AOA-backed bill to end exclusion of ODs from NHSC introduced in U.S. House

In an effort to help expand access to eye and vision care in communities where it is most needed, Reps. Bart Gordon (D-Tenn.) and Joe Pitts (R-Pa.) introduced the AOA-backed National Health Service Corps Improvement Act of 2009 (H.R. 1884).

The legislation would help bring much needed frontline providers of eye and vision care into underserved communities by ending the exclusion of ODs from the National Health Service Corps (NHSC) student loan repayment and scholarship programs. For more than 35 years, the NHSC has aimed to provide access to quality health care services for millions of Americans who might otherwise be forced to do without. As part of this mission, the NHSC student loan repayment program joins dedicated health care providers with the rural and urban community health centers that need their services. However, since the NHSC student loan repayment program was restructured in 2002, the program has been made far less effective by the exclusion of doctors of optometry.

Today, approximately 50 million Americans lack adequate access to needed health care services, and most of these underserved live within federally designated Health Professional Shortage Areas (HPSA) located throughout the United States and its territories. Most often, the people

See NHSC, page 8

ODs must follow ‘Red Flags’ rule

Congress passed the Fair Trade and Credit Act in 2003 to help stop identity theft, which might affect as many as 9 million Americans each year. The AOA contends that this law was never intended to apply to doctor’s offices, but federal agencies maintained otherwise as of press time for this publication.

As a result, AOA members should take steps to comply with the law immediately. The AOA is posting compliance information online at http://www.aoa.org/FTCRedFlags.xml.

Meanwhile, the AOA will continue to try to convince federal authorities that optometrists are not “creditors” and should not be responsible for policing identity theft.

The AOA convinced the Small Business Committee of the U.S. House of Representatives to send a letter to the Federal Trade Commission (FTC) on April 8 urging a delay in enforcement and a reconsideration of the impact and applicability of the law to optometrists.

Subjecting optometrists to the ‘Red Flags’ rule

See Red Flags, page 8

The renowned Washington, D.C., cherry blossoms frame the view of the Thomas Jefferson Memorial. The classical influence of the memorial to the third president reflects Jefferson’s admiration of Roman politics and architecture. The memorial was dedicated on April 13, 1943. The 2009 Optometry’s Meeting® will be held in at the Gaylord National Resort & Convention Center, just outside of Washington, D.C., from June 24-28.

Visit www.optometrysmeeting.org to register.

Photo courtesy Destination DC.
THE DESIGN INSIDE.

EyePoint Technology® is a patented component of Shamir’s lens design software - a dedicated ray-tracing program written by Shamir scientists which combines lens surface topography data with highly advanced mathematical algorithms. EyePoint Technology® simulates the human eye in every angle, prescription, and field of vision. These techniques enable Shamir to create the most sophisticated progressive lens surfaces based upon thousands of points of data. It’s this "design inside" that makes Shamir progressive lenses the most advanced in the world.

EyePoint Technology® takes the following into account when calculating the optical performance of thousands of locations covering the lens surface:

- Lens index refraction
- Lens prescription
- Lens center thickness
- Distance from the eye to the back vertex of the lens
- Distance from the lens to the object
- Pantoscopic tilt of the frame
- Pupil distance
- Thickness reduction prism
- Angular position of the object in the eye's field of vision
**PRESIDENT’S COLUMN**

Optometric Bill of Rights (Part 2)

My last column presented the first five “Amendments” of the Optometric Bill of Rights and concerned the rights of practitioners. Because patients are the focus of all that we do as optometrists, this column will focus on my view of patient rights that could dramatically improve the quality of life of millions of Americans through their family optometrist.

Sixth Amendment – Freedom to Choose – patients will have the right to choose the provider of their choice for primary eye care services regardless of the private or governmental payer. Currently nearly 80 percent of all patients select optometrists when choosing a new eye care provider. And optometry is providing well over 70 percent of ALL primary eye exams. The AOA, state associations and individual optometrists must continue to work to allow our patients the option to select optometry for ALL eye care services that are within our scope, regardless of who is paying the bill.

Seventh Amendment – Lifetime of Health Vision – ALL. Americans will understand the value of a comprehensive eye and vision examination every year or two depending on the recommendations by their family optometrist. Individual optometrists, the AOA, state associations, and governmental health insurance will work together to help the public understand that a comprehensive eye and vision examination is considered as crucial to a lifetime of healthy vision as a routine physical exam.

Eighth Amendment – No Insurance Confusion – no longer will a patient, or practitioner, be confused on whether the professional services provided by their optometrist should be billed to a vision plan or major medical. Major medical insurance will include both medical eye care and comprehensive eye care and vision examinations by optometrists in core benefits, regardless of diagnosis. The insurers and patients will also recognize the value that optometry brings during the comprehensive examination in the management of chronic diseases such as diabetes and hypertension.

Ninth Amendment – No Product or Service Discrimination – all patients, regardless of their insurance plans, will have equal access to the products and services that will best solve their visual or eye health needs. The AOA and other optometric organizations will continue to work with employers, private and governmental health insurers to encourage coverage for low vision, vision therapy and other services that can potentially improve a patient’s quality of life. Patients will demand that the vision plans their employers choose will allow them the opportunity to benefit from the newest contact lens or spectacle technology. No vision or health plans will prevent patients from receiving the very best in products or services provided by their family optometrist.

Tenth Amendment – Amblyopia Will be Eliminated – the InfantSEE® program will no longer be the “best kept secret” in health care and ALL babies in America will receive their first comprehensive eye and vision assessment in their first year of life. Optometrists will utilize the InfantSEE® assessment to establish a follow-up schedule and educate the caregiver (mom) on the importance of regularly scheduled eye exams that, within a generation, will eliminate amblyopia, and prepare every child for visual success throughout his or her lifetime.

Over the last three columns I’ve tried to share the challenges and opportunities that have been expressed by members as I’ve traveled the country this year. I started with the Declaration of Optometric Independence because everyone in our profession is fesssion and in health care knows that patient care is best delivered when the doctor-patient relationship is not compromised by direct or indirect influence by any other person or entity than their doctor. The Optometric Bill of Rights is an attempt to articulate what an ideal world would be and what as a profession and association we should strive to achieve for our patients and our profession.

Because our profession is discussing optometric board certification, I’d like to share a quote by John F. Kennedy that was shared with me this week and something for us all to consider: “There are risks and costs to a program of action. But in America, in the long run, risks and costs of living in a free society are fewer than the代价 and the costs of living in a non-free society.”

Peter H. Kehoe, O.D.
AOA President
PS: Please visit www.PetesAOABlog.com to add your “Amendments” and read the latest comments on the optometric board certification proposal.
Win prizes, attention in AOA Photo Contest

As a way of building a storehouse of arresting and beautiful photos, the AOA announces its first photo contest. Open to AOA member ODs, American Optometric Student Association (AOSA) member students and Paraoptometric Section members, the contest’s top prize in each category is $500 cash. All participants will have a chance at seeing their photography in AOA publications or online media.

Prizes:
There will be one $500 cash winner in each of four categories: Practice Settings; Special Populations (children, seniors, disabled or diverse); Community, and Events. The first finalist in each category will win an AAAA Pico Projector, a pocket-sized LCD projector valued at $259. The second finalist will win a digital picture frame valued at $125. The third finalist and the Altered Image winner in each category will each receive a “gallery-wrap” 16” by 20” print of their winning photo. In addition, an entrant chosen at random—and his or her guest—will be invited to meet Jeff Foxworthy at Optometry’s Meeting® for a photo session.

Contest dates:
The American Optometric Association’s Photo Contest begins April 1, 2009, and ends May 15, 2009, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

Eligibility:
Members of the AOA, the AOA Paraoptometric Section and the AOSA are eligible. For details and to submit photos, visit www.aoa.org/photocontest.html.

Hopping files for secretary-treasurer

Ronald L. Hopping, O.D., MPH, has filed for election to the AOA Board of Trustees as secretary-treasurer. Dr. Hopping was first elected to the board in 2005. Dr. Hopping currently serves as the liaison trustee to the Advocacy Group Executive Committee, the Federal Relations Committee, the Federal Legislative Action Keyperson Committee, the Commission on Quality Assessment and Improvement, the Health Information Technology and Telemedicine Committee, the Professional Relations Committee, the Contact Lens and Cornea Section Council, the Medical Home Project Team, the Practice Transitions Committee and the Community Health Center Committee. He has also served as chair of the Practice Perpetuation Project Team, Information & Member Services Group and the AOA Communications Group Advisory Committee and on the AOA Finance Committee, the Healthy Eyes Healthy People® Oversight Committee and the Constitution and Bylaws Committee.

Dr. Hopping has served as liaison trustee to the Clinical Care Group and 20 state affiliate associations. He oversaw the development of the AOA Dr. Locator program to enable the public to find AOA member doctors and was instrumental in expanding the Save Your Vision celebration into a month-long media event.

Dr. Hopping is a past president of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. Dr. Hopping has been actively involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation while defending optometry’s legislative gains.

A change of mind

Editor:
Like so many other doctors of optometry, I find myself embroiled in the hotly debated topic of board certification (BC) and the model presented by the JBCPT. We all know that the topic itself is not new to our profession after having been presented, and defeated, as ABOP.
In addition to being a private practitioner and 13-year AOA member, I am a trustee for the New Mexico Optometric Association (NMOA) and the Secretary for the Southwest Council of Optometry (SWCO). As a leader in the profession, I must remember to represent the wishes of those who chose me to lead. As a private practitioner, I am very much in tune with the needs of my colleagues given today’s economic climate.

As then-AOA Trustee and now AOA Secretary-Treasurer Dr. Carlson can attest, I was strongly opposed to board certification. In May 2008, Dr. Carlson attended the NMOA convention and discussed the issue with our board. I vocalized my opposition rather vociferously. In that vein, I maintained my opposition for many months to come.

My arguments against BC were the same as those I have heard from many colleagues. My concerns consisted of, but were not limited to:
1. There never has been a documented case of OD discrimination based solely on a lack of board certification.
2. BC will not offer increased access to medical plans that disqualify us because of our professional credentials.
3. Lack of a required residency negates any potential professional gains that could possibly be made by the claim of being “board certified.”
4. BC will not raise our professional standing in the eyes of our adversaries, nor remove the proverbial targets on our backs. It will not increase our scope of practice, nor will expansion of scope be made any easier.
5. The current model is fabricated to be a voluntary venture. TPA/DPA privileges were voluntary; however VSP fired those senior docs that did not keep up with the times. How soon before this voluntary process results in the “luring” of senior docs?

I took these concerns directly to the AOA leadership and discussed them with Drs. Peter Kelho, Randy Brooks, and David Cockrell. I found each doctor to be surprisingly candid. I would like to summarize the results that helped convert me to a proponent of board certification.
1. The AOA admits there are no documented cases of discrimination based solely on the purpose of BC. However, the Medicare Medical Home project expressly excludes any physician who is not board certified. This includes MDs and DOs. Optometry, identified as physicians in Medicare, is not included despite lobbying by the AOA. Some opponents to the BC process cite dentistry as an argument against BC. We must remember that while dentistry does have a voluntary board certification process, dentistry is not included in Medicare. We must realize that exclusion of Medicare is accurate, the Medical Home project specifically excluded specialties that could not in their capacity act as general practitioners.
“Excluded specialties and subspecialties include radiology, pathology, anesthesiology, dermatology, ophthalmology, emergency medicine, chiropractic, psychiatry, and surgery.” However, the exclusion of non-board certified MDs and DOs does establish a precedent, and one for which we must be prepared to defend against in future Medicare initiatives.
2. Changes in the health

See Letters, page 10
Board certification
Letter outlines latest news, policy paper, Web site

In an e-mail to AOA members April 14, AOA Trustee David Cockrell, O.D., described how board certification has become an issue in state-level scope of practice efforts by optometry.

“Just two weeks ago, while providing testimony for scope expansion legislation in South Carolina, I encountered something new to me,” he wrote. “In their testimony, several of the MDs opposing Optometry’s position referenced the fact that Optometry does not have a board certification process. It wasn’t too long ago that our profession fought to use the word ‘physician’ in Medicare. Now, it appears to me that some would seek to use yet another point (in this case, the phrase “board certification”) to deny our place in healthcare. Change is happening now.”

Dr. Cockrell’s e-mail message was one in a series of steps by the AOA to inform members of the rationale for board certification and the process for its consideration by the membership.

Other steps include a new Web site, http://certification.aoa.org and the first in a series of papers addressing the topic.

Health Care Reform, Board Certification, and Optometry’s Next Step to Protect Our Future: Part One in a Series of Policy Briefings for AOA Members is posted on the new Web site and included in the e-mail.

The paper highlights a comment by Mohammad Akhter, M.D., executive director of the National Medical Association and former executive director of the American Public Health Association.

“With health care reform moving on the fast track it is absolutely imperative for doctors of optometry to have a board certification process in place. There is interest in board certification not only from federal regulatory agencies, but also from consumers who want to be able to assess the quality of providers. The American Optometric Association and other national optometry organizations are on the right path to pursue the creation of a board certification process.”

“It is the first in a series, summarizing what we know, and why we believe Optometry can best prepare itself for the future by moving toward a credible, defensible process of board certification,” Dr. Cockrell wrote. “I hope you will take the time to review it, start your own course of study on the subject, and evaluate the options for our profession, now and in the future.”

A vote on the issue is slated for Optometry’s Meeting in June.

As it nears, board certification is gaining attention at state and regional meetings, on the Web and on the Letters page of AOA News.

“Board certification is shaping up to be the next barrier in our unending fight for access. The lack of it is certainly being used against us now in scope advancement efforts. As practitioners, veterans of many legislative battles and members of the AOA Board, we have asked ourselves, ‘What can we do to ensure ODs are able to overcome that barrier?’” Dr. Cockrell noted.

In March, the Joint Board Certification Project Team made several significant changes to the proposed model.

A summary of those changes, and the full text of the current model, appears on page 9.

Project team takes questions about proposal

Q: Why is so much face-to-face continuing education required, especially in the initial certification process? A: For a person not completing a residency or fellowship in the American Academy of Optometry, 75 of the 150 required points must be Category I. From the model framework, this is defined as the following:

Category I: A minimum of 50 percent of points must be Category I.

A. Continuing education conferences, meetings or workshops carrying ABO or COPE-approved credit (such as state, District of Columbia, U.S. commonwealth or territory board-approved or COPE-approved credit.)

Continuing Education with Examination, CEE, is acceptable but not required.

The requirements for initial certification were debated at length by the Joint Board Certification Project Team (JBCPT). Because the model framework does not require a residency as in medical specialties, the JBCPT believes that credibility of the process could be at stake if all of the required points could be attained through alternative activities. The JBCPT decided that making the requirement for face-to-face, Category I CE of 50 percent of points, or 25 points per year, would not be overly taxing on the OD pursuing board certification.

Q: Of the 150 points required for initial certification, is this in addition to our state’s requirement for license renewal?

A: No. The 150 points may include those continuing education requirements needed for license renewal, as long as they receive the approval of the American Board of Optometry.

Q: How does this program relate to doctors having or working toward initial or subsequent CELOM certification? Do they get points for this joint program?

A: The CE requirements for CELOM certification and re-certification are 50 hours of COPE-approved CE over a two-year period, with some CEE requirements. It is probable that each hour that is acceptable for CELOM purposes would be accepted by the American Board of Optometry for Initial Certification or Maintenance of Certification purposes.

Q: If ODs pass a national board, are state licensed to practice (with therapeutics) and are “board certified” to show “...that a Doctor maintains the appropriate knowledge, skill and experience to deliver quality patient care” then there is no valid reason left to deny transportability of one’s license from state to state through reciprocity. We will now all have similar licenses and proven ability through certification, so why not be free to practice anywhere?

A: It will continue to be the jurisdiction of each state legislature to determine the requirements for licensure. However, it has been discussed that holding a uniform credential, such as Board Certification in Optometry, could encourage the adoption and facilitate the implementation of licensure by endorsement. This credential could be a useful tool to optometry boards in states where endorsement has been adopted to assure a licensure candidate’s current competence and may result in increased portability of licensure.

Q: How much will board certification cost? A: The fees for application and the examination will be set by the American Board of Optometry. However, in the projected model, the application fee would likely cost $200-250, while the examination would cost between $450 and $1,000. Additional expenses will vary depending on which Post-Graduate Educational Requirements are used to become eligible for the examination.

Q: Where can I find out information about the 150 points I need to take the examination? This exam, as I understand it, is not related to licensure.

A: The details on the model framework are available on the Web sites of many of the six organizational members of the Joint Board Certification Project Team, including the AOA Web site at www.aoa.org/fb/jbcpt.xml. Any link between board certification and licensure is strongly opposed by the JBCPT.

Q: The materials in the PowerPoint presentation stated that 150 points were required during each three-year cycle. All three stages now require two Self-Assessment Modules (SAMs) and one Performance in Practice (PPP). This would give 80 points for the modules. Given that 50 percent of the 150 points has to be from Category I, wouldn’t the minimum number of points required actually be 155? If 150 points are required and the required SAMs and PPPs equal 80 points, does

See Questions, page 7
OD's urging, persistence leads Hormel to expand eye care benefits

Thousands of Hormel Foods employees are now covered under their company health plan for a full range of eye and vision care in optometric practices, according to the AOA Third Party Center.

Hormel and labor representatives agreed to expand employee access to eye care under terms of a 2007 labor contract, largely as the result of efforts by a local optometrist in the company’s headquarters city, Austin, Minn., practitioner Jeffrey Anderson, O.D., said he began lobbying company officials several years ago in an effort to make covered eye care more easily accessible to his patients—many of whom are Hormel employees.

“Hormel’s health plan is an employer-funded, ERISA-qualified health plan, meaning that it must obey national rules only, and that state freedom of choice laws do not apply to them,” said Charles Brownlow, O.D., associate director for the AOA Third Party Center.

Employee Retirement Income Security Act (ERISA)-qualified plans can limit coverage of health care services to limited panels of providers, even excluding whole classes of providers.

In Hormel’s case, their plan required that patients see MDs for any medical eye care in order to receive reimbursement, effectively leaving Hormel employees the option to change eye doctors or to continue seeing their optometrist and pay for the care themselves.

The subsequent eye care benefits changes were included in a labor agreement that covers workers at a number of other Hormel facilities. As a result, the company’s new eye care benefits package also increased access to care for workers in company plants throughout the upper Midwest.

“These plants are located in small towns where there are optometrists,” noted James Meffert-Nelson, executive director of the Minnesota Optometric Association, who also took part in meetings with Hormel. Previously, the company had “an old-style eye care benefit description that was ‘MD-only.’” Meffert-Nelson said.

Dr. Anderson began approaching company officials about coverage for his eye care services almost four years ago after noticing how many of his patients had to pay out-of-pocket for treatment of ocular allergy, foreign body removal or other eye care services. About 20 percent of the Austin area population is covered under the Hormel health plan, he noted.

Company officials expressed little interest in covering eye care by optometrists when first approached by Dr. Anderson.

“They felt optometrists provided eyeglasses and there was no reason to change (their health care plan),” Minn., practitioner Gareth Hatay, O.D., noted. However, the Hormel human relations department eventually became an enthusiastic proponent. Dr. Anderson notes. He credits an improved understanding of the benefits of optometric eye care on the part of company officials and a demonstration of interest among company employees.

Coverage for optometric eye care gained support among the company management in mid-2007, following a presentation by Dr. Anderson and fellow Austin, Minn., practitioners hatay. Dr. Anderson and Dr. Hatay, was based on the AOA Managed Care Meeting Tool Kit. The kit was developed as part of the AOA Third Party Center’s Managed Care Marketing Initiative, under which center personnel and representatives of Aon Consulting, one of the world’s largest benefit management firms, provide presentations on the advantages of optometric eye care to executives at some of the nation’s largest employers.

Complete with a PowerPoint presentation, the kit allows AOA member optometrists provide the same type of presentation to health plan benefit managers at local employers, notes Dr. Brownlow.

“The changes at Hormel demonstrate that optometrists can change the coverage polices of local employer health programs, through contacts with the employer, enlisting the help of affected patients, and above all, patience and persistence,”

In this case, changing the coverage policy of a local employer effectively resulted in regional and national benefits to optometrists and their patients,” noted Mark Hennen, O.D., chair of the AOA Third Party Center.

He predicts that efforts to change the coverage polices of major national employers will increasingly require local efforts by optometrists in towns where those employers have offices or manufacturing plants.

“This is a good example of a joint effort by the AOA, a state optometric association, and local optometrists,” said Greg Kraupa, O.D., the AOA Third Party Center’s Minnesota liaison.

For information on the AOA Managed Care Meeting Tool Kit, contact Dr. Brownlow at cbrownlow@aoa.org.

Questions, from page 6

the 50 percent rule still apply? If so, it seems to me that the total number of points required would actually be 80. I guess I’m trying to answer the question that will be asked by my members: “How many hours of CE will I need along with completion of the SAMs and the PPM?” Is the answer 75 or 70? A: The total number of points needed in each Maintenance of Certification three-year stage is 150 points. SAMs and PPMs are not considered as CE will I need along with completion of the SAMs and the PPM? Is the answer 75 or 70?

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**Red Flags**, from page 1

living in these communities have limited access to many primary health care services due to financial, geographic, cultural or language barriers. Yet, according to a 2008 report by the George Washington University School of Public Health and Health Services, only 11 percent of community health centers nationwide have full-time eye care professionals on staff and less than one-third (30 percent) even offer any on-site vision services. This study recognizes the lack of access to eye care services through community health centers in rural and low-income communities as a "major public health crisis in America."

In addition to the AOA, H.R. 1884 is also supported by the National Association of Community Health Centers, the National Rural Health Association, the National Commission on Vision and Health, Prevent Blindness America, the American Optometric Student Association and the Association of Schools and Colleges of Optometry. While H.R. 1884 garnered significant support on Capitol Hill in the 110th Congress, an even greater number of congressional co-sponsors will be needed for H.R. 1884 to be considered a priority in the 111th Congress.

Concerned doctors and optometry students are urged to visit the AOA Online Legislative Action Center, www.aao.org/DoctorCenter, to immediately contact their senators and representatives and urge them to make healthy vision a top priority by expanding access to eye and vision care in communities that need it most.

**The FTC suggests checking all photo IDs and notifying authorities when identity theft is suspected.**

by care that could be intended for someone else.

The regulations took effect on Nov. 1, 2008, but the FTC and other financial regulators decided not to enforce the rule until May 1, 2009.

The key question was whether a doctor is a "creditor" subject to the rule.

The FTC asserts that doctors’ offices are subject to the rule because they regularly bill patients (the patient, public payers, or third-party payers) for items and services after the patient receives the item or service. The typical practice of sending a bill to an insurance company is emblematic of this process. Even though state and federal law often requires doctors to bill an insurer before billing the patient, the FTC claimed that the rule still applied.

All optometrists should do an assessment of their practice to determine if they are covered by this regulation. If the practice is subject to the rule, then the practice should develop a written program following guidance from the AOA, FTC, or other reputable sources.

The rule requires many businesses and organizations to implement a written Identity Theft Prevention Program designed to detect the warning signs – or "red flags" – of identity theft in their day-to-day operations, take steps to prevent the crime, and mitigate the damage it inflicts. By identifying potential red flags in advance, businesses will presumably be better equipped to spot suspicious patterns when they actually arise and to take steps to prevent potential identity theft from escalating. A senior-level employee should approve the program.

The Red Flags rule picks up where privacy and security laws such as HIPAA leaves off. It seeks to prevent identity theft by ensuring that a practice, or any entity that deals in an account with a practice, is better equipped to spot suspicious patterns when they actually arise and to take steps to prevent potential identity theft from escalating. A senior-level employee should approve the program.

The FTC requires an Identity Theft Prevention Program to include four basic elements:

- Identify the "red flags" of identity theft that a practice may run across in day-to-day operations. Red flags are suspicious patterns or practices that indicate the possibility of identity theft. For example, if a patient has to provide some form of identification to open an account with a practice, an ID that looks like it might be fake could be a "red flag."
- Detect actual examples of red flags in areas that were identified as a risk for the practice. For example, if you have identified fake IDs as a red flag, then you must have reasonable procedures in place to detect possible fake, forged, or altered identification.
- Take appropriate action when you detect red flags. This may include verifying someone’s identity before providing services or contacting local or federal officials about the red flag that was spotted.
- Re-evaluate your program periodically to reflect new risks from identity theft.

The FTC suggested in a letter to the physician community that compliance with the rule should not be a large burden for most medical practices that have only a low risk of identity theft. As an example, the FTC suggested checking photo identification at the time services are sought and having procedures in place when identity theft is suspected.

Procedures could include notifying law enforcement, ceasing collection of a debt from the theft victim, or separating the third’s medical information from the victim’s.

The written program is supposed to be a reasonable response to the types and risks of identity theft in your practice. Optometrists should incorporate their program into the daily operations of the practice, including staff training. A senior employee should be responsible for the development and oversight of the program, including periodic reports on its activities. See http://www.ftc.gov/bcp/edu/microsites/redi.htm for more information about compliance from the FTC.
American Board of Optometry (ABO)
Initial Board Certification Process

The Joint Board Certification Project Team (JBCPT) made several changes and clarifications to the proposed model, as recently as March 23 and 31 via WebEx meetings.

The revisions follow several months of comment by the profession, and members of the AOA and the JBCPT stress that comments are continually being evaluated and in some cases, considered for inclusion. The full model, as it now stands, follows.

The change that would affect all optometrists intending to become board certified is the creation of a new designation: board eligible.

The designation responds to concerns that new practitioners, or those on the path to certification, would have no way of indicating to the public or third parties their seriousness about the credential.

To be classified as board eligible, a candidate for board certification would submit the eligibility application, application fee, and evidence of the following initial qualifying requirements:

- Graduate of school or college of optometry accredited by the Accreditation Council onOptometric Education (ACOE).
- Possession of an active license to practice therapeutic optometry in a state, District of Columbia, U.S. Commonwealth or territory.
- Clearance of search of National Practitioner Data Bank (NPDB) and Health Care Integrity and Protection Data Bank (HIPDB).
- Statement of adherence to American Board of Optometry Code of Ethics.

Upon confirmation of the requirements, the American Board of Optometry (ABO) would confer that the candidate is board eligible for a period of one year.

Candidates could renew their board-eligible status for up to three years total by submitting proof of completion of 50 points progress toward completion of the Post-Graduate Educational Requirements by the end of each year of board eligibility.

The Post-Graduate Educational Requirements of 150 points would remain unchanged.

A board-eligible optometrist should pass the Board Certification Examination within 12 months of completing all 150 points and submitting an application for the Board Certification Examination.

In addition to approving the new designation, members of the JBCPT voted to alter the composition and governance of the proposed American Board of Optometry:

- Under the new plan, the American Academy of Optometry (AAO), the Association of Regulatory Boards of Optometry (ARBO) and the Association of Schools and Colleges of Optometry (ASCO) would each have one member on the board.
- The AOA would have two members, reflecting a frequently stated desire of optometrists that practicing ODs have a meaningful voice on the new organization.
- A practitioner initially licensed less than five years would represent the American Optometric Student Association.
- There would be a member of the public on the board, reflecting the importance of ensuring quality care and education that the board would place on its work.

In earlier drafts of the model, the American Board of Optometry had a representative of the National Board of Examiners in Optometry.

At AOA affiliate and regional meetings, there were some concerns voiced that the NBEO representative, serving on behalf of a test-creating and administering organization, could have conflicts when the board selects testing vendors or evaluates proposals. Two additional changes were made to the model:

- Members of the Board of Optometry would serve a maximum of two three-year terms, with staggered initial appointments.
- Also, after the initial board is appointed, subsequent appointments would be selected from three persons nominated by the sponsoring organization for each available position on the board.

Step One: Initial Application to the American Board of Optometry

A Candidate for Board Certification must submit the Eligibility Application, Application Fee, and evidence of the following Initial Qualifying Requirements:

- Graduate of school or college of optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- Possession of an active license to practice therapeutic optometry in a state, District of Columbia, U.S. Commonwealth or territory.
- Clearance of search of National Practitioner Data Bank (NPDB) & Health Care Integrity and Protection Data Bank (HIPDB).
- Statement of adherence to American Board of Optometry Code of Ethics.

Upon confirmation of the requirements, the American Board of Optometry will confer that the candidate is board eligible for a period of one year. Candidates may renew their board-eligible status for up to three years total by submitting proof of completion of 50 points' progress toward completion of Post-Graduate Educational Requirements by the end of each year of board eligibility.

Step Two: Application for the Board Certification Examination

A board-eligible optometrist must submit the Certification Application and evidence of the completion within the previous three years of the following:

- Licensure and Educational Requirements:
  - Three years active license general requirement waived.
  - 50 points of Post-Graduate Educational Requirements.

Post-Graduate Educational Requirements:

- A minimum of 150 points after initial licensure establishes eligibility for the examination. These must be attained within the three years immediately prior to the examination and can be attained by the following experiences:
  1. Residency Certificate of Completion of an ACOE-accredited optometry residency is worth 150 points toward the requirement if within three years completion of the residency, or 100 points if between three and 10 years completion of the residency.
  2. Fellowship in the American Academy of Optometry: Certificate of Fellowship (Clinical) in the American Academy of Optometry (AAO) is worth 50 points toward the requirement if within 10 years of completion of Fellowship.
  3. Other: Category I Education: A Minimum of 50 percent of points must be Category I.
     - Continuing education conferences, meetings or workshops carrying ABO-authorized credit (such as state, District of Columbia, U.S. Commonwealth or territory board-approved or COPE-approved credit).
     - Continuing Education with the Examination, CEE, is acceptable but not required.
     - Category II Education: A maximum of 50 percent of points can be Category II. A maximum of 20 percent of the total points can be from any lettered sub-category.

- Educational activities (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the ACOE, and medical schools approved by the Liaison Committee on Medical Education (LCME).
- Distance-learning courses, both interactive and non-interactive, with examinations that qualify for ABO-authorized credit (such as state, District of Columbia, U.S. Commonwealth or territory board-approved or COPE-approved credit) upon completion.
- Educational or scientific portions of hospital meetings, local optometric or medical society meetings, or grand rounds not approved by COPE or the state board.
- ABO-authorized performance in practice activities (other than Self-Assessment Modules [SAMS] or Performance-in-Practice Modules [PPM]) such as Web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.
- An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education, that is designed to enhance a participant’s instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.
- Scholarly activities.
  - Members of teams who develop assessment tools, including SAM and PPM measures, knowledge development for initial and
care arena are approaching rapidly. The Medicare PQRI and Pay-for-Performance initiatives to me are the writing on the wall. Optometry must position itself so that our profession can effectively evade any discrimination based solely upon the degree that hangs on our walls.

3. Family practice established a board certification process that initially consisted of a testing process akin to, but not entirely equal to, that presented by JBCPT. The process led to the development of family practice residencies.

4. The purpose of the task at hand is to protect our profession with the development of a defensible board certification process. The profession is still, and will remain, a legislatively protected profession.

5. I do not believe that board certification will remain voluntary for an extended period of time. The profession is evolving, health care is evolving, and this is part of an evolutionary process. As the adage says, “the one constant is change.”

The coup de grâce for my opposition to optometric board certification came in March 2009. The South Carolina Medical Association testified against South Carolina House Bill 3303. In their testimony, numerous physicians stated that optometrists “are not board certified” and do not have a method in place for “maintenance of certification.” These words still ring poignantly in my ears and are the unequivocal reason that I am a proponent for board certification. This was the first instance in which board certification had been an issue during expansion of scope legislation. The issue is out there now, and it must be dealt with.

The JBCPT model is not a panacea for our profession. I submit that while I agree to a host of issues facing our profession, with the current political climate it would be a grave mistake to not move forward with board certification.

Each and every one of us has a lot at stake at the 2009 House of Delegates. I encourage all optometrists, be they AOA members or not, to learn as much about the board certification model so that they can make a thoughtful and educated decision regarding the process. This is our profession and we own it. Please educate yourself entirely on the pros and cons of this hotly debated issue and discuss your concerns with the association’s leadership. It was this openness of conversation that lead me to conversion from opposition to proponent for BC.

Cordially,
Brent E. Shelley, O.D.
Las Cruces, N.M.

I have heard that membership in the AOA could drop due to the outcome of this vote and this subject could fracture our profession. When coming out of school I was told by senior optometrists that I have to respect what other optometrists have done before me and the challenges they faced to create the profession into what it is today.

Will the next generation respect us if we lose the scope of practice others have worked to secure and limit their income within the profession? With stratified reimbursement rates from third-party payers on our walls.

As much about the board certification model so that they can make a thoughtful and educated decision regarding the process. This is our profession and we own it. Please educate yourself entirely on the pros and cons of this hotly debated issue and discuss your concerns with the association’s leadership. It was this openness of conversation that lead me to conversion from opposition to proponent for BC.

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Brent E. Shelley, O.D.
Las Cruces, N.M.

Board certification: To be or not to be

Editor:
Throughout the board certification debate, as an optometrist and business owner I have had to collect information, comprehend opinions and formulate a stance on this highly debated issue. What seems to be the glaring, overriding point is that we all need to do what is best for the profession and not for the individual.

Individuals can adapt to the system put in place. Who determines what is best for our profession one might ask? I am under the impression that my American Optometric Association and Minnesota Optometric Association dues are my commitment to preserving the profession of optometry, my way of life and allowing for the next generation of optometrists to practice with their full scope of abilities.

The scope of our practice has evolved to include diagnostic and therapeutic agents, oral medications, and minor surgical procedures. We should support our elected officials to represent our opinions and goals for our profession in the Joint Board Certification Project Team (JBCPT).

Board certification provides an increase in clinical depth understanding of a certification. An opinion on board certification

Editor:
Within the last two years, I have read with great zeal several articles in the AOA News and Primary Care Optometry News written by Randolph Brooks, O.D. of Ledgewood, N.J.; John McCall, O.D., of Crockett, Texas, and more recently Jeffrey Weaver, O.D., of the JBCPT regarding the need for a board certification in optometry. This movement, which was spearheaded by these optometrists, began long before the new Obama presidential administration and thus was a decision solely from a faction of ODs and not a recent presidential request from Washington, D.C.

The culmination of this proposal by this faction has resulted in the formation of the Joint Board Certification Project Team, which consists of representatives from all of the academic and political organizations of optometry.

Having been in private practice for 39 years, as well as a senior member of the optometry staff of Cedars-Sinai Medical Center in Los Angeles and, in addition, a lecturer, author and editor in neuro-ophthalmic disease and retinal degeneration with electro-physiological correlates, I wish to challenge the model for the board certification proposed by the JBCPT.

Instead of continuing the excellent ongoing approved continuing education courses given by the various optometric and ophthalmologic organizations and teaching institutions, and adding short take-home open-book self-assessment examinations of salient course information to be sent to the respective centers for pass/fail grading, the JBCPT has created a model of making the optometrist “jump through hoops” in the form of “busy work” so as to earn credit points (i.e., a giant “Easter egg hunt”). This newly formed organization advocates the following ways to earn additional credit points besides taking continuing education courses: earn a Master’s degree in clinical optometry, teach at a school of optometry, review manuscripts and publish manuscripts. For years I was personally involved in the latter two options. Although each of these recommendations does provide a more in-depth understanding of a certain area of concentration, I am not convinced that any of the above options actually provide an increase in clinical competence.

I strongly believe that the above items have been proven.

See Letters, page 12

Optometry must position itself so that our profession can effectively evade any discrimination based solely upon the degree that hangs on our walls.
New campus clubs ready students for practice management success

“Practice management clubs” or “private-practice clubs” have been established on 13 of the nation’s optometry school campuses to provide forums in which optometry students can begin to develop the business expertise necessary to negotiate entry into practice and then maintain a successful independent health care business.

In many respects, the new practice management clubs are not unlike the low vision, vision therapy, and other special interest organizations that are commonly found on optometry school campuses, according to Dana Beards, Vision Service Plan’s (VSP) director of university relations.

Except that instead of helping students develop clinical expertise, the management clubs are intended to assist students in developing the entrepreneurship and the practical management skills necessary to enter — and be successful in — a functioning health care business.

“Optometry schools necessarily emphasize clinical skills in their curricula, and that is as it should be,” adds Beards. The private practice clubs provide students an important opportunity to supplement the business training being offered in optometry school, he said.

Clubs have been formed at the Indiana University School of Optometry (IU), the Pacific University College of Optometry, the Southern California College of Optometry, the University of California – Berkeley School of Optometry, the University of Houston College of Optometry, the Northeastern State University- Oklahoma College of Optometry, the University of Missouri at St. Louis College of Optometry, the Illinois College of Optometry, the Southern College of Optometry, the Nova Southeastern University College of Optometry, the New England College of Optometry, the State University of New York State College of Optometry, and The Ohio State University College of Optometry. They have all established private practice or practice management clubs — most during the past two years, according to Beards.

VSP has been formally encouraging campus private practice clubs since 2007 with $1,000 annual grants and a guest speaker program.

The IU club had more than 150 dues-paying members signed on before the first meeting in August 2008 (plus the school’s entire fourth-year class for whom membership was free), according to club President Aaron McNulty and Vice President Ryan Gustas.

IU club attendance averages more than 80 students per meeting.

First or second-year students interested in forming private practice clubs can contact Beards at DanaBe@VSP.com.

(The Practice Strategies section of the April edition of Optometry: Journal of the American Optometric Association will be devoted largely to successful entry into optometric practice. In addition to “Entering practice during an economic downturn,” the section’s lead article, the issue will include a checklist for entering practice and a list of AOA resources greater in detail in the Practice Strategies section of a future edition of Optometry.)

Survey says

Optometry: Journal of the American Optometric Association strives to offer important peer-reviewed research topics, engaging editorials and reviews, and on-target strategies for helping your practice succeed.

To help us in our efforts, please take a few moments to fill out a brief survey.

Results will be used to help shape future content of Optometry, and ensure we are delivering information in a way that best suits your practice.


A hero to the AOA, Dr. Ernest H. Kiekenapp, O.D., at right, shakes the hand of catcher Henry “Hank” Gowdy at the dedication of Gowdy Field, Columbus, Ga., in 1925.

Dr. Kiekenapp faithfully served the AOA as secretary-treasurer from 1922-1957, more than 30 years.

A dedicated optometrist, poet, magician and accomplished whistler, “Kiek” was evidently also a baseball fan.

Gowdy was an honored 1914 World Series star and war hero.

He put fame and baseball aside to join the Army in 1917 and was the first Major League Baseball player to enlist during World War I.

Gowdy returned to a baseball career after wartime combat, again playing in World Series games.

When World War II broke out, Gowdy served in the Army again, as chief athletic officer, Fort Benning, Ga.

That is the location of “Gowdy Field,” dedicated on the day this photo was taken.

A hero to the AOA, Dr. Kiekenapp was surely proud to be on the field with hero Hank Gowdy.

We know the who, where and when of this photograph, but we don’t know the “why.” Can you help?

If you have information, contact Linda Draper, AOA Archives and Museum librarian, at LDraper@aoa.org or call 800-365-2219, ext. 4102.

AOA President Peter Kehoe, O.D., addresses a recent meeting of the Indiana University School of Optometry Private Practice Club.

for new optometrists and an introduction to third-party claim filing. Private practice clubs will be examined in greater detail in the Practice Strategies section of a future edition of Optometry.)

Low Vision University™

Low Vision University™ (LVU), an educational program developed by the AOA Low Vision Rehabilitation Section (LVR), provides primary care optometrists with the information needed to begin providing low vision rehabilitation in their practices to individuals with age-related vision loss. Low vision rehabilitation is a prescriptive treatment modality intended to maintain the use of residual vision. Low vision rehabilitation and nutritional supplements are the only nonsurgical treatments currently available for the majority of people with age-related vision loss.

Emmie Heath is sponsoring the LVU, a 1-hour educational program on Saturday, May 30, 2009, from 8:30 to 9:30 a.m. at the 22nd Annual Academy Awards Luncheon, held at the Polynesian Resort, Orlando, Fla. The Academy Awards luncheon is sold out. To register for the Low Vision University™, please contact the Financial Officers Association (FOA) at 616-451-2300, ext. 8000 or via email at info@foa.org.

Low Vision University™ is made possible by a generous educational grant from:

www.optometryjaoa.com
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posed by zealous academicians and clinicians at the helm, who are insulated from the reality of private practice. Optometrists must strive for clinical competency and not be treated as Boy Scouts pursuing tasks to give them “arrows” and badges in scouting recognition.

In addition, based on the JCBCPT model, the “playing field” would not be level if ODs participating in any of the above options would be given “extra credit” to be used in lieu of taking continuing education courses. As I advocated earlier in this rebuttal, the open book short self-assessment examination taken after each approved continuing education course should be stored in a data bank set up by the JCBCPT so as to monitor the testing results of each optometrist who is participating in this program.

At the end of the 10-year period, each optometrist who has received a passing grade for the total number of possible points shall become certified by this new board. My rationale for recommending short, open-book self-assessment examinations to be taken for credit and sent to the center offering the continuing education course is that there is a “fall off” of retaining new information learned in a course if notes and syllabi are not reviewed within a certain length of time (i.e., an inverse relationship).

Another way of paraphrasing this previous statement is to say that it is very difficult to review “cold notes.” Hence, immediate self-assessment study and examination would be my recommendation instead of waiting 10 years for a comprehensive board examination should a governmental mandate be authorized.

I challenge the opticometric zealots who have come “out of the closet” to “hold court” and create severe “experimental neurosis” amongst practicing optometrists. This faction has “missed the boat” on the purpose of clinical competency and should be returned to the “closet” forever with the closing of “Pandora’s Box.” In addition to my recommendation of continuing education courses with self-assessment examinations for credit, I also advocate instituting the program for advanced clinical skills, which has already been implemented in some states, but not California. This course involves the practical aspects of case analysis of the treatment and management of glaucoma, as well as the use of oral medications.

Upon completion of this course and subsequent examination, optometrists would then be able to implement these skills in their practices by having additional clinical privileges.

Although at the present time, no one knows what directive will come from the Obama administration regarding board certification for optometry, it has been my feeling for over two years and long prior to the election of our new president, that a master plan had been created by the faction of optometrists spearheaded by names cited in the beginning of this rebuttal. This plan was to have organizations such as the AOA, American Academy of Optometry, and the schools of optometry generate a significant amount of revenue from tuition that would be paid by ODs who plan to complete a formal board certification.

In closing, I believe that I have proposed a board certification model, which is exclusively completing continuing education courses and graded self-assessment examinations from approved optometric and ophthalmologic organizations and teaching institutions.

This approach should be sufficient to prove to governmental health care committees and insurance carriers that optometry can “come to the table” and be considered as the primary provider for eye care delivery systems in the new era of health care management.

Gary M. Lazarus, O.D., Ph.D.
Manhattan Beach, Calif.

The JCBCPT has created a model of making the optometrist “jump through hoops” in the form of “busy work” so as to earn credit points.

Process, from page 9

Maintenance of Certification (MOC) for optometrists, item developers for NBEO, members of graduate thesis committees or AAO oral examination committees.

Teaching health care students or health care professionals.

Review of manuscripts for publication in a peer-reviewed optometry, medical or scientific journal.

Publication of a clinical, review or research article in a peer-reviewed optometry, medical or scientific journal.

Category III Education (for Maintenance of Certification, not initial board certification)

A. Completion of SAMs and PPMs designed to enhance knowledge and skills significant to the practice of optometry.

Note: All points are subject to final approval of the American Board of Optometry.

Step Three: Completion of the Board Certification Examination

A board-eligible optometrist should pass the examination within 12 months of submitting the Application for the Board Certification Examination. Board Certification Examination

The examination is an Enhanced Patient Assessment and Management-like (PAM-like) examination(s) with areas of emphasis.

Possible examination topics:

Refractive status/ sensory Processes/ oculomotor

Ametropia

Ophthalmic optics

Contact lenses

Low vision

Binocular vision/ perceptual anomalies

Disease/ trauma:

- Lids/ lashes/ lacrimal system/ ocular adnexal/ orbit
- Conjunctival/ cornea/ refractive surgery
- Lens/ cataract/ IOL/ pre-and post-operative care
- Episclera/ sclera/ uvea
- Vitreous/ retina
- Optic nerve/ neuro-ophthalmic pathways
- Glaucoma
- Emergencies
- Systemic health

The candidates will choose three of the bulleted topics to weight their examination toward their areas of interest.

Upon successful completion of the board certification examination, the American Board of Optometry will confer board-certified status to the optometrist for a period of 10 years. (See American Board of Optometry Maintenance of Certification Process for details on renewal at www.certification.aoa.org.)

Call for Jr. Olympic volunteers to conduct vision evaluations

The AOA Sports Vision Section (SVS) will be conducting free vision evaluations July 30-Aug. 1 for athletes competing in the 2009 Amateur Athletic Union (AAU) Junior Olympic Games in Des Moines, Iowa, thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, cochaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it is an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multi-sport event conducted annually for youth in the United States.

More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 15 years. If you are interested in volunteering and would like more information, visit http://www.aoa.org/x6230.xml or contact the AOA SVS office at 800-365-2219, ext. 4136 or SVS@aoa.org.

Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses such as meals and accommodations.
Healthy Eyes Healthy People® grant supports Iowa student vision cards

The Iowa Optometric Association (IOA) retooled its student vision card and has increased its distribution fourfold with the help of a Healthy Eyes Healthy People® grant.

The original student vision card was developed about 20 years ago by the Iowa Affiliate of the American Foundation for Vision Awareness to educate parents about the importance of vision as it relates to learning and to encourage parents to have their children’s eyes examined prior to entering school.

Several years ago, the IOA was only distributing about 40,000 copies of the card. This year it has sent nearly 200,000.

The success of the student vision card was helped by the passage of Senate File 2251 – the Student Eye Care Act – during the 2008 legislative session. This law requires that the student vision card be placed in all preschool and kindergarten round-up packets for the 2009-2010 school year.

The card is produced and distributed by the IOA and approved by the Iowa Department of Education. In addition to the IOA, the other groups that are included on the card are: the Iowa Department of Education, the Iowa Department of Public Health, the Iowa Academy of Ophthalmology, the Iowa Parent Teacher Association and Prevent Blindness Iowa.

The card tells parents: “As a part of your back-to-school preparations, it is recommended that you take your child and this Card to your family eye doctor for a complete eye health examination.”

While it is not required that the child receive a comprehensive eye exam, this is a big step in educating parents on the importance of healthy eyes as it relates to their child’s ability to learn,” said Jill Gonder, IOA marketing consultant. “This new requirement has given the IOA the opportunity to open up dialogue with those preschools and schools who utilize a screening program but do not understand how a comprehensive eye exam differs from a vision card.

Making a difference in even one child’s life makes this project worthwhile to the children of the state of Iowa and makes the financial support received from the Healthy Eyes Healthy People® grants invaluable.

Parent Teacher Association and Prevent Blindness Iowa

The card is produced and distributed by the IOA and approved by the Iowa Department of Education. In addition to the IOA, the other groups that are included on the card are: the Iowa Department of Education, the Iowa Department of Public Health, the Iowa Academy of Ophthalmology, the Iowa Parent Teacher Association and Prevent Blindness Iowa.

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Healthy Eyes Healthy People® grant supports Iowa student vision cards

The costs incurred to print and distribute the cards to every pre-kindergarten and kindergarten child in the state is substantial. However, with the help of Healthy Eyes Healthy People® grants, the IOA was able to distribute student vision cards across the state.

“Thid helped garner the attention of lawmakers to show them the importance of vision as it relates to learning which facilitated the passage of Senate File 2251 – the Student Eye Care Act,” said Gonder. “Preliminary data indicate numerous children had not been seen by an eye doctor before and had refractive errors of greater than plus or minus 1.25, in addition to detecting several with amblyopia and strabismus. Making a difference in even one child’s life makes this project worthwhile to the children of the state of Iowa and makes the financial support received from the Healthy Eyes Healthy People® grants invaluable.”

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Build your basic knowledge base or bolster your practice management savvy. The New in Practice Series was designed especially for you! An ever-popular feature at Optometry’s Meeting®, these New in Practice sessions will be offered June 23-26, 2009, in Washington, D.C.

Register for one or more of the following sessions taught by expert practitioners and world-class lecturers.

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Function #0220 (Fee $50)

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You’ll learn how to:
» Develop your business plan and financial projections
» Evaluate leases and build-out options
» Develop a top-notch, highly efficient staff
» Avoid common pitfalls many new ODs face

To register or learn more, visit http://www.optometrysmexting.org/newpractice.html

The New in Practice Series
Information and insight to help your practice flourish!

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Bob Woodruff to Speak at the Opening General Session on Thursday, June 25

Once again, Essilor is the generous sponsor of the Opening General Session featuring keynote speaker Bob Woodruff, ABC’s Word News Tonight former co-anchor. Woodruff joined ABC News in 1996 and has covered major stories throughout the country and around the world for the network. He was named co-anchor of ABC’s World News Tonight in December 2005. On January 29, 2006, while reporting on U.S. and Iraqi security forces, Woodruff was seriously injured by a roadside bomb that struck his vehicle near Taji, Iraq. Woodruff continues outpatient rehabilitation in the New York area and has also returned to work at ABC News.

In February 2007, Bob Woodruff and his wife, Lee, released In an Instant: A Family’s Journey of Love, Courage, and Healing, their personal memoir about Bob’s recovery after his attack in Iraq and the medical and family support that helped him heal.

To register and learn more about Optometry’s Meeting®, visit www.optometristsmeeting.org

SPOTLIGHT ON AOA MEMBERS

OD travels to India to provide much-needed eye care for rural farmers

After his daughter began working with rural farmers on sustainable agriculture in India, Larry Kline, O.D., decided the farmers also needed some work with their eyes.

Last month, Dr. Kline, who practices at Eyecare Associates in Prospect, Conn., and his wife Nancy, a nurse practitioner for the Department of Veterans Affairs, joined their daughter Rebecca for two days of conducting eye exams in the rural village of Hubli.

The Klines, along with a few local volunteers, saw 225 patients over the course of the two days.

Most patients had never had an eye exam. Some farmers walked three hours to the clinic, waited for 14 hours to be seen, and then walked three hours back home.

“They came in the dark and left in the dark,” said Dr. Kline. But at least they could now see in the dark.

Thanks to contributions from Volunteer Optometric Services to Humanity (VOSH) and Lions Club International, Dr. Kline was able to provide hundreds of glasses, sunglasses and hats.

Alcon, Allergan and Bausch & Lomb pharmaceutical companies donated eye medications.

“Most of everything was gone at the end of the two days,” said Dr. Kline. “We ran out. But a few days later, we were able to buy more glasses while traveling, and my daughter brought them back to the village for those who needed them.”

Among the eye conditions diagnosed, Dr. Kline encountered undetected cataracts, glaucoma, diabetic and hypertensive retinopathy, pterygium, high myopia, hyperopia, presbyopia and astigmatism.

“Virtually all of them had red, irritated dry eyes,” said Dr. Kline. “It’s due to the dry, windy climate.”

The patient who stood out the most for Dr. Kline was the case of an overweight 11-year-old boy who never left his house.

“We were told that the only day he ever left his house was for this exam,” said Dr. Kline. “He was very nearsighted. And when we put glasses on him, he just came to life. People who knew him cried, and it was just a very dynamic moment.”

Dr. Kline also encountered a patient who required a prescription of -4.00D.

“We had to give her two pairs of -6.00D glasses to wear on top of each other until she could get to another doctor,” explained Dr. Kline.

After spending time in rural India, Dr. Kline visited parts of the rest of India.

“One cannot see all of India in one trip,” said Dr. Kline. “It’s huge. There are 1 billion people. It’s just fascinating. In the villages, there are goats and cows, and it’s very arid. In the cities, it’s like a bazaar. There are hundreds of thousands of people walking and driving. And there are more goats and cows walking along. It’s a circus.”

Dr. Kline also spent time at a yoga retreat and visited Gandhi’s house.

We are lucky as optometrists to bring our skills to rural, faraway places and change people’s lives.

As part of a mission trip to India, Dr. Kline explains an eye condition to an Indian volunteer who then translated the eye findings to the patient who is a farmer.

Dr. Kline’s daughter Rebecca looks on while he examines an older rural farmer with bilateral cataracts. Dr. Kline’s wife Nancy, a nurse practitioner, fits glasses with a volunteer in the background.

Editor’s note
AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.
Got a story to share?
Drop a line to TLOverton@aoa.org.
Industry Profile: Essilor

Essilor of America, Inc., a proud supporter and sponsor of the AOA, is the leading manufacturer and distributor of optical lenses and the first fully integrated optical company in the United States. Through Essilor Laboratories, Essilor specializes in ophthalmic lens production, manufacturing and distribution, and wholesale optical laboratory operations. Essilor is characterized as the world leader in ophthalmic optics through continued innovation, advances in lens technology, and industry-leading educational services.

In 2009, Essilor celebrates its longstanding history of innovation and partnership with eye care professionals (ECPs) through the 50th anniversary of Varilux lenses, the world’s first and most prescribed progressive eyeglass lens in the world.

This anniversary marks a definitive milestone for the optical industry, as we celebrate natural vision for presbyopes and continued advancements in the field of vision health.

The research that went into the development of the first progressive lens 50 years ago has served as the forerunner for innovation throughout the years, and Essilor is proud to still say that every four seconds another Varilux lens is prescribed, thanks to our continued partnerships with you and your colleagues around the world.

With the launch of Xperio® lenses, a new brand of advanced polarized lenses featuring industry-leading designs, materials and coatings that deliver superior visual performance and optimal comfort, Essilor delivers more than 35 unique polarized lens design and material combinations—more than six times the offering of the closest competitor. This new offering allows you to provide your patients with the widest range of polarized options available in the world.

Essilor continues to partner with you, the eye care professional, to provide a broad range of products that fit your patients’ lifestyles.

The industry’s most technologically advanced lenses—Varilux, Crizal®, Xperio, Delinity®, Thin&Lite®, Airwear® and Transitions® lenses—demonstrate Essilor’s commitment to the visual needs and habits of your patients. Essilor remains committed to empowering the eye care industry through comprehensive educational programs.

Programs such as ECP University were developed to help you effectively meet the unique needs of your practice and patients, ensuring quality practice management and success in all areas of your business.

Throughout the coming years, look for Essilor to provide even more comprehensive solutions to help the world see better, through continued innovation and product development, continuous partnering and the educational and training offerings to which Essilor is committed.

We thank you for your continued support of our business.

For more information, visit www.essilorusa.com.

Transitions unveils sunwear brand

Transitions Optical, Inc., unveiled plans to bring its photochromic technology to more consumers through increased focus on its sunwear business, unveiling a new product concept and the Transitions® SolFX™ sunless brand during the Transitions Championship, the official PGA Tour event held at Innisbrook Resort and Golf Club in Florida in March.

Unlike Transitions’ lenses, which are everyday lenses that are clear indoors and at night and darken outdoors in reaction to the sun, Transitions SolFX products are sunwear.

The lenses have an initial tint and then self-adjust outdoors with the sun, automatically changing level of darkness and even color to provide optimal vision in sun and shade, and eliminating the need to put on and take off sunglasses as light conditions change.

Available in prescription and non-prescription forms, Transitions SolFX sunlenses are specifically designed to help wearers look great, see better and perform at their best.

“Because traditional sunglasses are static and have only one level of darkness, consumers are often left with sunglasses that are too dark in low light conditions or not dark enough in bright light,” said Grady Lenski, director, Transitions Sunwear. “SolFX sunlenses shift seamlessly to offer the correct amount of darkness for outdoor activity to help improve consumers’ ability to see and to simplify their lives.”

Transitions Optical offers several types of sunlenses, previously marketed as Activated by Transitions®. These include multiple sunwear options from leading brands and a specialty lens to enhance vision while driving—called Drivewear® Transitions® SolFX™ lenses—offered by Younger Optics. These and all new Transitions sunwear products will begin carrying the Transitions SolFX brand.

To learn more, visit www.Transitions.com/Sunwear.

Announcing the release of SolFX lenses, from left, are Grady Lenski, director, Transitions Sunwear; Cathy Rauscher, associate brand manager, Global Marketing; Chris Baldy, Ph.D., manager of Photochromic Performance Testing; and Larry Lampert, O.D.
**Vistakon introduces multifocal Acuvue® Oasys™ CLs**

Vistakon®, Division of Johnson & Johnson Vision Care, Inc., announced plans to introduce Acuvue® Oasys™ Brand Contact Lenses for Presbyopia.

The lens, which is the first new multifocal contact lens from the makers of Acuvue® in 11 years, will be gradually introduced in some U.S. eye care professionals’ offices beginning in April, and distribution will grow throughout 2009.

“Acuvue® Oasys™ for Presbyopia combines new Stereo Precision Technology® optics with senofilcon A, the same silicone hydrogel material of Acuvue® Oasys™ and HydraClear™ Plus, the improved formulation of the unique HydraClear™ technology that combines high-performance base materials with a moisture-rich wetting agent.

“Current multifocal contact lenses have attempted to meet the needs of the entire population of presbyopes – former emmetropes, high add hyperopes and emerging/early myopes – with little success,” said Sheila Hickson-Currin, director, Medical Affairs, Vistakon. “As a result, doctors have seen extensive contact lens dropout despite the fact that research conducted on behalf of Vistakon® shows about nine out of 10 (89 percent) of wearers want to remain in contact lenses.”

“However, by focusing on the millions of emerging/early myopic contact lens wearers with a high commitment to remaining in contact lenses, Acuvue® Oasys™ for Presbyopia affords practitioners an opportunity to provide contact lens wearers experiencing presbyopia a better option for continued contact lens wear. The combination of senofilcon A with Stereo Precision Technology results in a comfortable lens that provides excellent balanced continuous vision from distance to near in an easy-to-fit soft contact lens,” she adds.

Stereo Precision Technology® is a unique optical approach to multifocal lens design and represents the positive design aspects of ring and aspheric lens designs, while minimizing the negative aspects such as ghost images and pupil dependence.

The resulting lens has a zonal aspheric front surface and an aspheric back surface, which work in combination and leverage the eyes natural depth of clear focus.

This optical approach offers emerging and early presbyopes balanced vision, near and far and in between with less dependence on illumination.

Acuvue® Oasys™ for Presbyopia reduces chair time per patient by eliminating guess work for the first fit or for a follow-up adjustment if one is required.

“Along with the lens we have developed a robust, clinically validated fit procedure to help doctors select the optical first lens pair and quickly determine if it is the optimal choice for the patient,” said Hickson-Currin. “Doctors who have been working with the lens report a 74 percent fit success in one fit and follow-up visit measured by both doctor approval and patient satisfaction with lens performance. More than eight out of 10 (83 percent) patients who were successfully fit reported Acuvue® Oasys™ for Presbyopia provides balanced near and distant vision throughout a wide range of daytime and evening activities involving varied lighting conditions.”

At launch, Acuvue® Oasys™ for Presbyopia will be available at distance parameters of -0.50D to -9.00D in 0.25D steps and near additions of “low” and “mid” to fit patients with measured near additions of +0.75D to +1.75D. Additional parameters will be introduced in the future.

Acuvue® Oasys™ for Presbyopia also blocks more than 96 percent of ultraviolet (UV) A rays and 99 percent of UVB rays, meeting the highest UV-blocking standards for contact lenses.

“Research suggests that the majority of contact lens wearers over age 30 are in old non-silicone hydrogel lenses,” said Hickson-Currin. “Acuvue® Oasys™ for Presbyopia offers doctors an opportunity to leverage patient commitment to staying in contact lenses well into their presbyopic years with new technology that benefits both patients and practices.”

For more information, visit www.jnjvisioncare.com.
Comedian Jeff Foxworthy will produce monumental laughs as the entertainment slated for Optometry’s Meeting® Presidential Celebration, Saturday, June 27 near Washington, D.C. After the 2009-2010 AOA Board of Trustees is introduced, attendees will welcome Foxworthy’s performance, sponsored by Hoyas.

Foxworthy is one of the most respected and successful comedians in the country. He is the largest-selling comedy recording artist in history, a multiple Grammy Award nominee, and best-selling author of more than 22 books.

Widely known for his redneck jokes, his act goes well beyond that to explore the humor in everyday family interactions and human nature with a style that has been compared to Mark Twain.

Foxworthy is currently hosting the hit FOX TV show “Are You Smarter than a 5th Grader?”

He was also the executive producer and starred in “Foxworthy’s Big Night Out” and “Blue Collar TV,” the television series he created for the now-defunct WB network.

In April 1999, “The Foxworthy Countdown,” a weekly syndicated three-hour radio show, debuted featuring Foxworthy offering Top 25 country music hits and interviews with stars.

The show is carried in more than 220 markets across the United States.

Foxworthy received a Country Music Awards nomination for Broadcast Personality of the Year in 2001.

Foxworthy has an HBO special and two Showtime specials to his credit.

He won a People’s Choice Award for Favorite Newcomer for his role on “The Jeff Foxworthy Show.”

Off-stage, Foxworthy dedicates time to the Duke University Children’s Hospital in Durham, N.C. The hospital specializes in treating children with cancer.

Foxworthy is the honorary chair of the Duke Children’s Classic Golf Tournament.

With Foxworthy’s help, the hospital raised more than $4 million in the past four years.

Foxworthy will perform at the Presidential Celebration on Saturday, June 27 at 7:45 p.m. for registered guests of Optometry’s Meeting®.

Register for event #0380.

Visit www.optometrymeeting.org to register for Optometry’s Meeting®.

The deadline for advance registration is May 29.

The rate for continuing education courses will increase from $35 to $40 after that date so be sure to register as soon as possible to ensure the best rate.

Comedian Jeff Foxworthy is slated to entertain attendees as part of the Presidential Celebration at the 2009 Optometry’s Meeting®. Optometry’s Meeting® will convene at the Gaylord National® Resort & Convention Center, just outside of Washington, D.C., from June 24-28.

India, from page 15

“I loved India because of the color—the clothes, rugs, spices,” he said. “And the people were lovely and kind and smiling. It was a great experience.”

When Dr. Kline returned to the states, he received an e-mail from his daughter relaying the words of one of the volunteers: “You were here for a few days, but your impact will be forever.”

“We are lucky as optometrists to bring our skills to rural, faraway places and change people’s lives,” said Dr. Kline. “We can give them vision or save their vision. You can do this day-to-day with those around you, but the opportunity with VOSH to go around the world is a very dramatic change.”

Dr. Kline has also participated in mission trips to Guatemala as part of a VOSH group led by Doug Villella, O.D., and to Lesotho, Africa, where his daughter Rachel was in the Peace Corps.

The Indian village leaders conducted a ceremonial honor of appreciation to the Klines for providing first-time eye care to the villagers.

Dr. Kline’s daughter Rebecca assists with a rural farm woman about to have a glaucoma test. An Indian volunteer translates English into the woman’s native dialect.

Dr. Kline poses with a -13.00D myopic farmer who is getting her first look of the world while wearing her first myopic correction lenses. She is using two high minus pairs of spectacles in combination.

The AOAN Board of Trustees is scheduled for Optometry’s Meeting® in Washington D.C. from June 24-28. The weekend will begin with the President’s Scholarship Breakfast on June 27.
MEETINGS

May

OPHTHALMIC EXTENSION PROGRAM 2009 EASTERN STATES CONFERENCE May 16-17, 2009 Crowne Plaza, White Plains, New York Theresa Kepi 800/447-0370

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & TESCA REVIEW PHOTODOCUMENTATION IN MEDICAL EYE CARE May 26, 2009 Tiffany Drive, 9010 Roosevelt Blvd, Philadelphia, PA 19113 Richard H. Sterling, O.D. 267/474-3190 ranel7@comcast.net www.philaoptometry.org

BRITISH CONTACT LENS ASSOCIATION 2009 CLINICAL CONFERENCE AND EXHIBITION May 28-31, 2009 Manchester, United Kingdom +44 (0)20 7580 6660 Fax: +44 (0)20 7580 6669 corbl@blca.org www.blca.org.uk

PRINCIPAL CHAMPION CLASSIC CHAMPIONS TOUR LOW VISION UNIVERSITY® Sponsored by Kemin Health, Glen Oaks Country Club, West Des Moines, Iowa, May 30, 2009 Alisa Kroot 805/565-2219 atn. 4137GKroot@aao.org

June

GEORGIA OPTOMETRIC ASSOCIATION 105TH ANNUAL MEETING June 4-7, 2009 Amelia Island Plantation Vanessa Grasso 800/949-0060 Fax: 770/961-9965 vanessa.grasso@aol.com www.goa.org

UTAH OPTOMETRIC ASSOCIATION 2009 ANNUAL CONGRESS June 4-7, 2009 Zermatt Resort, Midway, Utah Clive Watson www.utahoptdoc.org

OPTOMETRIC EXTENSION PROGRAM: CONFERENCE ON CLINICAL AND THEORETICAL OPTOMETRY (JCTCO) June 4, 2009 Pacific University, Forest Grove, Oregon, Sally Corngold 503/250-8070 scorngold@pacificu.org

OPTOMETRIC EXTENSION PROGRAM: JI/VERIFY RELATING VISUAL PROBLEMS (VI 2) JOP CLINICAL CURRICULUM June 4, 2009 Baltimore, Maryland Therese Kepi 800/447-0370

MISSISSIPPI OPTOMETRIC ASSOCIATION 2009 SUMMER CONFERENCE June 5-6, 2009 Pearl River Resort, Philadelphia, Mississippi Linda Ross Alby 601/853-4407 FAX: 601/853-4404 mosmtalent@aol.com www.missao.org


NORTHERN MISSISSIPPI UNIVERSITY, OXFORD COLLEGE OF OPTOMETRY 16TH ANNUAL EYE EXHIBITION UPDATE June 5, 2009 Chapel on the Lake in, MO Lisa McCormic 918/444-3033 mcmcssc98@aol.com

OPTOMETRIC EXTENSION PROGRAM: JI/VERIFY RELATING VISUAL PROBLEMS (VI 2) JOP CLINICAL CURRICULUM June 4, 2009 Baltimore, Maryland Therese Kepi 800/447-0370

VIRGINIA OPTOMETRIC ASSOCIATION 107TH ANNUAL CONVENTION, MIDWEST ATLANTIC CONTINUING EDUCATION CONFERENCE AND PARAPROFESSIONAL EDUCATION CONFERENCE June 6-7, 2009 Williamsburg Lodge, Williamsburg, Virginia Jerry Nadich, O.D. 804/353-9137 pncdr@aol.com www.voieyedocs.org

ALASKA OPTOMETRIC ASSOCIATION 2009 ANNUAL CONGRESS June 11-14, 2009 Best Western Kodiak Inn, Kodiak, Alaska Tracy Oman 907/770-3777 Fax: 907/727-5732 alaska@alkasam.org www.alkasam.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL MEETING June 11-14, 2009 The Homestead Resort 304/250-0262 www.wvaoa.com

NORTH CAROLINA STATE OPTOMETRIC 2009 ANNUAL SPRING CONGRESS June 11-14, 2009 Myrtle Beach, South Carolina Sue Gardner 252/230-7167 susct@nceyes.org

NORTH CAROLINA STATE OPTOMETRIC ASSOCIATION 2009 ANNUAL SPRING CONGRESS June 11-14, 2009 Myrtle Beach, South Carolina Sue Gardner 252/230-7167 susct@nceyes.org

OPTOMETRIC EXTENSION PROGRAM THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE JOP CLINICAL CURRICULUM July 11-15, Nebraska, Theresa Kepi 800/447-0370

July

JAMAICA OPTOMETRIC CRUISE SEMINAR July 4-11, 2009 Hawaii (Joint with the NCL Prize of America) 888/638-6009 aoauisc@aol.com www.optometriccruiseseminars.com

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TROPICAL CE BAHAMAS July 5-12, 2009 Atoll Paradise Island Steve Christ 281/808-5763 John Ogden 281/900-8493 www.TopicalCE.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION Annual Golf outing July 10, 2009. Havens Golf Club, Bismarck, North Dakota Nancy Kopp or Tracy Thomas 701/258-6766 or 877/653-2026 FAX: 701/258-9005 email: nko@ndotab.net

NORTHERN ROCKIES OPTOMETRIC CONFERENCE July 17-21, 2009 Snow King Conference Center Jackson Hole, WY Dan Low, CAE www.NRCONC.org Ph: 307/637-7257

POA ANNUAL CONVENTION July 23-26, 2009 Fontainebleau, Miami Beach www.fiordisayes.org

SACRAMENTO VALLEY OPTOMETRIC SOCIETY Tahoe Seminar July 24-25, 2009 Embassy Suites Resort, South Lake Tahoe, California 916/447-0270 jennyus@aoa.org www.svs.info


To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

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Fax: 239-481-3739
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Jeff Foxworthy Live at the Presidential Celebration on Saturday, June 27

HOYA returns as the generous sponsor of the Presidential Celebration where Optometry’s Meeting* attendees will be entertained by game show host and king of redneck comedy, Jeff Foxworthy – one of the most respected and successful comedians in the country. He is the largest selling comedy-recording artist in history, a multiple Grammy Award nominee, and best selling author of more than 22 books. Foxworthy is currently hosting the hit show *Are You Smarter Than A 5th Grader?*, which airs on FOX. Foxworthy also starred in and executive produced the television series, *Blue Collar TV*, which he created for the WB network.

Immediately following Foxworthy’s performance, attendees will enjoy a dessert reception and private fireworks display over the Potomac River.

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