A Comprehensive View of Professional Optometry in California Today

Feature Article
Young at Heart: Making Your Office Kid-Friendly

CE@Home
Is UV Good or Bad?

Special Report II
OptoWest 2010 in Review
View All Of Your Patient Images In One Place
A comprehensive view of professional optometry in California today.

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LESSTONS IN CiViCS

On Friday, May 7, 2010, President Obama signed HR 4360 designating the Department of Veterans Affairs blind rehabilitation center in Long Beach, CA, as the “Major Charles Robert Soltes, Jr., OD, Department of Veterans Affairs Blind Rehabilitation Center.” I never thought that a chance meeting with David Danielson at the AOA Advocacy meeting in 2009 would have resulted with his dedication, along with the Blind Veterans Association, to see this bill to completion. In my head I’m hearing, “I’m just a bill. Yes, I’m only a bill. And I’m sitting here, on Capitol Hill,” from the “Schoolhouse Rock” series. Orange County Optometric Society (OCOS) president Dr. Sally Dang went to Washington, DC, to lobby for the enactment of this bill to honor her husband who was killed in Iraq in 2004. From this bill we learned the meaning of the term “it takes an act of Congress.” It has been a lesson in civics for all of us to get every representative in California to sponsor the bill and watch it move through the House of Representatives, then into the Senate, and finally on to the President. You can watch the moving introduction of the bill in the House by optometrist and Arkansas Representative Dr. John Boozman on YouTube at www.youtube.com/watch?v=XckkuLM3OeM.

This year has been a culmination of fabulous opportunities to interact with enthusiastic optometrists, optometry students, and pre-optometry students. Earlier this year, Immediate Past President Dr. Hilary Hawthorne sponsored a dessert reception for the Executive Director of the Minnesota Optometric Association Jim Meffert. He is running for the 3rd Congressional District in Minnesota. In March, AOA Keypersons attended the AOA advocacy meeting where California ODs and optometry students met with legislators on Capitol Hill. The experience was exhausting, but well worth it. On the way home I was fortunate to travel back with UCBSO students and a SCCO student (who also serves as the AOSA president). The students noted a pin on a gentleman sitting in the last row of the plane and recognized it as one that a congressman would wear. Upon hearing that this gentleman was a congressman from Texas, they proceeded to gather their papers and provide him with optometry’s message that they had been speaking to their own legislators about earlier that day. I observed some of the same individuals, plus many more, at COA’s Keyperson Day in Sacramento. We had the opportunity to go on to the House and Senate floors and snap group photos with our legislators. Our own COA member, Dr. Ed Hernandez, allowed us to use his office as a gathering place between meetings.

Each of us makes a difference in the way government works. As optometrists, we are uniquely positioned to promote the optometric message and generate greater support for the profession’s role in health care. An effective way we can achieve this is by making campaign contributions within the state (e.g., Dr. Ed Hernandez is running for State Senate, www.edhernandez4senate.com) or federally (e.g., Dr. John Boozman is running for U.S. Senate, www.boozmanforarkansas.com and Jim Meffert is running for the House, www.jimmeffert.com). You may not live in their district or state or share the same party affiliation, however, they share the same interest for optometry that you do. I would also ask that you check your billing statements to see if you are maximizing your contributions to the Local Society Political Action Committee (LSCOA PAC) and Cal OPAC. If you have any questions or would like to contribute, contact the COA offices at 800-877-5738. I would also encourage you to make PAC contributions to the AOA at www.aoa.org. Lastly, take every opportunity with your family, friends and even patients to spread the message of optometry. We are all part of the process and can make a difference.
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BOARD OF TRUSTEES MEETING HIGHLIGHTS

On March 31, 2010, the Board of Trustees had a conference call, in conjunction with the COA Legislation and Regulation Committee, to discuss COA Keyperson Day and SB 1406. No motions were taken during the call.

And on April 7, 2010, the Board of Trustees had a meeting at the Hyatt Grand Champions Resort in Indian Wells, CA. The Board discussed a number of issues and topics, with motions:

- To approve the reimbursement of the $125.00 registration fee to members who are selected to serve as COA Delegates to the 2010 AOA Congress, provided that they attend all sessions of the House of Delegates.
- To direct the COA Education and Professional Practice Committee to evaluate a location and timing for AOA’s Electronic Health Records Preparedness Program.

The next meeting of the COA Board of Trustees was scheduled to take place on May 6-7, 2010, at the Courtyard Marriott in Sacramento, CA.

2010 COA Board of Trustees

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The Metro-Seg translating lens is designed for patients that demand ultra crisp distance and near vision. Crescent-shaped add zones provide the Metro-Seg with unique performance features to satisfy the most demanding vision requirements. The numbers couldn’t be clearer, 40% of the patients that walk through the average Eye Care Practitioner’s door are in the age range for presbyopia. Having a GP translating lens design that you can rely on is fundamental to success.

Metro-Seg’s unique performance qualities:
- Ultra Crisp Vision at all focal depths
- Unlimited Add Power
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Start with the best, forget the rest, and achieve success!

Metro Optics…Always Ahead of the Curve
Summer is always the time that I look back on the school year. The natural sequence of things is that the college of optometry graduates a class, my daughters finish the school year, and summer commences in earnest. Summer allows reflective time to view the events and accomplishments of the year, and to spend a moment of thanks on the tiny victories. The moments that stand out to me are related to the teachers and the projects that made a significant impact in the lives of my kids, or to the students who took the time to express the part that I played in their formation as new optometrists. It’s these glimpses of the role that teachers and mentors can have on the life of another that are so treasured.

Looking back on my own life and the role of mentors and teachers, there are some amazing examples that have formed who and what I am as a teacher and optometrist. Going back to first grade, I remember the compassion and patience that Mrs. Abbey had when I threw up on her feet in the reading circle. She held me close to her and let me sit by her desk until my mom came to pick me up. Thanks Mrs. Abbey for teaching me to be patient and show compassion to students who are hard to love.

I recall my high school biology and English teachers who constantly pushed me to do more and be more. They asked me not to settle for satisfactory but always to push for the far limits of my capabilities. They knew when I wasn’t giving it my all, and they never let me get away with it. They shared stories with me about their own lives. They told how effort or lack of effort had been a turning point in their lives. Thanks Mr. Mishkin and Mr. Adamowski for trusting me with the secrets of your lives and never letting me slide to the middle. Those lessons have benefitted my life. They helped me create a style and legacy that I use with students at the college now. I am sure that it is not a coincidence that I majored in biology and English in college.

Thanks Jerry Silverman for not letting me act helpless in contact lens clinic when I had to fit a patient for the first time with a bitoric rigid lens. You never gave me the answers and never enabled my lack of confidence. You deftly guided me to design that lens myself and stood by me on my decisions. You made me defend the choices that I made. You were really hard on me and it was one of the best educational experiences I ever had. This experience has definitely led me to be not a fan of “helpless” in students. Our job is to help them select the right tool and use it safely. Thanks Jerry Silverman for showing me a guided, supportive style of clinical teaching.

At a national research symposium, I can see Karla Zadnik taking the podium two days after giving birth to her second child to make a major research presentation. Thanks Karla for showing me resilience, composure and professionalism when everyone expected anything but. You showed me how to lead by quiet strength and humility (some might argue the quiet part). Everyone was impressed but Karla.

Whether it is by passive observation or active participation, our teachers and mentors have long lasting impact, both educationally and as role models in the future. Although most of my mentors in this story are teachers, I would propose that each of you serves as a potential mentor. It has been established that the factor that influences most optometry school applicants in pursuing this profession is the impact that a practicing optometrist had made in their lives. I recently had a fellow colleague relay a story to me about how their optometrist father had influenced 12 people to pursue optometry as a profession. That is an amazing legacy.

Tell your story. Show your patience. Guide your patients. Serve with humility. You will have long lasting impact and express the spirit of the profession. You have the power of mentorship and influence to select the future members of our profession. Every day your example is touching someone. What an amazing opportunity.
THANK YOU COA. WITHOUT YOU I WOULD NOT BE ABLE TO WRITE THIS Rx

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COA: www.twitter.com/CAOptoAssn
Eye Openers

CO CASE STUDY CONTEST RETURNS

California Optometry magazine’s Case Study Contest is back for 2011! The contest is open to recent graduates participating in residency programs and fourth-year optometry students who have current COA student membership for 2010-2011. Only case studies may be submitted, and submissions can be on any topic related to optometry. Case studies will be evaluated and the winner is expected to be announced in the May/June 2011 issue of CO. And the grand prize winner will be asked to rework their winning case study into a CE@Home article for an upcoming issue of CO.

All case study submissions are due no later than Friday, November 12, 2010. For more information or to submit your case study, contact Corrie Pelc at cpelc@coavision.org.

CALLING ALL COA MEMBERS — IT’S TIME TO GET INVOLVED!

2010 Presidents’ Council & Leadership Conference
September 10-11, 2010, Hyatt Grand Champions Resort & Spa, Indian Wells, CA

What topics surrounding optometry and our Association would you like to discuss with your peers? Or do you want to learn more about becoming part of the leadership structure of COA?

Then get involved and attend PCLC 2010!

Who should attend?
• Local Society Leaders & Committee Members
• Members Interested in Taking on Leadership Roles
• COA Committee Members
• Optometry Student Leaders

Visit www.coavision.org for more information and an online hotel reservation link (in Members’ Only, click Association Governance, then PCLC).

ATTENTION LOCAL SOCIETIES — PCLC 2010 TOPIC SUBMISSIONS DUE JULY 30, 2010

Get the most out of PCLC’s forums by telling us what topics you want to talk about! Remember, this is an opportunity to discuss topics that are important to your peers, society leaders, and YOU!

To make sure your topic is included for PCLC 2010, download and fill out the Topic Submission Form on www.coavision.org (in Members’ Only, click Association Governance, then PCLC). All topic submissions are due by July 30, 2010.

About PCLC 2010

Presidents’ Council is a forum for society leaders to discuss and debate issues facing the association, and optometry at the local, state and national levels. Combined with this format is the Leadership Conference, which is open to current volunteers in society leadership, and other interested COA members. Informative sessions will help enhance your knowledge of issues facing the profession in leading your society.

Any Questions?
Contact Michelle Whitlow, COA governance coordinator, at mwhitlow@coavision.org or 800-877-5738.
CO NEWS

While you may be an optometrist or office staff member by day, what do you do after you leave the office? Are you maybe a master painter? Are you in a rock band? Do you volunteer at a local animal shelter? Or maybe you’re a champion ballroom dancer? CO wants to know about the “secrets lives” of COA members. Send an email to Corrie Pielc at cpielc@coavision.org with information on your “secret life,” and you might be featured in an upcoming issue of California Optometry magazine! Photos are strongly encouraged!

And CO is currently searching for a volunteer to learn the process of writing the annual “Founders’ Memorial Lecture,” and eventually take over authorship. If interested, please contact Corrie Pielc at cpielc@coavision.org.

RECENT ESSILOR NEWS

Essilor completed its acquisition of Signet Armorlite, Inc., in April. Holding an exclusive worldwide license for the development, production and distribution of Kodak® brand lenses, Signet Armorlite reportedly markets a product portfolio that is strategically aligned with Essilor’s offering. The acquisition will enable Essilor to strengthen its positions in the high-quality mid-range segment.

In March, Essilor, Luxottica Group and VSP Global announced the creation of the Think About Your Eyes Coalition. The new coalition will develop a public awareness initiative — launching in the second quarter of 2010 — designed to remind Americans about the importance of eye exams. For more information, visit www.thinkaboutyoureyes.com.

Additionally, Essilor of America, Inc., has launched an e-commerce solution for independent eye care professionals (ECPs) at MyOnlineOptical.com. The site allows ECPs to provide optical products online to their current and future patients.

RECENT ABO NEWS

The American Board of Optometry (ABO) began accepting applications for board certification on April 30, 2010, at www.americanboardofoptometry.org through an online automated process. Registrants will be able to log in to their personal portal on the site to determine when the verification process is complete, and this summer the portal will allow active candidates to begin entering information to fulfill the 150-point post-graduate requirements needed for eligibility to take the board certification exam next year. The site also includes details on the certification process, certification maintenance, and information for consumers.

In May, ABO announced its intention to appoint a quality assurance team to assist in reviewing promotional and educational materials and to ensure the new organization continues to gather input from the profession.

NEW FREE RESOURCES FOR ODS

A number of free resources for optometrists and their staff have been released in the past few months:

- The Asthma & Allergy Foundation of America (AAFA) is offering a free educational brochure, “Eye Health and Allergies.” The brochure — which includes allergy season strategies for contact lens wearers — can be viewed and downloaded at www.aafa.org/eyeallergies. The brochure and a free trial pair certificate of 1-Day Acuvue® Moist® Brand contact lenses by Vistakon®, a Division of Johnson & Johnson Vision Care, Inc., can be downloaded at www.acuvue.com/seasons. And for bulk copies of the brochure for your office, contact eyeallergybrochure@rprmc.com.

- HealthyWomen has a free educational resource on UV exposure, “Fast Facts for Your Health: The Sun & Your Eyes: What You Need to Know,” for download as a PDF at www.healthycwomen.org/sunandyoureyes. Developed with the support of Vistakon, eye care professionals can also receive a customized version of the PDF for their practice. Contact fastfactsuv@inkandroses.com for more information.

- Eyedock, LLC, announced in April its online clinical reference is now free to all optometry students and faculty. EyeDock.com is an online clinical reference for eye care professionals, featuring a searchable contact lens and pharmaceuticals database, employee incentive calendar, and more. For more information, contact Dr. Todd Zarwell at todd@eyedoc.com.

- TheDiabetesResource.com is a comprehensive diabetes directory covering every aspect of diabetes. Features include news, blogs, chats with diabetes experts, events, directory listings and more.

www.coavision.org
VISION LOSS RATES HIGHER IN U.S. LATINOS

Latinos have higher rates of developing visual impairment, blindness, diabetic eye disease, and cataracts than non-Hispanic whites, according to researchers from the Los Angeles Latino Eye Study (LALES), supported by the National Eye Institute (NEI), part of the National Institutes of Health. LALES began in 2000 as the nation’s largest and most comprehensive study of vision in Latinos. In the current phase of LALES, researchers examined more than 4,600 Latinos for four years after they initially enrolled in the study to determine the development of new eye disease and the progression of existing conditions. Researchers found over the four-year interval that Latinos developed visual impairment and blindness at the highest rate of any ethnic group in the country, when compared with estimates from other U.S. population-based studies. Overall, nearly 3% of Latinos developed visual impairment and 0.3% developed blindness in both eyes. Additionally, 34% of Latinos who had diabetes developed diabetic retinopathy over the four-year period. However, Latinos in the study had low rates of early and late age-related macular degeneration (AMD), where less than 8% developed early AMD and less than 1% developed late AMD, though the chance of developing AMD did increase with age.

NEW VISION-RELATED CHARITIES LAUNCHED

A number of vision-related donation and charity programs have recently been launched:

• The Foundation for the Preservation of Sight at the Southern California College of Optometry has created the Low Vision Council. This donation-based organization’s goal is to provide assistance through financial aid or the loaner equipment program to those in need of examinations, devices and specialized technologies in Orange County. For information and donations, contact lowvisioncouncil@scco.edu, call 714-992-7835, or visit lvcouncil.org.
• VonZipper Eyewear has launched its “Charity for Clarity” program where they will donate one optical frame for every optical frame sold from their 2010 optical collection to Physicians for Peace. Physicians for Peace is an international private voluntary organization that mobilizes health care education to assist developing nations with unmet medical needs and scarce resources. For more information, visit www.physiciansforpeace.org.
• Optovue Incorporated has founded “eye-Give” — a non-profit foundation for the purposes of donating technology and funding to sight-saving charities and organizations throughout the world. For more information, visit www.optovue.com.

LATEST GLAUCOMA NEWS

The following is a round-up of recent glaucoma news:

• Scientists have confirmed that the healthful substances found in green tea — renowned for their powerful antioxidant and disease-fighting properties — do penetrate into tissues of the eye. The new report, published in the January 19th issue of American Chemical Society’s Journal of Agricultural and Food Chemistry, raises the possibility that green tea may help protect against glaucoma and other common eye diseases.
• Childhood glaucoma may most commonly be caused by trauma, surgery or other acquired or secondary causes, according to a report in the April issue of Archives of Ophthalmology, and reported on ScienceDaily.com.
• According to an article on Discovery.com in March, scientists have determined that glaucoma shows up first in the brain, not the eye, giving it ties to other neurodegenerative disorders such as Alzheimer’s and Parkinson’s disease. The research was published in the March 1st issue of the Proceedings of the National Academy of Sciences.

GLOBAL VISION LOSS COSTS $3 TRILLION

AMD Alliance International (AMDAI) released in April their first-ever estimates of global cost of vision loss — nearly $3 trillion for the 733 million people living with low vision and blindness worldwide in 2010. These costs are projected to rise dramatically through to 2020 unless effective prevention and treatment strategies are adopted worldwide. Current costs include direct health expenditure, informal caregiver time, lost productivity, and inefficiencies in raising tax revenue to fund health care. In North America alone, the direct cost was $512.8 billion and the indirect costs were $179 billion. And AMDAI research reports worldwide cost of visual impairment due to age-related macular degeneration (AMD) alone at $343 billion, including $255 billion in direct health care costs. For more information, visit www.amdalliance.org.
**RECENT FDA APPROVALS**

The following FDA approvals were released in March:
- Abbott received U.S. Food and Drug Administration (FDA) approval for Tecnis® Multifocal 1-Piece intraocular lens (IOL) for cataract patients with and without presbyopia.
- Carl Zeiss Meditec received 510(k) Class II clearance from the FDA for its Humphrey® Field Analyzer (HFA) II-i with Guided Progression Analysis™ (GPA) software.

**PINK EYE VIRUS FOUND**

U.S. researchers have identified the nature of the virus that is the leading cause of inflammation for viral keratoconjunctivitis, paving the way for a possible cure, according to an article on TheMedGuru.com in April. For the study, published in the April 15th issue of *PLoS Pathogens*, researchers used a unique mouse model to study the role of viral components on the cornea. When a test was conducted on mice suffering from the condition, researchers found neither the viral DNA nor viral gene expression induces inflammation, but the protein coating around the virus is the most inflammatory in the eye.

**RECENT AMD HEADLINES**

The following is the latest age-related macular degeneration (AMD) news from the past few months:
- A new study published in the May issue of *Ophthalmology, the Journal of the American Academy of Ophthalmology*, has reported an increasing rate of AMD among Asians. According to an article on UPI.com, the study found rates of early-stage AMD of 6.8% and late stage of 0.56% in Asians, versus 8.8% and 0.59% among Caucasians. "Wet" AMD appeared to be more prevalent among Asians, especially Asian men.
- A large genetic study of AMD has identified three new genes associated with it. Human hepatic lipase (LIPC) and cholesterol ester transfer protein (CETP) are associated with AMD risk in the high-density lipoprotein (HDL) cholesterol pathway, while lipoprotein lipase (LPL) and ATP binding cassette transporter 1 (ABCA1) may be involved in the cholesterol pathway as well. The study, supported by the National Eye Institute, part of the National Institutes of Health, were published online April 12 in the *Proceedings of the National Academy of Sciences*.
- Implanting blue light-filtering intraocular lenses (IOLs) during cataract surgery helps maintain visual function and may preserve the health of the retina, specifically in disease states such as AMD, according to a comprehensive review published in the May/June 2010 edition of *Survey of Ophthalmology*.
OPTOMETRY’S FUTURE —
THE CLASS OF 2010

UNIVERSITY OF CALIFORNIA, BERKELEY
SCHOOL OF OPTOMETRY AWARD WINNERS

The following are spotlights of a few of UCBSO’s award-winning graduating fourth-year students.

Dr. Brandon Friedman
Gold Retinoscope Award
This prize is awarded annually to the most outstanding member of the graduating class, elected on the basis of academic achievement, clinical excellence, leadership and professional promise.

Dr. Heather Jones
Beta Sigma Kappa (BSK) Silver Medal
Based upon academic excellence and a dedication to the principles of Beta Sigma Kappa and the activities of the Berkeley chapter, this award is given by the Beta Sigma Kappa National Optometric Honors Society to a graduating BSK member.

Graduating with Honors in Research
Dr. Shradha Sanghvi
Mentor: Professor Michael A. Silver
“Peripheral Localization Ability in Normal-Vision Observers: Verification of Peripheral Bias When Judging Relative to Perceived Visual Field Extent”
This requires a research paper worthy of publication in leading peer-reviewed scientific journals.

Graduating with Honors in Clinical Science
Dr. Allison Danielle Pierce
Mentor: Professor Wayne Verdon
“Congenital Cone Dystrophy with an Electronegative Scotopic Electroretinogram”
This requires a scholarly case report worthy of publication in leading peer-reviewed clinical scientific journals.

Both submitted papers that met the high standards required. A bound volume of their papers will soon become available in the Pamela and Kenneth Fong Library at the School of Optometry on the UC Berkeley Campus. They will be cataloged and become part of the library’s permanent collection. We congratulate them on this special accomplishment, which was recognized at the School of Optometry’s graduation ceremony on May 22, 2010.
And more congratulations go to...

**Dr. Tiffany Chan**  
*Bernhardt Thai Award/VSP Excellence in Primary Care*

**Dr. Faith Marie Enfield**  
*William Feinbloom Low Vision Award*

**Dr. Brandon Friedman**  
*Vistakon Award of Excellence in Contact Lens Patient Care*

**Dr. Heather Jones**  
*Tang Eye Center - CIBA Vision Primary Care Award*

**Dr. Eleanor Winnie Kung**  
*Bay Area Optometric Council Award (BAOC)  
Binocular Vision Award*

**Dr. Jane W. Lo**  
*Drs. Robert L. Gordon and Andrea C. Silvers Award*

**Dr. Esther Nakagawara**  
*Alameda Contra Costa Optometric Society Leadership Award  
GP Contact Lens Clinical Excellence Award  
Marvin Poston/VSP Excellence in Primary Care*

**Dr. Nancy Nguyen**  
*Eschenbach Low Vision Award*

**Dr. Joy Ohara**  
*David J. Kerko Low Vision Award*

**Dr. Josephine Sandoval**  
*MiraMed Tech Award*

**Dr. Wendy Tam**  
*Alcon Case Study Award*

**Dr. Erica Leigh Volker**  
*Vision West “Supporting Independent Optometry” Scholarship*

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**University of California, Berkeley School of Optometry Class of 2010**

The following is a list of the 2010 graduating class from UCBSO. The information for the participating UCBSO graduates includes their name, email address, intended regional areas of practice, and additional languages spoken. Please contact the graduates directly if you have a position available or practice for sale.

*COA student/priority member

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SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY AWARD WINNERS

The following are spotlights of a few of SCCO’s award-winning graduating fourth-year students.

Dr. Umari A. Duffus
Visionary Award
Dr. Duffus is originally from Granada Hills, CA, and plans to practice in either Nevada or California. This $1,000 award, sponsored by Visionary, Inc., is presented to a graduating student who has demonstrated interest and proficiency in fitting gas permeable contact lenses.

Dr. Jadyn J. Wilkes
Kiwanis Low Vision Award
Dr. Wilkes is originally from San Diego, CA, and plans to conduct a one-year residency in primary eye care at the VA San Diego Healthcare System. This $800 award, sponsored by the California-Nevada-Hawaii District of Kiwanis International, is presented to a graduating student who has shown interest and aptitude in low vision.

Dr. Danny H. Ngo
Orange County Optometric Society Endowed Award
Dr. Ngo is originally from Santa Fe Springs, CA, and plans to practice in Orange County. The Orange County Optometric Society presents this $500 award annually to a graduating student who has demonstrated leadership in student government, the community, and the political arena. The award honors Richard L. Hopping, OD, DOS, DSc, for his 24 years of dedicated leadership and service as the president of the Southern California College of Optometry from 1973–97.

Donald S. Gottlieb, OD
PECAA Award of Excellence in Future Private Practice
Dr. Gottlieb is a second-generation optometrist from Orange County. This award, established by Professional Eye Care Associates of America, is presented to a graduating student with a promising future in private practice. The value of the award is $1,500.
And more congratulations go to...

Dr. Meredith Barber  
*Alcon Excellence Award  
*Dr. K. Michael Larkin Memorial Endowed Scholarships

Dr. Rebekah Bretz  
*Dr. Homer and Marie Hendrickson Memorial Endowed Awards

Dr. Stephanie Castle  
Nick Meneakis Memorial Endowed Award

Dr. Christine Chen  
*Asian American Optometric Society Endowed Awards

Dr. Lisa Che  
*Missio Dei Service Award

Dr. Amanda Dexter  
*Dr. Lesley L. Walls Endowed Valedictorian Award

Dr. Andrew Fasciani  
*GP Lens Institute Clinical Excellence Award

Dr. Steve Gildersleeve  
Hedda Jaanus Podrang Memorial Endowed Award

Dr. Clare Halleran  
*PEN/ABB Con-Cise Award

Dr. Kyle Hughes  
*The Vision West, Inc., Independent Optometric Profession Award

Dr. Wess Jordan  
Pamela J.L. Miller, OD, JD, Award

Dr. Jennifer Kim  
*Essilor Digital Corneal Reflection Pupilometer Award

Dr. Billy Mendoza  
*Richard Feinbloom/Peter J. Murphy Award

Dr. Brooke Messer  
*Dr. Al Dennis Endowed Award

Dr. Jeff Nishi  
*Asian American Optometric Society Endowed Awards  
*Council of Regents Endowed Achievement Award

Dr. Heidi Peterson  
The David J. Kerko Low Vision Award

Dr. Kimberly Phan  
*Vistakon, Inc. Award of Excellence in Contact Lens Patient Care

Dr. Stacy Plautz  
*Dr. Homer and Marie Hendrickson Memorial Endowed Awards

Dr. Judy Samattasribootr  
*Designs for Vision, Inc. Award  
*Dr. Homer and Marie Hendrickson Memorial Endowed Awards

Dr. Scott Schwartz  
*Mira Med Tech Award

Dr. Patrick Scott  
*Dr. Lesley L. Walls Endowed Valedictorian Award

Dr. Grace Shaw  
*TLC Award

Dr. Julius Tiu-Lim  
*Vanilux Student Grant

Dr. Tracy Tom  
*Dr. William Feinbloom Low Vision Award

Dr. Julia Tran  
*Asian American Optometric Society Endowed Awards  
*Marchon Eyewear Excellence Award

Dr. Melissa Vydelingum  
*Eschenbach Optik Low Vision Award

Dr. Cindy Wang  
*Luxottica Group Ophthalmic Dispensing Award

Dr. Andrea Wong  
*NoIR Medical Technologies Award

Southern California College of Optometry Class of 2010

The following is a list of the 2010 graduating class from SCCO. The information for the participating SCCO graduates includes their name, email address, intended regional areas of practice, and additional languages spoken. Please contact the graduates directly if you have a position available or practice for sale.

*COA student/priority member

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LUNCHEONS HELD FOR UCBSO & SCCO GRADUATES

Luncheons Held for UCBSO & SCCO Graduates
On May 18th, the California Optometric Association (COA) in conjunction with Vision West, Inc. hosted a luncheon for the graduating optometry students at the University of California, Berkeley School of Optometry (UCBSO). Prior to the luncheon, COA Membership Committee Member and Monterey Bay Society Member Dr. Garret Milner had the opportunity to address the students to share his own personal experiences. Also on hand to address the students were Santa Clara Optometric Society Board Member Dr. Ketul Joshi and Alameda Contra Costa County Optometric Society President-Elect Dr. Mika Moy. Representatives from Vision West and Marsh Affinity Group, which administers the COA-sponsored California Optometric Insurance Programs, were also there to speak to the students. Students were invited to the faculty lounge for lunch, where they were able to mingle with all the representatives and additional UCBSO faculty members.

COA hosted a similar luncheon for the Southern California College of Optometry (SCCO) graduating class on May 19th. COA President Dr. Harue Marsden and Membership Committee Member Dr. Jason Flores were on hand to address the students. At both events students had the opportunity to complete COA Priority Membership applications and received copies of the award-winning New Optometrist Resource Guide.

WESTERNNU CELEBRATES 1ST ANNUAL HONOR’S DAY
By Lori Rees

Can you believe it?!? Just last August, Western University of Health Sciences College of Optometry was welcoming their inaugural class of students and now they have celebrated the accomplishments of the students’ first year.

On Thursday, April 29, the students received awards and certificates for excelling in academics, service to the community, and outstanding leadership. Seven students were recognized and awarded the “Dean’s List” for their academic achievements and four students were given Volk lenses (Sponsored by Volk Optical) for demonstrating the University’s core values of Humanism, Scientific Excellence and Caring. The “President’s Society Award” and “Dean’s Award” both included a plaque and cash award.

The students were on the edge of their seats waiting for the big winner of the night. The “HOYA House Cup” (Sponsored by HOYA Vision Care) was awarded to the House of Skeffington for earning the most points during the academic year by demonstrating the University’s core values.

The College could not be more proud of this inaugural class of students. It takes a very special person to come to a new school based on “a picture, a pile of dirt and a promise,” said Founding Dean Dr. Elizabeth Hoppe.
YOUNG AT HEART: MAKING YOUR OFFICE KID-FRIENDLY

Tips and tricks to make your office kid and teen-friendly.

Just like any patient group, kids and teens have their own specific needs. For very young kids, this may be their first time having their eyes examined, so there are fears and worries. For older kids, there may be apprehension at having to wear glasses. And for teens — well, honestly what isn’t troubling them at that age?

With optometrists and their staff already needing to meet the needs of their adult clientele, there’s no wonder not every optometric office caters to the younger set. However, it may not be as intimidating as it seems to add kids and teens to your practice. In fact, Dr. Corey Hodes of the Los Angeles County Optometric Society says there’s nothing to be afraid of.

“As long as you can relate to them and make them feel comfortable, it’s just like examining an adult,” explains Dr. Hodes, who owns Hodes Vision Optometry in Los Angeles. “There’s a few extra tests you’re going to do that you wouldn’t necessarily (do) with an adult, but it’s more about making the (child) feel comfortable, coming down to their level and being able to relate to them...It’s more about communication than the actual exam.”

In order to better communicate with his younger patients, Dr. Hodes makes it a point to keep up-to-date. “(I’m able to) talk to them about the current events in their world in terms of video games, cartoons and things like that – just try to stay on top of all of that so I can relate to them when they come in,” he adds.

First Impressions

Making younger patients feel at ease and showing you can relate to them starts when they first walk in your office. At San Ramon Family Optometry, PC, Alameda Contra Costa Counties Optometric Society member Dr. Beverly Smith constructed a larger waiting area to accommodate a separate area just for kids — full of primary colors, book bins, toys, a Lego® table and more. The waiting area also offers free Wi-Fi for those doing homework. “When kids come into the office, they make a beeline for that area immediately and feel welcome at our office,” she adds.

Dr. David Bloch of the San Diego County Optometric Society offers something similar at Bloch Vision Care and Children’s Optometric of North County in Carlsbad. “There is a special waiting area for kids equipped with toys, drawing boards and videos to keep them entertained while they are waiting to be seen and their parents are filling out paperwork,” he details.

When designing a space for kids, Dr. Smith suggests ODs take a field trip for inspiration. “Visit a preschool or kindergarten class and see what kinds of books or puzzles, design themes, wall colors, or toys to purchase,” she explains. “Make the kids’ area cheerful, relaxed and inviting — make it obvious that it’s a space devoted to them.”

Having a staff that is trained to handle young patients is also important. “My main assistant has a 6-year-old, so she’s already good with kids,” says Dr. Hodes. “So when kids come in, (I make) sure she’s really attentive to making sure they’re comfortable.”

“Our staff is taught to treat all patients, regardless of age, with respect and as individuals,” Dr. Smith adds. “This includes addressing the young patient by name and talking directly to them during testing, explaining all the tests, being sensitive to their questions, and being patient.”
The Exam
Properly trained staff can also help put a young patient’s mind at ease so they’re hopefully not a bundle of nerves when it’s their turn to sit in the exam chair. Even then, kids may need some reassurance from the doctor before the exam can begin. “Many young people come in tired from school, anxious or scared of doctors, sleepy, or may not want to be there,” Dr. Smith explains. “You should spend a few minutes talking to them and trying to get a sense of how they are doing. You will be able to adapt your exam pace and procedures better and get better results.”

“I try to make their experience at my office fun and entertaining,” Dr. Bloch adds. “I will greet them with big clown glasses on, will pretend they are here for something else like a haircut, do magic tricks during parts of their exam, and joke with them about their excellent eye abilities. I try to put them at ease by having conversations unrelated to their eyes until it is necessary. Seriousness is left for discussions with the parents and final explanations of problems.”

During the exam, Dr. Smith does what she can to make her younger patients comfortable. “We use different types of hand or finger puppets for fixation targets and give them to the patients during the exam to keep,” she says. “We always have booster seats and stools nearby. We have several kids’ books, kids’ color vision plates, stereo tests, and acuity charts. We always have a supply of kids-size post mydratics.”

To help prepare kids — and parents — for the exam, Dr. Hodes sends parents home with a copy of a picture-based visual acuity chart before the exam so the child can familiarize themselves with the symbols. Additionally, Dr. Hodes has produced a small booklet to help educate parents about kids’ eye exams, with tips on purchasing kids’ frames and what to expect at an eye exam.

However, even the best prep can sometimes fail with a child who won’t stop moving or playing with expensive equipment they should not be touching. For this, Dr. Hodes has a solution. “We have a teddy bear in the exam room (and) if I see that a kid is fidgety, I’ll hand them the teddy bear and it will be his ‘assistant’ during the eye exam,” he explains. “They have to take good care of the teddy bear and it keeps their hands off your equipment.”

And the promise of a treat after the exam can also be helpful. Dr. Smith has a special prize box for young patients to receive a reward from after their exam. “Many tell us they love to come for their annual exams because of what they got from the prize box the year before,” she adds.

Frame It
While keeping little hands off expensive equipment is a good idea, ODs should encourage young patients to be hands-on in the dispensary. According to Gloria Nicola, senior features editor for 20/20 Magazine, offices are making their frames displays more kid-friendly. “I’ve noticed some places where they actually have the shelving lower so (kids) can touch and see (the frames), which I think is important,” she explains. “It’s important to have a lot of mirrors around so they can see how they look. Smaller furniture and things that appeal to children is important.”

At Dr. Smith’s practice, there is a frame board for young kids and a separate one for teens and tweens (ages nine to 13). “The boards are designed so that the kids know exactly where ‘their frames’ are,” she explains. “There are both ophthalmic and sunglass frames for kids. Mirrors and frames are positioned lower on the boards so the kids can reach for them and browse. I think they have more fun browsing and trying on frames themselves.”

When designing his office, Dr. Hodes made it a point to have a specific section for kids’ frames and keep it well stocked. “The turn-around on the kids’ glasses may sit there longer, but I need to have a big selection of kids’ (frames) because it shows prospective parents that we carry kids’ glasses and we’re kid-friendly,” he says. He suggests carrying brands that kids will recognize, such as Barbie™, Converse®, Nike™ and Juicy Couture® for Kids, and anything that will catch their eye in terms of fashion.

However, Dr. Hodes says many times the younger set will take cues from what their parents are wearing and will want to emulate the style Mom is wearing or brand Dad is wearing. He says a lot of brands, like Ray-Ban® and Converse, are making miniature versions of their popular adult frames for kids. “Glasses now are so stylish and fun — it’s different from the older days when kids didn’t want to wear glasses (because) they were so sterile and not fashion-oriented,” Dr. Hodes says. “Now there are so many different brands out there that have gotten into the adult business and now they’re making kids’ glasses.”

Nicola agrees, “Kids’ eyewear is not really trendy — it follows the adult market pretty closely. The only thing it may be trendier in is colors, but other than that it’s pretty conservative because kids want what everyone else is wearing. They don’t really want to be that different.”
Kids’ eyewear is a booming business. According to 20/20 Magazine’s Kid’s Eyewear MarketPulse Survey 2009 — a survey of 224 independent optical retailers who sell to children and other age groups — children from infancy to 14 years old represented 20% of their customer base in 2009, and children’s eyewear and related products accounted for 15% of total gross dollar sales.

With the back-to-school rush around the corner, what can optometrists do to ensure their selection of kids’ and teens’ frames are what picky younger patients are looking for? CO spoke with 20/20 Magazine Senior Features Editor Gloria Nicola to get the top trends.

Plastic Frames — Although metal frames have always been popular in children’s frames as they are easy to adjust, Nicola says plastic is beginning to give metal a run for its money. “Because of the trend towards plastic that is so strong in the adult market, it’s beginning to filter down slowly into the kids’ market,” she says.

Rich Color — While parents may want durability in frames, kids want color. “A few years ago kids’ eyewear started to get very dull in colors, but recently it’s become much more colorful,” Nicola says. But don’t mistake “colorful” for neon green. Nicola says the popular colors are rich shades of blues and purples, as well as pink.

Conservative Shape — Frame shapes tend to stay rectangular — which Nicola says is the shape currently dominating the general market — and oval. “There are a few round ones and occasionally a little cat’s eye, but mostly it’s pretty conservative,” she adds.

Teens — When it comes to teens, Nicola says they want what the adults are wearing. “The colors that are popular in the adult market they would be interested in — I don’t think they want anything that stands out too much,” she says.

Tweens — Nicola says they are seeing an increase in collections targeted to the tween market, which serves ages nine to 13, which people believe is a much under-served market. “They don’t want the stuff the little kids wear, but they need smaller sizes so they can’t really wear the adult sizes,” she explains. This also includes having an area for tweens in the optical. “It’s important to have a certain area that isn’t just full of stuffed toys because that will turn off the older kids,” she adds.
THE STORM FOLLOWS THE RAIN
By Cliff Berg and Terry McHale

For the first time in many years, the old adage applies: there is enough rain in Northern California for the people in Southern California to swim this summer. However, while the grass is green on this side of the fence, the problems have certainly not disappeared.

Once again, the Golden State is fighting a budget deficit. At this juncture, the shortfall continues to be in the $20 billion area for the fiscal year that begins on July 1, 2010. There was some hope that the news would be better when there was a slight economic up-tick at the beginning of the year, but those advantages have been lost, and the estimates beginning in the second quarter were down more than 25%, approximately $2.9 billion.

It has gotten so bad that the Attorney General and the State Treasurer are looking closely at some of the larger banks who are believed to have hedged their bets in such a way as to use Credit Default Swaps (CDS) to take advantage of the downturn in the economy to make money.

As one legislator said in a recent budget hearing on health care, “It is tragic that the speculators who once believed that California was a place of opportunity and dreams now believe that the gold is in failure.”

Saving Programs
We all know the story of “optional” benefits. These are the benefits that the federal government does not authorize under Medi-Care and are optional to the state. Unfortunately, two years ago, due to the extraordinary budget crunch, we saw the removal of optometry, chiropractic, dentistry and other critical services.

Under the proposal being made in this year’s budget, the Administration has asked that the Healthy Families Program be so severely cut back that eye care to our most vulnerable children would also be lost.

The California Optometric Association strongly opposes this program cut and is presently working with the Administration and the Legislature to preserve eye care to more than 900,000 California children.

This battle occurs as California makes a request from the Obama Administration to backfill $6.5 billion in health care costs. The response has been only half-way positive. The Feds are saying $3 billion is a more reasonable number.

Glaucoma Certification
SB 1406 (Correa) was enacted on January 1, 2010. Under the leadership of Assemblymember Dr. Ed Hernandez, we witnessed the first grade expansion of scope in more than a
decade. Included in this is the allowance that new graduates, subsequent to May of 2008, will be allowed to treat glaucoma in California.

The regulations establishing a new certification process for those individuals prior to 2008 continues to move forward. COA has been actively involved with the Board discussions to guarantee that the process is accessible and specific in the timeline. We believe that real patients need to be seen in person and have made that case to the Board. We believe strongly in the standard of care that optometry in California provides to their patients and will not support an onerous, unenforceable, unfair and limiting statute that will prevent qualified doctors from treating vulnerable patients in California.

The ability to treat glaucoma is an inherent part of SB 1406 and we are willing to work with all of the stakeholders to satisfy regulators that our doctors will provide care that safely protects the consumer.

Board Reform
There have been many instances in recent years of boards and bureaus under the California Department of Consumer Affairs (DCA) failing in their responsibility to demand that licensed health care professionals adhere to safety standards. In fact, for some boards, a disciplinary process can take as long as a decade. The lack of transparency has resulted in several ugly front page stories.

The Senate Business and Professions Committee made an effort to provide executive officers of health care boards with stronger enforcement powers. It did not pass through the committee as it was written, but the Senate has said they will revisit this issue in future legislative sessions. Specifically, they want the ability to deal with problems in a speedy and open manner.

Campaign Season Closes In
The California Optometric Association plays a critical role in the election process in California. We have become increasingly more active in the past couple of years. Certainly, our greatest success story is the election of Assemblymember Dr. Ed Hernandez. The good news is that Dr. Hernandez has proven himself to be as highly respected as a legislator, as he is an optometrist.

In a politically charged district, Dr. Hernandez has managed to clear the field and is running unopposed in the Primary election. We expect that the very popular Assemblymember will also have clear sailing in the General election.

The membership of the California Optometric Association has proven themselves extraordinarily dynamic in supporting those candidates who understand and believe in the services that optometry provides to patients in California.

Even in these dire economic times, or perhaps because of them, health care is an issue that garners a great deal of attention. The Obama legislation is certainly making it evident that the addition of millions of new patients creates a shortage of health care professionals and patients need more options getting into the health care loop.

We believe that California optometrists are uniquely suited, both by education and training, to help fill the void.

Your Association
This Association belongs to each of the members. We invite you to become involved on a regular basis and feel free to call your internal legislative team and your contract lobbyists at any time.

We are listening.
It’s exciting times that we live in. There is a whole backdrop of issues regarding Board Certification that will put the current discussion into a better perspective.

A few years ago, a group of large employers came to the conclusion that the way that health care is delivered in the U.S. is inefficient and wasteful based on the way it is financed. This think tank determined that the health system should depend on “primary care meeting the needs of the whole patient.”

PCPCC
A group was formed in order to address the problem and the PCPCC was formed (Patient Centered Primary Care Collaborative). The members of the PCPCC consist of major employers, consumer groups, patient quality organizations, health plans, health benefit companies, labor unions, trade associations, hospitals, professional organizations, clinicians, primary care organizations, academic centers, and any other stakeholder involved in the delivery of health care. All the big players are there.

The PCMH
The PCPCC came up with a new model of health care that they call “Patient Centered Medical Home” (PCMH). The “Medical Home” is centered on the primary care provider, along with anyone else needed to provide that patient with the best care. The “Home” could include about any professional, besides the PCP, involved with that patient’s health. This could include pharmacists, optometrists, dermatologists, nurse practitioners, dietitians, social workers, and vocational therapists. The team of professionals that constitute the Health Home changed from patient to patient depending on who is needed.

Not IPA Based
The primary care physician (PCP) determines who else needs to see the patient and will send the patient to where they need to go. The health provider, who the PCP refers, will in theory, depend if that health professional is in the “state exchange.” If the patient doesn’t have an optometrist, for example, the PCP can select one from a list of providers in the area that accepts the insurance plan. The Health Home is all strung together on the Web so everyone is in the loop. This is where the EMR comes in. This concept does not necessarily depend on IPA’s for the delivery of health care.

When the PCPCC Speaks, the Insurance Companies Listen
Currently, PCPCC carries an enormous amount of weight with insurance companies and the government. The Collaborative now has their ear. Their influence is evident with the government in the new National Health Care Plan with the concept of “50 health care exchanges.”

Most of the insurance carriers are consulting the Collaborative as they prepare for the future. They are listening to them and incorporating their ideas as they reshape health care.

Continued Competency
To assure the quality of the health care providers, one of the concepts with the “Health Home” is for the provider to show “evidence of continued competency.” This seems to be a priority of the PCPCC and the insurance carriers are paying attention. Presently most of the 22 medical specialties, as well as most other provider groups, are forming a plan to demonstrate “evidence of continued competency.”

The probability is very high that sometime in the near future optometry will also need to show “evidence of continued competency” to provide health care in the national health plan.

This is why the Board Certification model came about.

Ready … Fire … Aim … Issue
The Board Certification model has been in the background of AOA for a couple of years. As the national health care debate was thrust upon the scene, it seemed apparent that some form of universal coverage would be passed. AOA realized that they needed to act quickly because it would take three to five years to roster enough optometrists nationwide to show “evidence of continued competency.”

The Board Certification model was brought up for discussion at the 2009 AOA House of Delegates.
The topic was taken apart and put back together again by the House in such a way as to give the idea of “evidence of continued competency” a workable model.

But from the first, the Board Certification model had its detractors. There was much smoke and haze injected into the discussion by a few seemingly well-meaning ODs who didn’t appear to have a grasp of the core issues. However, as time went on the smoke and haze lifted, and the real concerns came to light and were better understood. Over the next few months, most of these dissidents ended up changing their minds and now support the concept.

**Steady Course**

AOA’s position is the same as it always has been for the past decade — full inclusion for its members as primary eye care health providers. The lobbying efforts continue to reflect that position as the plans for national health care were formed and passed. In view of National Health Care, this primary eye care thrust now appears that it will include some kind competency certification model. AOA provided us with a useful tool that will enable us to fully participate.

*Dr. Rogoway can be reached for questions or comments at wmrogoway@yahoo.com*

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**COA STORMS WASHINGTON!**

As part of the American Optometric Association’s (AOA) 2010 Congressional Advocacy Conference in Washington, DC, California optometrists met with their elected officials to discuss health care for America’s citizens on March 4, 2010.

Ms. Myrna Harrison; Dr. Ken Lawenda of the Los Angeles County Optometric Society; Dr. Steve Langsford of the Tri-County Optometric Society; Congresswoman Jackie Speier (CA-12); UCBSO student Fazila Malik; and SCCO student and COA student member Marina Su.

Dr. Ken Lawenda of the Los Angeles County Optometric Society; Ms. Myrna Harrison; Representative Henry A. Waxman (30th District of CA); COA Trustee Dr. Fred Dubick of the San Fernando Valley Optometric Society; student members Rebecca Delshad and Elise Swanson; Mrs. Joan Vaupen; and Dr. Elliot Vaupen of the Los Angeles County Optometric Society.

Members of the Alameda Contra Costa Counties (ACCCOS) and Santa Clara Counties (SCCOS) Optometric Societies attended a private dinner with California 20th Assembly District candidate Garrett S. Yee on April 12th. (From left) Dr. Marvin Mah; Dr. Tommy Lim, Dr. Dave Redman; Dr. Susan Gordon; Candidate Yee’s wife, Mrs. Maria Yee; Dr. Philip Ong; Col. Garrett Yee; Dr. Jennifer Ong; Dr. Victor Gin; Dr. Fran Gin; Dr. Gary Stocker; Dr. Barbara Jung; Dr. Dai Tran; Dr. Chris Kavanagh; Art Low’s wife, Mrs. Swan Hsieh; and Dr. Art Low.
I hope everyone had a wonderful and safe Fourth of July. Below are a couple of questions for you to review as we all enjoy these long, hot days of summer.

DEAR DR. VU: I read in the news that shortly a new company will be processing our Medi-Cal claims. How will this affect us as providers?
— Shirley, Los Angeles, CA

DEAR SHIRLEY: The Department of Health Care Services (DHCS) recently awarded a 10-year contract to Affiliated Computer Services (ACS), which will serve as the new fiscal intermediary for Medi-Cal. ACS was selected after an extensive, two-year bidding and evaluation process, the most comprehensive process in DHCS’ history. As part of the contract, ACS will be responsible for payment processing of health care claims for the Medi-Cal fee-for-service program, managing provider and stakeholder relations and training, handling beneficiary relationship services, administering call centers, and dealing with security, privacy issues and other administrative duties.

While this award introduces a new contractor to manage claims processing for Medi-Cal, DHCS and the existing contractor, HP Enterprise Services (formerly Electronic Data Systems), remain committed to supporting the provider and beneficiary communities until transition is completed. In addition, the business processes, services and systems used by the Medi-Cal program in its operations and interactions with providers will continue without interruption during this transition. The contract became effective on May 3, 2010, with ACS expected to assume existing operations beginning in February 2011.

Comment: As additional details and timelines are finalized, they will be communicated in future notices. Please continue to check the Medi-Cal Web site regularly at www.medi-cal.ca.gov for updated information.

DEAR DR. VU: We have an adult patient who resides in a nursing facility not registered with Medi-Cal. Whenever we bill the claim, it denies because the system does not recognize the facility’s NPI. What can we do to get the claim paid? Thank you.
— Jill, Sacramento, CA

DEAR JILL: As you know, with the Optional Benefit elimination, only adult (21 years old and older) Medi-Cal beneficiaries residing in Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), Intermediate Care Facilities – Developmentally Disabled (ICF-DD) including Habilitative (ICF-DDH) and Nursing (ICF-DDN) are eligible for optometry services and eye appliances. In order to identify that the beneficiary resides in one of these facilities, Medi-Cal requires providers to enter the facility name and National Provider Identifier (NPI) on the claim. However, if the facility is not registered as a provider with Medi-Cal, the system will not recognize the facility name and NPI on the claim. In this instance, Medi-Cal requires that providers bill services with modifier KX on the claim, in addition to certifying in the medical record that the beneficiary is a resident of one of the eligible facilities mentioned above. Since the majority of nursing facilities in California are Medi-Cal providers, this situation is very rare. Therefore, over using modifier KX for this purpose may be a red flag for an audit.

Comment: When billing services for patients residing in long-term care facilities, Medi-Cal requires that the facility name and NPI be entered in Box 17 (Name of Referring Provider or Other Source field) and 17b (NPI) of the CMS 1500 claim form for payment. When determining beneficiary eligibility, providers are encouraged to access the California Department of Public Health (CDPH) Health Facilities page (http://hfcis.cdph.ca.gov/servicesAndFacilities.aspx) to verify that the facility where the beneficiary resides belongs in one of the categories mentioned above and is licensed by the CDPH. To determine the NPI of the facility, providers should contact the facility directly or access the National Plan and Provider Enumeration System (NPPES) Web site (https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do).

If you have suggestions, comments, or would like to submit questions to VU POINT, please use the addresses below:

Department of Health Care Services
Pharmacy Benefits Division
Vision Services Branch
1501 Capitol Avenue, Suite 71.3041
P.O. Box 997413, MS 4604
Sacramento, CA 95899-7413
Attn: Cory N. Vu, O.D.
Phone: (916) 552-9539
E-mail: cory.vu@dhcs.ca.gov

The News & Views segment of California Optometry magazine is sponsored by Vision West, COA’s preferred buying group.
The California Optometric Association is pleased to announce a new 10-year and 20-year Term Life program for members. You now have a choice of locking in your premium rate for the first 10 or 20 years of your policy,* enabling you to achieve dramatic premium savings. And you can apply for limits of up to $1,000,000!

Now is the time to take a good look at the COA plan if:

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800-621-1150  
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onooptical@gmail.com

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sales@babybanz.com
usa.babybanz.com

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**See to Read bookmarks** hope to increase parent awareness regarding children’s vision problems and the potential related effects on school performance. Help raise awareness by distributing bookmarks in your practice or at community events.

Jenny DeGree
800-877-5738
jdegree@coavision.org
OPTOWEST 2010 IN REVIEW

The positive comments from attendees continued at OptoWest’s second year at the Hyatt Grand Champions Resort & Conference Center in Indian Wells, CA.

“I just want to reiterate what a positive experience I had (at OptoWest) and how grateful I am for the connections I was able to make.”

“I think (Indian Wells) is a great location. I love going to the warmer climate of California during April.”

“(OptoWest is) a much more intimate setting than Vision Expo and I was really able to speak in depth with the vendors.”

From April 8-11, attendees basked in the warm glow of the Southern California sunshine for education, networking and just plain-old fun! Attendees chose from 92 hours of OD education and 47 hours of paraoptometric education taught by nationally-renowned speakers such as Dr. Madhu Agarwal, Dr. Leo Semes, Dr. Bruce Onofrey, Laurie Guest, CSP, and Sharon Carter.

Between classes, conference attendees shopped the two-day Exhibit Hall, featuring more than 80 exhibitors, and won fabulous prizes at the Exhibit Hall Raffle. On Friday evening, all attendees were invited to the Exhibit Hall to network and mingle with exhibitors and colleagues at the California Dreamin’ Welcome Reception.

The California Optometric Association, in conjunction with our affiliate state partners Arizona, Hawaii, Montana, Nevada and Utah, made OptoWest 2010 the premier Western regional conference of the year.

Mark your calendars now for OptoWest 2011, April 7-10, as OptoWest continues its stay in Indian Wells!
THANK YOU TO OUR OPTOWEST 2010 SPONSORS!

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Vision West, Inc.
OPTOWEST 2010 EXHIBIT HALL RAFFLE WINNERS

William Adkins, OD — Flip Video Camcorder
(Sponsored by Primary Eyecare Network)
Blair Ball, OD — Digital Camera with Zeiss Lens
(Sponsored by Carl Zeiss Vision)
Clara Bar — iPod Touch
(Sponsored by Hoya Vision Care)
Samon Boonjindasup — Plush Silhouette Throw Blanket
(Sponsored by Silhouette Optical)

David Burgett, OD — His and Hers Oakley Sunglasses
(Sponsored by EyeMed Vision Care)
Bogard Chang, OD — Fusion 15 Display Panel Kit
(Sponsored by Eye Designs Inc.)
Linda Chun, OD — Restaurant Gift Card Pack
(Sponsored by Essilor Laboratories of America)
Aurora Franco — $50 American Express Gift Card
(Sponsored by ACO Labs)
Jonathan Friden, OD — Garmin Nüvi 205 GPS Navigator
(Sponsored by ABB CONCISE)
Trisha Garcia-Herron, OD — Nike Gift Basket
(Sponsored by Marchon Eyewear)
Stuart Grant, OD — $100 Best Buy Gift Card
(Sponsored by LENSCO)
Tem Gronquist, OD — Hyatt Grand Champions Agua Serena Spa Gift Certificate
(Sponsored by the California Paraoptometric Section)
Andy Huang, OD — Restaurant Gift Card Pack
(Sponsored by Essilor Laboratories of America)
Peggy Jystad — Restaurant Gift Card Pack
(Sponsored by Essilor Laboratories of America)
Ron Kleinman, OD — Garmin Nüvi 205W Portable GPS
(Sponsored by Walman Optical Company)
Lisa Ko, OD — $500 in VSP Global Gift Certificates
(Sponsored by VSP Vision Care)

Philip Mischenko, OD — iPod Touch
(Sponsored by Vision One Credit Union)
Susan Mozayani, OD — iPod Touch
(Sponsored by Hoya Vision Care)
Debbie Murphy, OD — Nintendo Wii with games and accessories
(Sponsored by SpecialEyes, LLC)
Don Pearcy, OD — Kindle E-Book Reader
(Sponsored by Vision West, Inc.)
Rock Rojo, OD — His and Hers Oakley Sunglasses
(Sponsored by EyeMed Vision Care)
Frances Sanchez, OD — $500 American Express Gift Card
(Sponsored by Review of Optometry)
Janae Vance, OD — Callaway Sunwear Designer Frames
(Sponsored by Walman Optical Company)
Mike Weitzman, OD — Two $100 restaurant gift cards to McCormick & Schmicks and Lucille’s BBQ
(Sponsored by Ophthalmic Instruments)
Paul Yoh, OD — Picsio 8.0 MP High-Definition Camcorder with 2” LCD Monitor
(Sponsored by Augen Optics)
CALIFORNIA DREAMIN’

Welcome Reception
On Friday evening, all attendees were invited to the Exhibit Hall to network and mingle with exhibitors and colleagues at the California Dreamin’ Welcome Reception. Conference-goers snacked on comfort foods like pasta, tacos and chicken wings, took their turn on a Nintendo Wii, and dressed up for a fun photo opportunity.

Booth Decorating Contest
All OptoWest 2010 exhibitors had the chance to compete in the second annual Booth Decorating Contest. Under the California Dreamin’ theme, interpretations ranged from surfboards to Hollywood. Winners were announced and received prizes and ribbons during the Welcome Reception on Friday evening.
First Place: Vision West, inc.
Second Place: Charmant USA
Third Place: Signet Armorlite Inc.

THANK YOU OPTOWEST 2010 EXHIBITORS!

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The Luxottica Group
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Gerber Coburn Optical
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Kowa Optimed Inc.
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continued >>
THANK YOU!

A big thanks to all OptoWest 2010 attendees — we appreciate your time and dedication.

OptoWest would also like to thank the OptoWest Advisory Panel and COA Educational and Professional Practice Committee for generously contributing their time and expertise to the development of OptoWest.

Education and Professional Practice Committee
Chair: Bruce Abramson, OD, FAAO
Sandra Bozich, OD
Steve Ferrucci, OD, FAAO
David Geffen, OD, FAAO
Jeff Hall, OD
Michele Hayes, OD
Cathy Ives
Harue Marsden, OD, MS, FAAO
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OptoWest Advisory Panel
Chair: David Geffen, OD
Members: Bruce Abramson, OD
Elizabeth Brutvan, EdD
Cathy Ives
John Larcabal, OD

We’ll See You Next Year at OptoWest 2011!
April 7-10 — Hyatt Grand Champions Resort and Conference Center, Indian Wells, CA
www.OptoWest.com
The California Paraoptometric Section is interested in having more volunteers serve on the section’s board. Please join us in developing useful programs for our members, and to spread the word by recruiting new CPS members! Contact Kim Pantel for more information at khym@hotmail.com.

**QUICK TIPS TO MAKE YOUR OFFICE CHILD-FRIENDLY**

Before a child visits, as a patient or a guest, we need to make the office as safe and welcoming as possible. Here are a few quick tips to implement to assist in making children, as well as their parents, feel comfortable in your office.

Have something interesting on-hand for children to do:
- Toys should be large enough not to be swallowed and safe if put in the mouth — toys I do not recommend include crayons, toys that can be wielded as weapons, or noisy toys. Visit sites like www.the-toy-palace.com and www.oaktreeproducts.com for ideas.
- Small tables with wooden beads on metal tracks work well because everything is attached.
- Cardboard or plastic books hold up better than paper.
- Children’s magazines are available such as *Highlights*, *Sports Illustrated for Kids*, or *Nickelodeon*.
- Have on-hand a great selection of children’s frames where they can try the frames with or without assistance.
- Disinfect toys and surfaces every evening.

When it comes to office décor:
- Anchor shelves or other tall furniture with safety straps, which is important in earthquake-prone California.
- Cover all electrical plugs, including surge protectors that may be in the area.
- Avoid furniture with sharp edges or glass components — small, sturdy furniture works in some offices.
- Coffee makers and cups should be placed high.
- A no food or drink policy can be invaluable.
- Be sure a television is safely displayed, content is age-appropriate, and keep control of the remote!

For the exam:
- A colorful lab coat or none at all makes a child more comfortable.
- Have a colorful toy as a focus object at the far end of an exam room — ours is a monkey with cymbals that the child can operate at the end of the exam.

And after the visit:
- Give the parent a packet of children’s vision information.
- Give the child a sticker, coloring book, or small toy.

Overall, flexible appointment times are a must in child-friendly practices. Be friendly, but not condescending to children. If the child engages in dangerous activities without supervision, feel free to firmly tell the child to stop that behavior. An annoyed parent is better than a lawsuit.
HERE’S LOOKING AT YOU!

A round-up of recent accolades and news about COA members:

- Dr. Peter Shaw-McMinn of the Inland Empire Optometric Society was recently named to the Optometric Advisory Board of ScienceBased Health.
- Dr. Timothy Jankowski of the Rio Hondo Optometric Society was elected chairman of the board for VSP GlobalSM in March.
- COA student members Dale Choi of the University of California at Berkeley School of Optometry and Julius Tiu-Lim of the Southern California College of Optometry were winners of the annual Varilux® Student Grand Awards of Essilor of America, Inc.
- Dr. Michael Goldsmid of the San Diego County Optometric Society was named Vision Source Philanthropist of the Year by Optometry Giving Sight in April.
- Dr. Kevin Alexander of the Orange County Optometric Society was appointed by the American Optometric Association to its 2010-2011 Investment Committee.

SDCOS NEWS

Members of the San Diego County Optometric Society (SDCOS) participated in a vision screening at The Monarch School in San Diego on March 9th. Children from first grade through high school were screened for visual acuity, diseases of the eyes, approximate correction if needed, color vision and stereopsis, along with testing for eye movements and skills. Local optometrist volunteers included Dr. Jack Anthony, Dr. Robert Meisel, Dr. Byron Y. Newman, and three residents at the Veteran’s Administration in La Jolla: Dr. Charlene James, Dr. Kristine Zabala, and Dr. Salimah Pirmohamed.

SDCOS members also volunteered their time to judge projects by San Diego-area middle school students at the Greater San Diego Science and Engineering Fair March 24th. Over 1,000 projects were offered by the students at the fair, with several hundred experiments about vision, the eyes, color and others of optometric interest. Winners were chosen by a panel of three optometrists: Dr. Karen Peschke, Dr. Marcelline Ciufrida, and Dr. Byron Y. Newman.
VROOOOM! Life in the Fast Lane
For many of us, we use our cars to get from Point A to Point B. But for Dr. Jason Flores of the Inland Empire Optometric Society, cars were meant for something a little more adventurous — Autocross racing.

From behind the wheel of a Honda Civic, Dr. Flores and his teammate are competitors in Autocross — a form of motorsports where drivers navigate one at a time through a timed course marked by traffic cones, rather than racing on a track with multiple other cars. With practices held two to three times a month, and competitions one to two times a month, Autocross is a large commitment outside of practicing optometry.

“The commitment is quite a bit of my spare time,” says Dr. Flores. “Along with preparing for races and being crew chief of the team, I am also responsible for the maintenance and the set-up changes to the car to ensure that it makes it through every race.”

Dr. Flores’s dedication and passion for racing has definitely paid off. Locally, he has consistently finished in the top five of his class. On the regional level, he has finished in the top 10 in the past three years. And on the national level, he has finished as high as 18th place.

“What I like most about racing is the ability to race a car to the limit of that car in a safe and controlled environment,” says Dr. Flores. “I also like the physics that is involved with tuning a car to make it perform in a predictable manner. And of course, I like the challenge of going head-to-head with some of the fastest guys in the nation to see how my driving skills and car set-up compare.”

To view Dr. Flores’s blog chronicling his adventures on and off the track, visit www.yeohbaby.blogspot.com.

SECRET LIFE OF COA MEMBERS

MBOS GIVES BACK THROUGH PROJECT HOMELESS CONNECT

Project Homeless Connect came to Santa Cruz on March 30th, and members of the Monterey Bay Optometric Society (MBOS) participated by providing free eye exams and glasses to 20 local homeless community members. Doctors participating were Drs. David Farberow, Cammie Hunt, Agnes Kim, Francis Kuo, Danny Shen, and Curt Simmons. Project Homeless Connect is a one-day event that provides housing, support and quality of life resources to the homeless. The project started in San Francisco in 2004, when more than 2,000 homeless people showed up. Since then, the event has been held in more than 220 communities across the nation.

In Memoriam

Dr. Cletus Christian, of Medford, OR
Dr. William Hill, of Simi Valley, CA

CVF SPOTLIGHT
GET INVOLVED IN 2010!

Countless low-income adults and children are in need of basic vision care. Become involved in the California Vision Project (CVP) and provide free eye exams to eligible low-income families. Or make a financial donation to the California Vision Foundation (CVF), the charitable arm of COA. Contact Michelle Whitlow, California Vision Foundation administrator, at (800) 877-5738, via e-mail at mwhitlow@coavision.org, or mail checks payable to the “California Vision Foundation,” 2415 K Street, Sacramento, CA 95816. To find out more, visit our Web site at www.californiavision.org. You can choose how you make a difference.
When I speak to individuals about my passion for medical missions, they often ask, “Why India?” My typical reply is, “No reason, really.” I confess that may sound nonchalant. I also agree that this is no way to approach embarking on a $25,000 project half way around the world. But it is mostly true.

Just one year and four months after 9/11, I was invited to travel to south central India, the state of Andhra Pradesh. My wife was seven months pregnant with our first child, I was on active duty with the US Navy, there was an active troop build-up outside Iraq. I had plenty of good reasons not to go. Logistically, no medical mission work had been performed in the villages we were slated to visit for well over three decades. Access to care was virtually non-existent. Most importantly, I didn’t have a clue on how to run an effective short-term medical mission. So I went.

I carried one bag of medications and one bag of equipment. The team members included my brother-in-law, a house painter, and a 17-year-old girl. We saw over 400 patients in five days of clinic. As I processed the trip and our accomplishments, I came to realize that our most important achievements had nothing to do with how many patients we saw, but the opportunities that were created by our availability to serve. Saying yes was more important than the supplies I brought. My experience provided connections with semi-local ophthalmologists and primary care physicians, customs officials to facilitate the transportation of resources, and a working knowledge of the Indian health care system, as well as local health concerns.

Being available has created an opportunity to participate in life changing experiences I never imagined. Yes, traveling for 48 hours by plane and car is grueling. Doing so in the back of a pseudo SUV without seatbelts for hours on-end dodging trucks, animals and motorcycles laden with six people is better than any amusement park. Working in less than ideal conditions, off of dirt floors with generators, using unreliable translators, unreliable batteries, and avoiding crowds of people lying down in doorways so you don’t leave is difficult. But it is all worth it when a shoeless gentleman stands face-to-face with you and says, “Two years ago you gave surgery to this eye, and with these glasses I can now work and feed my family. Thank you, can we do the other eye now?” And when the 12-year-old 13 D myope smiles at seeing her mom’s face for the first time, you will struggle to hold back the tears.

In February of this year a team of 13 (14 if you include my 6-year-old son) provided the following:

- 4,000 patients in five days of clinic
- 1,100 sets of custom glasses made in the country
- 350 cataract surgeries performed
- 3,000 sets of reading glasses
- 100 cases of glaucoma were diagnosed/entered in to long-term treatment
- $100,000 in pharmaceuticals distributed

Many individuals received multiple elements of care. This was our fourth mission to these villages.

I’ve wrestled with what defines an effective mission. Let’s have a cup of coffee to discuss that one. In the meantime, it was once said, “The poor will always be with you.” I find this a great reminder and measuring stick. So I try to be available.
PUBLIC AWARENESS IN YOUR COMMUNITY
FOR THE YOUNGER SET:
GIVING COMMUNITY PRESENTATIONS TO CHILDREN

While reading, writing and arithmetic are important subjects for children to learn in school, so is learning about the eyes. That is why, in an effort to educate young children, several COA members go out into their community to give presentations to children on eye health, anatomy and safety.

Rio Hondo Optometric Society member Dr. Annie Tran, a recent graduate of the SCCO class of 2009, has already given three presentations to third grade classes. Her most recent presentation was titled “The Eye and How to Protect It.” At the end of the presentation, there was an informal quiz where small toys or candy were handed out for those children who answered correctly.

“The students are actually very interested,” says Dr. Tran. “It’s important for the general public to know the importance of eye care, children included. My hope is that if you start teaching kids early, they will know not to neglect their eyes and vision as they get older.”

For Dr. Rosalia Saavedra, member of the Alameda Contra Costa Optometric Society, giving presentations to children hits close to home — most of her presentations involve her children’s classrooms.

“When my oldest was in elementary school, I promoted sport safety,” says Dr. Saavedra. “A lot of the children and parents do not realize that we, as optometrists, make sports goggles with the child’s prescription. Most PE teachers require their students to remove their eyeglasses during physical education, which is crazy. Now you have a child who can’t see trying to catch a ball.”

Dr. Carole Hong, member of the San Mateo Optometric Society, has been doing community presentations for children since she was in optometry school. While each presentation is different, the children are always sent home with a bag of age-appropriate goodies, along with information about children’s vision for parents. These goodie bags contain a variety of brochures, COA bookmarks, coloring books about the eye, party favors such as bouncy eye balls, and her office brochure and magnet.

“We see this as part of our role as local optometrists to help service the community we live in,” says Dr. Hong. “The activities are fun and keep the children’s attention. It’s fun to see the kids’ eyes light up as they learn about how their eyes work.”

Dr. John Tracy of the Redwood Empire Optometric Society is no novice to giving community presentations to children — he’s been doing it for 20 years. Known as the “Cow Eye Doc” for bringing in dissected animal eyes to his presentations, Dr. Tracy certainly knows how to keep the children’s attention.

“If you only talk about the human eye, younger kids lose interest,” explains Dr. Tracy. “Use comparative anatomy — like how the human pupil is different from a dog or a cat’s. Tell them fun facts to keep their interest. If this is a long-term commitment, make sure you have a good connection and reputation with the schools, nurses and teachers. Ask to come back next year. Then teachers get more involved and kids get more out of it.”

Dr. Tran also offers up some helpful advice. “Keep it interactive,” she explains. “Children can have a smaller attention span, so bringing in visuals is helpful. Also, do this because you want to be there for the kids. They will pick up on that and it will make the learning experience more enjoyable for everyone.”

For more information on giving presentations in your community, visit the Member Resources section of the COA Web site and click on “Talking it Up.”

Let California Optometry know about your experiences in the community – where you presented, what topics you discussed, what materials were effective, and any other suggestions to inspire others to increase optometry’s visibility in the community.

Please send submissions for “Public Awareness in Your Community” to Corrie Pelc, managing editor of California Optometry, via e-mail at cpelc@coavision.org or by fax at 916-448-1423.

Dr. Carole Hong of the San Mateo Optometric Society participates in a community presentation at a local school.
COA MEMBERS HELP SET RECORDS AT LOS ANGELES FREE CLINIC

For the second year in a row, COA members joined hundreds of volunteers for the Remote Area Medical (RAM) free clinic in downtown Los Angeles. The seven-day clinic ran from April 27th through May 3rd at the Los Angeles Sports Arena, and provided free medical, dental and vision care to those in need.

“The event broke all RAM records for eye exams,” says Stan Brock, founder and director of operations for RAM USA. “Volunteer vision care professionals provided eye exams to 3,331 people, most of whom received prescription glasses. The total patient count was 6,587, so over half of the patient population came for vision care and received it from a host of dedicated volunteer providers.”

One dedicated volunteer was Dr. Robert Gordon of the San Fernando Valley Optometric Society. Dr. Gordon, who volunteered for three days, learned last year just how important this event is for the community.

“At last year’s RAM event, there were so many people in terrible poverty,” says Dr. Gordon. “They came to the clinic with duct tape holding their shoes together. Carrying all of their belongings in tattered and torn satchels, most having slept in the parking lot to be able to get authorization for treatment. It seemed like each patient told a more heart wrenching tale than the previous one. It was very important for me to be at this year’s RAM event again. I saw first-hand how important, and what an impact, giving a few hours of time could make on so many people’s lives.”

Most volunteers found the most rewarding part to be how grateful each patient was. Whether they were homeless, uninsured or recently laid off from a job they’ve been working at for years, the patients were very appreciative of the services being provided.

“While the day was long for the recipients, as a whole they were upbeat, patient and so grateful for an event like RAM,” says Dr. Robert Lee of the Inland Empire Optometric Society, who knows first-hand what it feels like to not be able to afford a pair of glasses. “How can you not feel great when you get a hug and a heartfelt handshake? This event is so important to our local communities of uninsured, under-insured and working class people who need a little help to get by.”

Dr. Greg Pearl, member of the South Bay Optometric Society and president of VOSH International, was also impressed by the attitude of the patients they were helping. “Some people got there at six in the morning and would be there for 12 hours,” he says. “People don’t wait that long to be seen if they can afford it.”

While on-site medical volunteers were vital in making this event a huge success, so were the schools, labs and eye care companies who not only donated their time, but also countless resources. Students and faculty from the Southern California College of Optometry, Western University College of Optometry, and American Career College of Optics all donated their valuable time and expertise to help those in need.
In addition, local labs Express Lens Lab, Collard Rose Lab, and Orange Optical Lab donated lenses and edging for unusual prescriptions that RAM did not carry. VSP and Complete Eye Care Centers of Los Angeles even provided more than 500 vouchers for a free eye exam and glasses to those who could not be seen by the last day of the clinic. And at noon every day, Subway donated sandwiches, water and chips to every patient. “This is truly a community effort,” says Deborah Wright DeMaderios, vision clinic director for the event.

“In my life, volunteering is not a choice,” says San Fernando Valley Optometric Society member Dr. Lee Dodge, who volunteered with his staff. “Volunteering is a part of optometry. It is important to give back to the community, especially the community in which you live. There are so many of our neighbors that we, as optometrists, can help.”

Since the clinic was so successful, there are already plans to have another Los Angeles RAM event next year at the end of April or early May. For more information on RAM, visit www.ramusa.org.

If you are not able to volunteer for RAM, you still have the opportunity to help those in need by offering to do a couple of exams a month through the California Vision Project (CVP). For more information on CVP, visit www.californiavision.org.
COA IN THE MEDIA

News sightings of COA members during the past few months.

- The practice of Dr. Gordon Wong of the San Diego County Optometric Society was spotlighted on KNSD San Diego in November for his shades for dogs.
- Dr. Marvin Poston of the Alameda Contra Costa Counties Optometric Society was posthumously featured in an article on his role in the development of VSP Vision Care in the Sacramento Observer in February.
- COA received a number of media hits on the topic of 3D movies and vision through its public relations firm Phyllis Klein & Associates:
  - Dr. Elio Polsinelli of the San Francisco Optometric Society was interviewed on KGO-TV (San Francisco) in January.
  - Dr. Carl Hillier of the San Diego County Optometric Society was featured on XeTV (San Diego) in February and KSWB (San Diego) in May.
  - Dr. Melissa Barnett of the Sacramento Valley Optometric Society was interviewed in The Sacramento Bee in March.
  - Dr. Craig Hoeft of the San Fernando Valley Optometric Society was featured in The Thousand Oaks Acorn, Moorpark Acorn and Camarillo Acorn in March and North County Times and Simi Valley Acorn in April.
  - Dr. Elise Brisco of the Los Angeles County Optometric Society was interviewed on KNBC (Los Angeles) in March, which was picked up and aired on KMOV (St. Louis), KXAS (Dallas) and WNBC (New York). She was also on KTLA (Los Angeles) in May.
  - Dr. Burton Worrell of the Santa Clara County Optometric Society was interviewed by KNTV (San Francisco/Oakland/San Jose) in March and KPIX (San Francisco/Oakland/San Jose) in April.
  - Dr. Leanne Liddicoat of the Sacramento Valley Optometric Society was interviewed on “Good Morning Sacramento” on KMAX (Sacramento) in March.
- Immediate Past President Dr. Hilary Hawthorne of the Los Angeles County Optometric Society appeared on the television show “The Doctors” in March to talk about proper contact lens care. Dr. Hawthorne was also profiled in the March 22nd issue of AOA News for her candidacy announcement for the AOA Board of Trustees.
- A number of COA members were mentioned in the March 2010 issue of Women in Optometry:
  - Dr. James Hawley of the South Bay Optometric Society
  - Dr. Candace Kuo of the Santa Clara County Optometric Society
- Dr. David Ardaya of the Orange County Optometric Society was spotlighted in the Pasadena Star News, Whittier Daily News and San Gabriel Valley Tribune in March for being named Young OD of the Year by COA.
- Dr. Thomas Aller of the Alameda Contra Costa Counties Optometric Society was featured in an article on bifocal contacts for kids in the San Jose Mercury News in February. He was also interviewed for an article on myopia in New Scientist in November, an article on bifocals and children in the Los Angeles Times in January, and did a live interview on radio station KCBS on myopia progression control in March.
- Dr. Movses D’Janbatian of the San Fernando Valley Optometric Society was spotlighted on BusinessLife.com in April for his re-election to the COA Board of Trustees.
- Dr. Thomas Clark of the South Bay Optometric Society was featured in an article on his run for the Long Beach City College Board of Trustees in the Contra Costa Times in April.
- Dr. Sally Dang of the Orange County Optometric Society has been featured in articles about Congress approving the naming of a rehabilitation center for blind soldiers at the Long Beach Veterans Administration Health Care System in memory of her husband and COA member Major Charles R. Soltes Jr., OD. Articles ran in the Orange County Register, Daily Record and AOA News in April.
- Dr. Joseph Mallinger of the San Diego County Optometric Society was mentioned in an article on the AOA Foundation in the April 26th issue of AOA News.
- Dr. Joy Nakabayashi was featured in a photo article on RAM on the Web site for BBC News (news.bbc.com.uk) in May.
REACH OUT

Membership recruitment is vital in keeping the Association running and strong. And with Membership Awareness Months kicking-off in September, this is the time of year when many local societies get recruitin’. Below, Membership Chairs Dr. Eric White of the San Diego County Optometric Society (SDCOS) and Dr. Quynh Tran of the Inland Empire Optometric Society (IEOS) provide some ideas and advice on what their respective societies do when it comes to recruiting non-members.

What methods does your local society use to reach out to non-members?

Dr. White: We have several CE events a year that we e-mail members and non-members about. If they show any interest or response, I or another board member will call them to discuss the benefits of being a member. We usually have a picnic or some summer event for all non-members or members to be able to talk about membership. The biggest thing we do is our September society meeting. It’s free, and includes dinner to all members and non-members as a membership drive.

Dr. Tran: IEOS hosts an annual Almost-Free CE event, where we try to reach out to our local optometrists. We use both mail and e-mail as promotional items, social networking sites, as well as word-of-mouth. We also encourage students and near-new grads to visit our monthly society meetings and inform them about the steps in transitioning to membership.

What do you think is the most effective way to reach out to non-members?

Dr. White: Feed them and they will come! We have found that having a big name CE along with a dinner is always a good way to get one-on-one with non-members. Personal e-mail and/or phone calls are always a great touch.

Dr. Tran: Building professional relationships with other ODs, and sharing our own experiences and testimonies of membership benefits. Build a mentorship program with students ready to graduate, so they may transition into membership fully. It’s important to reach out to the students while they are still in school, letting them know the importance of maintaining membership after graduation.

Photos from IEOS’ Almost-Free CE event.
Have you seen a membership recruitment method that did NOT work?

Dr. White: Just sending out a mass mailer gets no response. There has to be a personal touch — making them want to belong to an organized group. It also has to be re-emphasized why being a member saves you money in the long run — not just on your CE, but in the long haul with our profession.

Dr. Tran: Mentioning the cost and fees of joining.

What is your main “selling point” when reaching out to non-members?

Dr. White: There are two points. One is belonging to an organization that wants the best for our own profession and needs to be there to help keep our profession strong. Also, the camaraderie of getting together with your fellow colleagues to talk and brainstorm about what is working and how to help each other grow our practices.

Dr. Tran: I joined the society in the first place when a colleague reminded me to give back to the profession, and how optometry would not be where it is now without the anchor of our COA members. Perhaps we can emphasize this “selling point” to our non-members. It allows non-members to be part of expanding the scope of optometry in the future.

MAKE MEMBERSHIP COUNT . . .
AND HAVE YOUR COA DUES PAID FOR 2011!

Member-to-member recruitment is the key to recruiting prospective members. Besides, who knows better about the benefits of COA than a member! More members mean more representation to achieve our goals in the California Legislature and in the health care arena, which means we all win. Be one of three members to recruit the most new members throughout 2010 and have your COA DUES PAID FOR IN 2011! With the generous support of Vision West, Inc., the top three recruiters in 2010 will have the COA portion of their membership dues for 2011 PAID IN FULL.

Here’s How It Works!

COA members may refer new members without regard to their society affiliation. Make sure the applicant lists YOUR name as the referring member on the application. It’s that easy! The COA office will track all the referrals for the year and will notify the top three recruiters at the end of the contest period.

*For complete details, eligibility requirements, membership applications and talking points, visit the Member Resources section of the COA Web site at www.coavision.org or contact Lisa Ah Po, marketing manager, at LisaA@coavision.org.

Recruit a member today and MAKE IT COUNT!
**VISION WEST IN-OFFICE SUPPORT**

Vision West is more than a traditional buying group. Although partnering with vendors to help our members save money on their optical purchases is important, being able to offer our California members in-office support is just as important.

Vision West wants our members to succeed and that is why we employ two successful industry veterans — Linda Butler serving the Northern California area and Gayle Eisenberg serving the Southern California area. Each of them has over 20 years of optical experience and is available to come to your office to educate and assist you in the following areas:

- Vendor Relations
- Frame Board Management
- Contact Lens Ordering
- Insurance Billing
- Practice Management Software
- Staff Training

Best of all, there is no cost to you! Vision West provides this service to our members for free. If you are a current member, then we welcome you to take advantage of this service. If you are looking for a new buying group and one that can really help your practice, please contact Linda or Gayle to find out more about Vision West.

<table>
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<th>Linda Butler</th>
<th>Gayle Eisenberg</th>
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<tr>
<td>Northern California Field Representative</td>
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**TIPS FROM COA SPONSORED INSURANCE PROGRAMS**

If you thought your last medical plan premium increases were shocking, wait until you see your renewal this year.

The health care reform discussion has not put the brakes on medical insurance premiums. Be aware of ways you can help control medical insurance premium increases. Below are strategies that Marsh can assist members with to help contain medical insurance premiums:

- **High Deductible Health Plans** — Significantly reduces premiums and enables members to open a health savings account.
- **Plan Design** — Allows employees to choose the health plan they want. Enables optometrists to save money they might otherwise spend.
- **Compare** — Rate competitiveness varies by insurer, type of plan (PPO, HMO or HDHP) and location.
- **Health Savings Accounts** — In 2010, members may contribute up to $3,050 for individuals and $6,150 for family coverage; plus another $1,000 if you are between ages 55-64. Unused funds roll over each year for future medical expenses.
- **Rate Adjustment Factors (RAF):** For groups of six to 50 employees, insurers reduce the RAF for new business. In effect, it places medical insurance “on sale.”

Let Marsh help you with the above strategies to control medical insurance expenses. Call a Client Service Representative at 800-775-2020.

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IS UV GOOD OR BAD?
Health Benefits and Risks Involving Ultraviolet Light

Patients ask their doctors every day about protection from the sun. They ask their optometrists, ophthalmologists, dermatologists, general practitioners, and other health care professionals if and how much they should protect themselves from harmful rays. As optometrists, we are at the entry point for many patients into the health care system. The media inundates us with information almost daily about harmful rays of the sun and its effects on our skin and our eyes. But sunlight is absolutely necessary for life. It helps our physiology, mental balance, and is necessary to grow food. So what is all this fuss about sunlight and especially ultraviolet radiation (UVR)?

Ultraviolet radiation has been divided into UVA, UVB and UVC. UVA is also called near ultraviolet and is in the range of 320 to 380 nanometers (nm). UVB is called mid-range ultraviolet and extends from 290 to 320 nm. UVC is far range ultraviolet and extends from 0.1 nm to 290 nm. So, the range of all UV is from 0.1 nm to 380 nm. Energy (or radiation) from the sun contains all UVR visible light, and IR (infrared radiation) that reaches the earth. About 8% of the sun’s radiation is UVR. All man-made lamps emit less than the full spectrum from the sun. Some of the newer “full spectrum” lamps are a close approximation of sunlight. Researchers have proven that UVR is the most biologically active part of the spectrum related to human physiology affecting health.

Ultraviolet and the Eye
Our eyes use visible light and UVR for visual and non-visual aspects of functioning. As optometrists, we study extensively the visual aspects, but not much on the non-visual portion, or our reaction to UVR. But let’s start with the anterior portion of the eye beginning with the tears, progress through the various ocular tissues and the effects of UVR upon them, and finish with the retina and the non-visual aspects of our response to UVR mediated through the eyes.

Tears have negligible effect on UVR entering the eye, but when the tear film is compromised, the conjunctiva and cornea can be more acutely affected. Normally, the conjunctiva, when overexposed with UVR, can develop pingueculae and/or pterygia, the conjunctival tumors. The cornea is a filter to all wavelengths below 295 nm. Overexposure to UVR can result in actinic keratitis, band-shaped keratopathy, and recurrent erosions. It can also trigger Herpes Simplex Keratitis.

Donald L. Barniske, OD, FCSO, is a 1974 graduate of the Southern California College of Optometry. He has a full-scope rural optometry practice that includes low vision, OrthoK, V.T., dyslexia, syntonics, and therapeutics. Started in 1919, it is the first private OD practice with an Optical Coherence Tomographer (OCT) in California. He is president of the College of Syntonic Optometry (CSO) for 2010-2011, and is also a fellow of CSO.

The Spectrum of Electromagnetic Energy

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<tr>
<th>Wavelengths Measured in Nanometers (Nm)</th>
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<tr>
<td>0.1</td>
<td>Gamma rays X rays</td>
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<tr>
<td>290</td>
<td>UVC</td>
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<tr>
<td>320</td>
<td>Ultraviolet Radiation</td>
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<td>380</td>
<td>UVB</td>
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<td>780</td>
<td>Visible Light</td>
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<tr>
<td>1,000,000</td>
<td>Infrared radiation</td>
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The lens, aqueous humor, iris, trabecular meshwork, vitreous, and fundus are the intraocular tissues that are continuously exposed to UVR longer than 295 nm throughout life. Continuous exposure to UVR over 295 nm photochemically generates chromophores (pigments) in the crystalline lens, which are responsible for the yellow and brown coloration (brunescence) due to aging.

This alters the perception of color and some of the effects of UVR/blue light on the intrinsically photosensitive retinal ganglion cells (ipRGCs) and resultant systemic effects. The aqueous contains tryptophan, which absorbs UVR in the 295-315 nm range. But because of the aqueous composition and its rapid replacement, UV damage to the aqueous is thought to be insignificant. The iris and trabecular meshwork appear to be protected from UVR damage between 295-400 nm due to its absorption by the cornea and aqueous.

The vitreous is protected from deleterious effect of UVR between 295-400 nm by the filtering effects of the cornea and the lens. Below age 10, the lens transmits most UVR longer than 295 nm to the vitreous and retina, but after that lens changes occur to increase absorption in the 300-400 nm region. But because of the aqueous composition and its rapid replacement, UV damage to the aqueous is thought to be insignificant. The iris and trabecular meshwork appear to be protected from UVR damage between 295-400 nm due to its absorption by the cornea and aqueous.

The retina is very sensitive to UV radiation between 295-400 nm, but is largely protected by the cornea, lens and vitreous. Cystoid macular edema was a problem with aphakic eyes due to loss of the UVR-absorbing crystalline lens. Current IOLs have the ability to filter UVR and protect delicate retinal cells. However, the non-visual receptors in the ganglion cells need stimulation for their systemic effects and should be remembered when selecting IOL lenses. Excessive UVR exposure can also be limited with wavelength-selective eyeglass lenses and contact lenses.

In the retina, ipRGCs respond to the blue end of the visible light spectrum that peaks at 460 nm and influence brain function through the retinal hypothalamic tract. They do not terminate in the visual cortex for sight recognition. The ipRGCs are located in the ganglion cell layer of the retina, whereas the rods and cones are in the outer plexiform layer. The ipRGCs innervate directly with the suprachiasmatic nucleus (SCN) in the hypothalamus and influence photostimulation for entrainment of our circadian rhythms. These ipRGCs have a very large dendritic arbor and have the largest receptive field of all ganglion cells in the retina. They contain melanopsin which is photosensitive to short wave blue light. When ipRGCs are photostimulated, a polysynaptic circuit from the SCN suppresses melatonin release from the pineal gland and regulates circadian entrainment. Stimulation (via ipRGCs) also induces pupillary dilation, increases heart rate, and alertness as measured by changes in frequency of EEG brain waves.

With UVR exposure, the hypothalamic pituitary axis provides stimulation that releases various other hormones. Corticotropin Releasing Hormone (CRH), ProOpio Melano Cortin (POMC), AdrenoCorticotrophic Hormone (ACTH), Thyroid Stimulating Hormone (TSH), and Gonadotrophic Releasing Hormone (GnRH) are produced by the pituitary. As production of these hormones is increased, the production of melatonin in the pineal gland is suppressed. So, the pituitary and the pineal gland are antagonistic organs in the brain, via energy entering the eye through photoendocrinology, and other physical and emotional systems.

Visible light closest to UVR is violet in color. It is the highest energy of all visible light. The blue appearance of the sky is due to the scattering of the UVR in the atmosphere called the Rayleigh phenomenon. Blue light awareness is decreased due to the yellowing of the crystalline lens in the eye and is evident in the paintings of aging artists. The UVR and shorter wavelengths of the visible spectrum are filtered by the crystalline lens and shift our perception toward the reddish end of the spectrum. The subjective sensation of color is only slightly altered by wearing clear UVR absorbing spectacle lenses, especially when viewing pearlescent paint colors of automobiles. The visual centers of the occipital lobe seem to adapt and survive with the diminished violet-blue perception.

**Health Benefits from Ultraviolet**

1. UV radiation on the skin (dermal phototransduction) starts a multiphasic process of nutrient production. Cholesterol concentration in skin is converted to pre-vitamin D. Pre-vitamin D is changed to vitamin D by the normal heat of the body. Blood carries vitamin D to the liver for conversion to 25-HCC vitamin D then to the kidney that changes it to its more active form, 1, 25-DHCC vitamin D that is its most active form. Vitamin D is necessary for absorption of calcium in the intestines. The 1, 25-DHCC form enhances intestinal calcium binding proteins that are essential for calcium absorption, transportation, and collagen formation in the bones. Calcium is necessary for nerve function and helps prevent osteoporosis.
2. UV radiation lowers blood pressure. Normal blood pressures were lowered (in a study in the *Am. Journal of Physiology*) on an average of 6 mm Hg systolic and 8 mm Hg diastolic after exposure to light. The patients with high blood pressure had a drop 2.5 times greater than the normal BP patients that lasted up to five to six days. Before pharmaceutical agents were developed, (hypertensive) patients were treated with UV light very successfully by physicians.

3. UVR increases cardiac output from the heart. Research at Tulane School of Medicine indicates cardiac output was increased 39% in 18 of 20 subjects exposed to UVR.

4. UV radiation reduces cholesterol. Cholesterol concentration in the skin is higher than in most other organs. When the cholesterol in the skin is converted to pre-vitamin D, then the cholesterol lost is replaced by cholesterol in the blood stream. This cholesterol moves back and forth between the skin and bloodstream. Two hours after UV exposure, 97% of the subjects tested had almost a 13% decrease in blood cholesterol levels in a study of ultraviolet irradiation and cholesterol metabolism published in the journal *Circulation*.

5. UV radiation therapy is an accepted treatment for people with psoriasis and for neonatal jaundice in newborn babies.

6. UV radiation resulted in improved EKG readings in patients with cerebral atherosclerosis. A study with 169 patients with cerebral atherosclerosis received UVR treatments, and at one year follow-up evaluations better EKG readings were present than initially.

7. UV radiation increases hormone levels. The production of various hormones, including CRH, POMC, ACTH, TSH, and GRH, is influenced through the hypothalamic pituitary axis. Melatonin production of the pineal gland is decreased with UVR stimulation and increased in darkness.

8. Seasonal Affected Disorder (SAD), or winter depression, is affected by a lack of UVR entering the eyes. UVR affects the balance of melatonin from the pineal gland and serotonin, a hypothalamic neurotransmitter. The amount of UVR entering the eyes affects both hormones related to SAD.

9. The immune system is influenced by UVR. The white blood cell count is lowered by lack of UVR stimulation. The lymphocytes are increased with UVR, which helps produce interferon that help our immune function.

Consequently, the health benefits from UVR (and sunlight) are related to our daily exposure. So, minimum daily requirements (MDRs) would be from half an hour to two hours of exposure on 40% of our body each day. Very lightly pigmented people would require at least half an hour per day, and very heavy pigmented skin would require about two hours to absorb the UV necessary for optimum health. Inadequate illumination may result in decreased energy levels; craving for carbohydrates and caffeine; tiredness and need for more sleep; lower sex drive; decreased attention and concentration; and mood disturbances.

**Health Risks of Ultraviolet**

Many health risks are obvious with too little UVR exposure as indicated by the health benefits list. But too much exposure will have deleterious effects on humans. So, moderation with UV exposure is recommended just like for food, water, and other nutrients for health. For example, too much oxygen given a baby can cause retinopathy of prematurity and blindness. This is what happened to Stevie Wonder! So, what happens with over (or under) exposure to UV?

1. Skin cancer and sunburn are associated with overexposure to UVR. Too much time in the sun will damage the skin. UVA can contribute to cutaneous malignant melanoma through DNA damaging molecules such as hydroxyl and oxygen radicals. Sunburn is caused by too much UVB radiation, which also leads to DNA damage and various skin cancers such as basal and squamous cell carcinomas. UVA and UVB over exposure can damage collagen fibers and accelerate aging of the skin. Unfortunately, some of the earlier sun-screen lotions with PABA were found to be cancer-causing when exposed to UVR while being used during sunlight exposures. The new lotions are more protective.
2. Overexposing to tanning beds also causes skin changes— not related to tanning but due to DNA and collagen changes if the time of exposure is too much or protection is not used. Eye cups are very important to prevent actinic keratitis and cataracts due to over-exposure.

3. Snow blindness can occur from too much UVR exposure while skiing or in the snow for extended periods when the sun is out if the person is not using eye protection. Overexposure results in actinic keratitis, conjunctivitis, and cataracts.

4. Welders, people working with photo flood lamps in the TV and movie industry, and people working around carbon arc lamps risk UV induced eye changes from keratitis, conjunctivitis, cataracts, and retinal damage. Eye protection is a must for prevention.

5. “Mal-illumination” due to artificial lighting affects human physiology. Circadian rhythm disruption and SAD are the most obvious physical changes due to lack of UV light caused by imbalanced illumination. Full spectrum lighting is recommended in sufficient intensity to prevent these problems. Exposure to sunlight and its UV qualities will help restore health.

6. Viewing Eclipse and Sungazing. Direct sun viewing will cause UV-induced retinal damage and corneal and lens changes.

7. Certain medications cause systemic photosensitization. There are several commonly prescribed medications that when taken cause exaggerated sunburn through phototoxic and photoallergic reactions. Some of them are:
   a. Sulfonamides for chemotherapy and antibacterial Tx
   b. Sulfonylurea for diabetes
   c. Chlorothiazides for hypertension
   d. Phenothiazines as tranquilizer and antihistamines
   e. Broad-spectrum antibiotics used for infection
   f. Tetracyclines used for infections and rosacea
   g. Griseofulvin for antimycotic Tx

8. Some medications cause intraocular photosensitization. Phenothiazines, psoralens, and the tetracyclines are capable of causing enhanced photochemical damage to the choroid, retina and the lens.

9. Cosmetics and soaps may cause increased skin sensitivity and exaggerated sunburn. Halogenated antiseptic compounds used in soaps, cosmetics, and other consumer products applied to the skin may result in increased photosensitivity and photoallergic reaction to UVR.

The health risks can be minimized with awareness of the effects of over or under exposure to UVR. We can counsel our patients about the medications they are using and that these medications may create increased sensitivity and reaction to UVR. The ocular and cutaneous responses can be prevented or minimized with sensible actions.

Macular degeneration is accelerated with over exposure to UVR. As optometrists, we should counsel our patients about the different absorption lenses available to decrease the rate of macular degeneration respective to their medications, eye, and systemic health.

Using the logical method based upon research in vision, health and medicine, the conclusion is that we need UVR to help promote optimal health. The balance of physiology and our psychological health is enhanced with UVR. We all need differing amounts of UVR due to our general health, age, skin color, medications, life style, culture, and the geographic zone we live in. High in the mountains or below sea level (where I live, minus 150 ft), or northern Alaska with months of darkness, or near the equator with 12 hour days and nights will determine what is available to us naturally. Artificial light exposes us to limited wavelengths of light that alters our health.

No one should go outside and overdo it in sunlight. Don’t overcook your food or yourself! Sunlight and the UV effects on the body should be received with short exposures, increasing slowly relative to skin pigmentation and medications. Mid-day sun exposure in Southern California should be limited to only 10 minutes of exposure on 40% of skin and eyes without protection. The UV index is published in many newspapers daily and gives the amount of time to stay in the sun at various times of the day. So, UVR in moderation is necessary for optimum mind-body health. Figure out your personal level of exposure necessary, and make it your goals. Your patients and family will appreciate you more with your knowledge and advice about UVR.

The ophthalmic industry has provided us with absorption curves for all lenses manufactured. We prescribe them everyday. Make yourself knowledgeable about the various lenses so you can make the best recommendations for your patients’ optimum health and preventative care.

For questions and references, contact Dr. Barniske at visioncarecenterbrawley@yahoo.com.
CE Questions

1. Ultraviolet radiation is divided into UVA, UVB, and UVC. Near wave UVA is at what wave length on the electromagnetic spectrum?
   a. 1 nm to 290 nm  
   b. 290 nm to 320 nm  
   c. 320 nm to 380 nm

2. What percent of sunlight is ultraviolet radiation?
   a. 80%  
   b. 8%  
   c. 40%

3. Researchers have proven that UV is the most biologically active part of sunlight reaching the earth for humans.
   a. True  
   b. False

4. The cornea filters out what portion of the electromagnetic spectrum?
   a. 380 nm to 700 nm  
   b. 295 nm and below  
   c. 295 nm to 380 nm

5. The transparency of the ocular crystalline lens loses some of its clarity due to what wave length of UVR?
   a. All UVR  
   b. Less than 295 nm  
   c. Greater than 295 nm

6. What retinal change was most prevalent after cataract surgery resulting from overexposure to UV?
   a. Dry macular edema  
   b. Cystoid macular edema  
   c. Optic nerve atrophy

7. Intrinsically photosensitive retinal ganglion cells (ip RGCs) function through which nerve pathway?
   a. Retinal hypothalamic tract  
   b. Rod-cone-optic tract-visual cortex tract  
   c. Image forming photoreception

8. Health benefits from UVR exposure on the skin include:
   a. Vitamin D production  
   b. Reduces cholesterol  
   c. Jaundiced babies and psoriasis treatment  
   d. All the above  
   e. None of the above

9. Health benefits from UVR exposure through the eyes include:
   a. Winter depression therapy  
   b. Hormone level changes  
   c. Circadian rhythm balance  
   d. All the above  
   e. None of the above

10. Health risks from excessive UVR exposure include:
    a. Skin cancer and sunburn  
    b. Keratitis, cataracts, retina damage  
    c. Premature aging of the skin  
    d. A and B above  
    e. All of the above

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CE@Home july/august 2010 issue

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When & Where

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10-11
SCCO Ocular Disease Part 2  (CE Hours: 18)
SCCO, Fullerton, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

11
ACCCOS CE Meeting  (CE Hours: 2)
Concannon Vineyards, Livermore, CA
Contact: Selin Khayatan, OD, 925-648-9393, skhayatan@gmail.com

18
Optometry Business Academy
Cal State Fullerton, Fullerton, CA
Contact: Dept of CE, 714-449-7442, satkinson@scco.edu

21-25
AER International Conference 2010
Little Rock, Arkansas
Contact: www.aerbvi.org

23-25
SVOS Tahoe Seminar  (CE Hours: 12)
Embassy Suites Resort, So. Lake Tahoe, CA
Contact: 916-447-0270, jerrysue@svos.info

25
RHOS 23rd Annual Summer Spectacular  (CE Hours: 6)
Knott’s Berry Farm Resort Hotel, Buena Park, CA
Contact: 562-698-0027, candicegalvan@gmail.com

AUGUST
1
Optometry Business Academy
Cal State Fullerton, Fullerton, CA
Contact: Dept of CE, 714-449-7442, satkinson@scco.edu

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ORANGE COUNTY, CA: This well-kept practice is grossing over $200K on less than 20 doctor hours per week. Located in a very busy shopping center with strong anchors and heavy walk-by traffic. Current owner is looking to spend more time with family and will assist in smooth transition. (62599)

PRICE REDUCED! SF BAY AREA, CA: Here’s a beautiful, part time practice in a great location. Established for about 20 years, this office has always been a steady 3 day/week practice. Average revenues have been around $350K. Great visibility and good nearby anchors. (61629)

NEVADA: This amazing office is grossing over $1.2 million and has shown steady growth trends over the last 3 years. Includes high end eyewear sales, Lasik referrals and general eye health services. (56177)

WASHINGTON: Two, established, charming practices located in eastern Washington next to the Columbia River. The owner sees patients only two days per week at each location and nets over $300K. No weekend doctor hours. Opportunity to purchase real estate at one location. $710K gross revenue combined in 2009. Picturesque area with lots of outdoor activities to enjoy including hiking, skiing and fishing. Current owner wishes to retire. (68726)

INLAND EMPIRE: 84-year-old practice grossing over $800K with strong net. This very spacious office is located in a heavy traffic area near a major freeway. Seller is retiring and will assist in transition. Continued growth potential. (67739)

OREGON: Newer practice grossing $400K. Great location with newer equipment. Practice has a large, contemporary dispensary with track lighting and wood flooring. (61279)


NEAR SF BAY AREA, CA: Grossing almost $900k with no VSP. Practice is located in an upscale setting. A majority of revenue is generated from the high-end optical sales. This is a great opportunity for any buyer to capture VSP patients and grow the practice revenue. (57021)

NEVADA: This well-designed practice with custom built-in displays grosses over $370K on referrals. Practice is in a newer strip center surrounded by strong anchors with very little nearby competition. Office includes many upgrades including pre-testing equipment such as Topcon Topographer, Reichert NCT, Humphrey Visual Field FDT and more. (61711)

NEW LISTING! NORTHEAST PA: This well-maintained, start-up practice was started cold 4 years ago and has had steady growth, grossing over $365K in 2009. This practice has newer equipment, furniture and interiors. Current owner is relocating. (68726)

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Our recently passed national health care reform bill is analogous to an iffy blueprint. It intends to positively overhaul the current system, but no one actually knows what the new structure will look like because it is so complex. Currently, members of the Obama administration are working on rules that will implement the plan at the same time lobbyists seek to limit its impact. An article in the May 16, 2010 edition of The Washington Times reports that the nation’s most influential small-business lobby, the National Federation of Independent Businesses, will “join the argument that Americans cannot be required under the Constitution to obtain insurance coverage.” The fight is not over yet.

When you try to change a national system that is built upon layers and layers of institutionalized practices and carve-out legislation for special interests, you are bound to get something that resembles a camel — a horse designed by a committee. However absurd the result may be, our health care reform efforts do have supporters. Cuban revolutionary leader Fidel Castro recently declared, “It is incredible that 234 years after the Declaration of Independence...the government of that country (United States of America) has approved medical attention for the majority of its citizens, something that Cuba was able to do half a century ago.” Oh for heaven’s sake, doesn’t Fidel know that the USA has been providing first rate medical care to detainees in Guantanamo Bay for years?

As signed into law, the health care reform bill will require each state by 2014 to set up an “exchange,” or marketplace, where people not covered through their employers could shop for the best deal on health insurance. I must admit that I can’t understand how a member of the chronically unemployed could afford to buy health insurance even with access to substantial government subsidies.

At this writing, health care providers in California still have no idea how federal health care reform will change the current health care delivery system and improve access to services for those in need. In a study funded by a grant from The California Endowment, the UC Berkeley Center for Labor Research and Education concludes, “If all eligible Californians enroll, the new health insurance exchange will have between 12 and 34% of the private insurance market in the state, providing the potential to become a significant cost containment force in the market.”

Two bills have been introduced in the California state legislature that deserves our attention. AB 1602 (Perez) and SB 900 (Alquest/Steinberg) would implement federal health reform measures and create a California health insurance exchange. The status of each of these bills can be tracked on www.legislature.ca.gov. How these measures will impact the livelihood of optometrists is unclear. However, it is a safe bet that, if enacted, health reform will increase demand for provider services.
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