A Comprehensive View of Professional Optometry in California Today

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YOUR ROLE IN HEALTHCARE REFORM

A few weeks ago, I had the opportunity to visit Western Health Sciences University, School of Optometry in Southern California. It was an honor to address the incoming first-year optometry students and ensure that they understand the benefit of organized optometry and COA membership. Prior to my talk, I was given the opportunity to meet with Western’s dean and faculty. During that dialog, I was impressed by the fact that each and every faculty member asked where organized optometry and our profession are going from here. So the forward momentum continues and organized optometry needs your help, as we meet the challenges of health care reform.

In early September, the COA held our annual Presidents’ Council in San Mateo. One of the first topics presented by Los Angeles County Optometric Society was how COA optometrists fit into healthcare reform under our newly adopted three-year strategic plan. The first strategic goal is to “Engage and Empower” California optometrists to move our profession forward. This year the California State Board of Optometry adopted new regulations that were passed by the California Legislature as SB1408.

Now it is time for us to encourage all of our optometric colleagues to become glaucoma certified. The COA is actively participating in this process. During the Monterey Symposium in November and OptoWest next Spring, a 16-hour Glaucoma Case Management course will be offered in an effort to help our colleagues meet the new licensure requirements. It is a great time to engage and empower!

As healthcare reform moves forward, COA is evaluating how our profession can develop a scope of practice that prepares for reform implementation. When we consider scope and access, it is essential that we have developed strong organization relationships with others to promote our message as the primary providers of quality eye care. Take it from me that legislators are looking to coalitions of healthcare providers to advocate for expanded roles by the allied professions. It is essential now more than ever that optometrists become involved organizationally at the state wide level. Invest your time to develop collaborations that represent optometry, not only at the state level, but locally and nationally as well. Your involvement can positively impact the development healthcare policy.

The COA Healthcare Delivery Systems Committee (HCDS) is closely watching what third party issues are moving forward through the halls of California politics. Leadership has heard the message. Increased access to medical panels and advocating enhanced scope of practice are at the top of the list over the past year. HCDS members have been making increased efforts to educate health plans on optometry’s expanded scope into the medical model.

COA is diligent to stay as key players in discussion of health care reform during Health Benefit Exchange and electronic healthcare records system dialog. Your COA colleagues will be contacting leadership at each society to identify potential optometric liaisons to health plan carriers. So if asked, step up.

I am reminded of an experience navigating a canoe on the Russian River. The goal is not to get hung up on the rocks and tree stumps directly in front, but to look down river and be prepared. We need to look far ahead and early, as we navigate healthcare reform. Your COA leadership is doing just that, and we need your help to do it successfully. So when asked, say yes and get involved.
The positive loss history of the California Optometric Association’s Workers’ Compensation Program has resulted in consistent and competitive rates for members. Plus, members receive first-class customer service from Marsh and claims service from Zenith to assist them whenever they need it.

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BOARD OF TRUSTEES MEETING HIGHLIGHTS

On August 10, 2011 the Board of Trustees had a fax vote:
- To approve the proposal for COA to hold and sponsor a vision fair in Castroville, California on August 28, 2011.

On August 18, 2011 the Board of Trustees had a fax vote:
- To approve the 2011-2014 COA Strategic Plan.

And on September 8, 2011 the Board of Trustees had a meeting at the San Francisco Airport Marriott in Burlingame, CA. The Board discussed a number of issues and topics, with a motion:
- To approve the recommendation from the Communications Committee to approve the selection of Burson-Marsteller as COA’s public relations firm. To terminate the current contract with Phyllis Klein PR on September 9, 2011. This would provide a 50-day notice to Phyllis Klein and enable Burson-Marsteller to begin services on November 1, 2011.

A full copy of the Board of Trustee’s minutes is available for download in the members-only section of the COA website at www.coavision.org.

The next meeting of the COA Board of Trustees is scheduled to take place in November 10, 2011 in Monterey, CA.

2011 COA Board of Trustees

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THE CALL TO SERVE

Recently I attended a Chamber of Commerce breakfast in Fullerton that featured Lucy Dunn. Lucy Dunn is the president and CEO of the Orange County Business Council. It is her job and mission in life to work with a group of business members and develop meaningful bridges with academia and government to ensure the county’s prosperity and work toward job creation. She is a talented speaker and presents with clarity and laser focused commentary. The hour in which she presented went quickly, as she discussed the problems that lie ahead and possible ways to navigate through our current economic quagmire in the state.

One of her many calls to action stuck with me in the weeks that followed her presentation. Here was her key message . . . get involved in government. She begged us to get involved in local, county and statewide government. One of the key reasons why she was speaking to the Chamber of Commerce about getting involved in government is because of the severe paucity of business people who are represented in Sacramento. Very few of our representatives are business people, concerned with the economic health and welfare of the small or large business owner.

California is known for its over-legislated, over-regulated environment. Many of the bills presented for passage place heinous restrictions or requirements on businesses of all sizes. This hyper-regulated “nanny state” is sorely obvious when we examine the types of legislation being introduced in Sacramento. As a shining example of the rampant over-regulation, witness a bill that would require all hotels to use fitted sheets. Are you kidding me? We are going to regulate sheets? With unemployment statewide at 12.3%, we are spending time on sheet configurations. Continuing this string, I would like to introduce legislation outlawing single ply toilet paper. I am currently shopping around for a sponsor.

Who can better represent the plight and issues of the small business man than an optometrist? We are community based, reach and speak with large numbers of people, employ members of the community and operate sound business practices. Certainly we are sensitive to the legislative process as optometry has been embroiled in it on a fairly continuous basis over the years.

I am proud every day for the representation that is afforded the state and the profession by our colleague, State Senator Ed Hernandez (D-San Gabriel/East Los Angeles). His service is exemplary, and he stands as a role model to us all. I wish every good wish to Dr. Jennifer Ong, who is running for a state assembly position in Northern California in the 18th district. These members of our profession have heeded the call to public service. I would encourage us all to examine if we have the fortitude to follow in their steps. We are uniquely positioned to make significant impact. Get involved in government locally, in the county or the state. Listen for the call to service.

In the meantime, if you hear of a good sponsor for a bill . . .
Callaway Sunwear have exclusive NEOX™ Transitions® SOLFX™ lens technology that precisely balances light transmission and enhances visual contrast and depth perception for ultimate outdoor vision. Available in prescription or plano.

For more information, please call Walman Optical at 1-800-759-9391.
DR. DAN B. TRAN IS FIRST IN CALIFORNIA TO PERFORM CATARACT SURGERY WITH LENSX® LASER

Dr. Dan Tran with NVISION Laser Eye Centers is the first eye surgeon in California to perform cataract surgery with an image-guided laser, which offers the first major advance in cataract surgery in 30 years.

“Cataract surgery was performed by hand with blades or needles,” said Dr. Tran. “With the LenSx laser, I am able to perform my patients’ surgeries to more exacting, individualized specifications not attainable with other surgical methods. More importantly, I am seeing that my patients recover more quickly and are even more satisfied with their outcome.”

One in five Americans will be over age 65 by 2050. Eye care services for presbyopia (reading glasses) and cataracts will be in huge demand. In the near term, according to Market Scope 2009 report, the refractive cataract surgery market will grow from 19.4 million this year to 21.6 million by the year 2014.

The three key benefits of the laser assisted cataract surgery versus traditional manual cataract surgery are:

1) The laser provides a more precise circular incision around the cataract, which is associated with more accurate placement of the intraocular lens implant. The main corneal incision is created through multiple planes to reduce the potential for wound leakage. A real time computerized laser imaging system guides the laser beam to the correct target during the surgery.

2) The laser pre-softens the cataract, allowing surgeons to minimize the use of ultrasound energy to remove the cataract lens. Decreased usage of ultrasound energy is associated with faster visual recovery and reduces the chances of thermal injury to tissues inside the eye.

3) Using the laser to create all corneal incisions also allows the surgeon to minimize the amount of astigmatism patients have after surgery, which lessens the needs for glasses.

PROFESSORS FIGHT MACULAR DEGENERATION

Dimitrios Morikis, a professor of bioengineering at UC Riverside, and Lincoln Johnson, the director of the Center for the Study of Macular Degeneration at UC Santa Barbara, will use a $100,000 one-year grant to develop techniques to combat age-related macular degeneration.

Age-related macular degeneration afflicts the elderly population, starting with distorted vision in the macula and continues with gradual loss of central vision, and eventually progresses to blindness. The disease is a leading cause of vision loss in Americans 60 years of age and older. It affects more than 1.75 million people in the United States, according to the National Eye Institute, which is part of the...
National Institutes of Health. Owing to the rapid aging of the population, this number is expected to increase to almost 3 million by 2020.

There are treatments for slowing the progression of age-related macular degeneration, but none offer a cure. One drug target for age-related macular degeneration is a portion of our immune system called the complement system, which is genetically predisposed to the disease. Complement system helps or “complements” the ability of antibodies and phagocytic cells, a type of white blood cell, to clear infectious agents or germs from an organism.

Morikis has researched the design of complement system inhibitors for almost 15 years. This includes participation in the development of peptides from the compstatin family, which are potential therapeutics for age-related macular degeneration.

For the current project, Morikis has teamed up with Johnson because of his extensive background in retinal cell biology and age-related macular degeneration. Johnson has developed a biologically relevant system to test the effects of complement system activation on retinal pigmented epithelial cells.

The researchers envision that the work will provide the springboard for the generation of new inhibitors of the complement system, which will potentially have a direct impact in treating age-related macular degeneration, as well as for mechanistic understanding of the role of complement system in the disease.

PHYSICIAN ASSISTANT PROGRAM COMES TO ORANGE COUNTY

The Southern California College of Optometry (SCCO) now offers a two-year Physician Assistant (PA) program in Orange County. The program, approved by the College’s Board of Trustees, will fill a critical need in the delivery of health care. The new PA program is targeted to begin as early as the fall of 2014.

“The changing health-care landscape has created a high demand for PAs who provide frontline medical care, and SCCO is pleased to take the lead in establishing a quality educational program in Orange County,” said SCCO President Kevin L. Alexander, OD, Ph.D. “The need to cut health-care expenses, to treat an aging population, and to fight costly chronic conditions such as obesity and diabetes fuels the demand for PAs as does the shortage of general physicians.”

“Offering a physician assistant program is a great fit for SCCO thanks to our 107 years of experience in health-care education. The SCCO Family is excited to take on this new challenge that will help to fill the increasing need for well-educated physician assistants,” added Alexander.

Alexander named SCCO’s Vice President of Interprofessional Affairs John H. Nishimoto, OD, M.B.A. to lead the search for the new director of the PA program.

SCCO will offer a two-year Master of Science degree for the PA program. PAs are health care professionals licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions.
HEALTH IT — E-PRESCRIBING 2011 ALERT

There is still time for optometrists to start e-prescribing (eRx) and receive the 2011 CMS E-Prescribing incentive program bonus. E-prescribing allows optometrists to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care. All Medicare providers who write at least 25 e-Rxs are eligible for a 1% bonus on their 2011 approved Medicare billings.

Optometrists can utilize free Web-based software to earn the bonus if they do not own an electronic health record (EHR) with an integrated eRx system, making this program easy for optometrists to participate. The eRx program is currently optional for optometrists but may become mandatory in the near future, so it is important that all optometrists adopt eRx into their practice now.

What is eRx?
E-prescribing improves the overall safety and efficiency of the prescribing process by allowing providers to prescribe the most medically appropriate and cost effective prescription at the point-of-care. E-prescribing can allow your practice to access your patients' formulary, eligibility, and prescription history information and securely exchange prescription information with pharmacies electronically, rather than by fax, phone or on paper. Pharmacies are then able to send refill requests to providers electronically significantly reducing pharmacy phone calls and faxes and ensuring patient safety. There has never been a better time to e-prescribe. Government programs — such as the Medicare Electronic Prescribing Incentive Program and the Health Information Technology for Economic and Clinical Health (HITeCH) Act — are designed to provide support for prescribers that wish to adopt eRx and electronic medical record (EMR) technology by providing providers a transition period and some financial support to make the transition. The ultimate goal of this program is to improve patient safety by moving away from paper-based medical records.

How to start:
1. If you currently have an EHR, check with your software vendor to see if they have an eRx solution. It will most likely be an integrated solution and have an associated annual fee. Integrated solutions are typically worth the expense compared to having a stand-alone solution.

2. If you DO NOT currently have an EHR, check out the stand alone solutions which are available. The National E-prescribing Safety Initiative (NEPSI) was created with the goal of providing free stand-alone eRx to every physician in the country.

Health Technology Information You Can Use
If you need a free stand-alone solution and you are ready to begin:

Register at www.erxnowregistration.allscripts.com. This typically takes a very short time and for your initial application; you need a copy of your:

• NPI enumerator — This is the official form which shows your NPI number.
• Valid State License and must show the expiration date
• Valid Driver’s License

Once you fill out your application online, you will be able to print out a confirmation page, which is actually a fax cover sheet with specific instructions. You will fax this cover sheet, with the above three items, to the number indicated on the fax cover sheet. They will then complete your registration, and you will receive an e-mail with instructions to then begin eRx. Most applications are completed the same day.

To participate in the 2011 Medicare eRx Incentive Program:
• Have a working eRx solution in place, either integrated or stand-alone
• Verify your solution is a qualified eRx system at: www.surescripts.com/certification-status.html
• For Medicare Patients, who need medication prescriptions, create at least one eRx during the encounter, document you did it, and transmit it electronically using your qualified eRx System. You must be seeing the patient for a visit, billing a procedure code, and not just a patient requesting an authorization or refill by phone.
• On your CMS-1500, include the code G8553 on the same form with the supporting procedure code.
  o Code: G8553 Description: At least one Rx created during the encounter was generated and transmitted electronically using a qualified eRx System and use the amount: $0.00 or possibly $0.01 if your system won’t allow zero charges.
• Verify this on EOB’s to make sure this gets to Medicare, processed, and returned.
• E-prescribe AT LEAST 25 times in 2011, document, bill, verify it makes it through all of the correct steps, and you should get a 1% bonus on your all Medicare allowable charges for 2011. In 2012, you will get a 0.5% bonus.

If you do not participate in eRx in 2013, you may start getting a payment cut of 1.5% and a 2% cut in 2014. Find out more at the following websites:
• The AOA’s Health Information Technology website: www.aoa.org/ehr
• The National ePrescribing Patient Safety Initiative website: www.nationalerx.com
The State Board of Optometry (SBO) met on September 16th and considered several issues impacting optometry:

**AB 778 (Atkins) — Corporate Practice of Optometry**

As expected, AB 778 received the most public involvement during the SBO meeting when the board contemplated a request from LensCrafters to reconsider its opposition to the measure. Sponsored by LensCrafters, AB 778 was drafted as an exception to the laws that prohibit certain relationships between optometrists and opticians. The bill would codify LensCrafters’ business model, which has been called into question by litigation originally initiated by the California Attorney General.

After LensCrafters made its presentation to SBO in favor of AB 778, the California Attorney General’s office testified as to the potential consumer problems the bill presented. Next, COA expressed concerns about the problems that optometrists have experienced under existing law and told the board that COA is working with the bill author and the Attorney General to come up with amendments that address the concerns of all interested parties. Lastly, the Academy of Eye Physicians and Surgeons testified they are opposed to AB 778 and are also open to working on amendments that strengthen the bill.

The SBO members expressed an interest in being involved in the issue and asked the SBO’s Legislation Committee (consisting of Dr. Goldstein and Ms. Johnson) to hold a public meeting on AB 778 so the board could fully understand the bill’s impact and provide input into the bill amendment process.

**Amendment to CCR §1513 — Advertising Full Name on License**

The SBO discussed public comments to its proposal to require optometrists to use their full name exactly as listed on their license in any advertising.

According to SBO staff, this regulation was necessary so the board can identify optometrists when a complaint is filed. The current regulation states that all advertising must clearly and prominently identify the individual optometrist or optometrists. The problem is many optometrists have altered their names, without notifying SBO, by either shortening them (e.g., Stephen to Steve), using a nickname, or using a completely different name.

The SBO had received several comments from one optometrist that expressed concern with the proposed regulation. The significance of the problem was questioned, and it was argued that the new regulation would increase costs on optometrists who would be required to purchase new office signs and other advertising.

SBO members also expressed significant concerns with the proposal and asked staff to move the proposal to the next meeting for further discussion. COA expects this issue will be taken up at the December SBO meeting, where the board will continue to discuss ways to make optometrists more identifiable to patients.

**Amendment to CCR § 1536 — On-line CE Hours Allowed**

The SBO discussed draft regulation to amend California Code of Regulations (CCR) Section 1536 to allow TPA-certified optometrists to earn 25 CE credits by internet or correspondence courses. Under current law, TPA-certified optometrists can only complete 20 hours of CE online. The board requested that staff provide more information regarding this issue before a decision is made to approve the draft regulation. The board moved the proposal to its December board meeting.

If you have questions, contact COA Director of Government and External Affairs Kristine Shultz at kshultz@coavision.org.
PRESIDENTS’ COUNCIL & LEADERSHIP CONFERENCE 2011 IN REVIEW

This year’s Presidents’ Council & Leadership Conference was held at the San Francisco Airport Marriott in Burlingame, California on September 9-10. Presidents’ Council serves as an annual forum for local 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 to enhance their natural leadership skills and address effective leadership in the COA structure.

A few of the main topics discussed during this year’s conference included a Legislative Update, Board Certification Update, local society table topic discussions as well as a keynote presentation by Dr. Hilary Hawthorne and a special presentation by AOA representatives Mr. Brian Reuwer and Drs. Stephen Montaquila and Robert Jarrell.

During the Presidents’ Council sessions, local society leaders developed recommendations that arose from submitted topics and discussion of issues and topics of interest. At the conclusion of the event, these recommendations were prioritized by the attendees and will be presented to the COA Board of Trustees for their consideration.

The Presidents’ Council passed and prioritized the following Recommendations. The COA Board of Trustees will review the Recommendations and assign them to the appropriate entity or committee at their next board meeting.

Priority 1: Updates Pertaining to ABO Board Certification. The 2011 Presidents’ Council recommends that the COA provides to its membership periodic updates pertaining to ABO Board Certification. Such communication shall consist of supportive data, documentation and educated reasoning for purpose of enhancing membership awareness and understanding of the ABO Board Certification program and process.

Priority 2: Addressing Concerns Regarding AB778. The 2011 Presidents’ Council recommends that the COA utilizes its employed OD task force to be responsible for reaching out to employed optometrists of companies utilizing the “Co-location” business model to address specific concerns that may have resulted from the COA’s opposition of portions of AB778 legislation. That the COA continues to work proactively with optometry representatives of business entities and Attorney General in an effort to form a mutually acceptable law that fully protects the professional judgment of all optometrists.

Priority 3: Encouraging Members to Become Glaucoma Certified. The 2011 Presidents’ Council recommends that all society Presidents encour-
age their general membership to become glaucoma certified and get credentialed with medical plans in their area as soon as possible.

Priority 4: Supply the Troops Program. The 2011 Presidents’ Council recommends the COA explore the feasibility of the development of an annual “Supply the Troops” program through the California Vision Foundation.

Priority 5: CVP/Lions Club Coordination. The 2011 Presidents’ Council recommends an attempt to coordinate a vision program in conjunction with the Lion’s Club vision programs.
BREACH OF CONFIDENTIAL INFORMATION

It can happen to you. Imagine that a breach of a person’s personal information occurs at your office and you are left to figure out how to handle it. This article will provide you with a very broad refresher on the laws that apply to situations like this and the duties that you have to notify any affected individuals following the breach.

Federal Law (See 45 C.F.R., Subtitle A, Subchapter C; 74 FR 42740, 74 FR 19006)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires covered entities, such as optometrists, to protect the security and privacy of a person’s individually identifiable health information. The Health Information Technology for Economic and Clinical Health (HITECH) Act also includes provisions to protect medical information as part of its overall effort to promote the adoption of health information technology. These federal laws apply to all 50 states, but California has adopted stronger patient protections than federal law regarding confidentiality of medical information.

California Law (Cal. Civ. Code §§ 56.05 - .06, 56.10 – 56.11, and Cal Civ. Code §§ 1798.29, 1798.82)

The California Confidentiality of Medical Information Act (COMIA) is a California privacy law that basically states that a patient must provide written notification before a provider is able to disclose their medical information. The California Database Security Breach Notification Act (CDSBN) requires that California residents be notified when their unencrypted personal information has been or is reasonably believed to have been acquired by an unauthorized person. The definition of personal information has been expanded to include both medical information and health insurance information.

What do you do if a breach occurs at your office?
You should report the breach to law enforcement officials if you suspect that the breach occurred via illegal activity. Both the California and federal law have requirements that you provide notification to all of the affected individuals of a breach of an individual’s protected information. These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach. The notification may be delayed if a law enforcement agency determines that the notification would impede a criminal investigation.

What information has to be in the notification?
You must notify affected patients in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. If you have insufficient or out-of-date contact information for 10 or more individuals, you must also either post the notice on the home page of your web site or place the notice in major print or broadcast media where the affected individuals likely reside. For any notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in
the breach. If you have insufficient or out-of-date contact information for fewer than 10 individuals, you may provide substitute notice by an alternative form of written, telephone, or other means.

These individual notifications must include, to the extent possible, the following information:

1. A description of the breach, including dates of the breach and of the discovery.

2. A description of the types of information that were breached.

3. Steps that the affected individuals should take to protect themselves.

4. What steps the covered entity is taking to investigate the breach, mitigate additional harm to the individuals, and protect against further breaches.

5. Contact procedures for individuals to follow in order to get further information.

Under the HITECH Act, the U.S. Health and Human Services Secretary must also be notified by visiting the HHS web site and filling out and electronically submitting a breach report form available here: www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruc.html. In addition, the media is required to be notified when the breach affects more than 500 people. The media notification can be in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

**What steps should I take to protect against a breach of confidential medical information?**

Depending upon the circumstances, potential penalties for optometrists who fail to maintain the security of medical information include a potential lawsuit, fines and/or criminal prosecution. Here are some steps you should take in your office to ensure the confidentiality of medical information:

1. Maintain the physical security of your office and clearly define who is to have access to medical records.

2. Train and educate your staff on the importance of patient privacy and their duty to protect the patient’s personal health information.

3. Develop procedures and guidelines to follow in the unfortunate circumstance that a breach occurs.

4. Utilize encryption technology where applicable.

A good resource for additional information on how to handle breaches of confidential information can be found at the California Office of Privacy Protection’s website at www.privacyprotection.ca.gov.

Note: The above information is provided for informational purposes only. It is not intended to replace the professional advice of legal counsel. Many variables must be considered before releasing confidential information about a patient. If a specific concern about whether to release a patient’s records arises, consult an attorney.
KEY PERSON CORNER

Are you familiar with the term “Key Person” or “KP?” How about “grassroots advocacy?” Have you communicated with your legislators by letter, fax, email or phone? Worked on a legislative campaign or gone to a fundraiser? Have you attended Legislative Day (formerly known as KP Day)? If you answered yes to any of these questions, then you are a Key Person.

Key Persons are COA member volunteers, both ODs and students, who educate lawmakers about issues that are important to the profession of optometry. Legislators listen to their constituents, which is why grassroots (or Key Person) efforts are so essential and powerful. Our Key Persons do so much to develop strong relationships both in the Capitol and in the district.

Key Person Corner is a new column by COA Legislative Relations Manager Julie Andrade that will highlight Key Person activities happening around the state. The Column seeks to eventually feature every COA Key Person, so let’s get busy and meet with your legislators and attend a local event. Submit your report (don’t forget to attach pictures) to Julie Andrade at jandrade@coavision.org today!

Recent Local Events

Golf — Art Low, OD, recently organized a foursome of SCCOS members including doctors Keith Chow, president of SCCOS; David Redman, chair of the COA Legislation and Regulation Committee and past president of COA; and Rodney Lum to participate at Senator Elaine Alquist’s fundraising golf tournament/dinner at the Santa Clara Golf and Tennis Club. Dr. Low commented, “We won’t be joining the PGA Tour anytime soon, but had a fun time.” Dr. Low, currently serving as vice-chair on the Local Societies of the California Optometric Association Political Action Committee (LSCOA-PAC) Board, has been a very active member of COA since he joined in 1975. He has been honored twice (in 1975 and 1997) with COA’s Optometrist of the Year award.

BBQ — Dr. Low also organized a group of optometrists and friends who attended a local fundraiser barbecue for Assemblymember Paul Fong hosted by the Santa Clara county Firefighters, IAFF Local 1165. Those in attendance included Dr. Rodney Lum, Dr. Stephen Choy and their families.

Fundraising Event — Another distinguished COA member, Philip Smith, OD along with Gary Klein, OD, (both members of SDOS) attended a fundraising event for Assemblymember Toni Atkins hosted by the American Nurses Association of California at the home of Tricia Hunter. Among his many achievements, Dr. Smith currently serves on the LSCOA-PAC Board, is a past president of COA, and was voted COA Optometrist of the Year in 2002.

Upcoming Events

COA Legislative Day — March 20, 2012: This free event offers up-to-the-moment briefings on California’s political climate and legislative activity that will directly impact the profession of optometry. Don’t miss out — SAVE THE DATE and watch for more information in California Optometry magazine, COA Member News, GA Weekly and your email.

COA Legislative Day, 2012

• When: Tuesday, March 20, 2012 at 8:30 am
• Where: Sheraton Grand Sacramento Hotel. J Street, Sacramento, CA 95814
• Contact: Julie Andrade: jandrade@coavision.org

Legislator Holiday Parties: The holidays are just around the corner. Keep your eyes open for invitations to your legislator’s district holiday parties. You can also look on your legislator’s website for upcoming events. Take advantage of these fun and festive times to drop by and introduce yourself. It will supply you with a nice ice breaker when you next have to call that office… “oh, yes, it was so nice to see you at the district Holiday mixer!”

If you don’t know who your legislator is, click here or you can find them at this website: www.legislature.ca.gov/port-zipline.html.

Legislative Campaigns

COA’s advocates are meeting with candidates now and need your input. If you have a friend or patient running for office, be sure to contact COA right away. It is important to inform your local society that you are supporting a candidate as well. COA needs to be aware of existing relationships at the local level when we are meeting candidates seeking COA support. If you would like to meet with candidates in your area, please contact Kristine Shultz at kshultz@coavision.org.
COA encourages members to be active in friends’ or patients’ campaigns for local, state and federal elections. However, there are strict rules that individuals must follow when it comes to campaign contributions and volunteering for campaigns. COA has developed Guidelines for Campaign Contributions for individuals who want to support candidates running for State Senate or Assembly. Local races for city counsel or school board may have additional rules specific to your area or find them at www.sos.ca.gov/elections/elections_d.htm. Federal candidates are subject to a different set of federal rules or find them at www.fec.gov/pages/brochures/citizens.shtml. COA societies wanting to make campaign contributions or raise money for a candidate should contact COA for additional legal rules and restrictions.

Building relationships with legislators is a major component to a healthy Key Person program. Would like to attend or host a local fundraiser? Do you have an event you’d like to report on or article that you’d like to share? Please contact Julie Andrade at jandrade@coavision.org.

Senator Ed Hernandez welcomes student ODs to the Senate Floor on Legislative Day 2011.

**MEDI-CAL UPDATE**

By Donny Shiu, OD, Medi-Cal Vision Care Program Consultant

Many of you have read Dr. Cory Vu’s last article regarding his departure from the Medi-Cal Vision Care Program at the Department of Health Care Services (DHCS). The Medi-Cal Vision Care program exists as it is today due largely to Dr. Vu’s hard work and dedicated service. He will be sorely missed. His contributions to the Medi-Cal program were tremendous. Please join me in thanking Dr. Cory Vu for all he has done for the program and wishing him the best in his new endeavors.

Filling the void Dr. Vu has left behind is not an easy task, but I will try to address the questions and concerns you may have about Medi-Cal Vision Program to the best of my ability. Having worked with Dr. Vu during the past few years, I had the opportunity to learn the various facets of the program. Yet learning and growing never ends. So I hope with your input and support, we can make the program successful for everyone.

**Medi-Cal Fiscal Intermediary News**

Effective October 3, 2011, the Department of Health Care Services (DHCS) has a new contractor providing fiscal intermediary (FI) services to support the Medi-Cal program. The new FI is Affiliated Computer Services (ACS), a Xerox Company. ACS has national experience in the administration of state Medicaid programs. ACS will assume full responsibility for Medi-Cal claims processing and related services on October 3. Prior to that date, the current Medi-Cal FI, Hewlett-Packard (HP), will continue to provide those services.

Medi-Cal providers will not be required to enter into new agreements with DHCS for submission of claims, electronic funds transfer, or point of service/internet usage. There are no changes to how providers can contact Medi-Cal; the phone numbers, mailing addresses, websites, and methods providers currently use to contact Medi-Cal or access information will remain the same. If you have any questions regarding this transition, please contact Medi-Cal at 800-541-5555.

Please feel free to e-mail me at the Department of Health Care Services, vision@dhcs.ca.gov. I look forward to hearing from you.

Happy holidays!
SECRETS OF CODING

Scanning Computerized Ophthalmic Diagnostic Imaging — CPT 92134

It was not until the beginning of this year that Medicare established permanent codes for Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) for the retina. CPT Code 92134 is one of the codes used for this technology when examining the posterior segment.

The more common instruments for retinal scanning are the GDX, OCT, and HRT, where each has their own unique proprietary technology. For code 92134, the SCODI is used to examine the retina for everything except the optic nerve (Code 92133 is use for the Optic Nerve).

Medicare's new guidelines for this code

CPT code 92134 is used for scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.

Disorders of the retina are the most common causes of permanent and serious vision loss. This kind of imaging is an indispensible tool for evaluation and treatment, especially for patients with macular abnormalities. SCODI is able to detail the microscopic anatomy of the retina and the vitreo-retinal interface, as well as creating crossectional data for evaluating the thickness of the tissue. Since retinal thickness is directly related to retinal pathology, these imaging techniques are valuable tools in measuring the effectiveness of the treatment as well as monitoring its safety.

As always, the justification for the use of Code 92134 comes from your chart data and must be medically indicated. For most retinal diseases, Medicare expects that the imaging can be performed up to every two months to follow and manage the patient.

If the condition is more active, as in some cases of macular degeneration and diabetic retinopathy, the scans can be used monthly to manage the disease and check the effectiveness of the treatment.

Here are some other interesting points that Medicare considers regarding this code. Although these codes are written as unilateral or bilateral, Medicare pays them as bilateral. Also the CPT manual states, “Do not report 92133 (optic nerve scan) and 92134(retina scan) at the same patient encounter.” Likewise, Fundus Photography (CPT code 92250) and Scanning Computer Technology for the retina can not be billed together on the same visit, as Medicare considers both of them “Imaging Tests”.

The interpretation and report remain the same, as with other codes with the following three basic elements.
1. The data or what was seen.
2. Whether or not this represents an improvement, stabilization, or worsening of the patient’s condition from normal or from last time.
3. Whether or not it represents the need for a change in the patient’s treatment plan.

The News & Views segment of California Optometry magazine is sponsored by Vision West, COA’s preferred buying group.

Logged on Yet? COA Needs You!

Contact Julie Andrade at jandrade@coavision.org to be linked up!
SOFTWARE ALLOWS ODS TO QUALIFY FOR E-PRESCRIBING MEDICARE BONUS

You’ve probably heard that health care providers are beginning to transfer prescriptions to pharmacies electronically but haven’t had the time to look into it for your practice. Now is the time to start prescribing electronically or “e-prescribing.” Doctors who e-prescribe at least 25 times during 2011 will earn a 1% bonus on Medicare billings in 2011 and preclude the possibility of a penalty in future years.

If you have access to the internet, there is absolutely no reason to continue writing paper prescriptions. You can e-prescribe independent of any electronic health records software by using the online software called Allscripts that will meet federal requirements. For more information on how health information technology can fit into your practice, visit AOA’s website at www.aoa.org/ehr.

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For general information call 800-444-9230.
COA HOSTS COMMUNITY EYE HEALTH FAIR

COA's Back-to-School Community Eye Health Fair in Castroville was a huge success. About 300 people, 200 children and 100 adults, were given comprehensive eye exams by COA member optometrists on August 28. One parent was diagnosed with diabetes for the first time. Referrals for serious conditions were made to the local community clinic, Salud Para la Gente, which had a booth at the event.

The community came together to truly give this event a hometown feeling. The local library allowed COA to use their grounds and facilities. The Castroville Police Department came out and prepared free hotdogs and water to those seeking eye exams. A local DJ kept the mood light with a wide variety of music playing in the background. Even the local church offered food and refreshments as an expression of gratitude to the volunteers who came to make a difference to the Castroville citizens.

The Eye Health Fair helped the community of Castroville, and through eye exams, provided greater access to quality primary healthcare. The Fair established relationships with community clinics in underserved communities. COA also joined forces with Assembly Health Committee Chair Bill Monning to increase access to quality healthcare via legislation in California.

One parent stated that he had recently lost his job and therefore his health insurance as well, and now thanks to this event he and his kids were able to get eye exams — giving him one thing less to worry about. Lives were changed by the work that COA members accomplished. COA thanks all of the optometrists, students and other volunteers.

Volunteer Optometrists
- Page Yarwood, OD, COA President
- John Rosten, OD, COA Board Trustee
- Dave Redman, OD, COA Past President, Legislation & Regulation Committee Chair
- Scott Daly, OD, COA Past President, Legislation & Regulation Committee
- Bob Theaker, OD, COA Past President, Legislation & Regulation Committee
- Marc Shaw, OD, COA Cal-OPAC Board
- Philip Ong, OD, COA Cal-OPAC Board
- Juliette Le, OD, Monterey Bay Optometric Society President
- Trevor Fogg, OD, Monterey Bay Optometric Society Membership Chair
- Curt Simmons, OD, Monterey Bay Optometric Society Public Awareness Chair
- Elizabeth Anderson, OD, Monterey Bay Optometric Society
- Joseph Estrada, OD, Monterey Bay Optometric Society
- Cammie Hunt, OD, Monterey Bay Optometric Society

COA also thanks:
- Vision Service Plan (VSP) for providing five lanes of portable equipment and “Sight for Students” gift certificates to children who arrived to late.
- Dr. Greg Pearl from Volunteer Optometric Services to Humanity (VOSH) for donating equipment, as well as many hours of his time helping COA organize this event.
The Fair established relationships with community clinics in underserved communities.

- Maricela Salgado, OD, San Jose Optometrist
- Dai Tran, OD, Monterey Bay Optometric Society

UCB Students
- Jen Lim
- Sarah Lopez
- Melissa Moore
- Serena Sukija
- Hao Tran

SCCO Students
- Dorothy Lea
- Meggie Nguyen

CSC Lab Volunteers
- Kathy Anello
- Maria Godoy
- Maria Luna
- Chong Tuthill
- Kimberly Upton
- Laura Vige
- Tina Yorkey
- Erica Zuniga

Non-OD Volunteers
- Julie Andrade
- Carina Calderon
- Adriana Calderon
- Tara Cooper
- Maggie Cuneo
- Lisa Denton
- Lisa Faulkner, First Five of California, San Benito
- Grace Khieu
- Morgan Martinez
- Kristy Masterson
- Rachel Pitts
- Sarahi Salgado
- Melissa Shetler
- Kristine Shultz
- Rose Smoot
- Aaron Taras
- William Theaker
- Karla Villalobos
LEGISLATIVE DAY 2012 — SAVE THE DATE

COA’s Legislative Day 2012 is fast approaching. Set for March 20, 2012 at the Sheraton Grand Sacramento Hotel, the event offers us all a chance to demonstrate the strength of optometry.

Legislative Day is also a great opportunity to meet Kristine Shultz, COA director of government and external affairs, and Dr. David Redman, former COA president and Legislative and Regulatory Committee Chair.

“We have focused our energy on elevating the profile of the optometry,” said Shultz. “Legislative Day is a chance for us to continue our good work in educating legislators and their staff about the value of optometry. It is important to cultivate relationships with Governor Jerry Brown and our newly elected legislators.”

For more information, contact Julie Andrade, COA legislative relations manager. Email jandrade@coavision.org or call (916) 266-5031.

DR. HATTORI FEATURED IN HEALTH MATTERS MAGAZINE

Dr. Ellie Hattori was recently featured on cover of Health Matters magazine, which is published by the Monterey County Herald. The article “I can see clearly now...” covers what’s new in eyecare.

Hattori runs her practice at Hattori Vision Optometry in Monterey with her husband Dr. Rick Hattori. She graduated from the University of California Berkeley School of Optometry in 1970. She is fluent in Cantonese and is a member of the California Optometric Association and the Contact Lens Section of the American Optometric Association. In her spare time, Hattori enjoys spending time with her family, scrapbooking, stamping and baking.

Health Matters magazine, delivered through The Monterey County Herald, reaches nearly 30,000 homes and is placed into over 440 different medical offices in Monterey County.
COA IN THE MEDIA

COA has been featured in the media over the past few months! Placements have appeared on TV and radio, as well as in print and on numerous online news portals.

TV
- 8-29-2011: Dr Elise Brisco appeared on KABC-TV news in Los Angeles in a segment on back to school.

- 8-28-2011: Dr. Burton Worrell appeared on KNTV news in San Jose in a segment on high-tech classrooms.

- 8-23-2011: Dr. David Ardaya appeared on KKZZ/KVTA in Los Angeles in a segment on back-to-school eye exams.

- 8-15-2011: Dr. Kristy Remick appeared on KKZZ/KVTA in Los Angeles in a segment on back-to-school eye exams.

- 8-4-2011: Dr. Derron Lee appeared on KCRA TV in Sacramento in a segment on the importance of sunglasses for kids.

RADIO
- 8-26-2011: Dr Jennifer Ong appeared on KOHL-FM in San Francisco in a segment on back-to-school eye exams.

- 8-22-2011: Dr. David Ardaya appeared on KPSI-AM in Palm Springs in a segment on back-to-school eye exams.

- 8-16-2011: Dr. Melissa Barnett appeared on KAHI-AM in Sacramento in a segment on back-to-school eye exams.

- 8-1-2011: Dr Jonathon Gording appeared on KPSI-AM in Palm Springs, CA in a segment on back-to-school eye exams.

PRINT/ONLINE
- 8-29-2011: Dr Elise Brisco appeared on KABC-TV (online) news in Los Angeles in a segment on back to school.

- 8-2-2011: Dr Jonathon Gording was featured in Bay Area Parent in a segment called Seeing Eye to Eye.

- 8-17-2011: Dr Fouad Melamed featured in Arab News online article about high-tech learning.

Be sure to visit www.coavision.org/media/inthemedia.cfm to watch COA’s latest TV news coverage.

I Want My COA-TV!
COA has compiled a number of television media hits by members in the “In the Media” section of www.coavision.org.
The Santa Clara Optometric Society used its Membership Matters! Local Society grant funds to host their fifth Annual Summer Picnic and Recruitment Drive at Cuesta Park in Mountain View on Sunday, July 17th. Approximately 90 people attended the event, including SCCOS members with their spouses and children, 15 new graduates, prospective members, and 17 UCBSO students.

The Summer Picnic and Recruitment Drive was a big success. Everyone enjoyed the pleasant weather, delicious Mexican food and camaraderie. The children also had a good time rolling around in giant inflatable balls, getting their faces painted, and eating all the cotton candy they could get their hands on!
HEALTH FAIRS

COA needs volunteers to participate at upcoming health fairs. These events will help support COA legislative efforts by generating a positive image of the profession and help doctors give back to their communities. Please consider volunteering your time. It’s such a rewarding experience and strengthens optometry in California.

At the events, be sure to take pictures of the doctors and email them to COA along with any write-ups for use in one of COA’s publications. Perception is important and these photos help us educate the Legislature and public about the great things that optometry does for the community.

November 13, 2011 — Saddleback Hospital in San Clemente. The Illumination Foundation is looking for volunteer ophthalmologists, optometrists, technicians, opticians, optometry students, and non-optical support staff from 9:00 am to 3:00 pm to help provide free eye exams and new prescription glasses to approximately 300 people. Please contact Sam Hahn, director of vision services, at vision@ifhomeless.org or 949-338-9340 to volunteer or to ask any questions. Let him know if you are available to work the morning shift, afternoon shift, or a full day shift. All eye doctors who volunteer for the clinic will be covered under the Illumination Foundation’s medical liability policy.

WELCOME! New COA Members

Alameda/Contra Costa Counties Optometric Society
  Wendy Lam, OD
  Julie Zahn, OD

Central California Optometric Society
  Aaron Wiens, OD
  Lesley Guerra, OD

Golden Empire Optometric Society
  Steven Warne, OD

Inland Empire Optometric Society
  Effrain Castellanos, OD, MS, FCOVD
  Teresa Shin, OD

Kern County Optometric Society
  Nytarsha Brown, OD

Los Angeles County Optometric Society
  Yen Nguyen, OD
  Noorie Dong, OD
  Tina Geis, OD

Mojave Desert Optometric Society
  Gregory Faldowski, OD

Orange County Optometric Society
  Nancy Luong, OD
  Mary Tran, OD
  Nina Tran, OD
  Yen-Linh Vu, OD
  Kristine Huang, OD
  Kimberly Hauser, OD

Redwood Empire Optometric Society
  *Karen Kramer, OD

South Bay Optometric Society
  Caleb Tang, OD
  Caren Hirata, OD

Santa Clara Optometric Society
  Lisa Nguyen, OD
  James Yao, OD
  Hanh Judy Nguyen, OD
  Mai Dinh, OD

San Diego County Optometric Society
  Amanda Dexter, OD
  Melanie Kleiser, OD

San Francisco Optometric Society
  Lily Huynh, OD

San Fernando Valley Optometric Society
  Emily So, OD

San Gabriel Valley Optometric Society
  Shelly Holcombe Lowe, OD
  Dorcas Tsang, OD
  Natalie Hoshi, OD
  Sophie Soong, OD

Tri-County Optometric Society
  Lauren Gonzalez, OD
PUBLIC AWARENESS IN YOUR COMMUNITY
DR. EDELSON REACHES OUT TO SENIORS IN CLAREMONT

Dr. Dale Edelson recently helped senior citizens learn more about caring for their vision with a public discussion held on July 14, 2011 at the Inter Valley Health Plan Office. The event drew a large crowd and covered a wide range of important topics ranging from caring for your vision and UV protection to cataracts.

Edelson’s presentation emphasized the importance of wearing sunglasses and reviewed the damage caused by ultraviolet light. Using slides showing the anatomy of the eye, the group discussed cataracts, pterygium, pinguecula, sun burned eye (photokeratitis), corneal degeneration, and macular degeneration.

The group also discussed age-related macular degeneration, including its causes, how it’s detected, and treatment. The presentation was well-received by a packed room of community members. They asked questions during his talk and many gathered around him after the presentation to ask more questions.

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 Will Curtis at wcurtis@coavision.org.

BOOKMARKS TO HELP CHILDREN’S SEE

Bookmarks are a fun part of COA’s See to Read vision awareness program. In addition to encouraging kids to read, they educate parents about the important relationship between their kids vision and school performance. Request the bookmarks to help promote annual comprehensive eye exams in your practice and at community events. They are free! To request your supply, contact Johnathan Istitart at 800-877-5738 or jistilart@coavision.org.
RECEPTION HONORS DR. CARNEVALI AT COA HOUSE OF DELEGATES

Optometrists at COA’s February meeting of the House of Delegates are invited to a reception honoring Southern California College of Optometry (SCCO) Associate Professor Tony Carnevali, OD, who recently stepped down as the long-time director of the College’s Optometric Center of Los Angeles (OCLA).

The reception will be held Thursday, February 9, 2012, from 7 – 8:30 pm at the Hyatt Regency, Sacramento. All COA Delegates and their guests are welcome and are asked to RSVP to SCCO executive assistant to the president, Deborah Redfern at dredfern@scco.edu or 714-449-7451.

As director of OCLA, Dr. Carnevali achieved a distinguished 17-year career of providing patient care to the underserved. He taught hundreds of optometric interns, who have completed a clinical rotation at the Los Angeles facility. He has now transitioned into a part-time teaching position with the College.

“Dr. Carnevali has distinguished himself as a tireless advocate for the profession and has served in numerous leadership positions including President of the California Optometric Association,” said SCCO’s Vice President and Dean of Academic Affairs Morris S. Berman, OD, M.S. “As a faculty member and OCLA director, Tony has earned universal respect for his clinical knowledge and professionalism. As a mentor, he has left an invaluable imprint on a generation of interns who were fortunate to enjoy a clinical rotation at OCLA. We sincerely thank Dr. Carnevali for his contributions, his humanity and for the positive leadership that has been inspirational to his colleagues and students.”

A 1975 graduate of SCCO, Dr. Carnevali was a private practitioner in the Los Angeles area before joining SCCO’s faculty in 1994. He served as the president of COA from 1991–92; and he was named that organization’s Optometrist of the Year in 2001. Dr. Carnevali was recognized by SCCO as its 2001 Distinguished Alumnus and as a Centennial Honoree in 2004.

CVF SPOTLIGHT
NEW VISION PROJECT FOR THE IMPOVERISHED UNEMPLOYED CALIFORNIANS!

The California Vision Foundation Board of Directors is excited to announce a new project to begin in 2012! This project will provide free eye exams and glasses to the low income, unemployed and uninsured individuals of California. The board felt a new program was necessary in California to address the needs of the increasing unemployed population who are in desperate need of vision care services. If you would like to become involved in this project and provide free eye exams to eligible low-income families, or contribute financially to the Foundation please contact Michelle Harvey, California Vision Foundation Administrator, at 916-266-5022, via e-mail at mharvey@coavision.org or mail checks payable to the “California Vision Foundation,” 2415 K Street, Sacramento, CA 95816.

To find out more, visit our website at www.californiavision.org.
MEET BRANDON FRIEDMAN

We recently caught up with Dr. Brandon Friedman, who shared his thoughts on COA and enhancing access to optometry for Californians. Friedman graduated from the University of California, Berkeley School of Optometry. He completed his training at the prestigious Bascom Palmer Eye Institute in Miami, Florida, Vandenberg Air Force Base 30th Medical Group, and Portland VA Medical Center.

He is certified to treat glaucoma, as well as many other eye conditions. He is strongly committed to providing excellent eyecare by spending time getting to know his patients and keeping current on the latest technology in eyecare.

In private optometric practice, Friedman serves as a primary care optometrist, staff manager, and electronic health record troubleshooter. He also works in a private ophthalmology practice, providing pre/post-operative care for cataract and refractive surgery. Last but not least, he serves as membership chair of the Inland Empire Optometric Society.

Who referred you to COA and why did you decide to join?
I was initially referred by my father, Arthur Friedman OD He has played an integral part in the local society and his impact is well noted. Seeing the type of positive effect one can have by participating in organized optometry motivated me to join COA.

What influenced you to take on the role of membership chair?
I spoke with a number of COA members active in society leadership positions. Their enthusiasm for leadership roles was a driving force behind my pursuit of membership chair. Membership allows me to become intimate with the benefits and critical roles that COA plays in optometry. As membership chair, I am directly responsible for recruiting strong members and leaders within COA and my local society.

What types of recruitment activities do you use at the local society level and what has been successful?
Much of the recruitment is done at the grass roots level. We encourage our society members to recruit within their sphere of contacts. We also are actively involved with the local optometry schools (SCCO and Western) in an effort to support the students and show them what COA does for the field of optometry. We plan social engagements during membership recruitment months to allow a casual environment for potential new members to meet our current society members. A successful activity is our annual ‘Almost-Free CE’ which occurs in early spring. This is typically six hours of CE with lunch and exhibit hall. We offer reasonable rates but a healthy discount is applied for both COA and IEOS members. ‘AFCE’ has excellent attendance and is a great way to display our society to many local optometrists.
MAKE MEMBERSHIP COUNT…
AND GET COA DUES PAID FOR 2012!

November marks the last month of Membership Awareness Months, September through November, when COA and many local societies conduct their membership recruitment programs. However, be sure to “make membership count” through the end of the year by referring new members to COA and you will not only have the chance to win great gift cards, but you could also get your 2012 COA dues paid for by Vision West, Inc!

Ways to Win!
• **BE ONE, GET ONE!** — COA members will receive a $50 Amazon.com gift card for each new eligible member they recruit during September, October and November.
• **LET VISION WEST PAY YOUR DUES** — The top three COA members who recruit the most eligible new members between January 1 – December 31, 2011 will get their 2012 COA dues paid for by Vision West, Inc. Three winners will be recognized at COA’s 2012 House of Delegates held February 10-11, 2012, in Sacramento, CA. Use these last months of the year to refer as many new members as you can!

Here’s How It Works!
You may refer new members without regard to their society affiliation. Simply ask the new member to list YOUR name as the referring member on their application as it must be listed to be eligible for the Be One, Get One and Most Referrals incentives. If they are eligible, you could win. It’s that easy! The COA office will track all referrals and will notify the winners at the end of each 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.

More members mean more representation to achieve our goals in the California Legislature and health care arena, which means we all win! Encourage your colleagues to join COA — and MAKE MEMBERSHIP COUNT!

The Most Referrals membership recruitment incentive is generously supported by Vision West, Inc.

Luxottica, a proud supporter of optometry for 50 years, is honored to be a platinum sponsor of the 2011 Monterey Symposium!
CAN OPTOMETRISTS SELL OVER-THE-COUNTER VITAMINS?

As an optometrist, are you legally able to sell over-the-counter vitamins to your patients? The general answer is yes, but you should be aware of some specific requirements so that you do not inadvertently violate federal or state law.

The dispensing of over-the-counter vitamins falls within an optometrist’s scope of practice as long as they are being provided for the treatment, management, and prevention of disorders and dysfunctions of the visual system. The doctor must have a sellers permit and charge the patient sales tax on any vitamin sales.

Both federal and state laws have specific requirements on the labeling requirements for vitamins. You need to ensure that you are abiding by these requirements and being careful in selecting which vitamins to offer for sale. Optometrists also need to utilize caution in how vitamins and dietary supplement literature are displayed in the office. You can provide your own information near the vitamin but the information cannot be false or misleading, it does not promote any single manufacturer or brand of vitamin, is separate from the vitamin, the information is not appended by sticker to the vitamin, and the information is presented or displayed with other items on the subject matter so as to present a balanced view of the available scientific information on the vitamin.

Finally, you may not receive any kind of unearned commission or rebate to refer patients to a specific manufacturer. California Business and Professions Code §650 prohibits optometrists and other health care providers from receiving, “any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, irrespective of any membership, proprietary interest, or coownership in or with any person to whom these patients, clients, or customers, are referred…”

Note: The above information is provided for informational purposes only. It is not intended to replace the professional advice of legal counsel.
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For more information, to view the February article, and to subscribe, visit www.coavision.org/cehome.

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HOW PERSONALITY STYLES AFFECT THE OFFICE ENVIRONMENT

Almost everyone has faced the challenge of working with someone they seem to clash with. Whether it’s new policy implementation, neat and timely task completion or just day-to-day work, some people seem unable to co-exist peacefully.

It takes a carefully crafted team of balanced personalities to make an efficient and fun office environment. We need the perfectionists to watch the details, the powerful go-getters to move us all forward, the fun-loving clowns to keep us laughing, and the peace-promoters to keep it all together. If any personality type is missing, the office can start to feel off kilter in one direction or another.

Understanding the various personality types and how to deal with each can lead to a calmer work environment. Knowing how to approach each co-worker on their own terms not only helps keep tension to a minimum, but will aide in creating the perfect team of complimenting roles.

Consider using a workplace personality testing to your advantage. It can be a great tool to assess new employees and internal teams. There are numerous personality quizzes available, so be sure to choose one that includes an explanation of each personality’s strengths and limitations. It is an important exercise to do as a group, including doctors and management. Even finding out more about your own personality type can help improve your dealings with others.

Here are a few personality test resources to help you get started:

- **Birkman Method** — Identifies an individual’s unique work style and situational behaviors. Visit www.birkman.com for more information.
- **Myers-Briggs Type Indicator** — Identifies 16 main personality types based on four personality factors. This test is widely used in personality assessment in workplace settings, measuring preferred ways of thinking and behaving. Visit www.myersbriggs.org/my-mbti-personality-type/mbtibasics for more information.
- **Team Management Systems** — Profiles the roles individuals play in groups and teams, used to help improve the quality of team performance. Visit www.tms.com.au for more information.
- **360-Degree Feedback** — Gathers feedback regarding personality and work styles based on observer and self-ratings. Visit www.360-degreefeedback.com for more information.

Identifying your own workplace personality and where your coworkers fall can ultimately assist in working better together and finding the right fit in your office. In the end, you’ll have a greater understanding of yourself, your coworkers and how to make your office run smoothly. Remember, our collective traits, when used well, create wonderful and effective teams.
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There are many things to consider when purchasing your workers’ compensation protection each year. Certainly the rate you pay is one of the most important, especially in these difficult economic times. But there are other factors that should be included in any evaluation.

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• secured lower rates when trends improved.
• have not been penalized or cancelled by the insurer simply for having a claim.

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Amblyopia is the leading cause of visual impairment in children, affecting between 2%- 4% of the general population. The National Eye Institute has reported that amblyopia is the most common cause of unilateral visual loss in patients under the age of 70 years. The prevalence, however, is affected by the definition of reduced visual acuity and by the process of early screening and treatment in the population being studied.

Since California's population is 37,253,956, we can estimate that 3% of the population is amblyopic and has approximately 1,117,618 cases of amblyopia. This is a high number of patients who need an adequate early detection and treatment, since early detection and treatment of amblyopia would improve the chances for a successful visual outcome.

Considering that risk factors for amblyopia can be easily identified in a comprehensive exam and that amblyopia responds to early treatment very favorably, if the appropriate treatments for the condition is provided, it is not an unreasonable goal that in the near future severe amblyopia could be eliminated. If all the eye care providers assume their role in the public health and at the same time help patients to achieve their full visual potential and reduce the cost of later treatment of the condition once it has become embedded.

Amblyopia has traditionally been defined as a decrease of visual acuity caused by pattern vision deprivation or abnormal binocular interaction for which no obvious causes can be detected by the physical examination of the eye and which in appropriate cases is reversible by therapeutic measures.

Reduced visual function is not the only consequence of amblyopia. It has been shown that amblyopia may affect a patient’s self esteem, social interaction and limit their vocational preference due to the visual requirements of some professions or occupations.

The intention of this course is to introduce optometric vision therapy for amblyopia; however we will briefly review the different types of functional amblyopia.

**Refractive Amblyopia**

Refractive amblyopia can be divided in Isoametropic amblyopia and anisoametropic amblyopia, which occurs usually in children with hyperopia greater than +4.50 diopters. Although hyperopic anisometropia could occur with as little as a +1.00 difference, Meridional amblyopia results from uncorrected bilateral astigmatism that causes a blurred image in a specific meridian. Astigmatism is most likely to cause amblyopia when it is oblique.

Myopic anisometropia is generally less amblyogenic than hyperopic anisometropia, In Myopic anisometropia, we will rarely find amblyopia unless the anisometropia is greater than 3.00 diopters, difference between the eyes. Astigmatic anisometropia of >1.50 diopters may cause amblyopia. See table 1 and 2 for clinical guidelines from AOA, and AAO. In general, the larger the anisometropia the greater depth of amblyopia.

It is very important that refractive error is found at an early age to treat the Amblyogenic factor to reduce even more the visual acuity. This especially affects children’s overall performance. Also, many patients can greatly benefit from the optical correction alone, not only reducing the amblyopia but sometimes even eliminating it completely.
TABLE 1
<table>
<thead>
<tr>
<th>Potentially Amblyopiogenic Refractive Errors</th>
<th>Anisometropia</th>
<th>DIOPTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anisometropia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myopia</td>
<td>2.00 D – 2.50 D *</td>
<td></td>
</tr>
<tr>
<td>Hyperopia</td>
<td>1.50 D – 2.50 D *</td>
<td></td>
</tr>
<tr>
<td>Astigmatism</td>
<td>2.00 D – 2.50 D *</td>
<td></td>
</tr>
<tr>
<td>Isoametropia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myopia</td>
<td>3.00 D – 5.00 D *</td>
<td></td>
</tr>
<tr>
<td>Hyperopia</td>
<td>4.50 D – 6.00 D *</td>
<td></td>
</tr>
<tr>
<td>Astigmatism</td>
<td>2.00 D – 3.00 D *</td>
<td></td>
</tr>
</tbody>
</table>

*Depending upon age

Strabismic Amblyopia

Strabismus is the most common cause of amblyopia. Unilateral strabismus causes amblyopia. Cortical suppression from the deviating eye is thought to be due to inhibitory interactions from neurons carrying nonfusible images, which cause visual confusion. Preferential suppression of one eye may result in amblyopia and loss of binocular function and stereopsis despite monocularly focused retinal images in both eyes. However, an interocular neural competition for synaptic space in the primary visual cortex in early visual development means that there remains a vulnerability to establishment of a monocular-dominated state.

IMAGE DEGRADATION OR DEPRIVATION AMBLYOPIA:

Deprivation amblyopia results from occlusion of the pupil and lack of pattern stimulation due to corneal opacities or cataracts. This may be induced by excessive patching therapy for amblyopia treatment (occlusion amblyopia or reverse amblyopia). Deprivation amblyopia is the least common type of amblyopia, accounting for 3% of cases, but it has the most potential to cause severe amblyopia.

Diagnosis Plan

First of all, a comprehensive case history must be taken in order to establish related developmental problems or gestational issues that could cause amblyopia such as syphilis, rubella, low birth weight, fetal distress, fragile X syndrome, just to cite a few.

Once the case history is taken, a careful refraction must be performed making sure to use the proper test based on the patient’s developmental age rather than chronological age. While checking visual acuity, it is comprehensive to compare full chart, single line, and single letter as this helps to establish a solid case prognosis regarding potential improvement in the patient’s visual acuity:

- Visuosity
- Haidinger Brushes
- After Image Transfer
- Angle Kappa

When assessing fixation pattern, we must record:

- Fixation (central vs. eccentric)
- Magnitude
- Steady vs Unsteady
- Directional bias (nasal, temporal, superior, inferior or a combination
- Subjective localisation of primary visual direction
- Zero retino-motor point

Amblyopic patients often have oculomotor problems among other things due to the spatial uncertainty and eccentric fixation. They will also have larger lag of accommodation, increased response latency, sluggish pupillary response, and decreased contrast sensitivity (especially in the higher spatial frequencies). The rest of the exam should follow a normal binocular vision testing battery.

20/ X = 1/ MAR
MAR = Minimum Angle of Resolution
E= absolute value of EF in Prism Diopters

ie : Patient with 5 degrees of EF 1 degree= 1.75 PD
5 X 1.75 = 8.75
MAR = 8.75 PD +1 = 9.75 MAR
20/ x =1/9.75 MAR ----> 20/1025 = 195
Expected VA 20/195

An easier way to estimate the expected visual acuity is consider a one-line decrease in visual acuity per every .5 Degree
of eccentric fixation. In the previous example, .5 degrees of eccentricity = 5/10 = ten lines of reduced visual acuity = 20/200.

Since amblyopic patient besides the reduced visual acuity also have Oculomotor problems among other things due to the spatial uncertainty and eccentric fixation, they will also have larger lag of accommodation, increased response latency, sluggish pupilary response, decrease contrast sensitivity (specially in the high frequencies). The rest of the exam should follow a normal binocular vision testing battery.

Is Amblyopia Treatment Effective?
An important study done by Fitzgerald DE and Krumholtz I31 found that active optometric visual therapy enhances the final outcome and that improved visual skills were maintained longer than passive treatment modalities alone (Fig 1).

- Optical Correction Alone 41% VA and 18% Stereo
- Optical Correction and Patch 69% VA and 30% Stereo
- Optical Correction; Patch and VTx 67% and 67%

The maintenance of Visual Acuity Gains were compared over Time (From 1 to 2 years)32 with the following (Fig 2).

- Optical Correction 50%
- Optical Correction & Patching with Eye Hand Activities 60%
- Optical Correction & Patching with Eye Hand Activities and Vision Therapy 100%
- 94% of those who maintained their VA’s maintained their stereo

Additionally, they retrospectively examined the records of the patients between one to two years after therapy to see if gains in visual acuity were retained (Fig 3).

- N=23
- 50% with Rx
- 60% with Rx and Patching
- 100% with Rx and VT

*Note: Oldest age held the best*

Passive Treatment options
1. Optical correction: In some patients, an appropriate optical correction alone can achieve a significant improvement in visual acuity. The clinician should also keep in mind that amblyopia can occur along with other visual disorders like accommodation insufficiency, convergence excess, convergence insufficiency, just to mention a few. Therefore, the first step to treat with optical correction should be the first logical step treating these patients. Some suggestions when prescribing spectacle are:
   - Refractive compensation is based upon minimal compensation to achieve desired results.
   - If reducing plus in the dominant eye, keep this reduction bilateral, allowing each eye the same stimulus to accommodation as well as equally focused retinal images.
   - Base prescription on subjective refraction findings.
• Use near point retinoscopy or other behavioral tests, i.e. cheiroscopic tracing, Van Order Start to qualify improvements in performance in addition to visual acuity.
• Under compensate until fixation is steady and centric.
• Consider contact lenses for significant anisometropia (even if axial).
• Consider bifocals for reduced accommodative responses.
• Consider near point prescription to relieve visual stress and symptoms of near point visual problem.
• Consider a monocular add.

2. Occlusion
• Direct Occlusion
• Allows stimulation of amblyopic eye
• Reduces competition/inhibition from the dominant eye
It can be prescribed
• Full time
• Part time

Since there is evidence that part time occlusion (2-6 hrs a day) is as effective as full time occlusion, there is no need for patching for longer periods of time, thus allowing the patient to function in a more natural environment. In cases of moderate to severe amblyopia, part-time occlusion also helps with compliance. In addition, treatment of binocularity to reduce amblyopia and eliminate suppression and other sensory adaptations has been found to be useful.

• Indirect Occlusion
• To prevent the use of the steady eccentric fixation point and attain centric fixation with active optometric vision therapy.
• Penalization
  o Over plus (spectacles or contact lens)
  o Atropine
  o Bangerter foils

Note: If no improvement, check compliance of occlusion and home VT. Continue treatment approximately 6-8 weeks after last improvement before discontinuing treatment. Also, it is suggested that after doing occlusion treatment, allow the patient to experience the new visual input and then restart the occlusion regimen which could further improve the visual acuity.

Occlusion itself can also be beneficial for improving visual acuity in the amblyopic patient. It has been shown that after cessation of occlusion therapy, visual acuity was maintained or improved in two thirds of patients who had been successfully treated by occlusion for unilateral amblyopia in childhood. On the other hand, the use of optical penalization, after the visual acuity wasn’t improved by occlusion alone, improved visual acuity by at least 2 more lines on average. The use of levodopa in trying to improve the plasticity of the visual system and obtain faster results in combination with occlusion has also been tried where the patients showed a significant improvement in contrast sensitivity function when compared to the control group.

Amblyopia is a binocular dysfunction that is manifested monocularly due to the active neural inhibition of the non-dominant eye. If we keep this in mind and see all amblyopic patients from this perspective, once we take care of the binocular vision competition, we are then able to enhance the probability of achieving a more effective and faster rehabilitation of the patient’s overall visual functions.

There is an ongoing debate about the critical period to successfully treat amblyopia after the age of six years. It has been implied that, once the amblyopic patient has past this critical period, visual function can no longer be improved. Conversely, research done by Martin Birbaum, Kenneth Koslowe and Robert Sanet in 1977 looked at the success of amblyopia therapy as a function of age. At least 23 published amblyopia studies found that a substantial number of patients over age 6 were successfully treated when the criterion for success was achievement of 20/30 acuity or better. When a criterion of 4 lines improvement was used, success rates at all ages under 16 were quite similar. In patients, 16 years and older, success by this criterion was significantly less frequent (see fig 4). But, even in this group, success was achieved by 42% of the patients. Therefore, no patients should be discarded solely based on age, since adults have also been shown to gain improvements following optometric vision therapy.
When looking at the prognosis and treating an amblyopic patient, it is crucial that we remember all the visual skills affected by this condition, including but not limited to:

- Inaccurate and/or eccentric foveal fixation
- Spatial uncertainty
- Anomalous eye movements
- Increased effects of crowding
- Increased saccadic latency and reduced saccadic accuracy
- Depressed contrast sensitivity
- Decreased accommodative function
- Poor speed and span of recognition
- Faulty eye hand coordination

**In Office Optometric Vision Therapy Sequence**

The purpose of the OVT is:
1. To enhance effects of occlusion
2. To decrease total treatment time
3. Reduce symptoms
4. Improve visual performance deficits
5. Improve patient’s quality of life

**Recommended steps:**
1. Establish central steady fixation
2. Improve visual acuity
3. Develop accurate eye movements (fixation, pursuits, saccades)
4. Improve accommodation skills (amplitude, facility and response)
5. Eliminate suppression
6. Develop normal binocularity
7. Develop normal spatial information processing
8. Develop normal visual information processing ability

For the previously mentioned skills the recommended sequence for VT is:
- Monocular activities
- Bio-ocular activities
- Monocular Fixation in a Binocular field Activities
- Binocular Activities

Clinical pearl: Amblyopia is a **Diagnosis of Exclusion**. Make sure there is no pathology first. **Amblyopia may improve** with vision therapy even with **pathology**. The overall well-being of the patient is the main goal of the patient’s treatment. Patient **MUST** have at least one of the following conditions before the age of six:
1. Anisometropia
2. Significant Isoametropia
3. Constant Unilateral Strabismus
4. Deprivation Hx

**When Is An Amblyope “Cured?”**

The variables involved include amount of visual acuity gain, improved contrast sensitivity function, no suppression, accurate oculomotor skills, accurate accommodation skills, and long-term stability of achieved gains. Additionally, we should not overlook the functional gains that can be achieved. The patient and parent should also be educated about these potential gains. Expectations are often focused singly on improvement in visual acuity, but improving the child’s self esteem, academic performance and a better quality of life are invaluable gains for your patients.

Many cases of amblyopia never reach 100% cured. If VT reaches a plateau then the amblyopia is cured as best as possible.

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CE Questions

1. Amblyopia is:
   a. A problem of reduced visual acuity
   b. May be caused by refractive error and/or strabismus
   c. Is a problem of reduced information processing from the amblyopic eye
   d. It is mainly a problem of binocular competition
   e. All are true

2. Functional amblyopia:
   a. It can occur at any age
   b. You must have specific conditions occurring before age 6
   c. It is the result of a disease such as glaucoma and macular degeneration
   d. All of the above
   e. None of the above

3. Amblyopia is caused mainly by:
   a. Illnesses that cause the eye to become lazy-eye
   b. Loss of developmental cones, which may not respond to clarify images
   c. Neural Inhibition of the amblyopic eye by non-amblyopic eye
   d. Convergence insufficiency
   e. All of the above

4. Which of the following may cause functional amblyopia?
   a. Significant anisometropia
   b. Constant unilateral esotropia or exotropia
   c. Significant isometropia
   d. Unilateral or bilateral significant astigmatism
   e. All of the above

5. Which of the following statements is true about amblyopia?
   a. All strabismic patients develop amblyopia
   b. Blurred retinal image fails to stimulate developing neural connections, thus producing a monocular form vision deprivation
   c. Intermittent alternating strabismus will induce amblyopia
   d. Only low spatial frequencies are affected in the amblyopic eye
   e. All amblyopic patients have eccentric fixation

6. Which visual skills are affected in amblyopic patients?
   a. Visual Acuity
   b. Ocular Motility
   c. Accommodation
   d. Binocularity
   e. Contrast sensitivity
   f. All of the above

7. If the patient has 4 prism diopters of eccentric fixation, what is the expected visual acuity?
   a. 20/30
   b. 20/60
   c. 20/100
   d. 20/200
   e. None of the above

8. When prescribing glasses for an amblyopic patient with eccentric fixation, you must consider:
   a. Fully correcting the hyperopia
   b. Fully correcting the astigmatism
   c. Reduce the power of the lens, plus and cylinder until the central steady fixation is established.
   d. Prescribe bifocal lenses
   e. A full prescription is rarely beneficial in helping to improve an amblyopic eye

9. Which of the following ways is MOST RECOMMENDED option for treating functional amblyopia?
   a. Occlusion of the amblyopic eye, full time
   b. Occlusion non-amblyopic eye, full time
   c. Occlusion non-amblyopic eye, full-time therapy combined with home vision therapy
   d. 2-6 hours of patching / day of non-amblyopic eye combined with active visual therapy
   e. All are equally effective

10. Research have shown that amblyopia can’t be improved after:
    a. Age 6
    b. Age 7
    c. Age 8
    d. Age 18
    e. Amblyopia has the potential to be improved at any age

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This is the last Back Page article that I have the privilege of writing as the executive director of the California Optometric Association. When I came to California over a decade ago, the Association was in turmoil. One of my most vivid memories was the first COA Presidents’ Council that I experienced. I remember commenting that the acrimonious dialogue reminded me of having Thanksgiving Day dinner with my family (minus the food fight). It was at that meeting that I promised a past president that I would never appear on the cover of California Optometry and, at his insistence, agreed to move the executive director’s Upfront column to the end of the magazine. Thus, the Back Page was born.

Last week, COA held its 2011 Presidents’ Council at the San Francisco Airport Marriott. It was a very different conference from the first one I experienced thirteen years ago. The atmosphere was calm, presentations were deliberative and attendees’ comments and questions were thoughtfully construed. It was a meeting that showcased the purpose of the COA’s mission: “...to advance and promote the profession of optometry and to provide its members with the resources and support needed to provide the highest level of optometric care.”

Professional associations exist to help members value and protect their profession as well as nurture and enhance their individual careers. They provide organizing structures that support the implementation of new ideas, the sharing of best practices and a framework for solving problems and obtaining advice. Organizations, like COA, provide a forum for members to question, debate and develop responses to critical issues facing the profession.

It has always been the role of organized optometry to challenge the status quo by pushing the profession to move forward. That whole process can be unsettling and the cause for serious contention to develop. As today’s membership debates the merits of board certification, tomorrow’s membership will probably debate their role in primary health care that may extend well beyond the provision of vision care.

I wish I could fast forward into the next decade to see what the future will hold for California optometry. Will Dr. Lee Goldstein’s dream of uniform licensure be realized? Will the profession of optometry be transformed as a result of the Affordable Care Act and the implementation of California’s Health Benefit Exchange? Will a new definition of optometric care emerge along with advances in medical technology? No one can predict what will happen in this chaotic economic and political climate. We only know that change is inevitable.

Member-based associations are dynamic entities that must be able to adapt to the desperate leadership styles of staff and volunteers along with generational alterations in the membership. COA must remain flexible enough to evolve as the health care system in the United States is reconfigured. To stay vital, COA must continually monitor itself and the outside world for developments that could affect its operations, viability and effectiveness. In this atmosphere, it is critically important that the COA membership continue to engage in thoughtful discourse and critically examine new ideas.

I am very proud of the achievements our COA team has made over the past thirteen years and value my experience working with many dedicated staff and volunteers. Now it is time for this organization to move on to the next chapter as the Board of Trustees sets a new direction.

Good bye and don’t drink the Kool-Aid (no matter who expects you to swallow it).
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