

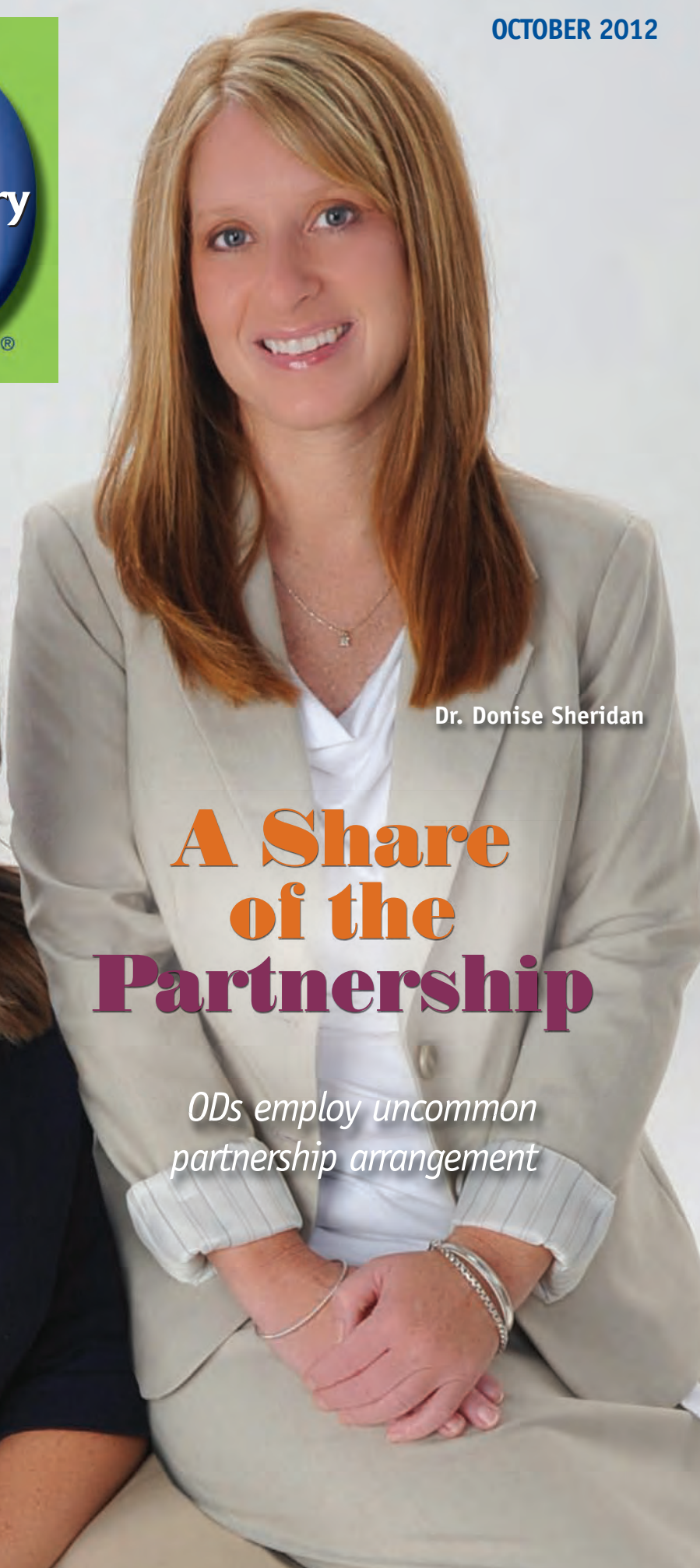
OCTOBER 2012



Dedicated to the interests of women ODs



Dr. Tonia Batts

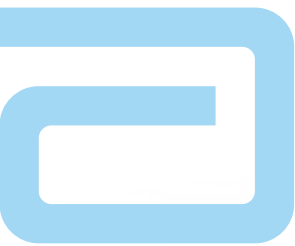


Dr. Donise Sheridan

## A Share of the Partnership

*ODs employ uncommon  
partnership arrangement*

SUPPLEMENT TO  
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Marjolijn Bijlefeld

## Shout Out

### Sharing a Good Story

**A**s reporters and editors, there's nothing we love more than finding a good story and bringing it to the universe of readers. So the opportunity to do that with dozens and dozens of stories in the pages of *Women In Optometry* each year is a real pleasure.

In the seven years *WO* has been in publication, we have met and spoken with some extraordinary women who have been enthusiastic advocates for the profession and their patients. The depth and breadth of their experiences is most interesting. No matter what setting she works in, no matter whether or not she has children, each woman's story has some point of relevance or interest to others—even if her background or work setting is vastly different from that of her colleagues.

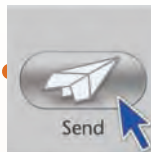
It's fun to find those stories, too, that are uncommon—like this issue's cover story with **Dr. Tonia Batts** and **Dr. Donise Sheridan** about an unusual partnership arrangement. And there are inspirational stories about women who dove into an opportunity, maybe not realizing just how much it would demand of them, yet they forged ahead. **Dr. Karen Zhou** spent six months in China, learning and teaching with only a few semesters of Chinese to carry her through, and **Dr. Summy To** volunteered her services to an agency for immigrants, only to discover that the need was much larger than she originally realized.

The stories with **Dr. Marcia Leverett** and **Dr. Jennifer Dotterweich** reflect a commitment to developing a vibrant and growing practice, despite their different practice circumstances. **Dr. Carolanne Roach** had an idea that may be on the verge of going viral and may do more in terms of educating communities on children's vision than she will ever know.

That sentiment echoes what so many women ODs tell *WO*: simply by doing their work well, they hope to have an impact. In telling their stories well, we aspire for the same.

*Marjolijn Bijlefeld*

Marjolijn Bijlefeld, Director of Custom Publications  
Practice Advancement Associates  
mbijlefeld@jobson.com



## Email to the Editor

### Appreciate the Validation

**M**y eyes welled up when I read the article "Define Success on Your Own Terms" by **Dr. Shefali Miglani**

in the June 2012 *Women In Optometry*. Finally, someone is saying out loud what I have been struggling to define for years. Surrounded by practices that are owned by male ODs, I've often found myself in doubt if I'm in the right position to be in a private practice. Should I increase hours? Should I launch a specialty? Should I go to that breakfast meeting to increase practice exposure—which would make me miss dropping my son off to his first day at kindergarten? These are questions that keep me up at night. It is a real struggle to run business and have a family with small children.

Just like Dr. Miglani does, when I am in the office, I devote my time to see scheduled patients and am willing to take any walk-ins, if time permits. I still see patients who have been with me since day one, and most of them are moms. They understand.

Thank you, Dr. Miglani, for saying what I (and maybe thousands of other female ODs) have been wanting to say for years. Thank you, *Women In Optometry*, for including such a real, inspiring article in your publication.

And to see my son's face lit up as he joined his new friends on the playground on his first day at school, it was priceless.



Dr. Miglani

**Stacy Vo, OD**  
Redlands, Calif.

OCTOBER 2012

*Women In Optometry* is published quarterly by the Professional Publications Group of Jobson Medical Information, publisher of *Review of Optometry*, *Review of Cornea & Contact Lenses* and *Review of Ophthalmology*.

Sponsors:

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11 Campus Blvd., Suite 100, Newtown Square, PA 19073, at  
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Publisher: Al Greco

Executive Editor: Roger Mummert

Director of Custom Publications, Practice Advancement Associates: Marjolijn Bijlefeld

Associate Editor: Maggie Biunno

Creative Director: Stephanie Kloos Donoghue

Graphic Designer: Barbara W. Gallois

Comments on *Women In Optometry* can be sent to mbijlefeld@jobson.com  
540-899-1761 or fax 540-242-3438

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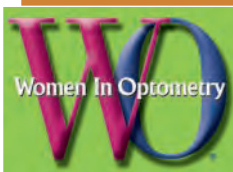
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# It's Your Business

## Approach Each Encounter with Fresh Eyes

By JeanMarie Davis, OD, FAAO

**P**eople don't know what they don't know. That holds true for eye care, too, so it's important for doctors and staff never to assume any of the following statements are true.

- If children have vision problems, the parents will know about them.
- If patients want contact lenses, they'll tell me.
- If patients have dry eyes, they'll complain.
- If patients want to try a new kind of contact lens, they'll ask for it.

You may see occasional patients who have heard that there are new options for crisp, comfortable vision for themselves or their children. But in reality, most patients will assume that how well or comfortably they are seeing is the best there is.

Nearly every OD has had the experience of refracting a child who needs corrective eyewear. Perhaps everyone has been lucky enough to see that amazing smile as a child puts on a first pair of eyeglasses or contact lenses and sees the world clearly. Up until that moment, the child didn't know that people would be able to see individual leaves on trees or read the blackboard from anywhere in the room.

Throughout the year, this column has been encouraging optometrists to improve their business success by focusing on the details—what you say to patients and how you say it, first and subsequent impressions and creating processes that ensure follow-through. In this final column of the year, I want to add that it's important to keep all of encounters fresh, as if each one could result in a change as significant as a child's first pair of eyeglasses.

The fact is that it does not require much more time to ask patients simple questions that could reveal their needs or wants. Here's a stunning example to illustrate that. In a recent survey<sup>†</sup>, Alcon asked 3,500 patients if they were suffering from contact lens-related dryness. What would you estimate the response to be? Fifty percent said they did. In other words, one out of every two contact lens wearers had some discomfort from contact lens-related dryness. When those who answered positively were switched to OPTI-FREE® PureMoist® MPDS, the numbers dropped, and more patients said they were able to wear their contact lenses without symptoms of dryness.



What happens if you don't ask that simple question? Could 50 percent of your contact lens patients be wearing their contact lenses every day wondering if this is as good as it gets?

Just a few key questions can help you approach each patient encounter as though it's a first one. Even if you saw the patient last year or if you've seen that patient eight times in the past decade, these critical questions can help you engage the patient in a new discussion.

"I think you're an excellent candidate for contact lenses. Have you ever considered them? I can have you try a pair right now."

"Are there times that your contact lenses or eyeglasses aren't providing you with the vision you wish you had?"

"What time do you insert contact lenses in the morning? What time do you take them out?"

"Do you ever suffer from symptoms of ocular allergies?"

That last question is an important one that can have an impact on your patients' satisfaction as well as on your practice bottom line. Not all patients who suffer from symptoms of ocular allergies visit an optometrist. They might self-medicate or visit a medical professional outside of the eye care field.

Why? They may not know that prescribing medications is within your scope of practice. They're counting on you to educate them—even if you're sure you mentioned it last year or the year before.

Try treating your patients as if they were new to your office. You can do that while continuing to

build the relationship that you've developed over the years. It simply requires you to present information to them in a new way.

- Ask questions you haven't asked before.
- Engage them in conversations about their demands for vision in certain settings.
- Introduce new developments, using teaching styles that will engage them whether their learning style is auditory, visual or kinesthetic. Many doctors present their findings and recommendations verbally, but only a small percentage of people are primarily auditory learners. Incorporate visual and hands-on information in your presentations.

Try this fresh approach, and you'll soon experience new opportunities for practice growth.

<sup>†</sup> Results of an ongoing global survey through August 19, 2011. Patients were provided with a free sample of OPTI-FREE® PureMoist® MPDS to use for a 14-day period and asked to compare it to their previous lens care solution.

**Dr. JeanMarie Davis is Global Performance Development Vision Care Technical Head at Alcon.**

























On [www.wovonline.org](http://www.wovonline.org)

"It's Your Business" also appears on the web site of Women of Vision. Check it out at [wovonline.org](http://wovonline.org).



# Two-Thirds of Incoming Optometry School Students Are Women

The class of 2016 is two-thirds women, the same percentage of women entering as first-year students last year. Only one school in North America had more men than women enrolling as first-year students. Overall enrollment this year was level with last year's enrollment. Women have been in the majority of students enrolling in optometry school in each of the seven years that *Women In Optometry* has been reporting these numbers.

School		2012 total	# of women	% of women	
 ILLINOIS COLLEGE of OPTOMETRY	Illinois College of Optometry	158	117	74%	
 INDIANA UNIVERSITY	Indiana University School of Optometry	76	43	57%	
	Inter American University of Puerto Rico School of Optometry	59	41	69%	
 MICHIGAN COLLEGE of OPTOMETRY	Michigan College of Optometry, Ferris State University	38	25	66%	
	Midwestern University Arizona College of Optometry	54	21	39%	
	New England College of Optometry	109	79	72%	
 NSU OCO	Northeastern State University College of Optometry	28	17	61%	
 NOVA SOUTHEASTERN UNIVERSITY College of Optometry	Nova Southeastern University College of Optometry	103	69	67%	
 OHIO STATE UNIVERSITY College of OPTOMETRY	The Ohio State University College of Optometry	65	36	55%	
	Pacific University College of Optometry	91	54	59%	
 Pennsylvania College of Optometry SALUS UNIVERSITY	Pennsylvania College of Optometry at Salus University	164	99	60%	
	Southern California College of Optometry	100	79	79%	
	Southern College of Optometry	130	74	57%	
	State University of New York State College of Optometry	88	65	74%	
	University of Alabama at Birmingham School of Optometry	44	31	70%	
	University of California, Berkeley, School of Optometry	67	56	84%	
	University of the Incarnate Word School of Optometry	68	39	57%	
 UNIVERSITY of HOUSTON COLLEGE of OPTOMETRY	University of Houston College of Optometry	104	67	64%	
	University of Missouri, St. Louis, College of Optometry	46	27	59%	
 Université de Montréal École d'optométrie	University of Montreal School of Optometry	43	38	88%	
 UNIVERSITY of WATERLOO Optometry	University of Waterloo School of Optometry	90	59	66%	
	Western University of Health Sciences College of Optometry	88	59	67%	
Source: North American schools and colleges of optometry as of September 2012		TOTAL:	1813	1195	66%



# A Half-mile Relocation Can Make a World of Difference

*Practice owner since 2009*

**W**hen **Jennifer Dotterweich, OD**, purchased Livingston Eye Care in Avon, N.Y., she didn't let its location on a small side street hinder her expectations for the business.



**Dr. Dotterweich**

She repainted the sterile, white walls with neutral brown tones and gold, creating a warm, inviting reception area that was then decorated with pieces from family and local artists. The community welcomed her—and over the past two-and-a-half years, she's doubled the size of its patient base, which has boosted

the income at the business that she took over from a retiring OD.

Now with this success, Dr. Dotterweich sees opportunity in relocating her practice to a space that can accommodate her growth, and she expects to move in November 2012. While she created a buzz in the neighborhood about the practice already, she hopes the move will generate even more of an interest. "If you aren't turning into our parking lot, you wouldn't know we were here," she says laughing. When she runs the numbers, she often asks herself, "How many more pairs of eyeglasses will we have to sell to legitimize a move?" It makes sense to her this way. "I can place a value on the move by saying, 'This is how much more we will have to commit to sell to make this move.'" Dr. Dotterweich expects that the increased visibility on its own will pay for increased expenses.

She's found an ideal spot. The new Livingston Eye Care is just a half mile away from Dr. Dotterweich's first location and, at 2,400 square feet, it is more than double the size. It's one of three businesses in a freestanding building, on a busy state road

near several restaurants, a grocery store and other shopping centers.

An empty space offered a blank canvas for Dr. Dotterweich, an

appropriate metaphor for a doctor who scours antique shops and community art shows to find interesting pieces to display in her two main areas: retail/reception and clinical/professional. She will use 1,800 of the available rental space to start, with the additional space saved for future expansion or the addition of instrumentation she has her eyes on, such as some retinal photography technology.

Dr. Dotterweich is turning the page on one chapter of her practice, and she is full of enthusiasm for what lies ahead. And she will remember the many steps that have helped her grow the business so far in working to improve the practice. Here are a few of the business-building techniques Dr. Dotterweich has used to date.

**Manage time for yourself and staff.** A key component to a successful practice is an efficient staff. Dr. Dotterweich believes in the power of crosstraining, as well assigning enough individual responsibilities that will keep everyone busy and office processes running smoothly. She expects the move will allow her to add a fourth employee in the next six months. She also plans to add a day to her four-day work week, a move that allows her to manage the expected increase in patients.

**Monitor your numbers.** After attending a practice management meeting, Dr. Dotterweich was encouraged to increase her professional fees. "We are still very competitive," she says. Dr. Dotterweich has recently integrated

# GROWTH

*Whether you're a relatively new practice owner or you're beginning to develop an exit strategy, creating a practice that is vibrant, efficient and growing makes good business sense. For these two ODs, a move was a key part of their plan toward creating a stronger practice.*



A work in progress: Dr. Dotterweich's new office will open in November.

the OfficeMate practice management software, and she is now getting started with ExamWRITER, two important pieces that make it easier to track her numbers routinely.

**Connect with your community.** Dr. Dotterweich offers several open houses throughout the year to showcase the practice's latest frame offerings. Back-to-school events tend to be a big hit in her area. "These events tend to give us a burst of energy, bring in new patients and also bring our existing patients back for a second pair," she says.

**Welcome children and their families.** A promotion for a first free eye exam for children under 7 years old is bringing in one or two new patients per week. These children seem to be a mix of completely new patients and children of existing patients. If parents have vision benefits or medical insurance, the practice staff emphasizes that patients can use any allowance toward a pair of children's eyeglasses. Dr. Dotterweich also offers a selection of frames donated by a local frame company that are available with low-cost lenses. She emphasizes the importance of children's sunwear by offering promotions in the office, as well as donating about five dozen plano sunglasses to a local daycare/preschool center for children to use while outside on the playground.

**Find the right advertisement for your area.** The success of marketing efforts can vary per market, and Dr. Dotterweich has found two that work for her: the local *PennySaver* classified advertising and TV commercials. She was surprised how inexpensive it was to advertise on Time Warner cable, and after airing her custom video commercial, she has attracted patients from as far as 45 miles away. **WO**

# for All Seasons

## Sustain Growth for the Long Term

*Practice owner since 1994*

**M**arcia Leverett, OD, of Virginia Beach, Va., knows that planning for retirement isn't something that should wait until the last minute. So she wants to build a practice today that will be attractive to a potential buyer down the road. That meant a move to a location that was twice as large. "I want to be set up with enough room when I find the right person to work with my patients," she says. She moved in August 2011 but had purchased the office space years before.



Dr. Leverett

She waited until she had enough patient volume to justify the expense of a move and all the administrative details that go with that. "I knew that with more space came more expenses," she says, explaining why she also hired a practice management consultant when the time came. "We wanted someone who would help us run the practice and make sure we wouldn't get in over our heads." Her consultant helps fine-tune her business model and works with staff so employees are confident with billing, coding and more.

First of all, she and the consultant have worked to strengthen the staff's involvement and investment in the practice. Dr. Leverett's staff meetings were scheduled haphazardly before, occurring only when she managed to block out some time on the practice's busy

schedule. She now holds meetings once a month at the same time, and the practice's consultant comes in for a discussion of practice metrics and goals. Incentives have been added for staff to reach targets for number of patients seen and revenue goals. The employees' motivation to reach the goals helps pay for the new office and encourages staff members to brainstorm ideas.

Dr. Leverett has eased office processes, making them more efficient and impressive with high-tech instrumentation. She has begun to integrate her practice management and electronic health records software, which collects data throughout the exam from diagnostic instrumentation throughout the office. The technology requires some adjustment initially, but Dr. Leverett expects that having these systems in place will help patients move smoothly through the office in future years, as her returning patients' information will have been entered and stored in the system in the first year. Dr. Leverett is also adding a Visioffice system from Essilor to provide even more customized care in the dispensary. "We're excited about it because it's nice to do anything you can to make it easier for patients to adapt to progressive lenses," she says.

Her practice management consultant introduced her to Demandforce, and Dr. Leverett is sure to read every review that comes in about her practice. "I pay attention to what people are saying, and while most of the reviews are good, you need to hear the things people say when they aren't happy, too," she says. She uses these reviews as an



One year into her new practice home, Dr. Leverett, her staff and her patients are settled in.



An eye-catching graphic draws attention.

opportunity to improve. For example, the practice staff accommodated a patient who called for an emergency visit. However, the patient complained that there was a wait. In ret-

spect, Dr. Leverett realizes that she and the staff could have explained that the patient would be seen as quickly as possible on a busy day. Staff members now know to inform patients when there may be a wait, so there will not be a surprise. "It's good to have that feedback from patients so you know you are doing things right or if you need improvement." Demandforce also allows Dr. Leverett to communicate with patients via email and text message, which are many patients' preferred communication method.

While patients are in the office, Dr. Leverett wants to make sure the visit makes a good impression. She focuses on the details, providing leather chairs and couches in the reception area to make patients feel comfortable. "Patients really love our Starbucks coffee dispenser, and they have a cup of coffee, tea or hot chocolate when they wait or sometimes get it on the way out," she says. She has always believed in the policy that the customer is always right and does whatever she can to make her patients happy. "If a patient has a problem, I try to address that and make sure it's taken care of," Dr. Leverett says. That may be troubleshooting what's causing a patient's dry eye symptoms, or making sure eyeglasses provide crisp, clear vision during work and at home. "I want patients to be happy with what they get from me."

Dr. Leverett's dedication to her patients doesn't go unnoticed. Thanks to a patient's nomination, she received a Minerva Award in May from *Small Business Insights*, which recognizes leading female business owners in Hampton Roads. **WO**



# “Sharing” Her Creation



*Doctor's poster on children's vision makes the rounds on Facebook*



Within days of uploading a poster she created on her practice Facebook page, **Carolanne Roach, OD**, of Oklahoma City, could see that more than 800 people had shared the poster on their own or a friend's Facebook page. And that means it was probably seen by a mid-boggling 33,000 by early September, according to Facebook's tracking.

The poster provides a graphic way of showing parents and teachers that vision screenings cannot detect a number of visual problems. “I’m a developmental OD, offering vision therapy and vision rehabilitation services. I often sit with parents whose children have passed vision screenings and may even see 20/20, but their vision is not ‘fine.’” So Dr. Roach wanted to create some way of showing people what it would be like to have one of these vision problems. “I’m a visual person, and I’m also a graphic designer with a background in photography, so I thought a poster would be a fun demonstration.”

The poster became her way of trying to show eye teaming problems, lack of 3D perception and some visual component of dyslexia. “For some kids, words slide around on the page, bouncing back and forth. These children don’t understand that what they’re seeing isn’t normal. That’s why we really can’t wait for kids to tell us there’s something wrong. They don’t know to tell you that it’s different.”

She’s saddened by distraught parents who wonder why they didn’t know earlier that their child was experiencing difficulties. “I read one article by one person who thought as a kid that double vision was normal. He just ignored the image that he knew wasn’t real, but he never complained because he didn’t know any better.”

The comments on the Brain and Eye Connection Facebook page—and Dr. Roach’s frequent responses—show that she has uncovered an area that is vastly confusing to many people. She has encouraged people, most of them strangers to her, to seek the services of an optometrist who specializes in vision therapy. She has engaged in discussions

on dyslexia and the need for pediatric eye exams. She has steered readers to the American Optometric Association’s

Facebook pages to learn more about the InfantSEE program. And that’s just on her page.

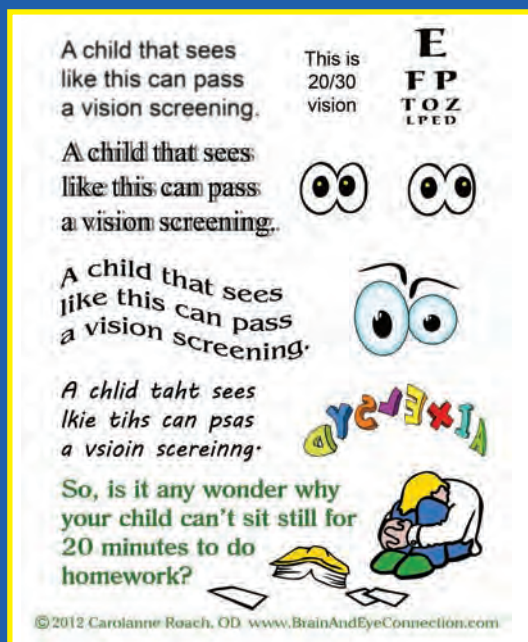
The poster, which *Women In Optometry* shared on its Facebook page, has in

turn been shared by nearly 100 people—most of them vision therapists or optometrists. So similar conversations might be occurring all over the country. The attention the poster has generated is “surprising, but cool,” she says.

Dr. Roach opened her practice three years ago. She graduated optometry school and finished a residency in vision therapy in 2008 at Northeastern State University College of Optometry. In her second year in optometry school, renowned behavioral optometrist **Jason Clopton, OD, FAAO**, spoke to students about the specialty. “I was hooked. Ever since, I’ve been doing more research into vision therapy. I’m a member of the College of Optometrists in Vision Development and eventually working toward Fellowship,” she says.

When Dr. Roach opened her practice as a vision therapy and developmental optometry practice, there were six or seven similar practices in the Oklahoma City area. That didn’t dissuade her. “I say it’s always better to have more than fewer vision therapists. The more people who are promoting vision therapy, the better the issue becomes known.” Dr. Roach prefers a more competi-

## Dr. Roach's Poster



The picture that sparked thousands of words: **Dr. Carolanne Roach's** poster on children's vision problems that might go undetected with a vision screening has generated a lot of discussion for her practice, as well as for others who shared the image on their Facebook pages. **WO**

tive market than the alternative—the sad and guilt-ridden parent who wishes he or she had known about vision therapy a few years earlier.

There are plenty of patients to go around. “Not too many doctors offer vision therapy as part of their general practice, which is good. The more specialized and focused you are, the better the outcomes, typically.” Because her practice is a specialty clinic where she only offers vision therapy and rehabilitation services, other ODs feel confident referring patients to her. “They know I’m not going to take those patients away on an annual basis. I’m sending them back for disease management, constant care and their eyeglasses and contact lenses,” she says. **WO**



# Survey Shows Slight Increase in Optimism for Business Growth

**M**ore than half of the women ODs who responded to a *Women In Optometry* survey are expecting some improvement in business growth next year. Twenty-one percent of the respondents said they expected business growth in 2013 to be much better compared to 2012, and 37 percent anticipated somewhat better growth. Just more than one-third, 36 percent, expected it to be level, and only 3 percent anticipated a decrease.

Overall, 34 percent of women ODs said they had a written business plan in 2012, and 14 percent who did not have one for 2012 said they were working on one for 2013. Those figures reflect an increase over 2011, when *Women In Optometry* asked the same question. Then, only 29 percent of respondents said they had a business plan in effect, and only 9 percent said they were working on one for the following year.

While election-year politics dominates much of the airwaves, just 26 percent of women ODs said they expected to revisit their budget after they learn the results of the election. Most who answered the question in more detail said the election outcomes are one of only several factors that impact decision-making.

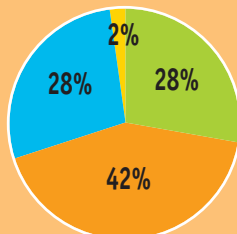
ODs also shared what had been their best practice growth strategies implemented this year. One independent practice owner wrote that she continued an employee incentive bonus plan payable every pay period for goals met. "Each individual has his or her own stats to keep to determine if goals were met. We have no more blanket bonuses! Staff meetings are held weekly and each week's stats are reviewed, and growth ideas are discussed and implemented that week."

Several others said that they moved staff to more appropriate positions and trained staff in both clinical skills and improving the patient experience. Social media and nontraditional advertising, such as Groupon-like offers, were mentioned as a source for new patients, as were the more traditional door-to-door business introductions, trunk shows and special offers to area residents. **WO**

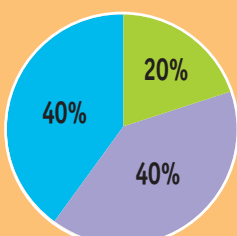
## Mixed Optimism

**G**enerally, full-time practice owners who responded to the 2012 *Women In Optometry* survey felt more optimistic this year than those who responded to a similar 2011 survey. This year, 28 percent of full-time practice owners anticipated 2013 business growth to be much better; last year, only 19 percent did. However, part-time practice owners and all employed ODs seem to anticipate stable growth. **WO**

Full-time practice owners



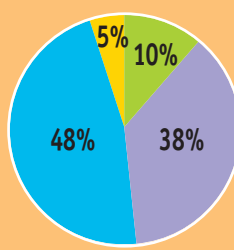
Part-time practice owners



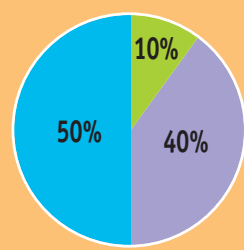
### Key

- much better
- somewhat better
- better
- stable
- somewhat lower

Full-time employed\*



Part-time employed



\*Does not total 100% due to rounding

## Expanding the Budget

**M**any women ODs responded that they made greater investments in areas that could lead to practice growth in 2012. Many also planned to allocate more money to certain areas in 2013.

### 2012 increases

New staff	45%
Diagnostic/clinical equipment purchases	44%
Staff training and development	32%
Social media/nontraditional marketing	30%
CE/business travel	27%
EMR	26%
Upgrade inventory of corrective eyewear*	25%
Remodeling/physical improvements	24%
Traditional advertising	21%
Recall activities	19%
New/expanded services**	18%
Equipment for practice management	15%
New associate OD	14%
Adding/acquiring a new practice	14%
Building new office	7%

### 2013 planned increases

Diagnostic/clinical equipment purchases	44%
Social media/nontraditional marketing	40%
CE/business travel	33%
New staff	27%
Staff training and development	26%
EMR	23%
Recall activities	20%
New associate OD	18%
Equipment for practice management	18%
Remodeling/physical improvements	17%
Upgrade inventory of corrective eyewear*	17%
New/expanded services**	17%
Traditional advertising	16%
Building new office	7%
Adding/acquiring a new practice	7%

\*Includes frames, ophthalmic lenses and contact lenses

\*\*Includes services such as vision therapy, CRT, AMD and dry eye

# Gaining Partnership One Share at a Time

*Young OD uses her network connections to find ideal job and partnership opportunity*

**T**onia Batts, OD, remembers advice she received in optometry school: choose a practice partner just as carefully as you'd choose a spouse. She also knew that when that opportunity came, she'd have to bring her best to the partnership. What she didn't realize was how quickly and how easily this would all come together—in large part because of the truism that who you know can open doors for you.

For Dr. Batts, that network started early. She was still in high school when she decided to shadow an optometrist. She didn't know any, but a mutual friend introduced her to **Joe Ellis, OD**, who later served as American Optometric Association president in 2010-2011. Toward the end of her studies at University of Missouri, St. Louis, College of Optometry, Dr. Batts met with **Donise Sheridan, OD**, whose independently owned practice was part of a network, Eye Care Associates of Kentucky, that Dr. Ellis helped found.

Dr. Sheridan hired her as an associate, with

## Make a Personal Connection

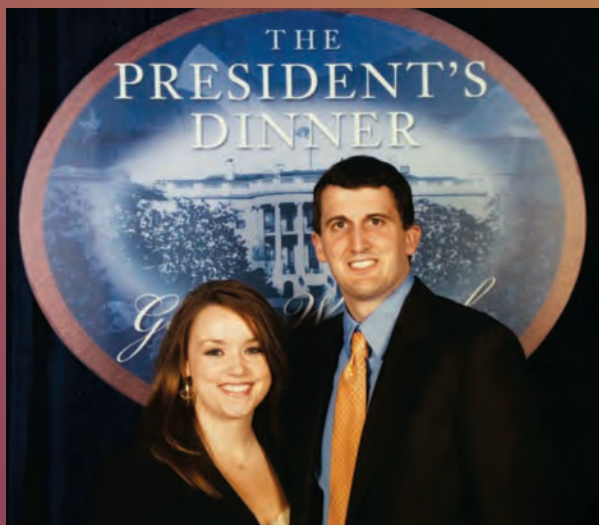
**D**r. Tonia Batts' mother calls her daughter such a chatterbox that she predicted she'd be most successful as a beautician or guidance counselor. But when Dr. Batts discovered optometry in high school, it was a perfect match. The medical side appealed to her love of science, and the chair side interaction with patients provided a chance to chat and meet with new people, as well as reconnect with familiar faces. "It's important for me to know my patients, and I want them to get to know me," she says. **WO**



the understanding that they would discuss partnership possibilities after a year. In fact, Dr. Batts' first year went so well that Dr. Sheridan asked her to buy in to the practice following a partnership plan devised by Dr. Ellis, in which partnership candidates can buy into an equal partnership (defined as 100 shares of stock) one share at a time. It was a buy-in agreement that Dr. Ellis developed with new graduates in mind, considering the increasing difficulty with banking agencies and financing and increasing student debt. "I wanted our new graduates to be able to live a little, to be able to buy a home and invest in the community," he says, without the stress of hav-

## Discovering Politics

**D**r. Tonia Batts took a giant step outside of her comfort zone when she deferred her acceptance to optometry school to follow her future husband to Washington, D.C. "I was a science kid from a small town in Kentucky, and I was not familiar with politics," Dr. Batts says. Despite her lack of experience, she scored a position as a scheduler and office manager for a congressman from Oklahoma.



Working for a congressman piqued Dr. Batts' interest in politics, shown here with her husband, Jason Batts.

The perks were great, and she was even invited to The President's Dinner with President George W. Bush. But perhaps one of the best parts of the job was her day-to-day interaction with people in the office and the political knowledge she gained. Those experiences fueled her involvement with the American Optometric Association's Political Action Committee as a student and now as a doctor. "It's a mix of both worlds," she says. She's proud of the students who pay their own way, as she once did, to attend the meetings. "It's a learning experience, and I hope it gets them excited and that they will keep that excitement like I did." **WO**



Dr. Sheridan (left) and Dr. Batts learn from each other's patients and experiences.





## A New Home for a New Partnership

**D**r. Donise Sheridan was running out of space in her leased office even before Dr. Tonia Batts joined the practice. She had already started laying out the plans for her dream practice, which opened its doors to see patients in mid-June. "Through the process, Dr. Batts was there to bounce around ideas and help me to create an office that was not only aesthetically pleasing but also very functional," Dr. Sheridan says. "I think we have succeeded in doing both." Located just a half mile down the road, their office space has doubled, providing ample room for them today and to accommodate the anticipated growth from two doctors contributing to the practice together. **WO**



Dr. Sheridan appreciated Dr. Batts' input of ideas for the new office.



The spacious dispensary incorporates style and function in its design.

ing to make yet another monthly payment.

The system allocates a portion of the new partner's salary to acquire shares of stock, allowing the individual to have a sense of ownership even with just one share. The price per share is negotiated—and locked in for 10 years. So there's incentive for a new partner to add value to the practice so that he or she can acquire the stocks quickly and reap the benefit of the sweat equity invested. After the 10-year period, the value would be redetermined as a percent of gross income. Dr. Sheridan appreciates Dr. Batts' motivation to take on her partnership role. "The addition of Dr. Batts has not only been a boost to the practice but it has been a real blessing to me to have her as a colleague and a friend," Dr. Sheridan says.

Dr. Batts agrees, since having Dr. Sheridan by her side increased her confidence as she tackled diagnosing conditions and diseases for the first time. Dr. Batts spent many a night flipping through her optometry journals for the answers and solutions, but Dr. Sheridan eased her concerns, always willing to listen or share her opinion. "I can come to her say, 'I really don't know what this is,' and we can figure it out together," Dr. Batts says. And Dr. Sheridan gains the benefits of Dr. Batts' recent and medically focused education as they care for patients with ocular disease. "I'm seeing new things every day," Dr. Batts says. Because they attract patients from a wide geographic area and demographic, they're seeing some unusual medical conditions.

In addition to her passion for ocular disease and low vision, Dr. Batts enjoys building relationships with the families in her community. Her bubbly personality entertains the children, keeping them happy through their exam until they receive a sticker for a job well done. "My patients appreciate that I'm not just in and out of the room, and that I spend the time to do a comprehensive eye exam," she says.

Dr. Batts splits her time between the Mayfield office and a satellite location inside a hospital in Fulton, Ky., which is closer to her hometown. "It's an underserved place with little primary eye care," she says. "My family's friends and people I went to elementary school with come to see us because we are so close. It's so rewarding to reconnect with people I haven't seen in years." Dr. Batts leaves such a memorable impression on her patients that

it's not unusual for her patients to stop her, say hello and strike up a conversation on contact lenses while she's out at the store.

Dr. Batts looks forward to being in the position to mentor a new doctor into partnership one day, as Dr. Sheridan has done for her. "Occasionally you get a golden egg and get lucky, and I'm thankful to have someone as nice and caring," Dr. Batts says. For now, she's giving back by having students shadow her—just as she once shadowed Dr. Ellis. "I love when people shadow me," Dr. Batts says. "I want them to love their job like I do." **WO**

## Partnership Structure

**D**r. Joe Ellis had young ODs in mind when he created an unusual partnership structure that is now used by some of the other ODs in the Eye Care Associates of Kentucky (ECAK) network.

This is how it works. A partnership price is negotiated and that is divided into 100 equal shares of stock at a price that is locked in for 10 years. As the new OD accumulates the money to purchase shares of stock, he or she can do so—singly or in multiples.

A new partner willing to put in the work to grow the practice can acquire a partnership at a great price, without any loans. The owner knows that the young partner doesn't want to see his or her value of stock diminish, so there's the added incentive to work hard. Both parties want to keep the value high so that the young partner can afford to complete the transaction, too. "This system works best when the optometrist and the practice are at the top of their game, and not at the end of their career," Dr. Ellis says. There is currently another partner at ECAK buying in under this same structure agreement. **WO**



Dr. Ellis

# Teaching Technicians

*Optometrist-turned-educator sees great potential in educated techs*

**D**uring the decade that **Marcia Holstad, OD**, of Ankeny, Iowa, spent in a variety of practice settings, she often realized that it was difficult to find skilled technicians. While in-office training can be effective, it wasn't always the best option. "Training a tech on the job requires reassigning another tech to do the teaching, sometimes for a long time, and that can be a costly endeavor," Dr. Holstad says. "That's why hiring a person who knows the basics is helpful."

That was a factor in Dr. Holstad's decision to leave a full-time optometry career to pursue teaching. She began instructing anatomy and physiology classes in the evenings after work. In 2004, she decided to teach full time, while still filling in for colleagues on vacation or on medical leave. When Dr. Holstad discovered that the Des Moines Area Community College (DMACC) was constructing a new health sciences building, she suggested the addition of an optometric technician program. "I think techs are typically underused in the profession," Dr. Holstad says. "If you have good, trained technicians, you can delegate more duties to them and easily see more patients per day." Dr. Holstad acknowledges that delegating responsibilities can be difficult, especially in a profession where many doctors are proud of the time they can spend interacting with patients. But economically, it makes more

sense to have a technician perform some testing to

free the doctor's valuable time, and Dr. Holstad hopes that more doctors will realize this when they see what an educated technician can do.

Starting the program from scratch took several years, and this fall Dr. Holstad welcomed her fourth group of students who have entered the program. As program chair, she developed the curriculum for the Optometric/Ophthalmic Technician Program with an advisory board of her colleagues from optometry, ophthalmology and opticianry. Dr. Holstad visited other schools in the Midwest, picking up ideas from the most successful, longstanding programs. This program would be unique though, as it would prepare a student

for a career as either an optometry tech or an ophthalmology technician—instead of just one or the other, as is the design of

most other programs.

"Iowa is not a big place, and the ODs and MDs here have a good working relationship," Dr. Holstad says. "It's nice to develop a curriculum with both parties, so students can be employed in either setting."

Dr. Holstad and one part-time instructor, **Pamela Young, OD**, teach the classes. The support from other doctors has been

overwhelmingly positive. Multiple ODs work several hours each spring semester to evaluate students doing vision screenings. "They are very excited that we have a program here, and employers are contacting me all the time looking for workers in and out of the state," Dr. Holstad says. The program's publicity is increasing, and the number of students has increased each year. Dr. Holstad lectures at the Iowa Optometric Assistants Association convention yearly, and word about the program continues to spread.

The program typically takes a year to complete, with two semesters of classroom time focused on anatomy and optics, dispensing contact lenses, pretesting and specialty testing. "By the second semester, the students are bringing in patients and practicing screenings and all the types of tests they learned," Dr. Holstad says. Special classes also cover the optometric technician board examinations, so the students can be prepared to take these tests if they choose to advance their education.

By the time summer arrives, the technician students have 12 weeks of clinical work ahead. Dr. Holstad has located 15 sites that offer clinical rotations. Students spend four full-week sessions at three practices, and during this time, they refine the skills they've learned during the school year. These clinical rotations have resulted in most students being offered employment by the time they complete the program. **WO**



Dr. Holstad

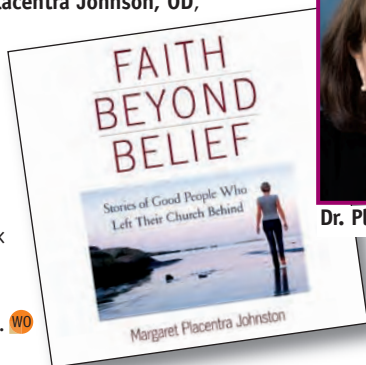
## Program Enters Its Fourth Year

**T**he Optometric/Ophthalmic Technician Program at Des Moines Area Community College is designed to prepare students with the skills necessary to assist practitioners of optometry, ophthalmology and opticianry to provide a full scope of vision care and prepare them to pass national certification exams. Learn more at the program web site, <http://go.dmaccc.edu/programs/optech>. **WO**

## OD's Book Arrives

**M**argaret Placentra Johnson, OD, of Springfield, Va., has published a book, *Faith Beyond Belief*.

Information about the book is available on [faithbeyondbelief-book.com](http://faithbeyondbelief-book.com). **WO**



Dr. Placentra Johnson



# Even False Starts Can Provide True Experience

*Doctor finds herself with an opportunity she didn't imagine 10 years ago*

**A**s Shannon Burgess, OD, celebrates the one-year anniversary of her Phoenixville, Pa., practice, Valley Forge Eye Care, she reminisces on how different her career could have been. Following her residency in primary care, Dr. Burgess almost became a partner in a practice she joined. After the first year, the owner decided the practice wasn't ready for two doctors, so she moved on to pursue another full-time opportunity, a job with a group ophthalmology practice. After six years there, she worked part time with several ODs until deciding to try a sublease with a local optician. That ended due to a difference in management styles. Yet Dr. Burgess has never been bitter about these situations and the experiences she gained from them. "I'm glad I started at this point because with technology and social media, there is so much advice available to me that I wouldn't have had if I started 10 years ago."

The Internet has connected Dr. Burgess with peers and colleagues across the country, and blogs and practice management web sites offer tips and guidance, often for free. And during the past decade in a variety of settings, she has gained valuable experience. "I was able to dip my toe in the water and learn what it meant to be a solo practitioner," Dr. Burgess says.

While Dr. Burgess knew how to set up a tax ID number and join the panels for insurance plans, there were still things that she needed to learn. "There will always be things you don't know because, as an associate doctor, you are not aware of all that goes on behind the scenes," she says. For example, in the large ophthalmology practice, she received great clinical advice from a glaucoma specialist. But her knowledge of the exam process ended when she handed a patient off to a technician or front desk associate. What happened after that was a mystery to her. But she knew that somehow, the practice was paid and charts were filed. She began to examine the steps from patient scheduling through fee collection and insurance billing, and she studied the missing pieces of the patient process that occurred without her involvement.

Still, the biggest differences between her former employment situations and her own practice have been the new media marketing options and the connectivity with colleagues that the Internet affords.

➤ **Keep your practice open 24/7.** No, not literally. But an updated, current web site, such

as valleyforgeeye.com, can be a communication portal for existing and potential patients. Dr. Burgess met an OD who offered online appointment scheduling, a feature she

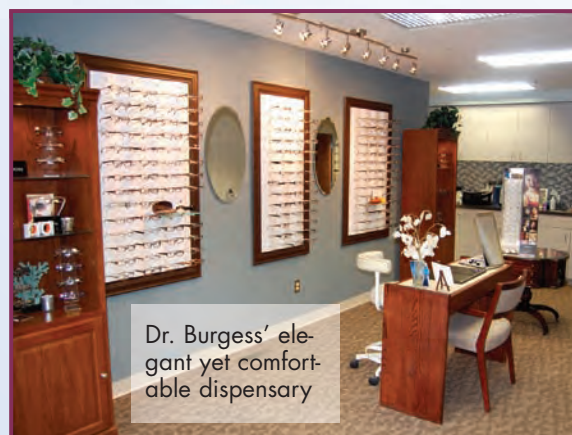
knew she had to have. "As a busy mom, I often find myself remembering to schedule appointments outside of normal business hours," she says. "I liked the idea of choosing my appointment from a web site at 9:30 at night, and I wanted my patients to be able to do that." The same doctor recommended that she use Google Voice, as well. The call-forwarding service allows her to take calls even when she's not in the office. "I can be throwing a load of laundry into the wash and take a patient's call," she says. "The phone always gets answered, and it's not just ringing when no one is there." It's great for days when she needs to spend a few hours out of the office with her children or if she needs to make a quick trip home, just a half mile away.

#### ➤ **Spend marketing dollars wisely.**

Colleagues advised against investing heavily in traditional advertisements or direct marketing; their experience proved that the ROI isn't there the way it used to be. Instead, focus on online marketing and creating an office culture and patient experience that lends itself to patient referrals. Spend time making relationships with individuals at local schools, churches or the Chamber of Commerce. "If you meet just one person at an event, you can gain his or her whole family as patients," she says.




Dr. Burgess



Dr. Burgess' elegant yet comfortable dispensary

➤ **Remember that your practice is unique.** When all is said and done, your practice is different from the one across town, and it's not the same as those in other states. "Talk to other doctors, but don't get discouraged. Some weeks it looks like things are taking off, and the next week the phone barely rings," she says of the ups and downs you can experience during your first years in practice. Your results may not be exactly the same as another practice's, but that's OK. Pick up ideas you learn for suggestions, and carefully monitor your implementation to learn what's best for you and your practice.

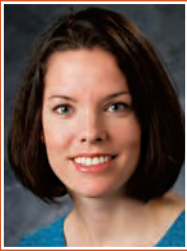
A virtual connection helped guide Dr. Burgess through her first year, and she's thankful for the advice she's received and colleagues she's met along the way. "It saved me from a lot of mistakes as things fell into place." 



Dr. Burgess hadn't planned on starting her own practice, but a year ago, she took the plunge.



# Women in the NEWS



**Dr. Norris**

**Jessica Norris, OD**, and her colleagues from Eyecare Associates in Albany, Ore., were recognized in the *Albany Democrat-Herald* for their service work with Volunteer Optometric Services to Humanity in Belize.

**Dr. Brown**

**Glenda Brown, OD**, of Johns Creek, was recently selected by her peers to serve as president-elect of the Georgia Optometric Association.



**Dr. Komadina**

*The Wichita Eagle* spotlighted **Dajana Komadina, OD**, of Wichita, Kansas, as a featured businessperson.



**Dr. Johnson**

**Jarret Johnson, OD, MPH**, of Kenner, received the Public Service Award from the Optometric Association of Louisiana.



**Dr. Patzman**

**Taya Patzman, OD**, of Bismarck, serves as president-elect of the North Dakota Optometric Association.



**Dr. Hamada**

**Weslie Hamada, OD**, of Wahiawa, was honored as Optometrist of the Year by the Hawaii Optometric Association.



**Dr. Upton McNeely,  
Dr. Smith Zolman &  
Dr. Schwebach Wood**

At the South Carolina Optometric Physicians Association (SCOPA)

2012 conference, **Johndra Upton McNeely, OD**, of Greenville, was awarded the 2012 SCOPA Horizon Award. **Jennifer Smith Zolman, OD**, of Charleston, received the 2012 SCOPA Young Optometrist of the Year award. The association's incoming 2012-2013 President is **Melissa Schwebach Wood, OD**, of Fort Mill.



**Dr. Schwebach Wood**

## Bringing Optometry to China

Earlier this year, **Helen Zhou, OD**, completed a six-month post-doctoral international optometry program at Peking University Third Hospital (PUTH) in Beijing, China. Dr. Zhou had previously graduated from University of California, Berkeley, School of Optometry (UCBSO) and completed a residency at the Veterans Administration hospital in Fresno, Calif.



**Dr. Zhou**

The program is jointly sponsored by UCBSO and PUTH and was started by UC Berkeley's **Stephen Chun, OD, FAAO**. Dr. Chun serves as coordinator of the school's educational exchange programs with China, Korea and Asia-Pacific Rim countries. Dr. Chun is also a visiting professor at Peking University. The purpose of the program is to exchange health care information between Western and Eastern cultures and to promote the profession of optometry in China. Although there are a few optometry schools starting in China, optometry is still new to many people in China. They mainly have ophthalmologists and opticians.

"When I explained how optometrists in the U.S. can perform a general ocular health exam and medically treat ocular disease, a couple of the doctors seemed to be in disbelief that optometrists could do anything aside from refracting," Dr. Zhou says. "Furthermore, you can purchase glasses and contact lenses over the counter without ever having an eye exam in your life. You can try contact lenses on your own, like you would with over the counter readers in the U.S."



The waiting room at an eye clinic where Dr. Zhou worked

Dr. Zhou's schedule at PUTH was very flexible, allowing her to participate in all the different clinics throughout the 10-floor Eye Clinic, from observing surgeries in the operating room to working in the outpatient clinic. An example of the weekly schedule would include observation and case discussions with the retinal specialist on Mondays, refraction on Tuesdays and pediatric and strabismus clinics on Wednesdays. Some evenings, the professors would hold lectures and case presentations. During the grand rounds, Dr. Zhou was invited to join the ophthalmology students into the clinic wards, where the professors would discuss the cases right at the patient's hospital bed.

In the refraction clinic, Dr. Zhou worked with two local staff refractionists. There is normally a



*As a profession, optometry is relatively unknown in China. Dr. Helen Zhou and others from Berkeley are trying to change that.*


high volume of patients, but during the school holiday, the clinic was overwhelmingly busy. "One day, we saw 190 patients between 8 a.m. and 9 p.m. And then, patients would always come with their entire family, so the waiting rooms were packed with people standing, and a few hallways were so crowded that you almost had to push your way through," she says.

Along with teaching refraction, biomicroscopy and ophthalmoscopy, Dr. Zhou also lectured on refractive techniques, contact lenses, low vision and interpreting fluorescein angiography. "When I lectured, I always gave the students the option of having the presentation in English or really bad Chinese. They chose the Chinese every time," she says.

For the first three months, Dr. Zhou worked with UCBSO graduate **Nicole Yang, OD**, who was born in China and is fluent in Mandarin. Dr. Zhou says, "It was really helpful to have Nicole there to translate when I started the program. The exchange of information with the Chinese doctors would have been otherwise very limited." Dr. Zhou was born in California and started learning Mandarin in college. "The two semesters were not enough," she says, laughing. "Toward the end, I was okay working on my own in the clinic, but it wasn't easy getting there."

Aside from the challenges of language, teaching and volume of patients, another unforgettable aspect of the program was the extraordinary patient cases she saw. "Some patients live in rural areas hours away from reputable health care. It would take some of them a full day by train or they would have to fly to get to the big city hospitals," she says. As a result of working in one of the major eye clinics in China, Dr. Zhou saw diseases in more advanced stages and trauma that she would rarely expect to see practicing optometry in the U.S. Some of these cases included rooster bites on children's eyes and a macular transplant for age-related macular degeneration.

There was Eastern influence on medicine at PUTH, but Dr. Zhou was surprised to find how remarkably similar the eye care was to the U.S. in terms of management of disease, ophthalmic technology and surgical technique. She notes that there are also specialized traditional Chinese hospitals that use acupuncture to prevent myopia and other ocular conditions. However, the training for traditional Chinese medicine is a completely different medical program from the one at PUTH.

Since her return to the U.S., Dr. Zhou has been working full time at an ophthalmology practice in Fresno. "I may not have the chance to do another long-term international program for a while, but I would love to go on one-week volunteer trips, like the Volunteer Optometric Services to Humanity trip to Panama I did as a student." The combination of travel and working provide the most rich and memorable experiences. 



Eye Clinic in background. (l-r): Dr. Zhou, Dr. Chun and Dr. Yang



Dr. Bowen



Dr. Alexander

## Dr. Bowen & Dr. Alexander

The Colorado Optometric Association honored two women: **Jacquie Bowen, OD, FAAO**, of Greeley, was recognized as Optometrist of the Year, and **Deanna Alexander, OD, FAAO**, of Fort Collins, received the Distinguished Service Award.

## Dr. McGee

**Selina McGee, OD**, of Midwest City, was honored as Young Optometrist of the Year by the Oklahoma Association of Optometric Physicians.



## Dr. Gray

**Lori Gray, OD**, of Gilbertville, was honored as Young Optometrist of the Year by the Pennsylvania Optometric Association.



## Dr. Miller

**Dawn Miller, OD**, of Garden Grove, Calif., was honored as Alumnus of the Year by Southern California College of Optometry. She's a 1983 graduate.



## Dr. McAndrews

The Heart of America Contact Lens Society presented **Ruth McAndrews, OD**, of Davenport, Iowa, with its 2012 Optometrist of the Year award.



## Dr. Schnell

**Pam Schnell, OD, FAAO**, is the new director of Southern College of Optometry's Continuing Education Program. She also was recently named associate editor of the *Journal of Behavioral Optometry*.



## Dr. Knight & Dr. Hogan



Dr. Knight



Dr. Hogan

Illinois College of Optometry honored **Millicent L. Knight, OD**, of Evanston, Ill., with its Professional Achievement Award, and **Casey L. Hogan, OD, FAAO**, with its Humanitarian Award. Dr. Hogan serves on the board of Special Olympics Chicago.

# Practically Effortless Marketing

When **Joanna Slusky, OD**, wanted to schedule an appointment for herself with a dermatologist, she was able to do it all from her smartphone: see open appointment times and request one, see photos of the practice and doctors, map the location and read patient reviews on the doctor.

"It was quick and easy, and I had more information than I'd ever had before about a doctor," she says. She wanted her patients to have that same kind of 24/7 access to Halsted Eye Boutique, the Chicago practice she and her husband, **Michael**



Dr. Slusky

**Slusky, OD**, started three years ago.

She signed on with ZocDoc, an online physician-finder. It's as easy for her practice as it is for the patients, she says. "Our appointments are scheduled on Google Calendar, and they're interlinked. We post whatever availability we have, and when it becomes unavailable, we block it off," she says.

When a patient picks the appointment time, the system automatically alerts the office staff via pop-up notification and email that the appointment slot is filled. ZocDoc follows up with the patients, reminding them that they have an appointment. "At first, there was a little bit of a fear factor. What if patients don't show up for an appointment they confirmed?" The online system takes care of that, too. Users who don't show up for appointments are shut out of the system, unable to use it for future appointments with any provider. "I like that they're making patients more accountable in the context of all their health care appointments,"



Dr. Slusky has used social media and patient reviews to bolster the reputation and draw new patients into Halsted Eye Boutique.

Dr. Slusky says.

Within the first two months of signing on with ZocDoc, the practice saw close to 30 new patients. "We didn't even have it linked to our web site yet," she says. Now there's a link for making appointments from the practice web site that brings viewers directly to the ZocDoc page. "I have noticed that I do get more new patients scheduling appointments, both because there's an opportunity to schedule appointments when it's convenient for them and because they found us through ZocDoc," she says. Users can search by location, practice name and even insurance plans accepted.



"Everyone is more computer-savvy now," she says. So having an online presence this way complements the other online marketing strategies, such as the practice web site and Facebook pages. And the patient comments—which have been highly supportive of the doctors—add to the buzz. **WO**

## Ribbon Cutting at AOA Meeting

At the American Optometric Association's (AOA) Optometry's Meeting this summer, **Dori Carlson, OD**, ended her year as the organization's first woman president, handing the gavel to incoming president **Ronald L. Hopping, OD, MPH, FAAO**. During the meeting, the AOA House of Delegates passed two resolutions reaffirming the AOA's commitment to defend the status of optometrists as physicians in federal law.

Next year's Optometry's Meeting will be held June 26-30, 2013, in San Diego. **WO**

Women In Optometry October 2012

Below: The current AOA board of trustees includes four women ODs.



Above (l-r): Trustee **Barbara Horn, OD**; incoming president **Ron Hopping, OD**; immediate past president **Dori Carlson, OD**; president **Mitch Munson, OD**; and trustee **Andrea Thau, OD**.



# So Much Need

## Doctor finds new opportunity for providing eye care to needy

**F**or **Summy To, OD**, of North Portland, Ore., philanthropy has been part of her practice philosophy almost since she opened Myoptic Optometry in April 2010.

One of the forms patients complete at each visit is a donation program; four local charities are listed, and 1 percent of the exam fees will be donated to that program. "It's been a great way to get people involved," Dr. To says. She also carries 141 Eyewear, a company that gives a pair of eyeglasses to a person in need for every pair sold. While Dr. To's motivation is to help others, the emphasis also helps her practice. "It makes you feel good, and it does give your practice a little advantage when you can add value in such a competitive market. People trust us and look to us as a force for good."

She recently took her philanthropic efforts to a new level by volunteering to perform eye exams to Portland's Immigrant and Refugee Community Organization. The organization provides health care and other services to approximately 80-100 immigrants and refugees a month. Dr. To had learned about the services from a colleague, and she found that while the organization provides a basic medical screening, no eye care providers were involved. So she stepped in.

Quickly, she discovered the void was bigger than she thought. "I wanted to run a test screening with slots for 25 people," she says. Forty showed up. She has committed to offering a monthly screening at the organization's center one morning per month, and will see about 40 patients each time. Those who need additional services can come to her office for no-cost care. "About half of these patients have decreased vision, but some have advanced cataracts and other conditions. Many have been in refugee camps for decades. The waiting list for the organization's services is huge, but the immigrants are so grateful. It's an impressive organization," she says, noting the immigrants and refugees are assigned case managers who speak their native language to help through the process.

"We started in July, and seeing the need has been so validating, but it's overwhelming at the same time," Dr. To says. She is hoping some of her colleagues will join in with the effort, donating either their time or their services.

Dr. To says the progressive Portland community is an ideal location for her practice. "I moved here six years ago, knowing that it was

saturated with ODs. But I loved it," she says. She worked where she could to make ends meet, all the while looking for a location where she might one day open a practice. She found the North Portland

location where there was no other OD in the neighborhood. "Since then, two other optometry practices have opened, but I strive to be better," she says, laughing.

The practice draws patients with its vibrant colors and unique frame

offerings. "We don't carry big box eyewear," her web site announces. "We want patients to feel as though they're our guests. The experience is fun and enjoyable—because eyeglasses are fun. They reflect the person's personality," she says, and her optical team takes the time to get to know patients and help the selection process.

"Portland is very pro small business, so we make the effort to stand out as more than an optometric practice. The staff and I are very involved and give as much as we can."

That's true of their daily work, just as it's true of the practice philosophy. "People find happiness when they give," Dr. To says. "I think it's a good business practice, and it brings out the best in me. For a short time, I was focused



Dr. To brings eye care to an immigrant center.

Dr. To says philanthropy is a good pillar on which to build a practice.



just on making my practice bigger and bigger. Things suffered. I needed to focus on what I was giving patients as an overall experience." She found her answer by cultivating a practice that gives back to the community. "When you feel that your purpose is larger than making money, it elevates your business. People will like you and want to hear what you have to say—and then the money comes in." **WO**



On her first outing, she had slots for 25 people. Forty came.

## SCO Hosts Women in Optometry

**S**outhern College of Optometry recently hosted Women in Optometry, a program sponsored by Allergan, in conjunction with OPP and The Hayes Center for Practice Excellence. The October program drew more than 70 women optometry students (and several men, too), who talked about the challenges faced by women in the optometric profession. Students asked questions of a panel of SCO alumna, who shared advice and their experiences. **WO**



Participants (l-r): Jill Pitts, OD; Kelly Kerkisick, OD; Whitney Hauser, OD; Karen Fallon, eye care business advisor at Allergan; and Christina Vranich, OD.



# Pink Ink

## Pearls from the Trenches

By Crystal Brimer, OD

**S**oon after graduating from Southern College of Optometry, I found myself building a solo private practice. I had no kids, and my husband served as office manager for some of the years. So, as you can imagine, most of my thoughts revolved around the practice. However, it gave me opportunities that many practice owners don't have: a chance to dissect the practice and the systems that were in place. And as time went on, I incorporated new systems that improved functionality, efficiency and profitability. This is what sparked my interest in consulting others and helping them overcome the daily grind.

**Filter everything.** Look at everything around you with a new filter. Be on the lookout for little finds that you can tweak and bring back to the office or exam room. There are resources all around you: conversations with other ODs; trips to a well-run hotel, restaurant or boutique; or even a closer look at the operations of a Fortune 500 company. You'll be amazed at how much you can pick up and at the cascading effect it can have on every aspect of your practice, from patient satisfaction to profitability. There are successful breakfast clubs throughout the country, made of ODs or even mixed professionals who are willing to share ideas. Or consider gathering some fellow female ODs for *Women, Wine, and Wisdom!*

**Align yourself with companies that value your relationship.** The travel industry has perfected this; it has convinced me to use the same airline, hotel and credit card every time by rewarding my loyalty. Associate yourself with contact lens, frame and lens companies that truly support you and your loyalty. Many can offer valuable staff training, advertising dollars, patient education materials and lunch on the house. And be sure to continue this theme with your nonoptical suppliers. Buy office supplies from a company that has good prices and delivers daily; meet with the manager to negotiate a better rate for your copying needs. When possible, work with small, local companies because your business means more to them, and often you can negotiate with the person in charge, leading to better discounts.


**Indulge yourself and your patients.** Create a decadent environment. If your office is dated and you can't afford a remodel, at least

budget some cash for a new coat of paint and updated décor to give your frame displays a modern and luxurious feel. Research the best products on the market and sell what you believe in: products that will result in excellent word-of-mouth advertisement and referrals. Build your reputation for offering premier eye care and premium products.

**Fit specialty lenses.** There is huge potential in fitting multifocal lenses. The presbyopic market is enormous, but the percentage of patients in contacts dwindles significantly after the age of 40. Daily disposable lenses are another avenue to increased profitability, reputation and referrals. Implement a plan utilizing the entire staff to convert your routine exams into contact lens exams. Preappoint patients for next year, but take measures to ensure no wasted slots.

**Surround yourself with compassionate, capable people.** Never hire out of desperation; it's better to be short-staffed than poorly staffed. Evaluate the ideal skill

and personality for each position long before it becomes available. Then wait until you've found that skill level and personality before filling the position. Don't be afraid to look outside the profession; you can add knowledge through training, but rarely can you add talent. Create job descriptions and an extensive training manual to ensure that everyone learns the same way and has a resource to refer to, other than you. For best performance, hold weekly staff meetings to instill accountability. For best patient care, incorporate patient stories to cultivate sincerity.

**Fight the burn.** If you feel like you're burning out, realize there are many avenues within optometry to help hold your interest and offer a change of pace. As a frequent lecturer, I run into very few female speakers. And we have several trade magazines that must be filled every month. We need to hear from you. There are also many opportunities within your local society district, community outreach, research studies, academia and industry. So go ahead...jump in! 

*Crystal Brimer, OD, of Wilmington, N.C., is a practicing OD and owner of Crystal Vision Services, an ophthalmic equipment and practice management consulting company.*



Dr. Brimer

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