. There is an option to cancel the service fee on the terminal if needed (this is necessary when processing insurance payments that need to be processed through the credit card terminal for the exact amount).

It was a seamless transition and did not require significant time, money or resources to make it happen.



**Robert Houghteling,
OD, FFAO**



Some Optometrists are content with their existing arrangement and consider processing fees as a cost of doing business. That might be the case for some, but for others this switch becomes a sound hedge against rising supply costs, falling reimbursements and other financial uncertainties that come with owning a business. This is one of the few business modifications that can be made quickly and have an immediate impact. Review any of your statements from your credit card processing company and do the math. I would absolutely recommend making the call!

Dr. Houghteling is a 40-year resident of Camden County, GA, and is actively involved in the community. He is a member of the American Optometric Association and Georgia Optometric Association, a Fellow of the American Academy of Optometry, and incoming president of the American Association of Corporate Optometrists. Dr. Houghteling is a recently retired colonel in the United States Air Force Reserve and served as the IMA to the AF Optometry Corp Chief. He is a two-time Rotarian of the Year through the Rotary Club of Camden County. He and his wife, Valerie, have two sons, Drew and Cole.

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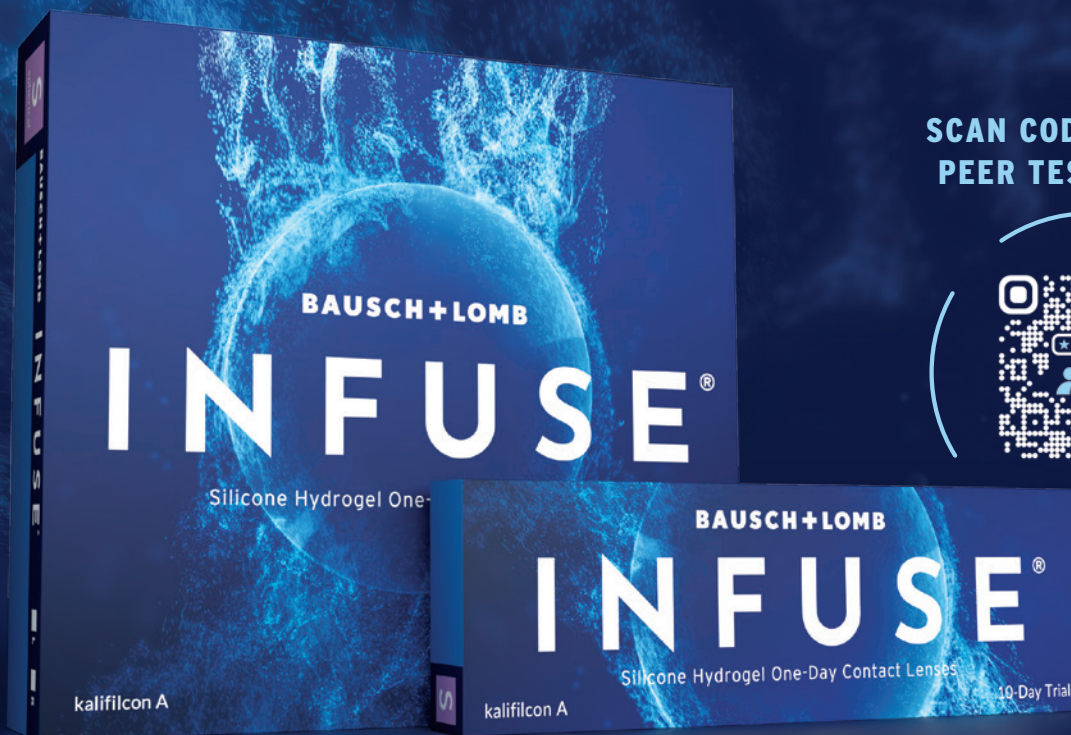
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How Telemedicine Can Improve Your Practice



Maria Sampalis, OD

The rise of COVID-19 has had a significant impact on telemedicine, leading to an increased adoption of telemedicine in Optometry. Initially, telemedicine in Optometry started in Veterans Affairs hospitals for diagnosing and monitoring diabetic patients. It has evolved to what we see today in various optical stores.

The use of telemedicine in corporate Optometry can have several benefits. This is why corporate opticals were early adopters of the technology. Over the years protocols and techniques have been adjusted to provide the highest standard of care and follow national and state regulations.

TeleOptometry allows Optometrists to provide remote consultations and follow-up care to patients. It can increase access to care, particularly for patients in remote or underserved areas. If done effectively, it can reduce bottleneck effects in the office and reduce our noncompliant patients with virtual consultations on medication renewals and patient education.

Hiring ODs has become a challenge over the last few years. Many older ODs retired, younger ODs demand a work-life balance, and the supply of ODs per job is underserved. Based on the latest statistics from the Association of Schools and Colleges of Optometry, we can expect approximately 1,800 new Optometrists each year in the coming years. Major corporate opticals with thousands of locations have 350-500 job openings.

With the supply and demand of these positions, corporate opticals immediately adopted this technology to serve their patient base. There have been some advantages for sublease ODs as well, which many have incorporated into their offices.

- **Open new sublease locations — expand to multiple leases.**
- **Increase productivity at your current location.**
- **Serve patients while you're away — Seven-day-a-week coverage without being there.**
- **Admin day with all benefits.**

Many ODs set a day or time aside for an admin day. While planning your admin day, you can reduce hours of operation and help with the net of the practice. You are able to see patients on



a regular schedule and not have to pay for space or staff. Telemedicine services help fill the gap for finding ODs and for slow locations that can't afford to pay a full-time OD.

However, it's important to note that telemedicine should not replace in-person visits entirely. There are many times when a patient needs to come back for a follow-up visit or for complex medical cases. Another obstacle has been tech training and quality of data collection, increasing exam time and follow-up visits, which can decrease patient satisfaction and optical remakes.

I asked the members of the @Corporate Optometry Facebook group for their thoughts about the use of telemedicine in corporate Optometry. Some of the concerns included:

- *"missing or misdiagnosing medical conditions"*
- *"Rx remakes"*
- *"decrease in job market"*
- *"patient dissatisfaction"*
- *"competing against it in their own corporate sublease"*

Overall, the use of telemedicine in corporate Optometry management can be a valuable tool to improve access to services. Many corporate opticals have successfully implemented it in their offices, and many ODs have embraced the option to provide care to patients from their home offices.

Dr. Sampalis graduated from New England College of Optometry in 2007. She is the founder of Corporate Optometry on Facebook, which has more than 31,000 members. She has also founded Corporate Optometry and Corporate Optometry Careers. She was Young OD of the Year in Rhode Island in 2016, Vision Monday's Influential Woman in Optometry in 2019 and World Council of Optometry Eye Care Hero 2020. Dr. Sampalis speaks nationally and writes for major Optometry publications. Her network has expanded to more than 65,000 eye care professionals. Dr. Sampalis practices in Rhode Island and has two subleases with Warby Parker.



My Corporate Optometry JOURNEY

Eric Botts, OD

Corporate Optometry has been very good to me ever since I decided 30 years ago that I would give it a try, fresh out of Optometry school. I looked at other private practice opportunities but decided to come to the Walmart Vision Center in Macomb, IL, having no idea how long I would stay. After spending my previous four years in the metropolis called Memphis, home of Southern College of Optometry, my family was ready to settle down in a much smaller community. The Macomb Walmart Vision Center was brand-new, and the first month was exhausting because so many patients had waited for the opening of this office. I was booked heavily the first six weeks before things settled down to a more expected schedule. At that time, I was welcomed to the profession by the McDonough County Society of Private Optometrists, which had organized and written a series of articles for the local paper outlining the negative impact an Optometrist practicing in a box store like Walmart could have on patient care. Fortunately, the group disbanded as soon as I attended my first local Illinois Optometric Association meeting, after they realized I was an Optometrist just like them, except I had decided to practice in a corporate location. Fast forward 25 years, and I enjoy reporting that I received a letter from a retiring member of that original society of Private Optometrists, apologizing for how I was treated when I first opened practice many years ago. Although in those early years I was hesitant to share with colleagues I met at optometric conventions and continuing education courses that I practiced in a corporate practice, it became more acceptable as time passed. I was a lease holder from day one and have never regretted that decision, as I embraced the attitude that I owned this practice and it just happened to be in »

a Walmart Vision Center. I focused on providing the best possible experience for my patients, since I did not sell any products. In fact, my strategy was to perform the most excellent eye care service utilizing the best technology I could afford. The only thing I could sell was my exam services, which included my recommendations for the appropriate products to provide my patients with the most optimal vision and ocular health possible.

Gaining the trust of my patients was vital. Patient trust is the foundation for building any successful optometric practice and is especially crucial in a corporate practice, since providing health care in a big-box store was not the norm for most patients. However, corporate practice has become more commonplace since I started. The smartest decision I made early in my career was to provide all the medical care my license allowed and invest in advanced technology to make my exam experience stand out for my patients. I purchased the best equipment I could afford, including a fundus camera, optical coherence tomography (OCT) and, most recently, dry-eye technology for meibography, tear osmolarity and measuring ocular inflammation — all of these have enhanced my patient experience. Currently my practice includes many patients returning for follow-up care on numerous ocular diseases, including glaucoma, diabetic retinopathy, cataract co-management, dry eye, age-related macular degeneration (AMD) and corneal foreign body removal. If not for the interesting medical cases I see every day, I fear I would have burned out a long time ago seeing only patients needing glasses and contact lens correction. I find diagnosing and treating ocular disease to be professionally satisfying, and it has driven the financial success of

The only thing I could sell was my exam services, which included my recommendations for the appropriate products to provide my patients with the most optimal vision and ocular health possible.

my practice to levels that routine care would have never attained.

In addition to technology, I also recommend the best products for my patients, including lenses, frames, coatings and contact lenses, to allow them the best possible vision. New technology in progressive, transition and advanced lens materials have allowed my patients to excel in their daily activities. Daily disposable contacts have been around a long time, but in my small community, cost has been an obstacle. That was recently overcome with the Eureka Daily contact lens, which is now my first choice for affordable and healthy contact lens wear for patients of all ages — but especially for kids, who typically are not responsible enough to properly care for their monthly lenses.

I decided many years ago that I wanted to make a difference in Optometry and leave my profession in better shape than when I started. I





that I am proud to be part of because my billing specialists make providing excellent patient care easier for our clients, since our doctors know their claim processing and resulting cash flow will always be the primary focus of my OBC family. The outcome is one less worry, so doctors can do what they do best.

Helping doctors learn the complex process of documentation and coding the ocular exam is one endeavor I have enjoyed over the years. I am a self-professed coding nerd who enjoys figuring out how to get a claim paid, and I relish sharing the information with my colleagues. I have embraced the concept that the battle is

real between doctors and insurance carriers, and that as doctors, we have to use every resource possible to receive full reimbursement for our services. Nobody ever said it was going to be easy to get paid by an insurance carrier, since most are for-profit entities focused on their own bottom lines. The ethical act of correctly documenting and coding your exams has become an art to complement the science of your ocular exam; when combined together, they result in a highly successful optometric practice.



began this chapter of my life by advising a group of Walmart doctors, who met in a little pizza joint in Princeton, IL, how to start a medical billing model of Optometry in their corporate practices. I had taught myself how to submit medical claims and receive reimbursement by what I call the “school of hard knocks,” as I would come in early and stay late to submit my medical claims and research every denied claim to ensure that it was paid. Fortunately, I wrote down what I learned and turned it into a presentation that I shared with that group of doctors in Princeton. Evidently some of the information hit home, as the next day several doctors called me to share their desire to start the medical billing process in their practices, asking me to process the claims for them. That was not exactly the result I was looking for, but after taking a day to ponder the situation, OBC Billing and Credentialing Specialists was born. I hired my first employee, my lovely wife, Lori, who helped me process medical claims for those first few clients.

Since then, OBC has expanded its client base and currently provides education, insurance panel credentialing and insurance claim submission for doctors in 46 states across the country. Since we started back in 2005, we have grown to a team of more than 25 billing and credentialing specialists who understand the complexities of working with optometric practices and insurance payors. Their primary task is to ensure that doctors are paid fully for all the services they provide their patients. OBC is a company

The next step in my professional journey was to join the Walmart Doctor Advisory Board, where I had the opportunity to work with some outstanding ODs who later would collaborate to start Energyeyes — now known as AACO, the American Association for Corporate Optometrists. While working alongside a distinguished group of independent Walmart doctors, we were able to develop and promote new ideas to the Walmart leadership, led by Dr. Chad Overman and Dr. Priti Patel. It was satisfying to know our corporate partner, Walmart, was interested in implementing some of our ideas to improve patient care, and there was an opportunity to provide input on decisions that impacted our optometric practices. When Energyeyes was born, I was elected vice president and worked alongside our first president, Dr. Mark Uhler. We were determined to help corporate Optometrists working in all types of corporate locations — including Walmart, Lenscrafters, Pearl, Costco, Target and Eyemart Express, to name a few — to build a successful practice in a corporate location. It is important for corporate ODs to have the support of other doctors working in similar practice modalities who will help them build a successful practice where they can provide excellent patient care. We promoted Energyeyes

as a resource for all corporate Optometrists to come together and share resources, so they understood they were not on an island by themselves but were part of an association that would aspire to help them be the best doctor for their patients.

Next, I was elected as a trustee for the Illinois Optometric Association (IOA) and served as chairperson of the Third Party Committee where I was able to use my coding and billing background to support Illinois Optometrists with the many issues involving insurance carrier policies that impacted how we practice here in Illinois. I was fortunate to be able to work my way up the leadership pathway to become president of the IOA, where I represented all Illinois Optometrists, including corporate and private doctors. I quickly learned that Optometry is one big family of professionals from different backgrounds and models of practice with one shared vision: to provide the best possible care for our patients. Regardless of *where* you practice, it is *how* you practice that matters, and both corporate and private practices are well represented by great doctors. After my IOA presidency concluded, I was elected president of the North Central States Optometric Council and had the opportunity to work with Optometry leaders from several midwestern states, including Kansas, Nebraska, Wisconsin, Michigan and Missouri. Finally, I was selected to be a committee member for the AOA State Government Relations Committee, which engages leadership from all states to improve the scope of Optometry at the state level. Since Optometry is a legislated profession, everything we do has to be directed by the law in each individual state.

My goal is to leave my profession in better shape than when I started, and that includes all modes of practice — whether corporate or private — because the most important thing I have learned along the way is that we are all part of the same great big family of Optometry. When I began my practice 30 years ago, the divide between corporate and private Optometry was as wide as the Pacific Ocean, but now has shrunk to be more like the Mississippi River. The divide still exists but is more easily crossed today; in fact, many doctors work in both corporate and private practice simultaneously. My hope is that medical Optometry will become the norm in every optometric practice — but especially every corporate



My hope is that medical Optometry will become the norm in every optometric practice — but especially every corporate practice, because every patient deserves both medical and routine care.

practice — because every patient deserves both medical and routine care.

I am fortunate to enjoy seeing patients every day and have expanded my practice to include three Walmart Vision Centers here in Illinois and one in Iowa. I have partnered with excellent doctors as we work together to care for the patients in our respective communities. It goes without saying that a work-life balance is necessary to live a happy, productive life, and I have been lucky enough to have that. A career as a corporate Optometrist is all I have known, but I am confident that if I had to do it all again, I would change very little. I tell my kids to live life without any regrets, and I practice what I preach. Corporate Optometry has allowed me to work hard and play even harder. Anyone who knows me understands that my family means everything to me and that my family always comes first, but my Optometry family is a close second.

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Member Spotlight

Congratulations to Kimberly J. Ragan, OD, for being appointed to the Mississippi State Board of Optometry! The AACO is so proud of you!

“I am honored by my recent appointment to serve on the Mississippi State Board of Optometry. After many years of practice and service to the profession, I look forward to the opportunity to be an advocate to protect the welfare of the public. In this role, I will be in a position to ensure the rules and regulations of our profession are followed, which instills confidence that the highest quality of care is provided to the public.”



Kimberly J. Ragan, OD

Dr. Ragan has been in practice for 19 years, including 16 as an independent contractor at Walmart. She was a 2004 graduate of Southern College of Optometry, with an emphasis on primary care, multifocal contact lens fitting and medical eye care. A 2015-2016 graduate of the MOA Inaugural Leadership Optometry Class, she went on to serve as board president of the Mississippi Vision Foundation from 2016 to 2022 and was appointed to the Mississippi Board of Optometry in 2023.

AOA Advocacy Update

William T. Reynolds, OD

Optometry is a regulated profession, and advocacy is the lifeblood of our profession. When most Doctors of Optometry think about advocacy, they think about scope expansion. While that is certainly a big part of it, the American Optometry Association (AOA) advocates for the profession in so many more ways. AOA advocates for our doctors to be included on insurance panels and to have fair and timely reimbursement for our services. With the DOC Access Act, AOA is fighting vision plan abuses, such as mandated discounts on noncovered services, and for freedom of lab choice. AOA is also advocating against vision plans' devaluation of professional services and their decades-long stagnation on increased reimbursements for eye examinations. Currently AOA has been fighting mean-spirited legislation across the country that would force Doctors of Optometry to wear name badges in their

own offices stating that they are not medical doctors. Some of the bills go as far as to not allow ODs to even be called “doctor.”

As you can see, AOA is advocating for the entire profession in many arenas. A big advocacy challenge is there simply aren't enough ODs involved to make as big of an impact as we hope to achieve. Healthcare is evolving rapidly, and so is Optometry. These changes need to enhance the doctor-patient relationship and patient care. There are only 50,000 practicing Doctors of Optometry and if we don't all participate, there won't be enough voices to effect change for our doctors — and, more importantly, for the patients we serve.



Dr. Reynolds has been involved in advancing the profession of Optometry for decades. He was elected to the American Optometric Association Board of Trustees in June 2012 and took office as president during the 2020 Annual AOA Election & Installation on June 27, 2020. Dr. Reynolds became immediate past president during the 124th Annual AOA Congress & 51st Annual AOSA Conference: Optometry's Meeting® in June 2021. He was reappointed to the Board of Trustees in July 2022 to serve as a trustee. In addition to his position on the AOA Board of Trustees, Dr. Reynolds has served as AOA Advocacy Chair since 2021.

Tips on How I Built My Practice



Larry Jerge, OD

I started my practice in a new Walmart in a small suburb of a major city.

1. I contacted every local school nurse offering to help with any vision problems and providing free services for uninsured kids. I reminded them that every child should have a comprehensive exam every year, and therefore there should be no concern of over-referral.
2. I contacted school parent-teacher associations offering to speak at a meeting regarding preventive vision care and the risks of prolonged screen time. I pointed out that very few kids have a toothache before visiting a dentist, and that they should have an eye exam before they begin to experience vision symptoms or learning problems.
3. I contacted local police and fire departments informing them that I would be available for emergency care for members.
4. I contacted every local service group and offered to speak on preventive vision care and the risks of prolonged screen time.
5. I joined the local Lions Club.
6. Every adult patient is informed about the importance of early, preventive vision care and asked if they have any family members who need an appointment. We provided free infant visits as part of InfantSee.org.

I think we should all do more to promote early vision care as a very important need for our children.



Dr. Jerge started three practices in three different states and has always been involved with school screening programs. He enjoys educating parents on the importance of early, preventive vision care. Following in his footsteps, his eldest daughter is also an OD.



Dr. Kerry Gelb Shares How He Incorporates NUTRITION Into His Practice

A Story of His Journey to Nutrition and His Current Practice Protocols

Dr. Gelb reveals how he became interested in nutrition and how he expanded his knowledge on functional medicine.

LensCrafters lease holder and ALLDocs President Kerry Gelb, OD, discovered the science of nutrition by default. He states he was sick with a cold for approximately seven months out of the year, even with daily gym visits and traditional medical treatments. He was frustrated living with a cold and feeling sick more often than not, so he began his own nutrition regimen and started juicing by the recommendation of his wife. He also bought a book by Gary Null, PhD, on juicing and was encouraged by his immediate results; after only three days of implementing juicing, his stubborn cold was gone!

Consequently, at about the same time, he was asked to present a lecture on diabetes, which led him to study the factors leading to the disease, including an integrated medical approach. This inspired Dr. Gelb to continue a journey to expand his knowledge on nutrition/lifestyle medicine by studying functional medicine. He then started attending conferences held by the Institute of



Kerry Gelb, OD

Functional Medicine (IFM) and spending more time reading and watching videos in which MDs and PhDs speak about lifestyle medicine and nutrition.

After changing his health by modifying his lifestyle, he then took his knowledge to share with patients. For years he had seen all kinds of disease in their eyes: diabetes, AMD, CVD and more. His newfound knowledge and success propelled him into adding his knowledge of nutrition into his practice.

He spent many extra hours discussing the benefits of proper nutrition with his patients. The excellent feedback he received from patients he knew he was on the correct path. Dr. Gelb stresses the importance of prevention and how it's much harder to turn back the chronically ill clock.

Dr. Gelb shares how he has implemented nutritional instrumentation and nutraceuticals into his optometric practice.

With his increased interest and knowledge of functional medicine, Dr. Gelb proceeded to invest in advanced

instrumentation to measure ocular health risks in relation to nutrition. He utilizes an MPOD, an instrument which measures macular pigment ocular density, and the BioPhotonic Scanner by Pharmanex, an instrument which measures the skin's Carotenoid levels, which are related to the body's overall antioxidant activity, absorption and protection. When a patient's results reveal they are low in ocular nutrition, he recommends his patients make dietary and lifestyle changes, but also recommends supplements to decrease their risks for macular degeneration and other diseases.

One of his top choices to improve macular pigments and antioxidant levels is MacuHealth, which contains three Carotenoids versus two found in the traditional AREDS 2 formulations. He cites that Carotenoids Lutein and Zeaxanthin, in the proper ratios, dramatically lower the risk of macular degeneration and when adding specific amounts of a third Carotenoid, Meso-Zeaxanthin, protection is increased further by 20-25% due to most individuals' inability to convert Lutein into Meso-Zeaxanthin.

Effectiveness depends on how bioavailable the supplements are and how well they are absorbed into a patient's system. He routinely recommends multivitamins, omega-3s and vitamin D3K2 as well to support ocular health; he stocks all of these supplements in the office. Dr. Gelb finds it better to stock the supplements because when patients are given a recommendation or code to later purchase it online or at a store, less patients follow-up, or they may be misled to purchase an incorrect product or one that is of lesser quality.

Dr. Gelb shares some additional insights on nutrition and the importance of lifestyle.

Dr. Gelb's continuing research and education brought him to the conclusion that the Standard American Diet (SAD) and the food pyramid delivered to the public was a deep-rooted cause for the escalating systemic diseases. The prevalence of processed foods, seed oils and GMOs coincided with the escalation of obesity, CVD and diabetes, among other disease.

Dr. Gelb notes that most people eat the same few things over and over again on a daily basis mostly processed and fast foods, instead of eating from "the rainbow," a diet or term to describe eating from a variety of brightly, deeply colored fruits and vegetables. Patients would benefit from choosing a habit of healthier foods that include these fruits and vegetables than choices typical of the Standard American Diet, which is over 50% processed and fast food, filled with seed oils, refined carbohydrates, chemicals and high-sugar ingredients. He also suggests to get a variety of nutrients that patients rotate the food they eat from "the rainbow," and shares a list of 50 foods including protein foods with his patients that should be rotated.

Although Dr Gelb's first step toward nutrition involved juicing, he doesn't usually recommend this diet to his patients;

however, if they do juice, he prefers that they stick to solely vegetables to avoid the high sugar content fruit juicing would produce. If they use the blender with a whole fruit or vegetable to make a smoothie, the fiber is still intact and is a great health benefit; however, with juicing, it is more like a shot to absorb nutrients quickly, but without insoluble fiber to aid in digestion.

When appropriate, Dr. Gelb provides ocular nutritional advice, and patients are given handouts that contain his protocols. He integrates lifestyle medicine into his exam and does not bill separately for lifestyle consultations. He believes that nutrition is becoming more important as new research emerges that the etiology of many common diseases seen by ODs have a strong nutrition and lifestyle component such as diabetes, macular degeneration and dry eye.

Dr. Gelb shares how Optometrists can learn more on nutrition.

The emergence and accessibility of knowledge of organic foods, nutrient-dense foods and superior supplements should be researched and incorporated into daily lifestyles, as Dr. Gelb personally learned years ago when correcting all the contributing factors to his poor health.

If Optometrists are inclined to learn more, please listen to Dr Gelb's health radio show on AM1280 the patriot, 9 am CT Saturday mornings (am1280thepatriot.com/personality/dr-kerry-gelb) and catch his weekly podcast, *Dr. Kerry Gelb Open Your Eyes Podcast*, available on all podcast platforms: *YouTube, Spotify, iTunes, Soundcloud and more.* A new episode drops every Monday morning at www.youtube.com/@DrKerryGelb. On his podcast, he has interviewed very well-known and respected professionals such as Williams Harris, PhD, FAHA, who is a world expert on Omega-3s. He has also interviewed Abraham Morgentaler, MD, FACS, about using testosterone to improve health.

He has a website called Contact Lens and Vision at www.contactlensandvision.com. He also recommends the website for the Institute of Functional Medicine (IFM) for more information.

Dr. Gelb spent three years traveling the continent and Europe producing a feature-length documentary entitled "Open Your Eyes," it was released in 2020. Upon its release, he launched the "Open Your Eyes Podcast" that delivers weekly episodes focusing on all aspects of health. In 2022, "Open Your Eyes Radio" debuted on Salem Radio in Minneapolis and can be heard every Saturday at 10AM on 1280 The Patriot. He has also been interviewed for radio and television on topics related to ocular health.

Dr. Gelb practices Optometry in Woodbridge, NJ, for the past 23 years. He is also a member of the New Jersey Society of Optometric Physicians and the President of ALLDocs (the Association of LensCrafters Leaseholding Doctors).

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Just as humans need products to help address the eye conditions and symptoms they experience, so do pets who have similar concerns. That's why Bausch + Lomb also offers products for dogs through its Project Watson™ Health Care brand. The new line of six products, which is built upon the company's eye care expertise and history in surgical solutions for veterinarians, is specifically formulated to help support dogs' eyes, ears, and overall wellbeing using high-quality and naturally inspired ingredients.

A NEW VISION FOR INFUSE®

One of the company's most recent launches is the INFUSE® Multifocal silicone hydrogel daily disposable lenses. The INFUSE® lens material was designed to meet the needs of the one-third of contact lens wearers who experience contact lens dryness.¹ These lenses are engineered with a next generation material infused with ProBalance Technology®, a blend of proprietary ingredients that are released during wear to help keep lenses feeling moist and comfortable on the eye. INFUSE® Multifocal lenses are specifically developed to address the dynamic vision needs of presbyopes by delivering not only all-day comfort, but also clear vision at all distances, thanks to the 3 Zone Progressive™ Design.²

EXPANDING OTC CARE

In addition to growing its vision care range, Bausch + Lomb is expanding its diverse portfolio of products to address the evolving needs of consumers.

Excessive screen time, though par for the course in this digital era, has the unwanted side effects of digital eye strain with symptoms like dryness, blurred vision, and fatigue. That's why this year's newest arrivals include Biotrue® Hydration Boost Contact Lens Rehydrating drops. Launched in June, they are the first and only preservative-free rehydrating drop in a multi-dose bottle, and provide up to eight hours of moisture* for all types of soft and rigid gas permeable contact lenses.²

Age-related macular degeneration (AMD) is a leading cause of vision loss for those over age 50 and the leading cause of blindness for over 65s.³ With this in mind, Bausch and Lomb recently introduced two supplements to support ocular health. PreserVision® AREDS 2 Formula mini soft gels with OCUSorb™ has better absorbing lutein and zeaxanthin compared to the original PreserVision® AREDS 2 softgel. Both AREDS 2 Formula supplements include the same clinically proven formula recommended by the National Eye Institute to help reduce the risk of moderate to advanced AMD progression while the PreserVision® AREDS 2 Formula softgel plus coenzyme Q10 supplement provides a two-in-one option that also helps to support heart health.⁴

Acknowledging that consumers are prioritizing self-care, Bausch + Lomb also plans to offer LUMIFY EYE ILLUMINATIONS™, a new line of specialty eye care products formulated for the sensitive eye area, including a 3 in 1 micellar cleansing water and eye makeup remover, a hydra-gel brightening eye cream, and a nourishing lash and brow serum.

PRESCRIPTION & SURGICAL SOLUTIONS

Dry eye disease (DED), a condition characterized by a loss of homeostasis of the tear film,⁵ is a source of discomfort for millions of Americans, affecting their vision.⁶ MIEBO™ (perfluorohexyloctane ophthalmic solution), which was approved by the FDA in May this year is indicated for the treatment of the signs and symptoms of dry eye disease. MIEBO™ is the first and only FDA-approved prescription eye drop for DED that directly targets tear evaporation. It is expected to be commercially available in the second half of 2023.

Bausch + Lomb continues to develop its cataract surgery product portfolio. In January 2023, Bausch + Lomb acquired AcuFocus, the company responsible for small aperture intraocular (IOL) technology, including the IC-8® Athera™ IOL, the first and only small aperture non-toric extended depth of focus IOL for cataract patients with as much as 1.5 diopters of corneal astigmatism.

COMMITTING TO EARTH CONSCIOUS INITIATIVES

In caring for eyes, Bausch + Lomb understands that they also need to care for the environment. That's why Bausch + Lomb continues to promote environmental sustainability in the eye care industry, engaging both professionals and consumers in recycling initiatives to properly recycle.

Traditional recycling facilities face difficulties when processing small-sized contact lenses and packaging due to their composition and plastic type, which means that these items

often end up in landfills or waterways, contributing to plastic pollution. Bausch + Lomb developed the ONE-by-ONE program, later expanding its efforts with the Biotrue® Eye Care Recycling program. These programs have collectively recycled 65.8 million units of used contact lenses, eye care, and lens care materials—equivalent to the weight of three commercial-sized airplanes. These initiatives aim to provide eye care practitioners and their patients with a sustainable recycling solution for these materials, thus helping to prevent environmental harm.

FOCUSING ON THE FUTURE

Bausch + Lomb is excited to bring new products to market in 2023 that address some of the great areas of need for patients, such as dry eye symptoms and contact lens dryness; however, its focus is very much on the future.

Several megatrends, such as a growing aging population, an increase in the prevalence of myopia and diabetes, and improvements in access to eyecare practitioners are all driving significant needs in eye health.⁷⁻¹⁰ Throughout its 170-year history, Bausch + Lomb has been dedicated to protecting and enhancing the gift of sight for millions of people around the world, from the moment of birth through every phase of life. With this unwavering focus, Bausch + Lomb will continue to build a legacy of innovation that helps people see better to live better.

**Based on laboratory study*

† These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

IMPORTANT SAFETY INFORMATION

IC-8® APHTERA™ IOL

Important Safety Information

Caution: Federal law restricts this device to sale by or on the order of a licensed physician.

Indications

The IC-8 Athera IOL is indicated for unilateral implantation for the visual correction of aphakia and to create monovision in patients of age 22 or older who have been diagnosed with bilateral operable cataract, who have up to 1.5 D of astigmatism in the implanted eye, and who do not have a history of retinal disease and who are not predisposed to experiencing retinal disease in the future. The device is intended for primary implantation in the capsular bag, in the non-dominant eye, after the fellow eye has already undergone successful implantation (uncorrected distance visual acuity 20/32 or better and best-corrected distance visual acuity 20/25

(ISI continued on next page)

or better) of a monofocal or monofocal toric IOL that is targeted for emmetropia. The refractive target for the IC-8 Aphaera IOL should be -0.75 D. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal or monofocal toric IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity.

Contraindications/Warnings/Precautions

Patients with dilated pupil size less than 7.0 mm and patients with a history of retinal disease including but not limited to, high myopia, diabetes, macular disease, sickle cell disease, retinal tear, retinal detachment, retinal vein occlusion, ocular tumor, uveitis, and patients who are predisposed to experiencing retinal disease in the future, are contraindicated for use of the IC-8 Aphaera IOL. The lens should not be implanted if appropriate intraocular support of the lens is not possible. Severe subjective visual disturbances (e.g., glare, halo, starburst, hazy vision) may occur after device implantation. There is a possibility that these visual disturbances may be significant enough that a patient may request removal of the lens. Contrast sensitivity in eyes implanted with this lens is significantly reduced when compared to the fellow eye implanted with a monofocal or monofocal toric IOL. Although there was no significant reduction in binocular contrast sensitivity in the IDE clinical study, it is essential that prospective patients be fully informed of this visual effect in the implanted eye before giving their consent for unilateral implantation of the lens. Patients should be informed that they may need to exercise caution when engaging in activities that require good vision in dimly lit environments (such as driving at night or in poor visibility conditions). There is a possibility that visual symptoms due to reduced contrast sensitivity may be significant enough that a patient may request removal of the lens. This lens should not be implanted bilaterally because bilateral implantation is expected to cause significant reduction in contrast sensitivity under all lighting conditions. The use of this lens in patients with corneal astigmatism greater than 1.5 D is not recommended. Patients with a predicted postoperative astigmatism between 1.0 D and 1.5 D may not obtain as great an amount of improvement in intermediate vision compared to patients with lower amounts of astigmatism. Diagnostic tests in patients implanted with the lens may take longer and require some additional effort from the patient and the physician to perform. Specific training (related to YAG capsulotomy) from AcuFocus, Inc. or an authorized representative of AcuFocus is required before a surgeon is authorized to implant the IC-8 Aphaera IOL. Use of some medical lasers to treat certain eye conditions may present potential risks of damaging the FilterRing component of the lens. Removal of the lens may be necessary prior to retinal or vitreal procedures. Surgeons should perform a careful benefit-risk assessment based on individual patient characteristics, weighing all the risks disclosed in the Directions for Use labeling against the benefit of extended depth of focus. Prior to surgery, prospective patients should be informed of the possible risks and benefits associated with this lens and a Patient Information Brochure should be provided to the patient.

Attention: Reference the Directions for Use labeling for each IOL for a complete listing of warnings and precautions.

MIEBO™

Indication

MIEBO™ (perfluorohexyloctane ophthalmic solution) is a semifluorinated alkane indicated for the treatment of the signs and symptoms of dry eye disease.

Important Safety Information

- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily
- The safety and efficacy in pediatric patients below the age of 18 have not been established
- The most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

See enclosed full prescribing information for MIEBO.

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TODAY'S SOFT CONTACT LENSES MEET MANY PATIENT DEMANDS



ERIC BOTTS, OD

Practices in three Walmart Vision Centers located in Illinois and Iowa.

When it comes to correcting vision with contact lenses, there are some non-negotiables that everyone expects—regardless of age, lifestyle, or clinical status. All of my patients would like clear vision and a comfortable experience in their contact lenses. Having been in practice for a number of years, meeting these expectations has not always been possible; but many improvements have been made in both lens materials and optical technologies, making now a great time to be fitting contact lenses.

MADE FOR COMFORT

Even without seeing the data to substantiate it, eye care professionals know that contact lens discomfort is a primary reason for contact lens dropout.¹ Because comfort is crucial for success¹, it is no surprise that modern soft contact lenses are designed with the patient wearing experience at the forefront.

My go-to daily disposable lens is eureka! daily, which is notable for having a water content similar to that of the human cornea and for maintaining its moisture through a full 16-hour day of wear.² Indeed, more than 80% of patients

**CONTACT LENS DISCOMFORT
IS A PRIMARY REASON
FOR CONTACT LENS DROPOUT.¹**

agreed that these lenses helped their eyes stay moist, and 85% agreed that they are comfortable throughout the day, which corroborates with my patients' reactions as well.²

It is reassuring to have a go-to lens that comes in both daily disposable and monthly modalities to fit patients with different lifestyles and preferences. The eureka! monthly is another great option for new and existing single-vision lens wearers who are looking for quality at a reasonable price.²

THE DYNAMIC NEEDS OF PRESBYOPES

Because I see a wide range of patients in my office, from young children to older adults, I am often prescribing multifocal soft contact lenses in addition to single-vision lenses. Many of my adult patients come complaining of changes to their vision related to presbyopia, and most of these patients are busy, working people who are looking for an option that will give them the dynamic accommodative ability they're used to.

In general, older adults today can lead more active lives than in previous generations,³ and the percentage of those who remain employed beyond the age of 65 is growing.⁴ Outside of professional activities, many older adults engage in travel, hobbies, and social interactions that often require the ability to see clearly at all distances. Meeting these visual demands involves providing an option that can deliver near, intermediate, and distance vision at any given time—whether analyzing complex data on a computer screen, reading the fine print on their mail, or appreciating a scenic view.

DESIGNED FOR PRESBYOPIC SUCCESS

The Bausch + Lomb ULTRA® for Presbyopia lens is a monthly multifocal contact lens that I am often prescribing for my

presbyopic patients. It is designed with the proven 3-Zone Progressive® Design found in Bausch + Lomb multifocal lenses, which has been developed to provide clear near and intermediate vision, without compromising distance vision.²

Because there are 2 Add powers across the entire power range, the fitting process is straightforward and predictable.² I am able to fit most of my patients successfully in one visit, which contributes to both patient satisfaction and an efficient practice.

The lens material incorporates the same MoistureSeal technology found in the ULTRA® single-vision lens, which helps the lens maintain 95% of its moisture for a full 16 hours.² For my patients with presbyopia and astigmatism, the ULTRA® Multifocal for Astigmatism lens provides the same reliable material and multifocal technology, with the addition of stable toric correction via the OpticAlign® Design.²

CONCLUSIONS

Practicing in a busy, ever-changing environment involves making thoughtful yet timely decisions during patient visits. Because I know the lenses I offer incorporate modern technologies to deliver comfort and clear vision, I am able to focus my attention on listening to the needs of my patients, conducting thorough clinical evaluations, and counseling on proper lens use and hygiene. With a reliable armamentarium, I have confidence that the lenses I offer will be a suitable option for many.

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**BECAUSE I KNOW
THE LENSES I OFFER
INCORPORATE MODERN
TECHNOLOGIES TO DELIVER
COMFORT AND CLEAR VISION,
I AM ABLE TO FOCUS MY
ATTENTION ON LISTENING TO
THE NEEDS OF MY PATIENTS,
CONDUCTING THOROUGH CLINICAL
EVALUATIONS, AND COUNSELING
ON PROPER LENS USE
AND HYGIENE.**



INFUSED FOR COMFORT

Meet the contact lens designed to help minimize contact lens dryness by helping to maintain ocular surface homeostasis.

Contact lens wearers may experience dryness and discomfort from time to time, but the biology and behavior of today's patients with presbyopia present a particular challenge.

Maintaining a healthy ocular environment is an important prerequisite for comfortable contact lens wear. Yet age-related ocular changes, such as decreased tear flow and volume and increased tear evaporation and osmolarity, can affect ocular surface homeostasis.¹ What seems like stasis on the ocular surface is the result of a dynamic, continually changing interplay of factors. Homeostasis of the tear film represents an equilibrium and ability to respond to external stressors (eg, wind, dust, allergens) and changes in an individual's hydration. Adding a contact lens to this complex equilibrium can alter tear film and ocular surface homeostasis.²

Contact lenses divide the mucus/aqueous phase of the tear film into two smaller layers. The precorneal tear film is 2-5.5 μm thick, while the pre-lens tear film is on average 2.3 μm thick.^{3,4} Dividing the tear film may result in biophysical changes, including decreased tear film stability, increased tear film evaporation, and reduced tear film turnover, which are associated with contact lens discomfort.⁵

Today's patients with presbyopia also have lifestyles that impact ocular demands and symptoms. A report from the Vision Council found that nearly one-third of people 42 to 57 years of age spend 9 hours or more on digital devices per day and that 63% experience symptoms of digital eye strain.⁶

MEETING TODAY'S PRESBYOPES NEEDS

Although contact lens wearers are more satisfied than those who correct their vision in other ways,⁷ multifocal contact lenses may not be keeping up with the comfort and vision needs of many presbyopic patients.⁷ Among current multifocal contact lens wearers, 53% report problems with their vision.⁷ In a study that assessed the tear film, ocular surfaces, and

INFUSE® MULTIFOCALS DELIVER OUTSTANDING VISION AT ALL DISTANCES AND ALL-DAY COMFORT THROUGH:

Next-Generation Material

Helps minimize impact on the ocular surface

Breakthrough ProBalance Technology®

Infused with osmoprotectants, electrolytes, and moisturizers to help maintain ocular surface homeostasis

3-Zone Progressive™ Design

Clear vision with seamless transitions

symptoms of ocular discomfort before and after contact lens wear, 68% reported contact lens dryness during wear.⁸ It is perhaps not surprising that 1 in 3 presbyopic patients drop out due to discomfort and poor vision.⁹

Engineered with an understanding of today's presbyopes, Bausch + Lomb has developed INFUSE® Multifocal, a daily disposable contact lens designed to deliver clear vision at all distances and provide all-day comfort. This is achieved by combining a next-generation material (kalifilcon A) with breakthrough ProBalance Technology® and the 3-Zone Progressive™ optical design.

NEXT-GENERATION MATERIAL

INFUSE® Multifocal contact lenses are composed of a next-generation silicone hydrogel material, which was specifically designed to help minimize impact on the ocular surface. To maintain ocular surface homeostasis, and for the open eye to remain healthy and white, contact lens materials must allow sufficient oxygen permeability.¹⁰ For precision optics, a contact lens material must also have the ability to resist dehydration and maintain the stability of the pre-lens tear film.¹¹

Historically, increased breathability resulted in silicone hydrogel lenses with lower moisture content, but the INFUSE® material breaks that pattern. The lens contains dimethylacrylamide and polyvinylpyrrolidone, resulting in a high water content (55%) and high oxygen transmissibility (134 Dk/t at the center of a -3.00 D lens) (Figure 1).¹¹ Studies show that 96% of the lens' moisture is maintained for 16 hours. INFUSE® Multifocal also has a low modulus (0.5 MPa) to help minimize the impact of the lens on the ocular surface.¹¹

HELPING MAINTAIN BALANCE

The INFUSE® Multifocal contact lenses are integrated with breakthrough ProBalance™ Technology, a proprietary combination of ingredients inspired by the Tear Film and Ocular Surface Society's DEWS II report. These proprietary ingredients are released during lens wear. Select ingredients are also retained in the lens throughout the 16-hour wearing experience.¹¹

The osmoprotectants, erythritol and glycerin, help maintain ocular surface homeostasis under hyperosmotic stress, and because electrolyte balance is important to tear film and ocular surface homeostasis, potassium is also incorporated into ProBalance Technology™.¹²

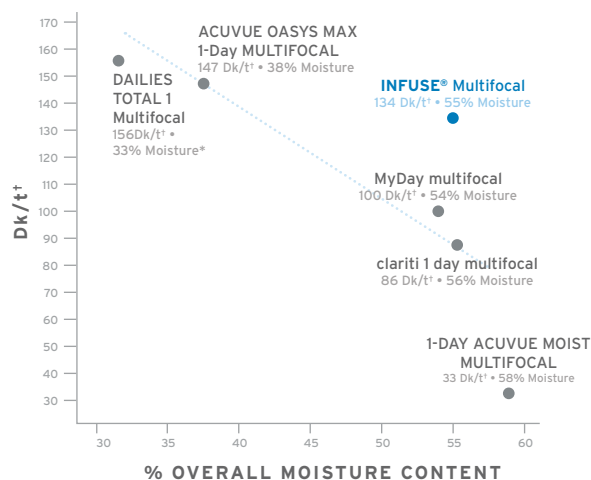
As the eye's first line of defense against pathogens, tear film proteins help ensure a balanced ocular surface environment. The moisturizers in ProBalance Technology™ help maintain tear film protein activity. Specifically, poloxamine 1107 and poloxamer 181 help retain hydration to provide a smooth, wettable surface and maintain tear proteins in their healthy state.¹¹

A CLEAR VISION

While comfort is key for all-day wearability, contact lens users require and demand clear vision. INFUSE® Multifocals achieve this through with the 3-Zone Progressive Design™, which provides consistent power in each zone. During the development of the 3 Zone Progressive™ design, Bausch + Lomb evaluated lens optics using factors from a diverse population of presbyopic eyes. As a result, INFUSE® Multifocal lenses are optimized for 7 biometrics (including pupil size) across 9 critical distances, leading to a unique power profile.^{11,13} The result is outstanding near and intermediate vision that does not compromise distance vision.

FIGURE 1

INFUSE® Multifocal lenses have a high overall water content and high oxygen transmissibility



*Unlike INFUSE® Multifocal, clariti 1 day multifocal, ACUVUE OASYS MAX 1-Day MULTIFOCAL, MyDay multifocal, and 1-DAY ACUVUE MOIST MULTIFOCAL, which are non-surface-treated daily disposables, DAILIES TOTAL1 Multifocal is a daily disposable with an integrated surface coating.
†Oxygen transmissibility at -3.00 D

IN SUMMARY

Comfort may be particularly challenging in contact lens-wearing presbyopes due to a unique combination of biological and behavioral factors. Bausch + Lomb's INFUSE® Multifocal has been engineered to meet the needs of today's presbyopes, delivering clear vision at all distances while helping to minimize contact lens dryness for all-day comfort.

*Results of an online survey of 302 presbyopes. Kadence International, February 2022.
†Analysis of worn lenses demonstrated poloxamer 181, erythritol, potassium, and glycerin were retained for 16 hours.

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INFUSE[®] MULTIFOCAL

Meeting the vision challenges of presbyopes



Though presbyopia is an inevitable part of aging, it can be very bothersome for the over one million Americans who are affected by it.¹ Indeed, changes in accommodative ability permeate through everyday tasks—from reading a street sign to perusing a restaurant menu or responding to a text message.

While digital devices have transformed our lives in mostly positive ways, our increasing dependence on them highlights challenges faced by people with presbyopia. According to one report, nearly one-third of people aged 42 to 57 years may spend 9 hours or more on digital devices per day, and 63% experience symptoms of digital eye strain.² On a typical day, the modern presbyope must contend with switching between a variety of tasks, such as driving, working at a computer, reading in low light, and viewing hand-held digital devices. The ability to smoothly transition from near to intermediate to distance is, arguably, more important than ever for presbyopes.

Although many with presbyopia are interested in multifocal contact lenses, their visual needs are not always met. One survey found that 53% of multifocal contact lens wearers experienced problems with their vision, reinforcing the importance of optical design in multifocal contact lens selection.³

GETTING IN THE ZONE

Recently, Bausch + Lomb introduced the INFUSE[®] Multifocal, a daily disposable contact lens designed to provide visual clarity across all distances. This lens integrates the well-established 3-Zone Progressive[™] Design to provide consistent power in each visual zone and accommodate transitions between zones, resulting in outstanding near and intermediate vision without compromising distance vision (**Figure 1**).⁴

This lens was designed with a recognition of the complexity of the eye and visual system in mind. During development of the 3-Zone Progressive[™] Design, lens optics were evaluated using the vision factors of a diverse population of presbyopic eyes. Measurements of not only pupil size, but also subjective refraction, higher order aberrations, residual accommodation, corneal topography/diameter, anterior chamber depth, and axial length, were taken on 180 eyes to build a real-world digital database. The optical design of the INFUSE[®] Multifocal lens is optimized for these 7 biometrics across 9 critical viewing distances.^{4,5}

A SUCCESSFUL FIT

Achieving a successful fit with lenses that incorporate the 3-Zone Progressive[™] Design is straightforward thanks to consistency of measured add powers across the

FIGURE 1.
Consistent power in each zone for an exceptional visual experience⁴

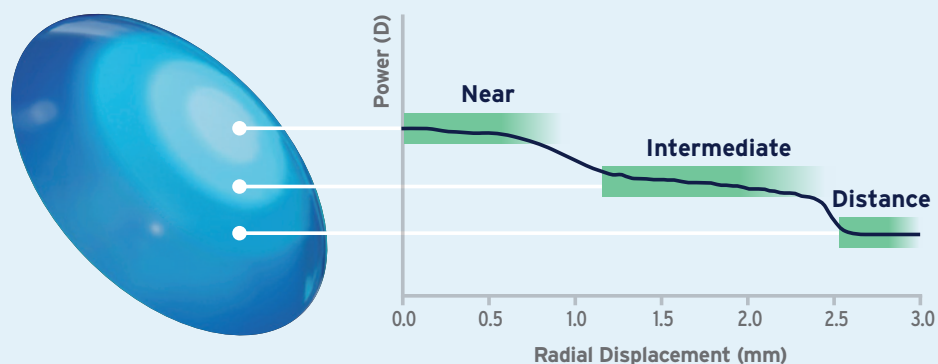
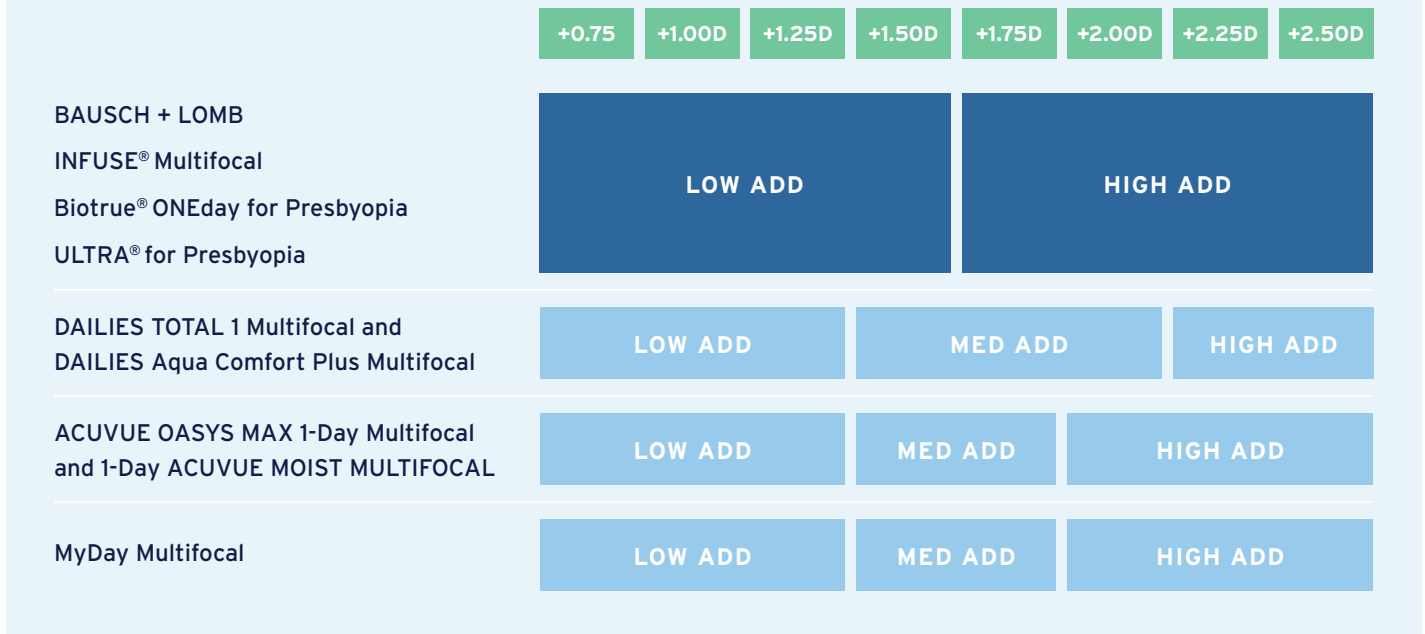


FIGURE 2. The INFUSE® Multifocal 2 Add System accommodates entire power range with no gaps in coverage



available prescription range. Fitting the INFUSE® Multifocal lens is a simple, 2-step process that requires eyecare practitioners to first update the spectacle refraction and Add power, and then select high or low Add. The 2-Add System accommodates a comprehensive add power range with no gaps in coverage and allows a successful and straightforward first fit (**Figure 2**).

The utility of this system and fitting guide was demonstrated in a 20-site, 3-week study of 294 multifocal soft contact lens wearers. When eyecare practitioners (ECPs) followed the fitting guide, 87% of patients were successfully fit with INFUSE® Multifocal in one visit, and 99% were successfully fit in two visits. ECPs agreed that INFUSE® Multifocal lenses were easy to fit for 99% of patients.*⁴

ALL-DAY COMFORT

The INFUSE® Multifocal lens marries a proven multifocal optical design with a next-generation material that balances exceptional moisture, modulus, and breathability for excellent comfort. Comfort is important to all contact lens wearers—particularly presbyopes—but age-related changes to the tear film and ocular surface can make contact lens comfort more challenging in these patients.^{6,7}

INFUSE® Multifocal uses a silicone hydrogel material (kalifilcon A) with outstanding features: a high moisture content (55%); high oxygen transmissibility (134 Dk/t at the center of a -3.00 D lens); and low modulus (0.5 MPa), which helps minimize the impact of the lens on the ocular surface. The material is infused with ProBalance Technology®, a proprietary blend of electrolytes, osmoprotectants, and moisturizers selected to help maintain ocular surface homeostasis.⁴

By delivering outstanding vision at all distances, and helping to minimize contact lens dryness for all-day comfort, INFUSE® Multifocal truly has been engineered to meet the needs and unique challenges of today's presbyopes.

*Results from a 20-site, 3-week study of Bausch + Lomb INFUSE® Multifocal contact lenses on habitual multifocal soft contact lens wearers. Eye Care Professionals evaluated fit/performance following the 3-week follow-up visit with survey responses for 292 subjects. Results include those who strongly agreed, agreed, or slightly agreed.

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As the First African American President of the Georgia Optometric Association, **Dr. Nacondus G. Gamble** Shares Her Perspectives



Nacondus G. Gamble, OD, FAAO

Dr. Gamble embarks on her new role and states the need for all Optometrists to become involved in shaping Optometry's future.

Having recently been ratified into my new role, I am serving as the president of the Georgia Optometric Association (GOA) — and the first African American individual in that role in our almost 120 years of existence. As honored as I am to be in this role, I know that this position will require a strong commitment and dedication to upholding and enhancing the Optometric Profession.

The face and future of Optometry is changing, and the demand for professionals who can care for patients of all ages is a must for the legacy of our profession. Right now, Optometry is on the precipice of change, and we all have an integral part in shaping how this profession will look in years to come. It is my goal as president to build a unified team of colleagues who are prepared to mold, manage and matriculate our profession forward.

Dr. Gamble shares the importance of becoming involved in your community and state associations.

When I left the Pennsylvania College of Optometry, I was unclear of my trajectory, but I knew that my path had to include propelling Optometry forward not only for me or the next generation, but for generations to come. I joined the GOA in 2008, and in 2011 I became a Trustee on the association's board. At the time I became a trustee, I will admit I joined because I wanted to promote my corporate practice and advance my name in the optometric community.

I soon noticed that as a corporate provider, there were not many people like myself on the board. I made it my internal mission to attend every board meeting, get information about these meetings to my state district, and learn as much as I could about the "machine," also known as the Profession of Optometry.

Dr. Gamble shares that corporate Optometrists need support, and Inclusion is her focus in promoting a unified profession.

I watched as the GOA presidents before me analyzed our state's membership and saw an uptick in the number of corporate Optometrists. They tried to garner a feel for the needs of this growing provider community. We worked together to implement

initiatives, programs and benefits that would help not only private practice Optometrists, but also corporate practices.

A differing practice modality should not keep Optometrists from working in our profession to affect community and state practice and legislative goals. Inclusion is a mission I embrace because we are "One Optometry," and we can accomplish more if we work together!

As the first African American President of the GOA, I know that representation is important. To see people who look like you, practice like you and work in an environment like you makes all the difference in how you participate in the workings of our great profession.

Every Optometrist is vital to the success of our profession, and I see it as my obligation and duty to bring in more minorities, more females, more corporate providers, more transitional providers (those Optometrists who change practice modality and aren't sure how they can fit in), and more providers who want to learn how to keep the legacy of Optometry alive.

Dr. Gamble looks forward to an exciting year ahead and emphasizes the value of Optometry.

As I embark on this new chapter in my career, I am filled with excitement!! We as Optometrists are truly the front line of defense in preserving ocular health all over the world, and as a unified professional community acting on one accord, we can make this happen!

Optometrists are saving lives by preserving eyesight, and we will keep doing this for years to come! Let us understand where we are in our history and how our actions now can solidify our legacy, but this can only happen if we work as one!

Dr. Gamble is president of the Georgia Optometric Association. She graduated from The Pennsylvania College of Optometry and completed a residency in low vision rehabilitation at the William Fienbloom Center at The Eye Institute in Philadelphia, PA. She works in a solo private practice in Pembroke, GA, and previously practiced as a leaseholder with National Vision from 2009 to 2021.



Virtual Assistants — Legal, but Beware



Peter J. Cass, OD

Outsourcing certain practice operations is nothing new. Remote billing services, for example, have been around for a long time. Now, novel companies are offering programs in which remote individuals, typically outside U.S. borders, can assist with a variety of practice operations, including scheduling, insurance verification and even live medical records scribing. This is another example of technology moving forward.

In this case, however, technology options can create issues with compliance with other laws — notably the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In most cases, these remote individuals have access to and are managing patients' protected health care information. This is legal, but only under the regulations imposed by HIPAA. Practice Compliance Solutions, in consultation with our board-certified HIPAA counsel, recommends you check off the following before entering into a remote relationship, whether that relationship is inside or outside the United States.

1. Ensure that the remote workers have training and experience in the tasks you are asking them to be involved with.
2. Ensure that the remote individuals are knowledgeable of HIPAA laws.
3. Ensure that the remote workers' technology (computers, software, routers, virus and malware protection) is protected.
4. Ensure that all communication channels are secure. HIPAA has made it clear that the only acceptable security in patient data transmission is based on encryption.
5. Most importantly, ensure that you have a business associate agreement with the appropriate entity involved in the remote process.

Item #5 is the area of concern we have encountered. Some virtual companies state that they are not a business associate as they are not involved in managing patient data, instead stating that the virtual assistant is the proper business associate. Legal counsel has stated this may be problematic if the virtual company is involved in the process of data exchange and voices concern if the virtual company is "endorsing" and even paying the virtual assistant but then claiming no interaction with the virtual assistant or liability for their actions. In most cases,

We have also seen situations where the virtual company agrees to sign a business associate agreement while the contract for services states they are not a business associate and not liable under HIPAA laws — a potentially problematic contradiction.

it appears the virtual COMPANY would be considered the business associate and the virtual assistant a subcontractor and the responsibility of the virtual company. We have also seen situations where the virtual company agrees to sign a business associate agreement, while the contract for services states they are not a business associate and not liable under HIPAA laws — a potentially problematic contradiction.

Bottom line. Outsourcing some of your workforce responsibilities can be very helpful, and embracing new technology is great. Read these agreements very carefully — legal counsel is a very good recommendation. With the sophistication of cybercriminals, breaches involving remote work are inevitable. Make sure you are protected.

Dr. Cass is vice president of development of Practice Compliance Solutions and has been in practice for 25 years.



Billing and Coding Compliance



Peter J. Cass, OD

Unfortunately, too much of the billing and coding education in healthcare focuses on gaming the system to get the most out of insurers. This has led to significant fraud waste and abuse in healthcare, which, according to the U.S. Department of Justice, may amount to as much as \$100 billion (yes, BILLION, not million). While we are all frustrated by decreasing reimbursement, and while we want to be able to collect fair compensation for the services we provide to patients, we must be careful to make sure that our billings avoid fraud, waste and abuse.

Critical Components of Documentation, Coding and Billing

The best way to ensure compliance with payors' rules is to apply two critical concepts to all of your documentation, coding and billing:

1. Reason for the visit
2. Medical necessity

Reason for the Visit

Reason for the visit is actually a simple concept: It is the reason why THE PATIENT is seeking care from you TODAY, not the care YOU want to deliver. Trying to "turn an exam medical" or looking for something to justify a specific code you want to bill tends to lead to significant amounts of improper billing.



Medical Necessity

Medical necessity is another simple concept. It involves only performing services and testing where the results will actually influence or dictate diagnosis and/or treatment of the patient. Medical necessity means that you should follow a symptom-based approach to eye care (unless specifically dictated by a payor policy).

Top 10 Audit Issues

The majority of improper billing leads back to not following the two critical concepts mentioned above. With that said, let's take a look at the top 10 issues.

1. **Upcoding of Evaluation & Management (E&M) codes** — While this is a less of a problem under the new 2021 E&M coding guidelines, it is still the No. 1 area of abuse. Even though the 2021 changes have made proper code selection easier, not fully understanding the details is resulting in Optometrists billing too many high-level codes — especially Level 5 E&M codes.
2. **Overuse of Ophthalmological codes** — Many providers bill too many comprehensive examinations that should be intermediate examinations or, in many cases, E&M codes. The reason for this is the same as the reason for improper upcoding: failure to follow medical necessity.
3. **Medically unnecessary testing** — Just because you have an instrument, doesn't mean you can bill for its use on every patient in every situation. Remember that medical necessity means you should follow a symptom-based approach to eye care and only perform testing where the results will actually influence making a correct diagnosis or assist in preparing a correct treatment plan.
4. **Misuse of the 59 Modifier** — Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E&M services performed on the same day. However, this should be rare and ALMOST never has an application in primary eye care. The most common example of abuse is using it to bill fundus photos and scanning lasers during the same encounter for glaucoma.

(You may have heard that there is an acceptable diagnosis list. There was. That is gone, replaced by a national edit against the two codes.)

5. **Misuse of the 25 Modifier** — Modifier 25 is defined as a significant, separately identifiable E&M service by the same physician or other qualified healthcare professional on the same day of the procedure or other service. The main reason for abuse is when providers do not understand that the office visit is included in the fee for a surgical procedure. The most common example is billing an examination with a foreign body removal.
6. **Blurred Vision as a Medical Reason for a Visit** — Using blurred vision as a medical reason for a visit requires that certain examination and documentation requirements be met to be considered medically necessary. If the patient complains of blurred vision but the vision corrects to normal with a change in their glasses, the examination is vision.
7. **Major Medical Vision Therapy Claims** — Payors will sometimes pay these claims, but unless you have in writing that every Current Procedural Terminology (CPT) code you want to submit is considered a covered service under the patient's plan, you could find yourself having to repay large sums.

8. **Photography** — Unfortunately, photography is heavily abused. You cannot document the absence of disease (except in a few instances), you cannot document absence of change (no exceptions), and photos cannot substitute for ophthalmoscopy.
9. **Vision Plan Improper Exam Documentation** — Vision plan requirements can be surprisingly extensive. You should read and be familiar with the history requirements, examination requirements and dilation rules for each plan you participate in. While you're at it, read what the agreement says about compliance issues.
10. **Vision Plan Improper Contact Lens Exam Documentation** — Contact lens exam documentation requirements can be just as surprisingly extensive. You should read and be familiar with the history (must include the lenses worn, how they are worn and solutions used); examination (must document the fitting characteristics of lenses), findings (must include Keratometry's and Spherical Over Refraction); assessment (must state how the patient is doing with the lenses); and the plan (must state what you are doing going forward, even if that is no change). Not knowing the rules can set you up for audit failure and chargebacks.

Dr. Cass is vice president of development of Practice Compliance Solutions and has been in practice for 25 years.

The advertisement features a yellow background with a white megaphone icon pointing towards the right. In the upper left, there is a snippet of an article titled "Virtual Assistants — Legal, but Beware" with a small photo of a man. Next to it is the cover of the magazine "CORPORATE OPTOMETRIST" with the subtitle "The Voice of Corporate Optometry". The cover features a photo of a man and the headline "MY CORPORATE OPTOMETRY Journey". Below the magazine is the AACO logo, which consists of the letters "AACO" in a bold, sans-serif font, with "American Association of Corporate Optometrists™" written in smaller text underneath.

Call for Articles

Would you like to be published in your profession's trade magazine?

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If you have an article idea for Corporate Optometrist, please contact us at manageditor@aacoeys.org.

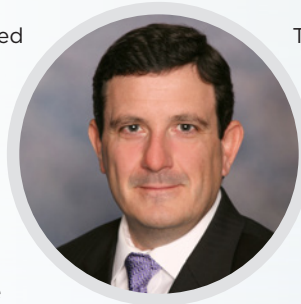
A Healthier and Safer Way To...

Longer, Thicker and *Bolder* Lashes

Optometry has certainly evolved and expanded its services over the past several decades. While optimizing the visual capabilities of our patients continues to be a priority, we now also focus on many other aspects of the patient's well-being. The optometric profession now embraces technology and medical advancements that allow us to detect diseases that for many years went undetected. OCT, wide-field imaging and visual fields have become the "standard of care" in most optometric practices.

Aesthetics is another area in which eye care professionals have seen patients embrace the idea of not just feeling better, but looking better. Designer and fashionable frames are examples of ocular aesthetics. And one of the most popular current ocular aesthetic desires is wanting longer, thicker and bolder eyelashes.

Unfortunately, many of the products available today to promote longer lashes can cause unwanted side effects for our patients. The American Academy of Ophthalmology published an article describing these ocular side effects and complications.



**Greg Caldwell,
OD, FFAO, Dipl. ABO**

The most concerning among these were stinging, skin pigmentary changes and permanent iris color changes. These adverse events have steered us away from embracing this desired eyelash trend.

While ocular aesthetics may not be a priority for most Optometrists, we have a responsibility to provide our patients a better, healthier and safer option whenever possible.

That healthier and safer option comes in the form of a product from Nu Skin called Nu Colour Lash & Brow Serum, which launched on June 22, 2023.

A formulation of natural extracts and peptides,

Nu Colour Lash & Brow Serum contains none of the harmful ingredients that have caused many of the unwanted side effects seen in other products, such as prostaglandin analogs, which are available over the counter and by prescription.

Nu Colour Lash & Brow Serum is prostaglandin-free and BAK-free, which significantly increases the product's safety profile. Significant research and clinical studies have been conducted on this natural extract and peptide serum.





100% of clinical study participants agreed
 “My brows are visibly bolder.”

Clinical studies have shown to increase the length and thickness of the lashes in a healthier and safer way at week four. Being able to provide our patients with a safer alternative is exciting and motivating, which will allow Optometrists to embrace the nonprescription Nu Colour Lash & Brow Serum. This more convenient availability and increased safety profile breakthrough provide us with the opportunity to generate additional revenue within our practice simply by providing an elevated level of care.

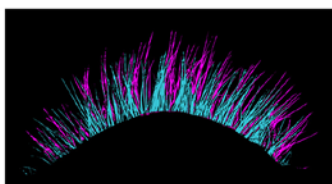
For example, Nu Colour Lash & Brow Serum can be purchased by Optometrists at wholesale and sold at retail for a profit.

An 18-tube purchase can generate almost \$600 in profit for the practice. This prostaglandin-free and BAK-free product is a 5 milliliter bottle and lasts about three months. Given the current eyelash trend, a huge potential exists, especially when you consider the fact that we can provide our patients with a healthier option while generating in-office and noninsurance income.

Safer and healthier ocular aesthetics are becoming an evolution for Optometry that is a win-win for the patient and practitioner.

For more information about Nu Colour Lash & Brow Serum, email, call or text.

INCREASE IN EYELASH VISIBLE DENSITY



■ BEFORE USE ■ WEEK 4



NU COLOUR

Dr. Caldwell is a 1995 graduate of the Pennsylvania College of Optometry. He completed a one-year residency in primary care and ocular disease at The Eye Institute in Philadelphia, PA. He is a fellow of the American Academy of Optometry (AAO) and a Diplomate of the American Board of Optometry (ABO). He currently works in Duncansville, PA, as an ocular disease consultant.

A New Tool for DRY EYE Disease

One of the most common reasons for a patient to visit my practice is dry eye. This is no surprise, considering that approximately 16.4 million people have been diagnosed with dry eye disease in the United States, according to the Journal of Optometric Business.



Britt Gustafson, OD

A multitude of factors contribute to the increasing prevalence of dry eye. We know dry eye increases with age, and we are at the beginning of the “silver tsunami” of aging, as the Baby Boomers enter retirement age and Generation Xers march toward their 50s. In the United States, 35% of our population is now age 50 or older. The daily use of digital devices by all ages is further contributing to dry eye and leading to symptoms of dry eye in patients at younger ages.

When I started practicing in 2001, the common remedy for dry eye disease was to recommend artificial tears for symptom relief. While artificial tears remain an important component in dry eye management, it always seemed like something more should and could be done to address the underlying cause of dry eye. Fortunately, we now have a host of options to deploy in aiding our patients who suffer from dry eye.

In addition to recommending an artificial tear, I frequently advise patients to utilize warm compresses to address meibomian gland dysfunction. This has always been a helpful adjunctive therapy to my patients who have evaporative and mixed forms of dry eye. For many years I have instructed patients to utilize microwaveable masks to deliver heat to their eyelids. I have found



Approximately 16.4 million people have been diagnosed with dry eye disease in the United States.”



that adherence to this recommendation is quite low, as patients struggle to take 10 minutes out of their days to keep their eyes closed while they utilize a warm compress. As clinicians, we strive to provide our patients with effective therapies to address their concerns. However, if our recommendations are complicated or time-consuming, it becomes difficult for the patient to maintain compliance.

I am continually looking for ways to streamline my dry eye treatment regimen and make it more user-friendly for my patients. Additionally, I look for options that are simple and efficient when in the exam lane. This respects the patient's time and is the best use of my chair time.

In 2021, I was introduced to a company called TearRestore. TearRestore was founded by an engineer with experience in eye care who had seen firsthand the need for a precise way to deliver heat therapy to dry eye patients. TearRestore is an open-eye thermal mask that allows the patient to continue with their daily activities while receiving heat therapy.

TearRestore is a two-part system using a gel insert secured into a mask that the patient wears. The gel insert is designed to heat to the optimum temperature to address meibomian gland dysfunction and to hold the temperature long enough to maximize results. The gel insert is activated when the patient simply presses a small button embedded inside the insert. This triggers a reaction within the gel to heat up and solidify. Once the patient has completed their session, they place the insert in boiling water for a few minutes, which returns the mask from a solid to gel state and prepares it for the next use.

TearRestore's Thermal Mask recently completed a clinical trial with the University of Colorado. Results revealed a 90% increase in tear breakup time, a 51% reduction in dry eye symptoms and a 40% increase in functional meibomian glands.



In recommending a tool that has been designed to target meibomian gland dysfunction precisely, I feel this furthers the message to the patient that their ocular health is my top priority.”

In addition to the clinical data, I can attest that TearRestore's Thermal Mask has been a game changer for my patients. It is simple to explain, and I feel it elevates the care I am providing to my clinic population. In recommending a tool that has been designed to target meibomian gland dysfunction precisely, I feel this furthers the message to the patient that their ocular health is my top priority. For patients who need a lid hygiene wipe, TearRestore also offers HylaWipes, which are a tea tree oil-based product.

I was thrilled to hear the announcement that TearRestore masks and HylaWipes are now available at both Walmart and Target. This allows me to make an accessible recommendation to patients and saves them the step of ordering online. As with anything we ask a patient to purchase, we know convenience is key.

While there are several other masks on the market, TearRestore's mask is the only open eye mask, allowing patients to have more functionality and less interruption for daily use. I highly recommend TearRestore's Thermal Mask and hope that your patients will benefit from it as mine have.

Dr. Gustafson has practiced at Walmart Vision Center for 22 years and is a leaseholder in Eden Prairie, MN.

The Benefits of Having a Paging System at Your Practice



Savannah Clemmons
Author



Tracey Summerson
Contributing Author

At Ellijay Eye Care and Ocular Wellness Center, we implement the use of an efficient and inexpensive paging system that is not only beneficial to the technicians, but also to the doctors. This paging system allows us to communicate with the doctor, and the doctor to communicate with us, at the push of a button while remaining in the exam room with a patient. The system we use comes with a button and a watch (pictured to the right). The technician is equipped with the watch, and the doctor is equipped with the button. Anytime the doctor is in the exam room with a patient



and needs the technician's assistance, the button can be pushed, and the watch will either beep or vibrate, depending on the preferred settings. When the button is pushed, the technician is immediately alerted and can enter the exam room the doctor is in to provide assistance.

It is also important to note that the equipment can be switched, meaning the doctor can have the watch and the technician can have the button. This would enable the technician to push the button to alert the doctor that there are patients ready to go into the exam room, which helps the doctor stay on schedule. This is beneficial for multiple reasons. First, it stops the doctor from having to leave the exam room unnecessarily, which costs time and can cause the doctor to get behind schedule. One of the biggest benefits is the low cost of this paging system. You don't have to spend hundreds of dollars on a paging system at your practice. This paging system costs around \$50 and works exactly how it is supposed to! Overall, the paging system we use at Ellijay Eye Care and Ocular Wellness Center can be easily implemented and is inexpensive and easy to use. The implementation of a paging system can help with communicating in the office at a push of a button!



Ms. Clemmons has been an Optometry technician for three years at Ellijay Eye Care in North Georgia. She is currently attending the University of North Georgia to pursue a Bachelor of Science degree in Elementary Education.

Ms. Summerson has been the office manager at Ellijay Eye Care for 7½ years. She has been in the eye care industry for 27 years. Tracey is also an artist and enjoys being a "Dog Mom" to Ollie and Sassy.

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Texas Professional Responsibility Course – Dr. Joe DeLoach

+ See website for deadline details

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www.aacoeyes.org/2023-annual-conference-austin-tx



To register scan QR code.



AACO 10-YEAR ANNIVERSARY CELEBRATION!

* COPE approval pending



AACO ANNUAL CONFERENCE

Schedule (tentative)



FRIDAY

- 6:30** Registration Opens
- 7:00** Breakfast Buffet and Exhibits Open
- 7:15** Welcome and Opening Remarks —
Dr. Melonie Clemmons, AACO President
- 7:30** Dr. Paul Karpecki
The 7 Habits of Highly Successful
Anterior Uveitis Management
- 9:25** Coffee Break and Exhibits Open
- 10:25** Dr. Paul Karpecki
What's New in Ocular Surface Disease
- 12:20** Lunch and Exhibits Open
- 1:20** Dr. Chris Putnam
Advances in the Diagnosis and
Treatment of Atrophic AMD
- 3:15** Coffee Break and Exhibits Open
- 3:45** Dr. Eric Botts
Documentation and Coding
Guidelines for Office Visits
- 4:45** Dr. Melonie Clemmons, Dr. Frank
LaRussa, Dr. Naheed Ahmad,
Dr. Lauren Waldron
Exploding Your Practice Potential:
An Open Forum on Expanding
Profitability and Patient Care
- 5:35** Dismissed!

All attendees are invited to an unofficial AACO Happy Hour located in The W Hotel Lobby on the first floor immediately after dismissal.

Take the rest of the evening to explore Austin!

SATURDAY, CONT.

- 11:00** Dr. Jeffry Gerson
Modern-Day Diabetes
- 12:55** Lunch and Exhibits Open
- 2:00** Austin's Westlake Speaker,
Andrew Plummer, M.D.
Perfecting Cataract Surgery
in the Imperfect Eye
- 3:55** Break and Exhibits Open
(Last Chance for Passport Stamps)
- 4:10** Dr. Eric Brooker
Bringing Back the Tears:
Ins and Outs of Punctal Occlusion
- 5:00** Wet Lab — Punctal Plug Insertion
Sponsored by Lacrivera
- 5:30** Dismissed!
- 7:30** Gala!

SUNDAY

- 6:30** Registration Opens
- 7:15** Breakfast Buffet and Exhibits Open
- 7:45** Welcome and Opening Remarks —
Dr. Bob Houghteling, AACO President
- 8:00** Dr. Carla Gavilanes Gasparini
Reduce Your Need for a Side Hustle:
Fit More Contacts
- 9:15** Dr. Maurice Wilson
Why You Can't Live Without
Ultrawide-field Retinal Imaging
- 10:05** Coffee Break and Exhibits Open
- 10:40** Dr. Eric Botts
Coding Updates for Telemedicine,
Dry Eye and Diabetes
- 12:20** Lunch and Exhibits Open
- 1:20** Dr. Maurice Wilson
Referrals Based on IOL Technologies
- 2:20** TBA
- 3:20** Dr. Joe DeLoach
Texas Professional Responsibility
- 4:10** Closing Remarks—
Dr. Bob Houghteling, AACO President
- 4:20** Dismissed! See you in 2024 at
Amelia Island — Omni Hotel

SATURDAY

- 6:45** Registration Opens
- 7:00** Breakfast Buffet and Exhibits Open
- 7:15** Welcome and Opening Remarks —
Dr. Melonie Clemmons,
AACO President
- 7:30** Dr. Joe DeLoach
Can't I Just Be a Doctor Anymore?
- 8:30** Dr. Jeffry Gerson
AMD: Current Science and Trends
in Diagnosis and Treatment
- 10:25** Coffee Break and Exhibits Open

The following is a “reprint” of an article from our last issue (Spring 2023 Vol. 4, No. 1, pages 42-43). In the process of editing before printing it, the author regrets that some revisions were made that may have altered the understanding and interpretation of you, “the reader.” We would regret that some of the content could have been confused and present it to you here “intact” and as “submitted.”

TYLER'S QUARTERLY

Soft Contact Lens Parameter Guide

Top Ten Benefits to Contact Lens Practitioners & the Eyecare Industry



Scott B. 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 TQ 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. 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 3 months of existing products being discontinued or replaced, of the launch of new products, or of business mergers or acquisitions.

2. 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. 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. 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. 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...

6. The launch of a companion online access is planned for 2023.

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. 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 make-up; 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 — 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. TQ regularly expands its listings to keep pace with the changes and growth in the contact lens industry.

The TQ team believes in Tyler's Quarterly publication's unique purpose — to faithfully undergird CL practitioners in their fitting expertise.

10. Personalized communication from a committed team, enthusiastic about the service TQ provides, is 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.

Visit www.tylersquarterly.com for subscription information.

Dr. Holcomb practices full-scope Optometry affiliated with LensCrafters in Marietta, GA. Throughout his career, Dr. Holcomb has appreciated his subscription to Tyler's Quarterly. 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.

Experience the Difference with Westlake Eye Specialists



Zarmeena Vendal, M.D.

Andrew Plummer, M.D.



Our Locations

AUSTIN/WESTLAKE

5656 Bee Caves Road, Suite F-200
Austin, TX 78746

VILLAGE AT KYLE

20871 N. IH-35, Suite 100
Kyle, TX 78640

KILLEEN

2301 S Clear Creek Rd.
Killeen, TX 76549

NEW BRAUNFELS

218 E. Austin St.
New Braunfels, TX 78130

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Premium Lens Implants

Dry Eye Center

PROKERA and PRP for Dry Eyes
LipiFlow and TearCare
IPL Therapy

Plastics Center

Ptosis
BOTOX
Blepharoplasty
Cosmetic IPL Therapy

Vision Correction Center

LASIK
ICL
Lens Replacement

Check out our website!
WestlakeEyes.com

CE EVENT

AACO Annual Convention
Austin, TX. Aug 18-20

Dr. Plummer / Saturday Afternoon
Topics of Discussion:

- MIGS Surgery Essentials
- Pushing Frontiers of Advanced Technology Cataract Surgery

**REGISTER
TODAY!**



About **Westlake Eye Specialists**

Founded by Zarmeena Vendal, M.D., Westlake Eye Specialists is one of the leading multispecialty eyecare practices in Texas. Our mission is to combine leading physicians and surgeons, supported by the most advanced research facilities and technology, while emphasizing patient care. Westlake Eye Specialists offers laser cataract surgery, Custom LASIK, glaucoma diagnoses and treatment, as well as general ophthalmology services.

Andrew Plummer, M.D.

Board Certified Eye Surgeon



"My passion is combining technology, craftsmanship and Texan hospitality to improve the lives and vision of my patients. I'm honored by the trust they place in me to care for their eyes."

Dr. Plummer is an eye physician and surgeon specializing in premium laser assisted cataract surgery. He is a diplomate of the American Academy of Ophthalmology and member of the American Society of Cataract and Refractive Surgery.

His specialties are:

- **Premium Cataract Surgery**
- **Laser Vision Correction (LASIK, PRK)**
- **Minimally Invasive Glaucoma Surgery (MIGS)**
- **Dry Eye Treatments**



WestlakeEyeSpecialists

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WESTLAKE VILLAGE AT KYLE NEW BRAUNFELS

Zarmeena Vendal, M.D.

Board Certified and Harvard Trained Eye Surgeon



"My mission at Westlake Eye is to offer advanced surgical care with a personal approach, understanding patients' vision issues to recommend suitable treatments, with a focus on outstanding teamwork and empathy."

Dr. Vendal is a board-certified ophthalmologist and surgeon and Diplomate from the American Board of Ophthalmology. As the founder and medical director of Westlake Eye Specialists, she brings unparalleled expertise to her practice.

Dr. Vendal completed her distinguished glaucoma fellowship at Harvard's renowned Massachusetts Eye and Ear Infirmary. With nearly two decades of experience serving Central Texas, she has become an integral part of the community's eye care needs.

Her specialties include:

- **Minimally Invasive Glaucoma Surgery**
- **PRELEX Vision Correction Surgery**
- **Laser-Assisted Cataract Surgery**
- **LASIK**
- **Dry Eyes**
- **ICL Vision Correction Surgery**

Our **Technology**

Westlake Eye Specialists employs the iDesign Refractive Studio, a unique topography-integrated, wavefront-guided technology. It measures the eye's contour and internal optical system, providing a comprehensive diagnostic view. This allows our surgeons to tailor LASIK treatments with unprecedented precision.

The iDesign is FDA approved for a wider range of prescriptions, enabling treatment for more patients. If previously deemed unsuitable for LASIK, iDesign technology may change that. Most patients attain **20/20 vision or better** with the iDesign Refractive Studio Suite.



What's the Best Long-Term ROI?

We're often asked to do analysis on the return on investment (ROI) of a piece of equipment. Most times the numbers show a solid return, but I always add, "You'll get an exponential return if you also invest in your people." So, what if you were to do both? You might be surprised.

The business world teaches us the importance of tactics, analysis and how to create financial advantage through investment in technology, operating lean, curbing costs, etc. While all of these measures serve an important purpose, a sole focus on these areas can lead to unwanted effects: shifts in morale, motivation, attitude and, most importantly, engagement.

The truth is that every patient places a value on their experience when it comes to receiving a service. And whether a practice chooses to judge its success by an income statement or patient feedback, leading-edge practices understand that one greatly influences the other. It's how the owner leads and

sets the tone for their culture that sets the ripple effect that cascades through the practice.

Research has proven that nearly three in four organizational changes fall short of their objectives. That is, they fail. While there are a host of reasons for this, the most cited one is the culture of the organization not being change-ready. In other words, the people weren't ready.

To impact culture and improve practices, we must impact people first.

The question you might be thinking is: How do I do that with everything else on my plate? Our first response: Without your people, you'd have no plate. Additionally, we offer the following:

Within the most high-performing teams, members are:

1. **Empowered** — They are equipped by the leader to make decisions on the spot that align with the mission and purpose of the practice.
2. **Engaged** — They feel a sense of belonging and purpose to their work and like they are a part of something larger than themselves.
3. **Energized** — Team members view themselves as a resource to one another and their patients, and they convey that in their body language and words.
4. **Educated** — Team members understand that they are all leaders of their own function or role and stay up to date on their craft.

Because these characteristics are not instilled in team members by osmosis, the leader understands that they have



Mike Guelcher

an obligation to their teams, and part of that responsibility is having a leadership development process for their practice.

A leadership development process is composed of four parts:

1. **Exposure** — Here, team members are provided formal training.
2. **Apprenticeship** — In this phase, the leaders transfer habits to the leader-in-training under their guidance.
3. **Opportunity** — In this stage, a team member has the opportunity to put their learnings into practice — and, more importantly, they are responsible for the outcome.
4. **Failure** — This step in the process is the most instructive, as it provides the greatest learnings and opportunities for growth.

For any growing practice, the key to this process lies in its ability to decentralize leadership, decision-making authority and execution. For example, a multilocation practice will not have its teams in physical proximity. A centralized leadership development process restricts growth and individual initiative in those seeking to evolve in their careers. The leadership development process, by definition, is about development and growth of new leaders because those new leaders are, in turn, responsible for ultimately developing other new leaders.

For the practice leader, the spawning of this initiative can trigger many emotions. The reality of transitioning leadership to others, while foreign to some, ends up creating the benefit of freeing their bandwidth. By doing so, they are better able to remove themselves from tactical items that previously required their oversight and, instead, maintain a strategic focus of looking ahead so as to be an impactful visionary and guide for the organization. When leaders immerse themselves too deeply in tactical and operational execution, initiative and growth of team members is stifled. Additionally, the trust required to be successful in helping the practice achieve its mission suffers. Strategic leaders cannot succeed or best serve their organization when mired in tactical activity.

When it comes to investing in people, there is no one best way. However, it must be done to foster engagement and leadership that today's healthcare environment requires. Stronger leadership, with processes to support its development, will serve as a guide to advancing practices into a more advantageous future. Whether it is handling a crisis, navigating an undesirable consequence due to failure, or simply guiding a practice through events outside of your control, decentralized and empowered leadership can provide a tremendous removal of day-to-day burdens that owners experience.

Our healthcare environment will continue to be complex, compared to the past. So, as we all move forward, practices providing a platform for leadership development cannot only set themselves apart, but can also provide an immeasurable benefit for team members as it relates to their engagement, retention, personal and professional development, and well-being.

Another question we hear from clients is: "What if I train my people and they leave?" Our response: "What if you don't and they stay?"

Mr. Guelcher is a managing partner and co-founder at Prism Consulting Partners, a healthcare consulting and advisory firm that specializes in three key areas:

- 1) Practice culture and engagement
- 2) Leadership and succession planning
- 3) Transition advising

His experiences in increasing roles of leadership have spanned 25 years and two fortune 500 companies, where he has led teams as well as trained, developed and onboarded hundreds of representatives through organizational change and expansion.

Most recently, he also led a successful multiregion expansion effort for a large private equity-backed optometric group working closely with numerous individual and multisite practices.

Outside Prism, he spends time as an active member of the Upper Palmetto Advisory Board of Let Me Run and F3 Nation.

He resides in Fort Mill, SC, with his wife and two children.

AACO CORPORATE CHAIRS

We are here to answer
your questions



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Walmart



Mark Gifford, OD
Vision Works



Rosemary Holcomb, OD
LensCrafters



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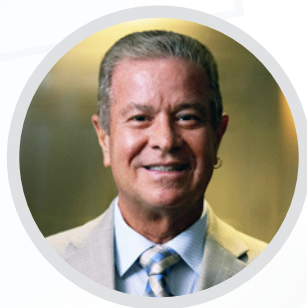
To contact your corporate
chair, please email them at
info@aacoeyes.org

MUST-HAVES

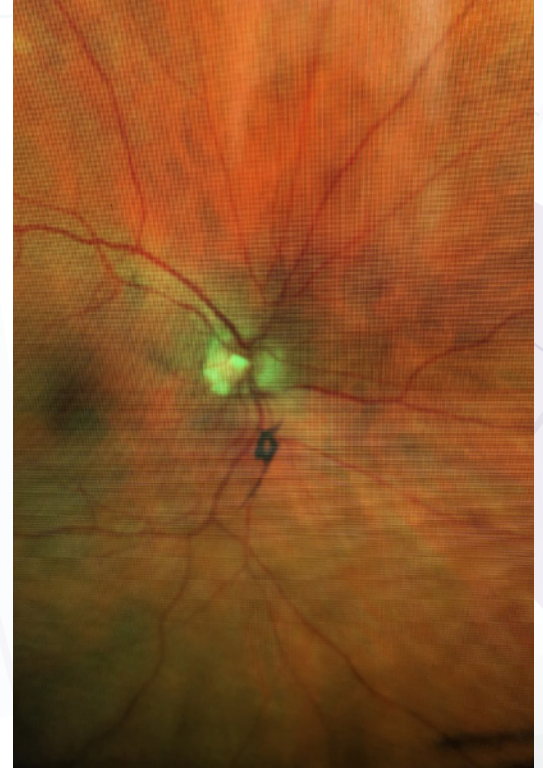
in current primary eye care

As we look back over the past 10-20 years, there have been many advancements in technology that have greatly affected and enhanced our abilities as primary care eye practitioners to better diagnose, manage and treat our patient population. This has also put our profession on a much more even level with our ophthalmology colleagues, in that we have created a much higher level of communication and enhanced our overall ability to work as a team to best serve our patients. I took a survey of my practice a short while ago, which is now in its latter years, to determine which equipment has best served my needs as an Optometrist. By leaps and bounds, the Optos wide-field retinal scanner leads that list.

I looked back about 10 years to Chicago at an AACO (formerly Engeyeyes) meeting, where I took the time to talk with each of our many great exhibitors and supporters. Their presence has made the difference in many of our practices by providing us with the latest technologies in almost every aspect of patient care. One particular vendor was Optos. I was fascinated at the potential this equipment had to offer me. I do a high level of emergency services in my community and, as we all see in

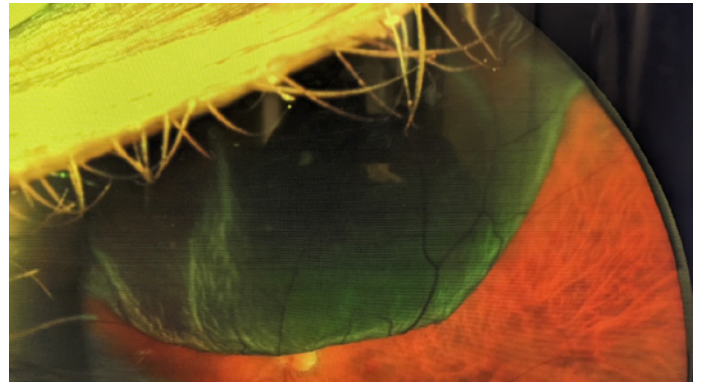
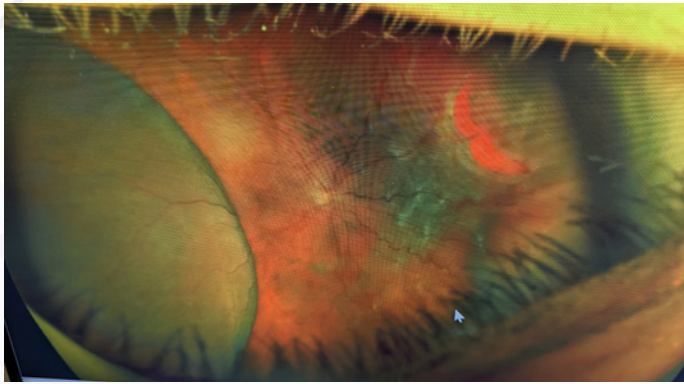


Gordon J. Penn, OD



droves, the “flash and floater crowd” of our senior population. The rep was exceptionally helpful in explaining the nuances that wide-field had to offer and the options available to obtain the unit. I had a scan done at the meeting, and as it turns out, discovered a suspicious pigmentary lesion in the far periphery of my right eye. I still wonder if I could have seen that far out with my DFE skills. I was told to show it to my local retina colleague and see if there was any need for concern. Fortunately, for the time being, there wasn't. However, this opened up and changed my entire outlook on what I could do for my patients. Not only could this be used as an adjunct to dilation in the diagnosis of potential retinal pathology, but even more so as an educational and management tool to help me help my patients to better understand and visualize what we see when we look into their eyes. Optos also enables us to keep a digital record of our patients, so we can perform a real-time comparison of new and pre-existing issues. It has been immeasurably important in helping me follow my patients with diabetes, hypertension, age-related macular degeneration and other progressive retinal conditions, and in communicating with their primary care doctors. I can look at comparative changes from original diagnosis to current progression or regression. As an OD, this has become the mainstay of my ability to best serve my patients' needs. And, of course, we are all documentation specialists, but in this case, the movie is better than the book.

I would like to share a few incredible cases to exemplify how this technology has affected my practice. First in line was me. Back in 2020, I had



dinner with a good friend, who also happens to be my primary retina referral doctor, and was complaining about some annoying flashing streaks that had just started a few days prior. Well, as we all self-diagnose, I wrote it off to vitreous traction and continued with our meal. He said that I should keep track over the next few days and to see him if it didn't resolve or at least get better. By Monday it had gotten worse and was now of concern. I reimaged the lesion in my right eye that was found years ago with the Optos and noticed a suspicious line running within but on the superior aspect of the lesion. I sent him the picture on my phone, and he told me to come right in. He repeated the imaging on his Optos and discovered a small tear in what he called a pigmentary retinal tuft. Fifteen minutes later, I was in his procedure room and was given laser treatment to impede a potentially more serious retinal tear. As a side note, he came to visit me in my office back in 2015 for a social call and wanted to know how I was getting the images I was sending him on my referrals. I showed him the Optos, and he could only scratch his head that he did not have one as well. Shortly after, he bought the newest model of the time, which had fixation light and fluorescein angiography abilities. Our professional relationship grew immensely.

I would also like to share a case that played a role in potentially saving the life of one of my new patients, and truly opened my eyes to not only what I was seeing, but what I might have been missing throughout my career. This was a 59-year-old white male new patient who was only being seen for his yearly vision care evaluation. He had no complaints and was very happy with his vision. He was normal in every test and had exceptional correctable vision. I dilated his eyes and in the left eye noticed a huge 4-5 dd irregular-shaped

pigmented lesion in the far periphery. It was well outside of having a direct impact on his vision, which totally amazed me. I imaged his eye and, following melanoma protocol, referred him immediately to my retinal specialist. After looking at the images, his response was to have him sent to Bascom Palmer, a tertiary emergency care and research facility at the University of Miami. Although he was reluctant at first, as he had no symptoms, he went there and was diagnosed with a large choroidal melanoma. Luckily, after intensive testing, it turned out that it was isolated to his eye, and he had no other markers or positive tests for lung or breast metastasis.

Another equally interesting case played out over the course of a single day. I received a call from a patient's wife that her husband was in Key West and all of a sudden lost his entire inferior field of vision. Basically, he couldn't see anything from his dashboard down, and he was in his car driving back from a meeting. Of course, this was on a Saturday morning, and his expected arrival was not until the evening at best, due to traffic and his new problem. I told her to call me, and then I would come back to the office to examine him. He arrived at 9:30 p.m., and I met them both at the office. Luckily Walmart was still open 24/7. I immediately dilated his eyes and noticed right away a whitish film that was almost completely obstructing the superior aspect of pupil on the inside. Once he was dilated and imaged, I could plainly see a massive superior retinal detachment. The entire superior retina had fallen like the material that makes up the inner roof of your car and was obstructing any passage of light through the pupil. I called my retinal specialist, and he thought maybe he could get some staff to come in to do the surgery, but that was not going to happen. We again agreed that a trip to Bascom Palmer was indicated. It was a shame that he had passed by there several hours earlier and now had to drive back 3.5 hours for his surgery. He arrived there at 3:00 a.m. and was seen at 6:00 a.m. for his surgery. He was then seen two days later at the retinal office for his follow-up and did very well. A few days later, I had a meeting with my colleague, and we both felt very grateful that we were able to work together to get this patient the care he needed. I have so many images that chronicle the last eight years I have used the Optos, it would take an entire book to cover them all.

*** I have no ownership, stock or direct financial interest in Optos Inc.*

Dr. Penn is a Walmart-affiliated doctor for 23 years in Melbourne, FL, practices primary care Optometry and co-manages on nonsurgical medical eye emergencies.



AACO 2023 SECO Sunday a

Success

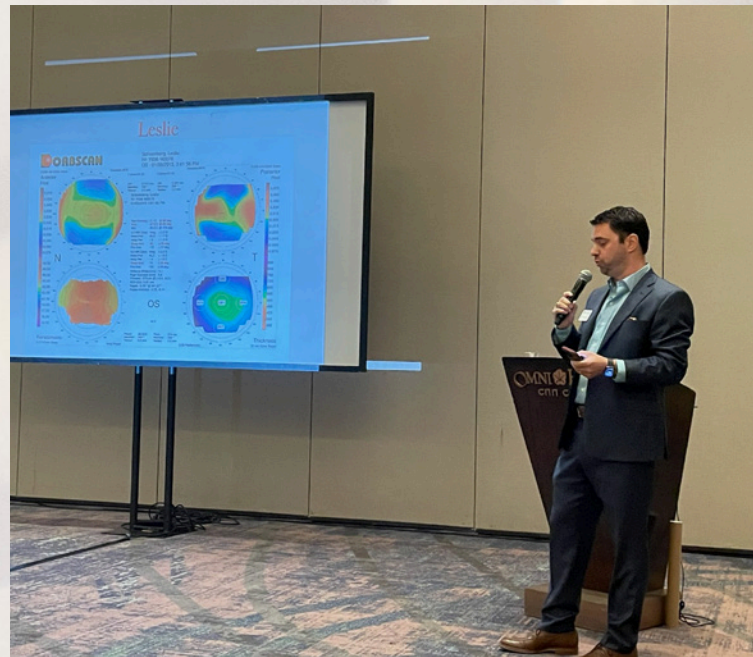
The AACO, along with the generous support and assistance of Georgia Eye Partners, partnered to present this year's AACO's annual SECO Sunday at the Omni Hotel on March 5, 2023, in Atlanta, GA. This annual one-day event is traditionally held to coincide with the SECO meeting and offers six to seven hours of continuing education on the weekend at the end of SECO.





The AACO has been proudly partnering with SECO for almost a decade for this event. It's important to note that AACO's SECO Sunday is an independent event from SECO; however, all attendees receive a complimentary pass to SECO'S exhibit hall and a discount on SECO registration.

In addition to some great continuing education, this year's event hosted an Exhibit Hall as well as one hour of Georgia Jurisprudence. Both AACO and Georgia Eye Partners provided continuing education presentations. The meeting was well attended, informational and a lot of fun!



The AACO would love to send a "shout-out" of appreciation and a BIG THANK-YOU to Georgia Eye Partners for their support of this event! We invite all of you to mark your calendars for our 2024 SECO Sunday event, to be held March 3, 2024.

Thank You!

Thank you to **GA Eye Partners** for sponsoring
AAO's SECO Sunday CE — March 5, 2023.



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Welcome to the Peg Board!



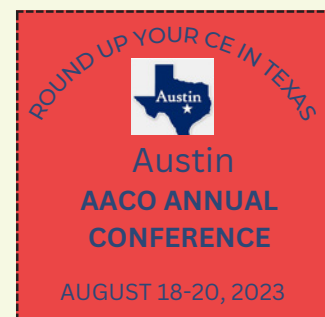
Peg Densmore, Ed.S

WOW! I can't believe it's been eight months since I began my journey with AACO! My how the time flies! In that time, we have published two magazines and have had two regional conferences. I must say, I am extremely proud of all of the AACO team, which came together to make those things possible.

We are currently working extremely hard preparing for our annual conference in Austin, TX. Since we will also be celebrating our AACO 10-year anniversary, we are pulling out all the stops! We want to make this a conference our AACO members and sponsors will be proud of.

This year's annual conference will be three full days of nonstop FUN and learning! We have a jam-packed lineup of the some of the best-known speakers in the nation. Our exhibit hall is sold out, with exhibitors you know and have come to expect — and a few new ones as well. Our gala and awards ceremony will be one you do not want to miss! Put on your evening attire and get ready to dance the night away!

Don't forget: We will be in classic Downtown Austin at the unique W Hotel! So, bring your cowboy hats and boots, and get ready to kick up your heels Texas-style!



Ms. Densmore is in her first year as executive director of AACO. She has 20 years of experience as an educator, coach, athletic director and assistant principal. She is a member of the Ellijay Lions Club and currently resides in Ellijay, GA, the “Apple Capital of Georgia.” When not working at AACO, Peg enjoys gardening and spending time on the Cartecay River with her family and friends. She is a “Dog Mom” to Sassy and Ollie.

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