Feature Article
Making Your Practice Recession-Proof

CE@Home
Therapeutic Treatment in Glaucoma: Usage, Side Effects, and Contraindications

Special Report I
Monterey Symposium 2009 in Review

Special Report II
Ophthalmic Image Workflow Management
View All Of Your Patient Images In One Place
A comprehensive view of professional optometry in California today.

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Eye Openers
2010 COA House of Delegates
The celebration of the New Year is the oldest of all holidays, first observed in ancient Babylon about 4,000 years ago. The tradition of the New Year’s resolution goes all the way back to 153 B.C. when Janus, a mythical king of early Rome, was placed at the head of the calendar. With two faces, Janus became the ancient symbol for resolutions simply because he could look back on past events and forward to the future.

In the 18th century, Benjamin Franklin commented on New Year’s traditions in a clever, celebratory toast, “Be always at war with your vices, at peace with your neighbors, and let each New Year find you a better man.”

As part of today’s customs, some of us will proclaim a few hackneyed New Year’s resolutions that capture our confessions about a desired weight, target fitness goal and/or lifestyle change. Making matters worse, we boldly spout them out at New Year’s Eve parties or jot them down on itemized lists underneath a refrigerator magnet. We may keep these lists on our phone or desktop, equipped with pop-up reminders. Therefore, it only takes one keystroke to scrap or delete the electronic version, and poof, the resolution is gone for good.

Don’t let that happen to the California Optometric Association. Renew your membership and help bring about a successful New Year. Rather than dismantle your commitment to our professional Association, let’s resolve to strengthen COA via our revitalized efforts in advocacy, membership, communication and leadership.

- ADVOCACY relies on teamwork.
- MEMBERSHIP is the foundation for our professional Association.
- COMMUNICATION serves as a means to maintain our strength as an Association.
- LEADERSHIP encourages members to become concerned about the organization and the profession’s critical issues.

By exerting all of the forces above, COA will need to work to ensure that the State Board of Optometry finishes implementation of Glaucoma Certification for optometrists under SB 1406; members are kept informed when and how Congressional Health Care Reform may reinstate optometrists as Medi-Cal providers; and members understand the importance of PAC contributions in preparation for election cycles. Most notably, Dr. Ed Hernandez will rely on campaign contributions for a 24th State Senate District race in 2010, and our Keyperson Day encourages members statewide to spend time with colleagues and optometry students at the state capital and in Washington, DC.

As this is my last article for the Leadership Corner column, I sincerely thank you for the opportunity to serve as COA President in 2009. My term is ending soon and I appreciate the time I’ve spent working with an enthusiastic Board of Trustees, our committed COA staff, and truly wonderful volunteers who have dedicated their time and talent.

Please be sure to give Dr. Harue Marsden your continued support as our incoming COA President. She is well prepared to face a challenging year alongside members who strive to advance the profession. I encourage you to stay involved or get started on a volunteer path within COA. As always, the New Year symbolizes the beginning of a better tomorrow.

Happy New Year to everyone within the California Optometric Association.
Now, more than ever.

Reducing health insurance expenses must be a priority for every optometrist.

In the current economic climate, spending more than you have to for health insurance doesn’t make sense. As premiums continue to increase, don’t accept the status quo. There are ways to provide health insurance while effectively managing your expenses.

These are just a few of the strategies that Marsh has used to assist many group practices to help reduce health insurance premiums:

**High Deductible Health Plans** – Our optometrist clients, particularly those over age 50, are taking advantage of this cost reduction strategy. Significantly reduces premiums and enables you to open a health savings account. Most optometrists should review this strategy.

**Rate Adjustment Factors (RAF)** – For groups of 6–50 employees, insurers reduce the RAF for new business placing health insurance “on sale.”

**Compare** – Rate competitiveness and plan design varies by insurer, type of plan (PPO, HMO or HDHP) and location. We work with many insurers to find the right plan designs to meet your group health insurance needs.

**Health Savings Accounts** (2010 limits) – Contributions of up to $3,050 for individuals and $6,150 for families; plus another $1,000 if you are between ages 55 and 64. Unused funds roll over each year to be used for future medical, dental and vision expenses.

**HR KnowHow** – Provides the latest information on group benefit plans and compliance issues for employers. Available at no cost to COA members who purchase their group health insurance through Marsh.

Why not use one of your member benefits and let us help you select a strategy that works best for you. Call a Marsh Client Service Representative today at 800-775-2020 for more information.

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BOARD OF TRUSTEES MEETING HIGHLIGHTS

On August 20, 2009, the Board of Trustees had a fax vote:

- To approve reimbursing the Alameda Contra Costa Counties Optometric Society (AC-CCOS) up to $1000 for an open invitation to Bay Area COA members to attend the Board Certification meeting on Aug 25, 2009.

On September 10, 2009, the Board of Trustees had a meeting at the Doubletree Hotel in Rohnert Park, CA. The Board discussed a number of issues and topics, with motions:

- To form a task force to evaluate the currently drafted Medically-Based Optometry Practice Project Proposal within a 60-day period.

- That COA donate two Option 1 registrations for OptoWest 2010 to support the CVF raffle and operations.

- To hold the Low Vision Rehabilitation Section annual meeting at the 2010 COA House of Delegates in Ontario, CA, in January.

- To approve the recommendation from the Employed OD Task Force to delay the formation of a separate Employed OD Section at this time.

- To approve the amended 2007-2011 COA Strategic Plan.

- The COA Board of Trustees voted unanimously to grant Executive Director Dr. Elizabeth Brutvan her full bonus as described in her employment contract for her employment year 2008-2009.

And on October 15, 2009, the Board of Trustees had a conference call with a motion:

- To establish a task force to review the Medically-based Optometry Project Proposal and recommend a course of action to the COA Board of Trustees. The task force is to consist of the following individuals:
  - Dr. Harue Marsden, Chair
  - Dr. Jan Cooper
  - Dr. Dave Redman
  - Dr. Elizabeth Brutvan
  - Tim Hart

The next meeting of the COA Board of Trustees was scheduled to take place on November 19, 2009, at the Monterey Marriott Hotel in Monterey, CA.
THE ART

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WHAT LIES AHEAD

There has been so much speculation on the current and future status of the economy. My best take on the situation is that we are getting better, getting worse, or staying the same for a while. This economic downturn has meant an incremental slow-down in many optometric offices across the country. Some empty spots are showing up on the schedule where they never did before. This could be a time of passive hand-wringing or an opportunity to re-focus on the business of eye care. As the first article in California Optometry’s Practice Management Series for 2010, Dr. John Larcabal talks to us about how to recession-proof the practice. It is easy to spend every day at the office engaged in the very important and serious business of patient care. Seeing patients and making sure that their needs are met and exceeded can be more than a full-time endeavor. It often leaves very little time and energy to devote to the health and well-being of the practice. A dedicated focus on keeping the business portion of the practice healthy in good times and lean times can help any practice weather the current economic waters by keeping the dips and wrong turns to a minimum.

Another story that has yet to be told is what part optometry will play as health care reform unrolls. There is so much about the future of health care that lies in the hands of Congress at this time. Just as the House of Representatives celebrates the passage of historic reform, the Senate begins to dig their heels in about how the plan does not make sense to them and it will be altered and changed. The next few years will bring tremendous change in health care in the United States. On the more local scene, changes occur annually impact the way we practice and our patient’s expectations of what we do. Dr. Ian Lane has written an article this month that identifies the current state of affairs in digital imaging. With health care reform looming, the use of digital imaging technology will have a direct impact on the way we deliver care, how we interact with patients, and how we conduct business in our offices tomorrow and into the future.

Finally, we all patiently await the enactment of the new glaucoma bill in California. The time and efforts that have been undertaken by our colleagues to move this forward and make it happen should not be taken for granted or forgotten. Passing the bill was just the start of this adventure — the devil has clearly been in the details. Dr. Robert Yacoub has presented an article reminding us of some of the key points in glaucoma therapy.

The New Year is always a time that causes us to reflect on the past and dream about the future. Even with the most optimistic dreams, I think we can all agree that there is plenty of hard work ahead. What lies ahead requires the renewed dedication of current members and a hope for increasing numbers of practicing ODs to join our ranks. There is just too much work out there.

I hope we can count on you all.

Letter to California Optometry

Helping the Homeless

Would you like to help those less fortunate? Do you have an “extra phoropter” sitting around somewhere in your office that you will likely never use? By donating your old phoropter (preferably not a AO double wheel phoropter because young OD’s don’t know how to use it) you can help optometrists associated with Project Homeless Connect in San Francisco, such as me, examine and prescribe glasses for an additional 100+ patients each year. Please email VisionBiz@aol.com if you can help.

Thank you,
Tommy L. Lim, OD
www.berryessaoptometry.com
Passing the bill was just the start of this adventure — the devil has clearly been in the details.

MISSION STATEMENT
The mission of the California Optometric Association is to assure quality health care for the public by advancing all modes of optometry and by providing members with the resources and support to practice at the highest levels of ethics and professionalism.

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2010 COA HOUSE OF DELEGATES
JANUARY 29-30, 2010

The COA House of Delegates is set to take place on January 29-30, 2010 at the Ontario Airport Marriott in Ontario, CA.

Lodging will also be at the Ontario Airport Marriott, 2200 E. Holt Boulevard, Ontario, CA 91761; Phone: 800-266-9432

Hotel Reservation Deadline: January 15, 2010

For more information, visit the House of Delegates page on www.coavision.org (in the Members’ Only section, click Association Governance, then House of Delegates). Any questions, contact Michelle Whitlow, governance coordinator, at mwhitlow@coavision.org or 800-877-5738, ext. 222.

COA KEYPERSON DAY 2010

We Have Work To Do! — SAVE THE DATE!

WHEN: Wednesday, March 24, 2010 — 8:30 am to 5:00 pm

WHY: Meet with Legislators to Discuss Legislative Issues and the Impact of Medi-Cal Budget Cuts.
• Join Colleagues for an Update on SB 1406 Regulatory Decisions and Process.
• Learn the Importance of Being an Active KP and How the Program Benefits You.

WHERE: Sacramento Convention Center, 1400 J Street, Room 202, Sacramento, California

AOA SEEKS NODS FOR ORA

Nominations are currently being sought for the American Optometric Association’s (AOA) 2010 Optometric Recognition Award Program (ORA). The ORA, established in 1975 by the House of Delegates, encourages doctors of optometry to pursue continuing education beyond the requirements of state licensing boards. The deadline for submissions is March 31, 2010. For more information on the program, visit www.aoa.org/x8223.xml, call 800-365-2219 (ext. 4258/4260), or email ORA@aoa.org.
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? California Optometry wants to know about the “secrets lives” of COA members. Send an email to Corrie Pelc at cpelc@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!

In other news, 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 Pelc at cpelc@coavision.org.

EYEHHELP.ORG
WRITERS NEEDED

COA’s Communications Committee is putting out a call for writers to help update and write new content for COA’s public Web site, www.EyeHelp.org. If interested and for more information, contact Corrie Pelc at cpelc@coavision.org.

KNOW A PARAOPHTOMETRIC WHO GOES WAY ABOVE AND BEYOND?

The AOA Paraoptometric Section is seeking nominations for the Paraoptometric of the Year Award. The award is given annually to the optometric assistant or technician who has made the most outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

Nominations must be received by AOA on or prior to Feb. 1, 2010. The award for the 2010 winner will be presented on Thursday, June 17, 2010, during Optometry’s Meeting® in Orlando, FL. The winner will be featured in a video and will receive a plaque, round-trip airfare to Optometry’s Meeting®, three nights’ lodging at the headquarters hotel, and $500 to help defray travel expenses. To receive the rules and criteria and a nomination form, e-mail PS@aoa.org. The award has been funded by CIBA Vision.

RECENT J&J VISION CARE NEWS

In September, Vistakon — a division of Johnson & Johnson Vision Care, Inc. — released results of a study that found a high proportion of Singaporean children requiring vision correction are able to successfully wear daily disposable contact lenses over a three-month period. The research, following a similar protocol as the Contact Lens in Pediatrics (CLiP) study conducted in the U.S., evaluated the safety, efficacy and physiological performance of daily disposable soft contact lenses in Singaporean children ages eight to 12. At baseline, 81% of subjects found overall vision quality to be “very good” or “good,” and this increased to 95% at the one-month and 96% at the three-month follow-up. The findings appeared in the July 2009 issue of Eye & Contact Lens, the official journal of the Contact Lens Association of Ophthalmologists.

And in other news, the Asthma and Allergy Foundation of American (AAFA) is offering a free educational brochure, “Eye Health and Allergies,” to help allergy sufferers better understand and manage the condition. The brochure, supported by 1•DAY ACUVUE® MOIST® Brand Contact Lenses, also includes a free trial pair certificate for the contact lenses. The brochure can be downloaded at www.AllergyCapitals.com.

ALCON, POTENTIA ENTER AGREEMENTS

Potentia Pharmaceuticals — a biotechnology company developing medicines for the treatment of age-related macular degeneration (AMD) — announced in October it has entered into licensing and purchase option agreements with Alcon Research, Ltd., a wholly-owned subsidiary of Alcon, Inc. The agreements provide Alcon with a license to develop Potentia’s leading drug candidate, POT-4, for the treatment of AMD. The agreements also provide for Alcon to acquire the share of Potentia if specified development milestones are achieved and if Alcon elects to continue development of POT-4.
LATEST B&L HEADLINES

In October, Bausch & Lomb acquired the commercial assets of Tubilux Pharma S.p.A. — a privately-held ophthalmic pharmaceuticals company that develops and markets a range of proprietary, over-the-counter, and branded generic products primarily in Italy and with distribution in approximately 30 other countries. Under terms of the agreement, B&L acquired the company's ophthalmic pharmaceuticals portfolio, including products for dry eye relief, glaucoma, anti-infective use, and anti-inflammatory use.

B&L has also recently launched two new Web sites. In October, B&L launched a Web site to support its new Center for Patient Insights at www.CenterforPatientInsights.com. The Center delivers news, insights and trends to eye care professionals to help them better understand and meet patient needs. And in September, B&L unveiled its enhanced U.S. eCommerce site, www.bauschonline.com, with new features to improve eye care professionals’ online ordering experience. Originally launched in 2005, the eCommerce site’s new features include an interactive dashboard, simplified ordering, and improved order history and search capabilities.

RECENT SYNERGEYES NEWS

SynergEyes, Inc. launched new practitioner training modules for the SynergEyes® A and SynergEyes® Multifocal lenses on www.FitSynergEyes.com in November. The site is dedicated to practitioner education and training, and the new training modules include updated fitting and troubleshooting techniques, tips for patient communication and education, and practice development information.

In October, SynergEyes announced it had received an additional patent from the U.S. Patent and Trademark Office for a hybrid contact lens with intermediate zones that facilitate chemical bonding between the zones and the methods to manufacture. This is now the 12th patent awarded to SynergEyes for its advanced hybrid contact lens technology.

Also in October, CONNECT® — a non-profit organization dedicated to creating and sustaining the growth of innovative technology and life science businesses in San Diego — declared SynergEyes a finalist for its 22nd annual Most Innovative New Product (MIP) Award for the company’s ClearKone™ patent-pending advanced hybrid contact lens design for keratoconus patients. Finalists were selected by industry experts and business leaders through a screening process of approximately 100 entries. Winners were scheduled to be announced on December 11, 2009.

CARL ZEISS MEDITEC LAUNCHES “EYE ON OCT”

Carl Zeiss Meditec introduced in October a new online optical coherence topography (OCT) resource for the eye care industry called Eye On OCT at www.oct.zeiss.com. The site offers news and education about OCT technology and clinical application for optometrists and other eye care professionals, such as OCT journal articles, OCT image gallery, calendar of global events, and more.

PATIENTS SOUGHT FOR AON CLINICAL TRIAL

Teva Neuroscience is currently enrolling for a Phase IIb clinical trial for patients with AON called OCTAGON. AON, which is demyelination or inflammation of the optic nerve, may cause a variety of symptoms including blurry vision, vision graying or change in color saturation, loss of vision (usually in one eye), and pain in the eye. The OCTAGON clinical study is a multicenter clinical study to evaluate the effects of glatiramer acetate on the retinal nerve fiber layer (RNFL) in the back of the eye and visual function in people with a recent first episode of AON. Participants must be between the ages of 18-45 and have had their first episode of AON in one eye only to be eligible for the study. For more information on the study, visit www.tevaclinicaltrials.com.

FDA ANNOUNCES LASIK QUALITY OF LIFE PROJECT

The U.S. Food and Drug Administration (FDA) announced in October the launch of a collaborative study with the National Eye Institute and U.S. Department of Defense to examine the potential impact on quality of life from LASIK. The goal of the LASIK Quality of Life Collaboration Project is to determine the percentage of patients with significant quality of life problems after LASIK surgery and identify predictors of these problems. Funded by the government agencies, the project is composed of three phases. The objective of Phase 1, which began in July 2009, is to design and implement a Web-based questionnaire to assess patient-reported outcomes and evaluate quality of life issues post-LASIK. Phase 2 will evaluate the quality of life and satisfaction following LASIK as reported by patients in a select, active duty population treated at the Navy Refractive Surgery Center. And Phase 3 will be a national, multi-center clinical trial and will study the impact of the procedure on quality of life following LASIK in the general population. Phase 3 is expected to end in 2012.
LATEST ESSILOR NEWS

Essilor of America, Inc., is currently searching for third- and fourth-year optometry students across the country to submit applications for its 22nd annual Varilux® Student Grant Awards. Applicants must submit case reports with a maximum of 2,000 words on patients fit with Varilux lenses to their school’s clinical staff, who will then select one recipient based on certain criteria. The student with the winning case report at each school will receive a $1,000 grant and entry into the national judging round for the chance for them and their faculty advisor to win an all-expense paid trip to the joint meeting of the American Optometric Association (AOA) and American Optometric Student Association (AOSA), June 16-20, 2010, in Orlando, FL. Entries must be postmarked or received by February 1, 2010. For rules and information, contact Danne Ventura at dventura@essilorusa.com.

In other news, the Essilor Vision Foundation was recognized with the Excellence in Mission Achievement Award for organizations with operating budgets under $1 million by the Center for Nonprofit Management in Dallas in November. The foundation was applauded for its success in its efforts to eliminate poor vision and its lifelong consequences.

NEW BLOG FOR EYE CARE PROFESSIONALS

Born from a group that originally communicated exclusively through Twitter, a new blog called Eyechat has been launched to create a community for eye care professionals at www.Eyechatblog.com. The site features articles, an events calendar, a causes section that highlights non-profits and philanthropic organizations, and a products area.

GENE VARIANT LINKED TO GLAUCOMA IDENTIFIED

An international team, led by researchers from the University of California, San Diego School of Medicine and the National Eye Institute, announced in September they have discovered gene variants for glaucoma in a black population. The finding could lead to future treatments or a cure for the disease, which leads to blindness in two million Americans each year. Researchers conducted the study in the Afro-Caribbean population of Barbados, where there is a strong genetic predisposition for glaucoma, and found gene variants that are present in 40% of individuals with glaucoma in the Barbados population and explains nearly one-third of their genetic risk for the disease. The study was published in the online education of the Proceedings of the National Academy of Science the week of September 21st.

LATEST AMD NEWS

A number of news articles and study results surrounding age-related macular degeneration (AMD) were released from September-October:

• A study that found a build-up of lipoprotein particles at the back of the retina may play a key role in the development and progression of the dry form of AMD was published in the September 2009 issue of the Journal of Lipid Research.
• A large study found strong evidence that older people who have AMD are at increased risk for coronary heart disease, although not for stroke, according to an article in the October 2009 issue of Ophthalmology.
• Investigators from Boston University School of Medicine and the VA Boston Healthcare System have shown, at six months in a small group of patients, that there is no difference in efficacy between Bevacizumab (Avastin) and Ranibizumab (Lucentis) for the treatment of AMD, in a study published in the online version of the American Journal of Ophthalmology in October.
• And the October 2009 issue of Investigative Ophthalmology & Visual Science published a study that shows implantation of blue light-filtering intraocular lens (IOLs) at the time of cataract surgery increases a nutritional component of the eye, which may afford protection against the development and/or progression of AMD.

HEALTHY EYES FOR LIFE FOUNDATION FORMED

The Core Planning Team of the Eye Health Summit announced in October the formation of the Healthy Eyes for Life Foundation. Created to increase the public’s awareness about the importance of eye health, the foundation plans to develop a nationwide message campaign that directs people to take better care of their eyes. For more information on the Eye Health Summit, visit www.eyehealthsummit.com.

THEMEDICALSTOP.COM LAUNCHES

In October a new Web site called www.TheMedicalStop.com was launched. The site allows members of the health care industry to collaborate and exchange views on either industry-wide issues or in topical niches. Topics will include those of interest to physicians, nurses, administrators, technicians, researchers and service providers, and site features include discussion forums and groups.
Once again, the Monterey Conference Center and Monterey Marriott Hotel welcomed over 1,000 optometrists, optometric students, paraoptometric staff and opticians from all across the U.S. — and even as far away as Canada — for Monterey Symposium 2009, held November 20-22, 2009.

This year’s event featured a combined 94 hours of continuing education for optometrists and paraoptometrics. Highlights included the well-attended “Catch a Falling Starfish” Welcome Reception, a packed Exhibit Hall, and the return of past favorites such as the Food for Thought Breakfast Series and Monterey Symposium Exhibit Hall Raffle.

THANK YOU MONTEREY SYMPOSIUM 2009 SPONSORS!
MONTEREY SYMPOSIUM 2009
“DIGGIN’ FOR SAND DOLLARS RAFFLE” WINNERS!

Dr. Susanne W. Anderson — iPod Touch (Sponsored by Essilor Laboratories of America)
Dr. Robert Coleman — Pair of Designer Sunglasses (Sponsored by EyeMed Vision Care)
Dr. Katherine Harano — Winner’s Choice of a Lippincott Product (Sponsored by Lippincott Williams & Wilkins)
Dr. Kenneth F. Jew — Summit Optical Deluxe Screwdriver Set (Sponsored by Modern Optical International)
Dr. Karen Kallmann — Sports Spectator Gift Pack (Sponsored by VSP Vision Care)
Dr. Kathleen Kennedy — Kodak EasyShare 10.2 Megapixel Digital Camera (Sponsored by Walman Optical)
Steve Killgore — Nintendo Wii (Sponsored by Hoya Vision Care, North America)

Rebecca Knott — $150 Best Buy Gift Card (Sponsored by Single Vision Optical)
Dr. Francis E. Kuo — $50 Best Buy Gift Card (Sponsored by Eagle Star Security)
Dr. Lubert Lam — High Definition Digital Camcorder (Sponsored by Augen Optics)
Dr. Teresa J. Lui — Kindle 6-inch Wireless Reading Device (Sponsored by Vision West, Inc.)
Dr. Curtis Meredith — Garmin Nuvi 205 Portable GPS Device (Sponsored by ABB CON-CISE) and Summit Optical Deluxe Screwdriver Set (Sponsored by Modern Optical International)
Dr. Grant A. Nakajima — $250 Restaurant Gift Pack (Sponsored by Ophthalmic Instruments, Inc.)
Dr. Hong C. Nguyen — 16 GB iPod Touch (Sponsored by Haag-Streit USA)

Dr. Amanda Parreira — iPod Nano (Sponsored by Essilor Laboratories of America)
Dr. Brian H. Rankin — 8 GB iPod Nano (Sponsored by Walman Optical)
Dr. Chau N. Truong — $500 AMEX Gift Card (Sponsored by Review of Optometry)
Dr. Primrose Wong — Pair of Designer Sunglasses (Sponsored by EyeMed Vision Care) and $50 Best Buy Gift Card (Sponsored by Eagle Star Security)
Dr. P. Harold Woodring — Libre Ebook Reader (Sponsored by Hoya Vision Care, North America)
Dr. Linda M. Yee — Digital Picture Frame (Sponsored by Primary Eyecare Network)
"CATCH A FALLING STARFISH" WELCOME RECEPTION

At 6pm on Friday, Monterey Symposium attendees made their way over to the San Carlos Ballroom in the Monterey Marriott Hotel for a family-friendly evening of appetizers, desserts, caricature drawings, and interactive games.

Congratulations to our raffle winner, Dr. Cheryl Egami, who won a Nintendo Wii generously donated by Walman Optical!

THANK YOU MONTEREY SYMPOSIUM 2009 EXHIBITORS!

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Essilor Laboratories of America
EyeCOR By Nteon
EyeMed Vision Care,
The Luxottica Group
Fashion Optical Displays
Genzyme
Gerber Coburn Optical
Haag-Streit USA
Heidelberg Engineering
Hoya Vision Care, North America
Lippincott Williams & Wilkins
Lombart Instrument
Lumidial
Mar-Lite Optical Supplies
Marchon Eyewear Inc.
Marco Ophthalmic, Inc.
Marsh
MedOP, Inc.
Mobile Glaucoma Solutions,
FCI Ophthalmics & Icare
Modern Optical Ltd.
NIDEK Inc.
OfficeMate Software Solutions
Ophthalmic Instruments, Inc.
OPTOS North America
OptoVue, Inc.
PixelOptics, Inc.
Practice Concepts
Practice Consultants
Precision Vision
Primary Eyecare Network (PEN)
Pro Design Denmark
Professional Practice Systems
Review of Optometry
Santanelli International, Inc.
Shamir Insight Inc.
Signet Armorlite Inc.
Single Vision Optical
Synemed
Telscreen TSI
Topcon
T-Sek LLC
Vistakon, Inc.
VSP Vision Care
The Vision of Children Foundation
Vision West, Inc.
Walman Optical Company
Websystem2
West Coast Physicians Associates
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MAKING YOUR PRACTICE RECESSION-PROOF

Recessions stink. Unemployment is rising. The stock market has more ups and downs than the Giant Dipper at the Santa Cruz Boardwalk. Fortunately, recessions come and recessions go. In the meantime, how can we utilize this opportunity to strengthen our practice?

Basically, there are two ways to maintain or increase our net earnings: increase revenues or decrease expenses. Since raising revenues is more difficult during a recession, cutting expenses should be looked at.

One of our largest expenses is our rent. We should utilize this turn in the real estate market to renegotiate our leases. You don’t have to wait until the lease is about to expire to renegotiate it. As most of us have limited experience in this, I would recommend utilizing Jack Krech of Enterprise Unlimited. Jack specializes in lease negotiations and only charges a percentage of what he saves you. You can’t go wrong. Jack’s number is (818) 713-9142.

Cost of goods is typically our largest expense. If you haven’t already joined a Buying Group or Practice Management Group, I would highly recommend it. We are fortunate in California to have various groups to assist us. Vision West — COA’s endorsed buying group — Primary Eyecare Network (PEN), and Vision Source are a few of the excellent choices available to us.

To bring in patients, I would recommend being more proactive on your recall. Yearly pre-appointing is probably one of the BEST practice growth tools that you can implement. It is very incredibly effective when done with consistency. An example of how to begin pre-appointing is outlined in Table A.

In addition, telephone recall for those who haven’t been in between two to four years can also help to fill your schedule. Patients get busy and forget how long it has been since their last exam. Making that extra call can reconnect you to the patient, and also determine if something occurred to prevent them from returning earlier.

With the recession slowing things down a bit, now is the perfect time to invest in our greatest asset: our staff. Utilize this time to train them. It will be the best way to boost your practice. Fortunately, there are various online training programs available. Several are listed in Table B. I would have the staff review the courses and then report what they have learned at a staff

Dr. John Larcabal is in private practice in Norwalk and Brea, CA. He teaches practice management at the Southern California College of Optometry and is a contributing author to the text, Business Aspects of Optometry. Dr. Larcabal is a past president of the California Optometric Association.

Table A

<table>
<thead>
<tr>
<th>PRE-APPOINTING</th>
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<tbody>
<tr>
<td>Upon arrival, the staff paperclips a magnet pre-appointment card to the patient’s chart. On the card is written the next appointment date (which is the same day of week and time as this appointment).</td>
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<tr>
<td>That same time is noted on a separate schedule book or the office computer software. At the end of the exam, after explaining the diagnoses and treatment recommendations, the Doctor states, “Mrs. Jones, as a service to our patients, we pre-appoint when we should evaluate your eye health again. Here is a magnet that you can place on your refrigerator that has your appointment for next year. We’ll be contacting you a few weeks prior to make sure that the date and time is still good for you. Also, our phone number is on the card, so if you have any questions during the year, don’t hesitate to call us anytime.”</td>
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<td>Patients are typically thankful for having the appointment set on their behalf, and perceive it as a positive service being offered. Those utilizing pre-appointments will relate that it’s not uncommon for a patient to state that they have six of these magnets on their refrigerators, thus proving its effectiveness.</td>
</tr>
</tbody>
</table>
Unfortunately, there is no silver bullet to recession-proof our practices. We simply need to put into practice those proven ideas that assist us in providing the best care possible. Again, to paraphrase our friends the California Almond growers: One idea a month, that’s all I ask.

### Table B

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
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<tbody>
<tr>
<td>20/20 Magazine</td>
<td><a href="http://www.2020mag.com">www.2020mag.com</a></td>
</tr>
<tr>
<td>Essilor</td>
<td><a href="http://www.essilorusa.com">www.essilorusa.com</a></td>
</tr>
<tr>
<td>Contact Lens Society of America</td>
<td><a href="http://www.clsa.info">www.clsa.info</a></td>
</tr>
<tr>
<td>CPS Resource Library</td>
<td><a href="http://www.cpssection.org/education/resource.html">www.cpssection.org/education/resource.html</a></td>
</tr>
<tr>
<td>CPS Study@Home Program</td>
<td><a href="http://www.cpssection.org/education/study.html">www.cpssection.org/education/study.html</a></td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td><a href="http://www.jnjvisioncare.com">www.jnjvisioncare.com</a></td>
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<tr>
<td>National Academy of Opticianry</td>
<td><a href="http://www.nao.org">www.nao.org</a></td>
</tr>
<tr>
<td>Primary Eyecare Network (PEN)</td>
<td><a href="http://www.primaryeye.net">www.primaryeye.net</a></td>
</tr>
<tr>
<td>Vision Source</td>
<td><a href="http://www.vslearning.com">www.vslearning.com</a></td>
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<tr>
<td>VisionWeb</td>
<td><a href="http://www.visionweb.com">www.visionweb.com</a></td>
</tr>
<tr>
<td>Vision West, Inc.</td>
<td><a href="http://www.vweye.com">www.vweye.com</a></td>
</tr>
</tbody>
</table>

At that meeting, I would reward them for their efforts. It doesn’t have to be expensive; consider a nice gift card. You simply want to do something to recognize their improved knowledge. Don’t be cheap — the additional knowledge they gain will help your patients, and practice, for years to come.

One marketing tool I’ve seen recently to increase revenues and boost second pair sales plays along current governmental programs. The office places a sign on the counter top stating, “Office Stimulus Package; 30% (or up to 50%) discount on all second pairs of glasses.” Since during a recession multiple pair sales are often decreased, this marketing approach addresses our current economic state and demonstrates the doctor’s willingness to help during the crisis.

Lastly, try to do something every month to boost your practice. The average optometrist implements one idea per year. By increasing that to monthly, you will be catapulted way ahead. It doesn’t have to be expensive or extensive, but just do something. Here are some suggestions:

- Attend a health fair;
- Perform a school screening;
- Have a trunk show;
- Staff education with lunch provided by a spectacle lens rep (or contact lens rep, or laser center rep, etc.);
- Implement pre-appointing;
- Attend a practice management lecture;
- Update a piece of equipment (even if it’s a $70 blood pressure cuff);
- Consistent staff meetings;
- Add evening or early morning hours once or twice per month;
- Bring in a glaucoma certified new graduate once per month so you can manage your glaucoma patients in house;
- Update carpet/paint/magazines;
- Or implement that one thing you’ve been meaning to do forever, but never got around to it.

My point is that the marketing that we do does not need to be grandiose, just consistent. Remember, one marketing item per month.

Below is a calendar. Simply take a few minutes right now to write down some of the marketing strategies that you will put into practice this year.

<table>
<thead>
<tr>
<th>Month</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>January</td>
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<td>November</td>
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<td>December</td>
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Unfortunately, there is no silver bullet to recession-proof our practices. We simply need to put into practice those proven ideas that assist us in providing the best care possible. Again, to paraphrase our friends the California Almond Growers: One idea a month, that’s all I ask.
As we approach the holidays and the end of 2009, we want to wish you and your family our best for the season.

After a long series of special sessions, seven of them, it now appears that the California Legislature has gone home for the remaining days of 2009. The budget discussions were both nasty and protracted as California wrestled with a $42 billion deficit that impacted virtually every department and agency in state government. Prisons, health care, overdue transportation projects, and re-districting were on the list of issues that netted attention, yet still remain on the front burner. Legislators finally departed Sacramento physically and mentally exhausted after a grueling debate over the future of water delivery that prompted more than 70 speeches and kept the midnight oil burning until 6 am. Suffice it to say that even veteran capitol watchers conceded that it was a grueling year for the State Legislature.

Sacramento Team
COA’s team in Sacramento expended enormous energy on ensuring that the implementation of our scope of practice legislation did not get derailed by other interest groups and that the Legislature’s intent in enacting SB 1406 (Correa) was not frustrated. The bill was fair and the end result is that new graduates are treating Californians on an everyday basis. Working with our authors and listening closely to Assemblymember Dr. Ed Hernandez, we explained in a variety of forums that the certifying process of every optometrist wanting to provide treatment to glaucoma patients will ultimately result in vulnerable populations living healthier lives.

We are pleased to report that we have been successful in keeping implementation on track and the Board was set to hear glaucoma regulations on December 22, 2009.

We were amused by one of the leading health care providers in California suggesting to the Department of Consumer Affairs that the passage of 1406 was due to the “political might of COA.” While we will admit to working very hard to move the bill through the legislature and to the governor’s desk, the real reason for the success of 1406 was that the education and training of our doctors matches a specific need in California.

Of course, the passage of this legislation has reverberated not only nationally, but worldwide. Tim Hart, director of legislation and external affairs for COA, was invited to London, England, to speak to their optometric association this past November. They asked Mr. Hart to help them strategize on how they can advance eye care in the United Kingdom. The speech Mr. Hart delivered highlighted the many advantages vulnerable populations will reap due to the steadfast efforts of COA to make 1406 a reality.

AB 175
This was a year in which even the simplest, noncontroversial legislation, such as AB 175, Telemedicine (Galgiani) carried a risk of veto because the politics and anger were so great that anything could happen, including the Governor threatening to
veto any bill unless he got…a budget …a water deal … government reform — fill in the blank.

We couldn’t make up the contretemps that made up this legislative session. During the course of the year, the Legislature was literally locked up on the floor until they approved a reduced budget plan. Consequently, key elements of the deal were rejected by the voters in a special election and the legislators were sent back to the drawing board. In the back rooms of the Capitol, the Senate Republican Leader was dumped for approving taxes, the Assembly Republican Leader was pushed out of his position for the same reason, the state began issuing IOUs, Republicans began launching recalls against their own legislators, and a sitting member resigned his office due to bragging about sexual relations with two female lobbyists.

The Crystal Ball

Year 2010’s preview is not rosy. Some budget consultants are predicting budget revenues that will come in at less than $80 million, a 25% drop from five years ago. We are headed into an election year; a year of dramatic change for California; a year of great uncertainty. The Governor is termed out and there is a wide open race to replace him; with Jerry Brown, at the moment, not only the Democratic front runner, but the only Democrat in the race. Republicans have a diverse field — former eBay executive Meg Whitman, Insurance Commissioner Steve Poizner, and former Congressman and Director of Finance Tom Campbell.

The Speaker of the Assembly, Karen Bass, is termed out. She will be replaced next year. When that happens it will be musical chairs in the Assembly for committee assignments. Both Republican leaders are also termed and will be replaced by enthusiastic public servants with no health care background. Eight Senators and 18 Assembly members are termed out, which means at least 26 new members, although in some cases, members of one House will be elected to the other House. While Democrats will hold on to substantial majorities in both Houses, several Assembly Democrats were carried into office by the Obama tide and will have to fight to hang on to their seats in a year of much lower turnout. COA’s number-one election priority is to ensure that Assemblymember Dr. Ed Hernandez, former president of COA and former legislative chair, wins the senate seat being vacated by state senator Gloria Romero. He has done an excellent job of earning his place as the frontrunner and as one of the most respected members of the legislature.

Meanwhile, in addition to the primary battles for termed-out members and the general election battles for swing seats, other political battles are surfacing everywhere on the California landscape. Lieutenant Governor John Garamendi won a seat in Congress in a special election. The Governor gets to appoint a replacement Lieutenant Governor. Speculation is running rampant on who it might be and who he picks could create another special election. State Senator John Benoit has been appointed to fill a vacancy on the Riverside Board of Supervisors, which creates a Senate special election. When Mike Duvall resigned he created a special election in Orange County. State Senator Dave Cogdill (R-Modesto) has announced he will not run for re-election. Assemblymember Danny Gilmore (R-Fresno) is also saying he will not run again. It looks like the recall of Assemblymember Anthony Adams (R-Hesperia) will qualify. Ballot initiatives are being circulated to reform state government, the budget process, taxes, and create a part-time Legislature.

And now the water deal has become more controversial because of the size of the bonds. The $11 billion in new bonds will increase our indebtedness to 10% of the budget — the highest in the country — and steep enough that selling the bonds themselves will prove to be a task. And, to add to the misery, the Governor has just announced the budget is already in the hole again by $7 billion. Most important for us is that we need to protect eye care for those who are being denied access because of a devastated state health care net. Welcome to 2010.

Some Hopeful Thoughts

We would have been pleased a year ago to see how far we have come in advancing optometric care in California. The work our members do has real value to people who need quality care. That story is being told.
SERVICES OF CODING
When to Use an ABN

Over the past couple of years, ODs have become more and more involved with Medicare. This seems to be especially true with the recent demise of adult Medi-Cal.

In 2008 there were over 43.4 million Medicare recipients in the United States with over 4.4 million residing in California. Given that there are substantial numbers of Medicare patients who are enrolled with total care HMO plans, there are over one million patients available to independent California ODs. That, combined with their average age, gives the optometrist many coding opportunities to bill for their ocular medical conditions.

For reasons of potential abuse, Medicare maintains tight oversight for compliance with their many rules and regulations. For optometrists, the regulations may seem ponderous, but in actuality are mostly straightforward. In fact, every now and then there are rules on the books that can actually help the practitioner get paid.

The use of the Advance Beneficiary Notice of non-payment, or ABN, is one of those Medicare directives that, when used properly, can promote two things. First of all, it establishes a list of those items and fees not covered by Medicare, thus making it clear from the outset as to what fees are owed directly to the optometrist. Secondly, it acts as an agreement that the patient will pay the practitioner for those items not covered. As far as the optometrist is concerned, the ABN has a very limited official use. The Medicare regulations regarding the ABN specify the form that is to be used. Also the document has to notify the beneficiary in understandable writing before the procedure as to its cost and explain why Medicare probably won’t cover it.

Officially for ODs, the document is used for first-time post cataracts surgery glasses that Medicare covers. Often the patient will want something more than the basic frame and lens that is covered by Medicare. The ABN gives the cost and reason to the patient for the extra charges for any deluxe or advanced products, and also establishes an agreement for the patient to pay for the upgrades.

Secondly, the ABN is used to notify the patient of charges for normally-covered items that have reached their billing limits for the year. For example, a glaucoma suspect who has already received two visual fields comes into the office for a third. Even though the OD thinks this is prudent and reasonable, Medicare may not. So again, an ABN is used to explain to the patient that tests are probably not covered and charges most likely are their responsibility.

Since the refraction part of the exam is not usually a Medicare covered item, it is technically not necessary to use an ABN. However, because of the confusion that patients often have about the medical and non-medical part of eye exams, an ABN can be a useful tool in assuring the OD is paid painlessly for the refraction.

Even though not necessary to Medicare, before the doctor sees the patient the front desk should present the ABN to the patient. This will give the office an opportunity to educate him or her as to the purpose of the test and will confirm in writing that the OD is to be paid out-of-pocket for non-covered services.

Currently, Medicare does not want the OD to bill them for refractions unless they are covered. However, sometimes the patient may need a formal denial from Medicare, which will allow the patient to bill their secondary insurance for reimbursement. When billing Medicare for refraction or any other non-covered item, the GY modifier should be used. This will indicate to Medicare that the refraction is a non-covered item and not a billing error.

The official ABN can be downloaded at the AOA Web site, www.aoa.org/abn.xml.

Dr. Rogoway can be reached at wmrrogoway@yahoo.com.
VU POINT 85

It’s hard to believe that 10 years have come and gone for me here at the Department of Health Care Services. The year 2009 was an especially difficult year for many CA optometrists, as the State excluded several optional benefits including optometry and optical services from coverage for adults 21 years of age and older under the Medi-Cal program, effective July 1st. The year 2010 will present its own challenges as well for the Medi-Cal program, as the State continues to battle to reduce yet another projected budget deficit. In the meantime, below are a couple of questions for you to review.

DEAR DR. VU: How do I bill Medi-Cal for repair of eyeglasses?
Heather, Sacramento, CA

DEAR HEATHER: Prior to November 1, 2009, HCPCS code V2797 (vision supply, accessory and/or service component of another HCPCS vision code) was used to bill frame repairs and parts replacements. HCPCS code V2797, however, has been end-dated and replaced with CPT codes 92370 (repair and refitting spectacles; except for aphakia) and 92371 (repair and refitting spectacle prosthesis for aphakia). Reimbursement for CPT codes 92370 and 92371 include both the professional repair service and the frame part being replaced (e.g., nose pads, temple, etc.).

Comment: CPT codes 92370 and 92371 do not require a modifier for payment and will be denied if billed on same date of service as the frame (HCPCS code V2020). As a reminder, these codes are only payable for Medi-Cal beneficiaries under 21 years of age as with all other optometry and optical services, unless certain exemptions in the law are met (i.e., patients residing in Skilled Nursing Facilities Level A or B).

DEAR DR. VU: A young lady came into our office insisting that eyeglasses are still covered for her. She indicated that her social worker had told her that she is exempt from the new State law (Assembly Bill X3 5 (Evans, Chapter 20, Statutes of 2009) that excluded several optional benefits including optometry and optical services from coverage for adults 21 years of age and older under the Medi-Cal program] due to her pregnant condition. Is this true?
Vicki, Fresno, CA

DEAR VICKI: The section in the law that describes the Optional Benefit exclusions (Welfare and Institutions Code Section 14131.10) does state that “Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy are not excluded from coverage under this section.” However, Medi-Cal defines “pregnancy-related services” as services required to assure the health of the pregnant woman and the fetus. These services include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning services. Since eye examinations and eyeglasses are not considered pregnancy-related services, they are no longer covered for adults 21 years of age and older, effective July 1, 2009, under the Medi-Cal program, even if the person is pregnant.

Comment: For current and future news regarding reductions to certain Medi-Cal benefits, refer to the following link: http://files.medi-cal.ca.gov/pubsdoco/hber/hber_home.asp or access the Medi-Cal Web site (www.medi-cal.ca.gov), click onto the “References” page and then “Health Benefits: Exclusions and Reductions.”

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
PO Box 997413, MS 4604
Sacramento, CA 95899-7413
Attn: Cory N. Vu, OD
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.

Logged on Yet? COA Needs You!

Contact Julie Andrade at jandrade@coavision.org to be linked up!
COA MEMBERS ATTEND FUNDRAISING EVENTS

Monterey Bay Optometric Society members and friends attended a fundraiser for Assemblymember Bill Monning (D – AD27) in October.

And Sacramento Valley Optometric Society members, friends and spouses attended a fundraiser for Senator Lois Wolk (D - SD05) at Rominger Winery in October.

Pictured here (from left) Karen Simmons; Dr. Curt Simmons; Bonnie Milner; Dr. Garrett Milner; Dr. Marc Shaw; Dr. Cammie Hunt; Dr. Trevor Fogg; Beverly Boyd; and Erin Fogg.

Pictured here (from left) Dr. Milton Blackman; Dr. Joanne Helmus; Dr. Ellen Liebowitz; Senator Lois Wolk; Dr. Mark Helmus; and at the top, Dr. Alex Baker.

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McAllen, TX

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We all look at the integrated technology practice in accordance with a certain paradigm. The paradigm we use depends on what we believe is reliable and true. Historically, we have looked at the installation of an electronic medical records (EMR) system as being the first step in the integration of technology into an optometric practice. More and more, practitioners are discovering that the logical initial step is the integration of the diagnostic instrumentation in the practice. Virtually every practice has patient images that flow through some kind of work process. Having a digital image management system with a single database provides the practitioner with the ability to seamlessly access patient images from their digital fundus camera, slit lamp, visual field analyzer, OCT, and ultrasound system, and is actually much easier to integrate with the new digital image management solutions from the leading diagnostic instrumentation solution companies. As the patient record with each ophthalmic image passes from one person on to the next, someone acts on the information and files it or passes the image on for review or further action. The process of accurately tracking the testing of a patient’s eyes from the initial testing station through to the point of care is known as image workflow management.

The ophthalmic imaging environment has made some very dynamic changes to the management of images in a practice. The new image management systems integrate images and reports from the source manufacturers’ system, along with seamlessly capturing and integrating other manufacturers’ systems into a single digital environment.

How can automating image workflow help your practice?

Eye care practitioners face a challenge in effectively organizing, storing and retrieving digital images. Bulky paper charts are inefficient and hinder clinicians’ ability to compare images. Doctors can export digital images to a single database, but this strategy is only useful if they can locate and retrieve the results of specific tests at the point of care. The processes involved in traditional image capture and management have been repetitive and time-consuming. A digital image management system eliminates having to review and document images manually or having to access multiple databases through your EMR system.

An effective image management system must meet clinical environment workflow requirements. The system must interface with the current electronic health record (EHR) and/or practice management system. A good rule of thumb during your evaluation process is to request a demonstration that shows:

- One-click to open the patient’s image file — if the system is interfaced with your EHR, does the system automatically populate the image management system demographics, so technicians are not duplicating effort by rekeying the patient’s name, date of birth, social security number, insurance, etc.
- Once an image or images are captured for the patient, is this automatically noted and flagged in the EMR? (You don’t want to have to manually enter this as it creates an opportunity for human error).
- It is not sufficient to have to open the image manager and hunt for specific images — does the system allow you to go directly to a specific image there by avoiding a potential for

Dr. Ian Lane is the executive vice president of technology for Kowa Optimed, Inc., and recently served as senior vice president of professional services at Eyefinity®/OfficeMate®, where he spearheaded the ExamWRITER® Electronic Health Record design team. He is adjunct associate professor of health information technology at Southern California College of Optometry and former assistant professor of Optometry at the University of Houston.
error and reducing the number of clicks in order to obtain the information you require?

- Drawing: In the digital age, it is important to remember that ophthalmic medical drawings also require management within your integrated system. An important consideration is how the imaging solution manages this important part of today’s optometric practice.

- Many images require an interpretation and report be generated at the time the images are reviewed by the doctor. True efficiency occurs if the I&R can be generated within the image management solution, so the doctor doesn’t have to continually toggle between the EHR and the images.

Since imaging is a mission-critical part of optometric practice today, the early implementation of this technology can be accomplished ahead of EHR. For those practices that already use EHR, the image management system of choice should be able to interface with the existing software with minimal disruption in workflow.

With each of the new digital image management systems, your practice will optimize the way patient information is managed by bringing an entirely new level of workflow efficiency and clinical confidence to your practice staff.

---

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The DigiVersal System is an integrated digital image management system for a total technology integrated diagnostic solution. The system offers the eye care professional the ability to display and review images in clinically relevant ways on a single screen. Also, it offers Drawit and DigiWeb for seamless integration within your current practice environment and is DICOM compliant.

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PARAOPTOMETRIC RETREATS: 
BIG HIT AT OPTOWEST!

One of the original tenets of CPS is Fellowship. OptoWest attendees were lucky to have the fabulous team of Sharon Carter and Laurie Guest, CSP, facilitating our fellowship last year by presenting retreat-style courses for the first time. These courses were a great opportunity to share questions and ideas in an informal think-tank like setting. We met in a private guest bungalow that was cozy and allowed for a round table discussion session, rather than the traditional teacher-facing-students paradigm.

The courses that were offered included “What New Staff Need to Know, But Are Afraid to Ask,” “Teamwork Doesn’t Have to Be Work,” and “Your Personal Climb to the Next Level.” Many questions were submitted prior to OptoWest via questionnaires to be answered during the sessions, and additional questions were tackled right on the spot. Sharon and Laurie are skilled at covering planned material, but fit in on-the-fly subjects as well. Their styles complement each other so well that attendees get to enjoy their professionally presented education peppered with wit and humor.

Doctors were encouraged to attend these courses with their staff as well, and although these courses are not accredited, some knowledge is just worth knowing. I believe that Sharon and Laurie will take this experience to further hone their presentations for the future. They continue to educate, entertain and inspire with each new course they bring to us.

Both Laurie and Sharon will be back this year for Optowest 2010, April 8–11, and will be featuring the following retreat-style courses as part of their Practice Building Blocks Education Track: “Step Up —Training for Office Leaders,” “Six Ways to Build a Team That Rocks,” and “Are You Game? (How to Win at Work).” Having enjoyed these two ladies’ styles over the years, if you haven’t experienced this type of education, I encourage everyone in the optical arena to try it — you’ll like it! Seating is limited, so make sure your spot is reserved and register today!
REDMAN APPOINTED TO AOA PROJECT TEAM

Immediate Past President Dr. David Redman of the Santa Clara County Optometric Society was recently appointed to the American Optometric Association’s (AOA) Optometric Membership Database Project Team for the 2009-2010 administrative year. The Project Team is expected to report its findings to the Board of Trustees.

LANE APPOINTED TO WESTERN UNIVERSITY

Dr. Ian Lane of the Orange County Optometric Society has been appointed to the Dean’s Advisory Council at the Western University College of Optometry. Dr. Lane is currently executive vice president of technology for Kowa Optimed, Inc. He is a former chairman of the California Optometric Association (COA) Contact Lens and Anterior Segment Symposium, and has served on numerous panels and advisory boards including the American Optometric Association (AOA) Health Information Technology and Telemedicine Committee.

COA MEMBERS SUPPORT THE VISION OF CHILDREN FOUNDATION

According to the World Health Organization, more than 161 million people around the globe are visually impaired, including 1.4 million children below age 15 who are blind. When Sam and Vivian Hardage were told that their son had ocular albinism — and that there was no cure — they decided to take action.

In 1991, the Hardages established the San Diego-based Vision of Children (VOC) Foundation, with a mission to cure hereditary childhood blindness and vision disorders, and to improve the quality of life of visually impaired individuals and their families. In fact, it is the only international, non-profit foundation that funds genetic vision research and connects affected families all over the world.

“What the Hardages have done with their organization is impressive and remarkable,” says Dr. Brian Chou, a member of the San Diego County Optometric Society and VOC supporter since 2004. “VOC is earnestly driven to improve the lives of those affected by hereditary vision loss.”

VOC currently supports 23 researchers at 12 institutions worldwide who are conducting research studies for more than 25 associated genetic eye disorders. They also host a biennial World Symposium on Ocular Albinism, where researchers can discuss current and future research efforts. However, the most unique service the foundation provides is the VOC Family Network, which enables families throughout the world to contact other families and individuals in their geographic region to share experiences, frustrations and successes involving hereditary vision disorders.

“This network gives parents such a relief that there are others with the same situation and that they are not fighting this alone,” says Dr. Michael Goldsmid, a member of the San Diego County Optometric Society. “I don’t know of any other organization like it.”

Dr. Chou agrees. “What is unique about VOC is that it is aggressively postured to eradicate childhood vision loss. I know the Hardages take a no-nonsense approach to curing childhood genetic vision loss and would love nothing more than to shut down VOC, because doing so would mean that they’ve succeeded in their effort to cure hereditary childhood vision loss. This is why I’m happy donating my time to VOC.”

For more information on VOC, or to make a donation, please visit www.visionofchildren.org. You can also support VOC by referring patients and their families to the foundation, and by providing VOC brochures in your office to raise awareness.

www.coavision.org
AAO ANNOUNCES NEW FELLOW CLASS OF 2009

Congratulations to the following COA members, who were named to the New Fellow Class of 2009 for the American Academy of Optometry (AAO):

- Dr. Annie Chang of the Orange County Optometric Society
- Dr. Edward Chu of the Santa Clara County Optometric Society
- Dr. Debora Lee of the Alameda Contra Costa Counties Optometric Society

Doctors from the Orange County Optometric Society (OCOS) and students from the Southern California College of Optometry (SCCO) and the University of California Irvine (UCI) participated in the Juvenile Diabetes Research Foundation’s “Walk to Cure Diabetes” on November 8th in Irvine, CA.

Dr. Kingman Louie (right) of the Sacramento Valley Optometric Society, and his daughter, student member Michelle (left), participated in a vision screening in the Lions Vision Screening Unit at the third annual Chinatown Mall Culture Fair in September. This was the first time Dr. Louie had the chance to work in the Lion’s Vision Van with his daughter, who is a fourth-year student at UC Berkeley College of Optometry (UCBSO). “Besides screening 47 patients and helping out our community, it was very rewarding to work with my daughter for the first time as a professional optometric team,” Dr. Louie added.
CVF SPOTLIGHT
CVF ACKNOWLEDGES CVP DONORS AND VOLUNTEERS FOR 2009

The California Vision Foundation (CVF) would like to thank everyone who contributed services, materials or funding to the California Vision Project (CVP) in 2009. It was a very successful year, with approximately 3,500 individuals assigned to volunteer providers to receive a free comprehensive eye exam.

2009 Financial Donors

Bruce P. Abramson, OD
Esther L. Ahn, OD
Matthew R. Alpert, OD
Beryl C. Bechtold, OD
Coni Bloomingcamp, OD
Sandra J. Bozich, OD
Jerome Lee Brendel, OD
Elizabeth L. Bruttan, EdD
Amy Jo Calder, OD
The California Wellness Foundation
Gene David Calkins, OD
Careen Caputo, OD
Aristides Carcamo, OD
Thomas R. Casagrande, OD
Harry Wong Chan, OD
Jan L. Cooper, OD
Tiffany Corby, OD
The California wellness Foundation
Bruce P. Abramson, OD
Esther L. Ahn, OD
Matthew R. Alpert, OD
Beryl C. Bechtold, OD
Coni Bloomingcamp, OD
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Gene David Calkins, OD
Careen Caputo, OD
Aristides Carcamo, OD
Thomas R. Casagrande, OD
Harry Wong Chan, OD
Jan L. Cooper, OD
Tiffany Corby, OD

2009 Financial Donors

Steven S. Grant, OD, FAAO
Ralph M. Handly, OD
Richard Lee Hatcher OD
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Susan Hsu, OD
Cammie I. Hunt, OD
Rick Iwai, OD
Timothy C. Jankowski, OD, FAAO
R. David Jones, OD
Daniel Kimura, OD
Karen Kopiko, OD
Peter Kovack, OD
Kenneth S. Lawenda, OD
Derron Lee, OD
John H. Lee, OD
Garley C. Leon, OD
A. Saul Levine, OD
Eileen M. Linder, OD
Tanya K. Mahaphon, OD, FCVO
Joseph Mallinger, OD, MBA, FAAO
Tania M. Mantua, OD
Nina L. Margolis, OD
Harue J. Marsden, OD, MS, FAAO
Gregory L. McFarland, OD
Michael McQuillan, OD, F.C.O.V.D.
P. Bruce Mebine, OD
Mark V. Mingrone, OD
Stevin Robert Minie, OD
Robert J. Moeser, OD
Gary T. Mukai, OD
Grant Nakajima, OD
John M Neishi, OD
Lori S. Nishida-Eugenio, OD
Wayne A. Nishio, OD
Joseph Occhipinti, OD
Dennis Lamont Olson, OD
Steven Gray Omoto, OD
Jennifer H. Ong, OD
Philip Ong, OD
Dorothy T. Okamoto, OD
Douglas M. Osborne, OD, FAAO
David L. Park, OD, MS, FAAO
Gregory Alan Pearl, OD
Don Pegueros, OD
Sasha Penn, OD
David M. Redman, OD
Derek R. Rice, OD
Charles A. Richards, OD
Steven B. Richlin, OD
Steven A. Rocchi, OD
Christopher A. Ruzicka, OD
San Joaquin Optometric Society
San Diego County Optometric Society
Santa Clara County Optometric Society
Christine Lemon Schmidt, OD
Kenneth N. Schwaderer, OD, FAAO
Marc D. Shaw, OD
Richard Mark Skay, OD
Tiffany Tyler Smart, OD
John W. Spallone, Jr., OD
John C. Spaeth, OD
Donald Edward Stover, OD
Robert M. Theaker, OD
Sheilah Svenningsen Titus, OD
Anna M. Torres, OD
Jamie M. Totsubo, OD
Jason D. Tu, OD
Lily Ung, OD
John C. Urey, OD
Jon Wada, OD
David Tadao Wakabayashi, OD
Robert Anthony Webb, OD
Barry A. Weissman, OD, PHD, FAAO
H. Michael Weitzman, OD
Luke Aris Werkhoven, OD
Gary L. Williams, OD
Maria T. Williams, OD
G. Barnard Wilson, OD
Mark Edward Winston, OD
Page A. Yarwood, OD
Linda Yee, OD
Jae S. Yu, OD
The following societies made a donation to CVF in 2009:

- Santa Clara County Optometric Society
- San Diego County Optometric Society
- San Joaquin Optometric Society

The following optometrist made the largest individual donation to CVF in 2009:

**Barry Weissman, OD, PhD, FAAO**

The Foundation would like to acknowledge the following organizations for their continued generous support of CVF:

**The California Wellness Foundation**
**ClearVision Optical**

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- Bartley Optical Sales
- Belford Optical
- Brother’s Optical Laboratory
- Capitol Optical
- Carl Zeiss Vision
- Collard-Rose Optical Laboratory
- Continental Sales Co.
- DC Laboratory
- Elite Optical – Visalia

### 2009 California Vision Project Volunteer Optometrists

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Kraig J. Abe, OD</td>
<td>Michael P. Bourgoin, OD</td>
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<td>Clark M. Abramson, OD</td>
<td>Heather W. Bowlin, OD</td>
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<td>Todd M. Adair, OD</td>
<td>Kenneth J. Boyer, OD</td>
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<td>Aaron D. Adame</td>
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<td>Edgar C. Aguilar, OD</td>
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<td>Sandra M. Akamine Davidson, OD</td>
<td>Barry D. Braff, OD</td>
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<td>David P. Alford, OD</td>
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<td>James W. Almaraz, OD</td>
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<td>Mark W. Alpert, OD</td>
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<td>Matthew R. Alpert, OD</td>
<td>Elise Brisco, OD</td>
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<td>Teri L. Alpert, OD</td>
<td>Cynthia K. Broady, OD</td>
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<td>Richard R. Ambrose, OD</td>
<td>Alan C. Brodney, OD</td>
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<td>Dean Kenton Amundsen, OD</td>
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<td>Edward P. Andersen, OD</td>
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<td>Mark Melvin Anderson, OD</td>
<td>David Browning, OD</td>
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<td>Scott T. Anderson, OD</td>
<td>Carol Anne Buchanan, OD</td>
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<td>David Ardaya, OD</td>
<td>Rosemary C. Buduan, OD</td>
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<td>Alejandro M. Arredondo, OD</td>
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<td>John W. Arteaga, OD</td>
<td>Kieth J. Burkart, OD</td>
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<td>Theresa T. Asato, OD</td>
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<td>Paula Caroline Asmus, OD</td>
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<td>Dennis R. Bales, OD</td>
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<td>Andrew C. Balfour, OD</td>
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<td>Blair M. Ball, OD</td>
<td>Michael Edward Carney, OD</td>
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<td>Charolette Annette Barnes-LeBlanc, OD</td>
<td>Bruce Howarth Carr, OD</td>
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<td>Chris L. Bartelson, OD</td>
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<td>Gregg J. Beach, OD</td>
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<td>Kathryn A. Beckman, OD</td>
<td>Marilyn Ann Carter, OD</td>
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<td>Robert Daniel Belajic, OD</td>
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<td>Susana M. Belmonte, OD</td>
<td>Caroline Guerrero Cauchi, OD</td>
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<td>Daniel Beltran, OD</td>
<td>Laurie Efferson Chaikin, OD</td>
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<td>Lisa Ann Benham, OD</td>
<td>Eileen Chan, OD</td>
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<td>Seth H. Bernstein, OD</td>
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<td>Karin N. Boehm, OD</td>
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<td>Darol J. Bonander, OD</td>
<td>Harry Wong Chan, OD</td>
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<td>Robert Graham Bonner, OD</td>
<td>Patricia Chang, OD</td>
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<td>Richard A. Borghi, OD</td>
<td>Teresa Chang, OD</td>
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*Note: The list is not exhaustive and includes only a sample of 2009 Volunteer Optometrists.*
All Eyes on You

Stanton S. Kim, OD
Susan Hyun-Joo Kim, OD
Tamami Candi Kimura, OD
Michael M. King, OD, FCOVD
Paul Richard King, OD
David G. Kirschen, OD, PhD, FAAO
Steven T. Klein, OD
Peter S. Klem, OD
Michael A. Kling, OD
Michael Kent Klopping, OD
Lisa Lynn Knapp, OD
John L. Knight, OD
Irene M. Koga, OD
Wesley S. Kohtz, Jr., OD
Karen Kopiko, OD
Jeffrey C. Kossof, OD
Eric Leslie Kramer, OD
Gregory Kraskowsky, OD
Karen R. Kudija, OD
Wendy Mayumi Kumata, OD
Francis E. Kuo, OD
Robert A. LaFont, OD
Kim Thien Lai, OD
Leona Landers, OD
Therese Camille Langille, OD
Steve Langsford, OD
John E. Larcabal, OD
Donald Russel Lasher, OD
Paul J. Lavin, OD, FAAO
Joseph William Laya, OD
Aaron E. Lech, OD
Barry W. Leonard, OD
Joanna Leong, OD
A. Saul Levine, OD
Norma J. Levingston, OD
Scott Alan Lewis, OD
Ellen B. Liebowitz, OD
Ivy Lin, OD
Paul Lin, OD
Eileen M. Linder, OD
John Thomas Lindquist, OD
Laureen Kaye Link, OD
Craig C. Liu, OD
Eileen Szeman Lo, OD
Jonathan K. Loo, OD
Gerald Curtis Louie, OD
Arthur W. Low, OD
Kathleen V. Low, OD
Warren Harvard Low, OD
Dennis Gene Lowman, OD
Alan E. Lubanes, OD
Edwin Lui, OD
Randall T. Lum, OD
Stephen A. Luskin, OD
Theresa Minh-Ngoc Luu, OD
Leonard W. Ma, OD
John E. Maanum, OD
Robert C. Mackin, OD
Tanya K. Mahaphon, OD, FCOVD
Douglas L. Major, OD
Tania M. Mantua, OD
Rebecca M. Maravilla, OD
Joseph J. Marchionna, OD, FAAO
Tanya D. Markis-Meyer, OD
Jeffrey E. Marshak, OD
Lawrence Marshall, OD
Sheldon L. Marshall, OD
Jack A. Martin, OD
Jerry L. Martin, OD
Richard A. Martin, OD
Wayne L. Martin, OD
Jay Michael Mashouf, OD
Cindy Sheryl Matteson, OD
Janis L. Mayeda, OD
James B. Mayer, Sr., OD
Teresa A. Mayhew, OD
Bert L. McCoy, OD
John E. Mc Donald, OD
Michael McQuillan, OD, FCOVD
L. Bruce Mebine, OD
Robert H. Meisel, OD
Carl B. Melnik, OD
Moshe Mendelson, OD
Karin A. Meng, M.S., OD
Jay H. Messinger, OD, FAAO
Mark C. Mewborne, OD
A. William Meyer, OD, FAAO
Ian J. Middleton, OD, FAAO
John J. Mielske, OD
Tom Mihok, OD
Philip R. Mill, OD
Dawn M. Miller, OD, FAAO
Mia L. Miller, OD
Steven A. Miller, OD
Terence A. Miller, OD
Mark V. Miringone, OD
Norman J. Mintz, OD
Philip A. Mischenko, OD
Michael J. Molamphy, OD
David C. Moline, OD, FAAO
David E. Mont, OD
Lisa E. Moon, OD
Ursula Moonsamy, OD
Jan Solomon Moore, OD
Leslie M. Moro, OD
Mark M. Morris, OD
Joseph Francis Most, OD
Satpal S. Multani, OD
Raymond Mulvey, OD
Gary B. Myers, OD
Joanne H. Myung, OD
Tera R. Nakano, OD
Neil R. Nebecker, OD
Jean Ann Neely, OD
Hartune Neffian, OD
John M Neishi, OD
John Louis Nelson, OD
Bach-Kim Nguyen, OD
Diana Camtu Nguyen, OD
Laura M. Nguyen, OD
Son Hai Nguyen, OD
Tim Hung M. Nguyen, OD, MPH
Carl V. Nicholson, Sr., OD
Lori S. Nishida-Eugenio, OD
John Nishimoto, OD
David Ray Norcott, OD
Nadine L. Norris, OD
Edward F. Nuccio, OD
Joseph R. Occhipinti, OD
Corinne Rouault Odineal, OD
Henry T. Oishi, OD
Dorothy T. Okamoto, OD
Lynn Oku, OD
Darlene Taeko Okura, OD
Timothy Paul Olinger, OD
Jennifer H. Ong, OD
Philip Ong, OD
Douglas M. Osborne, OD, FAAO
Gary A. Osias, OD
Gordon Kiyoshi Ota, OD
Sam Masami Otsuji, OD
Mark James Park, OD
Yun S. Park, OD
Glenn S. Parnes, OD
Amanda Parreira, OD
Ami T. Patel, OD
Raymond F. Pedersen, OD
Sasha Penn, OD
Cecilia Yvonne Perez, OD, FAAO
Roberta A. Perlman, OD
Jamie S. Peters, OD
Garrick K. Peterson, OD
Howard Pflug, OD
Nicole A. Pham, OD
Thien C. Pham, OD
Tony D. Pham, OD
Christyn Mai Phan, OD
Tracy A. Phillips, OD
Aung-Zaw Phoo, OD
William B. Stanford, OD

When Dr. William B. Stanford isn’t practicing optometry in Tustin, CA, he is busy becoming a rising star in a second career: writing. This Orange County Optometric Society member has recently been spring-boarded into the national and international spotlight as the author of, *Lizzi & Fredl: A Perilous Journey of Love and Faith*. The book is a true story of a young couple — Stanford’s parents — who escape from Hitler’s Nazi-occupied Austria and begin an arduous seven-year odyssey to freedom.

“I have received hundreds of e-mails, letters and personal notes about my book,” says Dr. Stanford. “So many of them were to thank me for making a difference in their lives. I wanted my first book to touch people’s lives in a positive way. When I write, I want people to feel what the characters in my book feel and vicariously live their lives through my written word.”

Dr. Stanford first realized his talent for writing after taking creative writing classes in high school and college and winning several contests. However, having a busy optometry practice, a wife, and two daughters to raise kept him from pursuing his passion. Now that he has a successful practice and his daughters are married with careers of their own, Dr. Stanford decided to pursue his passion.

“I love entertaining and making people laugh,” says Dr. Stanford. “Since there are few outlets for stand-up optometrists, I decided that writing was a better fit for me. I’m just having a ball writing and going on speaking engagements and book signings. I feel like a kid being let loose in a candy store and told to take whatever you want.”

Dr. Stanford is currently writing his next book, *The Red Sine Rumor* — an old fashioned murder mystery that takes place in Tustin, CA, and traverses several cities in Orange County.

For more information and reviews on Dr. Stanford’s debut book, please visit www.drwilliambstanford.com.
COA IN THE MEDIA

News sightings of COA members during the past few months.

• Dr. John McDonald of the Golden Empire Optometric Society was quoted in an article on a vision and prostate cancer screening in The Sacramento Bee in September.

• Dr. Jerry Jolley of the San Joaquin Optometric Society was thanked for his volunteer service in a letter printed in the Amador Ledger Dispatch in September.

• Dr. Rebecca Kammer of the Orange County Optometric Society was featured in an article on the Southern California College of Optometry’s Shared Vision International Art Exhibit in California State Fullerton’s Daily Titan in September.

• A number of COA members were mentioned in the September 2009 issue of Women in Optometry. They included:
  o Student member Dr. Andrea Buitrago Antonelli
  o Dr. Leila Chow of the San Joaquin Optometric Society
  o Student member Dr. Jessica Neuville
  o Student member Dr. Maryn Peinovich

• Dr. Winston Alwes of the Cahuilla Optometric Society was interviewed for a story on costume contact lenses for KPSP (Palm Springs) in October.

• Dr. Don Adkins of the Inland Empire Optometric Society was featured in a story on decorative contact lenses on KESQ (Palm Springs) in October.

• Dr. James Mayer of the Tri-County Optometric Society was featured in an article on Halloween eye safety tips in the Thousand Oaks Acorn in October.

• Dr. Jonathan Gording of the Los Angeles County Optometric Society and the California Optometric Association were mentioned in articles on decorative contact lenses on the site http://contactlenses.co.uk and The Signal of Santa Clarita Valley in October.

• Dr. Tanya Mahaphon of the Redwood Empire Optometric Society was featured in an article on her appointment to the Community Resources for Children’s board of directors in the Napa Valley Register in October.

• Dr. Garret Wada of the Orange County Optometric Society was interviewed for an article on his Star Trek-themed office in the October 2009 issue of 20/20 magazine.

• Dr. Alicia Harrison of the Orange County Optometric Society was mentioned in an article on American Diabetes Month and World Diabetes Day in the Laguna Beach Coastline Pilot in October.

Approximately 20 members, guests and four-footed friends of the San Diego County Optometric Society (SDCOS) walked for the American Diabetes Association at their annual 5K “Step Out: Walk to Fight Diabetes” on October 17th at Liberty Station in Point Loma. Pictured here is the SDCOS team.

COA in the Media’s On YouTube!
COA has recently unveiled a video compilation of spokes-doctors’ past media hits, as well as information on COA’s public relations program, on YouTube. To view the video, visit the COA in the Media page on www.coavision.org (under Media, click COA in the Media).

In Memoriam
Dr. Albert Forbes of San Dimas, CA
Dr. Edward Goldstein of Pomona, CA
Dr. James Gregg of Anaheim, CA
Dr. Jack Pence of Arroyo Grande, CA
Dr. Carlton Way of Fullerton, CA
Public Awareness in Your Community
How to Effectively Communicate With Your Local Legislator and Reporter on Issues That Matter to You

By Austin Lee, Senior Vice President, Porter Novelli

Advocating your views — whether through the media or directly to your legislator — is essential to ensuring that our representatives are educated on the key issues facing optometrists. You are an important constituent — and as a business owner, professional, voter and citizen in your legislator's district, your opinion has a big impact on issues that face you and your patients.

When contacting your legislator or a reporter, it is important to remember the following tips:

• **Call ahead.** Never show up at someone's office unannounced and expect a meeting. Make sure you request the meeting ahead of time, and indicate what issue you would like to discuss.

• **Be prepared.** Make sure you have all of your information together — and it’s accurate — before any meeting or interview. Research the person who you’re going to talk to — previous articles or newsletters they’ve written, votes they’ve taken on legislation, or their views on the key issues. It is also very important to be honest if you’re asked a question and don’t know the answer. It’s always okay to follow up with additional information later.

• **Understand who you’re talking to.** When talking to a reporter, never assume anything you say is in confidence — “off the record” does not exist. Reporters also work on tight deadlines, so make sure to understand their timeline. Legislators often rely heavily on staffers for meetings and issue briefings. These staffers serve as the “eyes and ears” for the legislative office, so treat a meeting with a staff member as professionally as you would a meeting with the legislator.

• **Stay on message.** Reporters and legislators are very busy, so make sure that whatever message you want to convey, it is concise, direct and easily understood. You don’t want to lose someone with industry jargon or because you’re trying to convey too many different messages. Key message examples include:
  - Doctors of optometry are extensively educated and well-qualified.
  - Laws, including the recently enacted SB 1406 which brings California into alignment with much of the country, helps to provide increased access to better, more affordable eye care for Californians.
  - In a recent statewide survey, more than two-thirds of Californians favor expanding the number of procedures and tests optometrists can provide.

• **Be personable.** Tell your story — your relationship to the community and your patients, instead of miscellaneous facts and figures. Humanizing the issues is the best way to catch the attention of a reporter or public opinion leader.

In addition to meetings, there are a variety of other helpful ways to contact or influence your legislator or the local media:

• **Letter writing.** A well-written, thoughtful and concise letter to your legislator or “letter to the editor” of a local paper is a very influential tool. Letters to the editor may be printed for thousands to read, and a letter on specific legislation delivered to your legislator may be placed on the official record as legislation is considered in the capitol.

• **Invite legislators or reporters to visit your office** to show them what you do, how it impacts your patients and the community. This “hands on” approach often gives a great understanding of how optometrists serve our communities.

For more information on local public affairs outreach tips, contact Tim Hart, COA’s director of government and external affairs, at 800-877-5738 ext. 227 or timh@coavision.org.
According to the American Optometric Association (AOA), one-fourth to one-half of nursing home residents have vision impairment, with the total number of people living in nursing facilities significantly increasing over the next 30 years. With the elderly being the fastest growing segment of the population, there is a growing demand for geriatric optometric care.

San Diego County Optometric Society (SDCOS) member Dr. John Riggs has been visiting nursing homes and conducting eye exams for more than 25 years. With at least half of nursing home residents being legally blind and 90% of them bound to their wheelchairs, Dr. Riggs is happy to lend a helping hand.

“I look at it as a nice community service,” says Dr. Riggs. “Every little bit helps their days go by better. If I can get them to read their Bible, read a magazine, see their food, recognize a family member’s face — I’m helping someone. I find it worthwhile.”

Dr. Riggs performs 30-40 minute full exams at the nursing homes after receiving requests from social service workers, family members, or physicians. With his portable optical equipment, he is able to set up exam rooms anywhere from the physical therapy room to the TV room. Dr. Riggs also engraves the patient’s name on their frames as an added service. “It’s a great help to staff,” he says. “A lot of residents lose their glasses.”

SDCOS member Dr. Robert Meisel also provides geriatric optometric services, but in a different setting — The Veterans Home of California, located in Chula Vista, CA. Since 2000, he has provided vision and eye care as a consultant to the residents one day a week. “Since my wife and I are both retired from the Navy Reserve, I feel a special affinity to these veterans,” says Dr. Meisel.

Even after retiring and selling his two private practices in 2007, Dr. Meisel still works one day a week in the clinic, which is well-outfitted with ophthalmic equipment. All exams are performed in the clinic, with very few mobile evaluations performed. In addition to providing a full scope of optometric care to the veterans, Dr. Meisel gives occasional lectures on glaucoma, macular degeneration, and diabetes to staff and residents.

“I have been fortunate to provide vision and eye care to the residents,” says Dr. Meisel. “It is a very rewarding practice mode. The veterans are very appreciative of their eye care.”
Take advantage of special pricing or services offered to COA members. For more information on these member services, visit the Member Resources section of COA’s Website at www.coavision.org.

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TIPS FROM COA SPONSORED INSURANCE PROGRAMS
Health Savings Accounts – 2010*

Health Savings Accounts (HSAs) combined with qualified high deductible health plans can help you lower health insurance premiums, save on taxes, and fund future medical, dental and vision related expenses on a federally tax-free basis. And, as you can see below, the benefits are even better in 2010.

Among the advantages of opening a Health Savings Account are:
• Contributions to the health savings account are federally tax deductible. In 2010, individuals may contribute up to $3,050; with family coverage you may contribute up to $6,150
• Individuals between the ages of 55 and 64, can make “catch up” contributions of an additional $1,000 to the above amounts.
• Contributions may be made by an individual, an employer or both
• Amounts in an HSA belong to the individual and are fully portable
• Amounts in an HSA earn federally tax-free interest
• Unused amounts in the account at year-end roll over for future years
• Distributions are not federally taxed if used for qualifying medical, dental and vision expenses

In order to qualify for a health savings account, you must:
• Be covered under a qualifying high deductible health plan (HDHP)
• Not be covered under any health plan that is not a high deductible health plan
• Not be enrolled in Medicare
• Not claimed as a dependent on another person’s tax return

Regardless of when in 2010 you open your health savings account, you’re able to make the full year’s contribution. For example, if you implement your high deductible health plan for your family on April 1, 2010, you may contribute the full $6,150 if you want. Any funds remaining in your account at year-end roll over for use in future years.

For assistance with selecting a qualified high deductible health plan, please call a Marsh Client Service Representative at 800-775-2020.

* Marsh and COA do not render tax or legal advice. You should consult your advisors regarding applicable tax or legal considerations.

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For many people concerned with preserving their estates, “probate” is a four-letter word. It can cause the courts to put a freeze on assets that could last until the probate process is completed. Probate records are open to the public, making it a privacy concern. Furthermore, probate can be costly. The estate may need to pay attorneys, appraisers and court costs before assets can go to the heirs. In fact, probate costs can eat up as much as 10% of an estate.

Certain types of assets, such as property held in a trust, are not considered part of an estate and can avoid the probate process. Trusts are popular estate conservation tools that can help facilitate the smooth transfer of estate assets and maintain the family's privacy.

A trust is a legal entity wherein a person (the grantor) gives ownership of his or her assets to a separate entity (the trust), which holds the property for the benefit of a third party (the beneficiary). A trust can contain any sort of property — money, stocks, bonds, real estate, business interests, personal possessions, etc.

Because assets in a trust are technically owned by the trust, they are not figured into the grantor’s estate. The trust is overseen by a trustee, who must distribute the assets based on the stipulations outlined in the trust.

Different types of trusts can be used to distribute wealth in many different ways. Here are a few common types of trusts that can be established during your lifetime and/or in a will.

- **Living trusts** are established during the grantor’s lifetime. The grantor can name himself as the trustee and name a co-trustee who can handle the affairs of the trust after the grantor’s death.
- **Charitable trusts** can be established to pay a charity either a regular income for a set period or a lump sum at the end of the period. Heirs can also benefit from these types of trusts.
- **Incentive trusts** can be used to help future generations strive for worthwhile goals such as attaining higher education, starting a family, or working for a nonprofit organization.
- **Supplemental or special-needs trusts** can help provide for a child with physical or mental disabilities and help ensure that the child qualifies for government assistance programs.

The use of trusts involves a complex web of tax rules and regulations. You should consider the counsel of an experienced estate planning professional and your legal and tax advisors before implementing such strategies.
WHAT’S NEW AT VISION WEST?

In our continuing effort to be the best optical buying group in the industry, we thought we would take a moment to update you on what’s new here at Vision West.

New Vendors
Vision West has recently brought on some exciting new vendors:

- **Smith Optics** — Manufacturer of sport and ophthalmic frames and goggles offering Vision West members a 12% discount. Smith Optics is a unique outdoor-oriented sport brand that targets the young, hip, active lifestyle. They carry ophthalmic frames, sunglasses, sun RX, goggles, snow helmets, apparel and accessories.

- **Eye Designs** — Industry leader in custom ophthalmic interiors and furniture providing on-site consultations. They will design, manufacture, install and accessorize an office to fit your style and budget. **Eye Designs will offer its accessory products (only) at a 50% discount up to $1000 (retail) for a min. design/display order of $10,000 and up to $2000 (retail) for a $20,000 min order.**

- **California Bank and Trust (CB&T)** — As one of the state’s leading financial institutions with a long-established reputation for strength and stability, California Bank & Trust serves local businesses and organizations such as Vision West by providing proactive service, access to senior decision makers, and smart financial solutions. Take steps now to prepare your business for a brighter financial future. **Call Frank Hutchins at (760) 436-8145 or Linda Gonshak at (760) 436-5226. Let them know that you’re a member of Vision West to receive a complimentary 30-minute review of your banking and financing needs.** For more information on California Bank & Trust, log on to www.calbanktrust.com. MEMBER FDIC

New Web site
We have just updated our Web site. The new Web site includes new quick log-in links to our comprehensive member and vendor sections, up-to-the minute ophthalmic industry news feed, practice management information, current promotions, and much, much more. Please visit our new site today at www.vweye.com.
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- Konishi Flex Titanium- over 100 styles in men’s, women’s, unisex and children’s frames.
  - Konishi Pure Titanium - over 30 styles from classic traditional to bold avant-garde looks, with the ultimate comfort of titanium and sturdy, non-corrosive material.
  - Konishi SportFlex for the high performance athlete. These sun and ophthalmic styles in titanium memory metal offer a snug, comfortable temple fit, and polarized 100% UV-protected lenses.

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For more information or a catalog, contact Clariti Eyewear at 800.372.6372 or [www.claritiwear.com](http://www.claritiwear.com)
As glaucoma becomes more prevalent in today’s society, and as optometrists begin to increase their role in glaucoma management, it becomes increasingly important to understand the therapeutic usage of glaucoma drops, including their side effects and contraindications, to best serve our patients.

Prostaglandins

Prostaglandins have become the first line of treatment in glaucoma due to its efficacy in lowering intraocular pressures (IOP), its minimal side effects, and the user-friendly dosing schedule. The three most common prostaglandins are bimatoprost 0.03% (Lumigan®), which comes in 2.5ml, 5ml, and 7.5ml; latanoprost 0.005% (Xalatan®), which comes in 2.5ml; and travoprost 0.004% (Travatan®, Travatan Z®) which comes in 2.5ml and 5ml. Latanoprost and travoprost are prostaglandin analogues, which act on prostaglandin F receptors with travoprost being the most selective. These drops are very expensive for a patient, especially if they do not have insurance. Lastly, bimatoprost is a prostamide that acts on receptors that are not the typical prostaglandin receptors. Therefore, if patients are not responding well to the IOP lowering effects of latanoprost or travoprost, doctors will have some success in lowering IOPs by adding bimatoprost since it acts on different receptors.

The pathophysiology behind prostaglandins is that it decreases intraocular pressure by widening spaces in the uveoscleral pathway, which leads to an increase in uveoscleral outflow. Since the uveoscleral route accounts for only 15-20% of aqueous outflow, some theorize that prostaglandins also have an effect on the trabecular meshwork outflow as prostaglandins typically decrease IOP anywhere from 20-40%, but this is still under investigation.

The dosing schedule for prostaglandins is one drop once daily at night. Due to the dosing schedule, there is a higher compliance rate with prostaglandins than any other classification of drops. In fact, a study involving latanoprost showed that using it once a week compared to once a day did not affect the drops efficacy and patients incurred fewer side effects. Studies have shown that using prostaglandins more than once a day is not more effective in lowering IOP. On average, IOP begins to lower at two to four hours and lasts for about 24 hours. The maximum IOP lowering effect is seen at about 12 hours. The amount it takes for the effect of prostaglandins to diminish is approximately two weeks. Prostaglandins also do not have an issue with long-term/short-term drift.

Prostaglandins are primarily used in the treatment of primary open angle glaucoma, low tension glaucoma, and ocular hypertension. Prostaglandins can be used in pigmentary dispersion glaucoma, but long term use has shown that there may be an increase in iridal pigment which can exacerbate the clogging of pigment in the trabeculum. Prostaglandins are used with precaution in patients with pseudo-exfoliative glaucoma since many patients with pseudo-exfoliative glaucoma may also have a low grade inflammatory response, which will be exacerbated by the prostaglandins. Prostaglandins should never be used in any type of inflammatory glaucoma.

Although prostaglandins are typically safe drops, it is important to know the most common contraindications and side effects. Prostaglandins should not be used concurrently with...
contact lenses. Patients should avoid most prostaglandins if they are hypersensitive to the preservative benzalkonium chloride (BAK) which can be toxic to the eye. Travatan Z, which uses the preservative sofZia, is the only prostaglandin that is BAK-free. Patients who have an iritis or chronic history of iritis should avoid prostaglandins as it may aggravate an active iritis and/or lead to a recurrence of iritis. Prostaglandins should be avoided in patients who have cystoid macular edema or who have a history of complicated cataract surgeries. For example, a patient that has an anterior chamber iOL secondary to a ruptured capsule during cataract surgery should not be given a prostaglandin, as these patients are more likely to have cystoid macular edema and inflammation. In fact, many doctors stop their patients from taking prostaglandins two weeks prior to any ocular surgery, especially prior to cataract surgery. Patients with a history or an active case of herpes simplex keratitis should avoid taking prostaglandins as it may aggravate the keratitis or lead to a recurrence of the keratitis. Lastly, pregnant women and nursing mothers should not be taking prostaglandins.

Side effects of prostaglandins include foreign body sensation, itching, stinging, and hyperemia, although hyperemia is less noticeable in patients using latanoprost. It is important to note that these symptoms usually present after initiation of therapy, but lessen after chronic use of prostaglandins. Thickening and increased pigmentation in eyelashes is also a common side effect. The side effect typically reverses, however, once prostaglandins are discontinued. Prostaglandins have also been known to cause periorbital hyperpigmentation, which is why it is important to remind patients to wipe away any excess drop that may have gotten on their skin. Another adverse side effect of prostaglandins is that it can cause the iris color to change in 3-10% of patients due to an increase in melanin synthesis which causes the iris to appear browner. The types of irides most affected are green-brown, blue-grey, or hazel. It usually takes months to years for this side effect to develop and it may become permanent even after the prostaglandin drops are discontinued. In terms of systemic side effects, there are very rare side effects noted through various clinical experiences including cold, flu, upper respiratory tract infections, rash, and pain in muscles, joints, back, and chest. However, it is important to note that no systemic side effects have been noted in any clinical trials.

Prostaglandins have become the most effective and most commonly used glaucoma drugs to date. However, further research is indicated in order to determine its efficacy on neuroprotection and ocular blood flow since it is a relatively new drug classification.

Beta-blockers

Beta-blockers are one of the oldest and most studied glaucoma drops. The most common beta-blockers are timolol maleate (Timoptic® 0.25%, 0.5%; Timoptic XE® 0.25%, 0.50%; Istantol® 0.5%); betaxolol hydrochloride (Betoptic® 0.5% solution; Betoptic S® 0.25% suspension); levobunolol hydrochloride (Betagan® 0.25%, 0.5%); carteolol (Ocupress® 1%); metipranolol (Optipranolol® 0.1%, 0.3%, and 0.6%); and timolol hemihydrate (Betimol® 0.25%, 0.5%). Also, for patients who cannot tolerate BAK, a preservative free form of Timolol is now available in individual vials. All these drops come in 5, 10, or 15 ml except for Optipranolol which comes in only 5 and 10 ml and Timoptic XE which comes in 2.5 and 5 ml. Timoptic XE becomes a gel when it hits the eye and it is just as effective as the drops with less systemic side effects. Beta-blockers are also more affordable for patients since many of the drops come in generic form such as Betoptic, Ocupress, Betagan, Optipranolol, Timoptic, and Timoptic XE.

Beta-blockers function by competing with adrenoreceptor agonists for beta-adrenoreceptors. There are three subtypes of beta-adrenoreceptors. Beta-1 receptors can be found on cardiac muscle and is associated with stimulating heart function. Beta-2 receptors are involved in dilating blood
vessels, relaxing bronchioles, and relaxing smooth muscles such as the uterus and bladder. Beta-2 receptors are also found in the ciliary epithelium. Beta-blockers act on the beta-2 receptors in the ciliary epithelium to decrease intraocular pressures by reducing aqueous humor production. Lastly, beta-3 receptors are involved in metabolic function. Carteolol, levobunolol, timolol and metipranolol are non-selective beta-blockers while betaxolol is selective for beta-1, but does also act on some beta 2 receptors. Therefore, various studies have indicated that betaxolol is less effective in lowering IOP than the other non-selective beta-blockers.

The dosing schedule differs depending on the type of beta-blocker. Studies involving timolol and levobunolol show that there is no effect in the efficacy of reducing IOP when used once daily versus twice daily. Thus when using timolol or levobunolol, it is recommended to use one drop once daily in the morning. All other beta-blockers including betaxolol, carteolol and metipranolol should be used twice daily. It has been previously established that beta-blockers are most effective when used in the morning because less aqueous humor is produced at night and sympathetic activity is also lower at night. However, recent studies have shown that once the cycle of using a beta-blocker every day has been established, there is no difference in the effectiveness of the drop if used at night versus during the day. Although, most beta-blockers come in two concentrations, studies show that higher concentrations do not offer any additional therapeutic value. Therefore, the smaller concentration should be prescribed to reduce both systemic and ocular side effects. On average, beta-blockers reduce IOP by 19-29%. The maximum IOP lowering effect is typically seen after two weeks. Beta-blockers typically remain in the body 2-4 weeks after discontinuation of the drop. It is also important to note that 20% of patients do not respond to beta-blockers and that beta-blockers have a history of long term drift, which means that the IOP increases again in some patients after long term use. Beta-blockers can be used in all types of glaucoma and can be used as a first line therapy.

Beta-blockers have significant side effects and contraindications so it is important to review them. In terms of ocular side effects, there are very little side effects except for dry eyes and decrease in corneal sensitivity. In fact, doctors sometimes use beta-blockers to relieve corneal pain since it acts as a corneal anesthetic. Beta-blockers, however, have many systemic side effects. It is important to note that beta-blocker concentration can be reduced in the blood stream by 60% by obstructing the nasolacrimal duct or by closing the eyes for at least one minute after the instillation of the drop.

Beta-blockers should never be used in patients with any history of respiratory issues, such as asthma or COPD, since beta-blockers can cause bronchospasm. Although betaxolol is primarily beta-1 selective, it can also have some action on beta-2 receptors. Therefore, betaxolol should be avoided in patients with respiratory issues since there have been a few reported cases of bronchospasm secondary to betaxolol use. Beta-blockers are contraindicated in patients with cardiac conduction issues such as sinus bradycardia (<55 beats per minute) and arrhythmias. They should also not be used concurrently with cardiac glycosides (i.e. digoxin), sodium channel blockers (i.e. quinidine), and calcium channel blockers (i.e. verapamil). Historically, beta-blockers have been contraindicated in patients with heart failure. However, studies indicate that cardiologists are using oral beta-blockers to decrease heart overexertion. Therefore, theoretically, topical beta-blockers also should not cause an issue, although as a precaution, beta-blockers should not be used in patients with heart failure until further studies are performed. Beta-blockers can also cause a mild decrease in blood pressure and thus should be avoided in patients that have hypotension (<100/60). For every patient that is starting a topical beta-blocker, a baseline blood pressure (BP) reading and pulse check should be performed and re-checked periodically while the patient remains on the topical beta-blocker.

Topical beta-blockers should not be used concurrently with oral beta-blockers since this will decrease the effectiveness of the drop and it can also magnify the systemic side effects of the beta-blockers. Beta-blockers, except for carteolol which has intrinsic sympathomimetic activity, have also been shown to decrease high density lipoproteins (HDL), but this has not been proven to be clinically significant. Depression, fatigue, anxiety, confusion and sexual dysfunction were long thought to be side effects of beta-blockers but recent studies show that this may not be the case. Beta-blockers have also been known to aggravate symptoms of myasthenia gravis as well as mask symptoms of hypoglycemia in diabetics. Lastly, beta-blockers should not be used in pregnant females and nursing mothers.

Studies are currently being performed to determine the vascular/neuroprotective effects of beta-blockers. Beta-blockers have not been shown to have any adverse effects on vascular flow. Betaxolol has been shown to be a neuroprotectant due to calcium channel blocking activity which leads to vasodilation. This however is still controversial.

**Carbonic Anhydrase Inhibitors**

Carbonic anhydrase inhibitors (CAIs), which are sulfonamide derivatives, block carbonic anhydrase which is a key enzyme in...
aqueous humor production. Therefore, CAIs reduce IOPs by decreasing aqueous humor production.

There are both oral and topical CAIs. The most commonly prescribed oral CAI is acetazolamide (Diamox®), which is also available intravenously. Dichlorphenamidine (Daranide®) and methazolamide (Nepatazine®) are the other oral CAIs, however, they are rarely used. The daily dosage of Diamox can range anywhere between 250 mg to 1,000 mg per day, but it should never exceed 1,000 mg per day. Typically, however, Diamox is prescribed either as 250 mg tablets four times a day or 500 mg tablets twice daily. Patients on oral CAIs can expect a decrease in IOP between 30-40%. IOP begins to decrease after 30 minutes and peaks at two hours. Oral CAIs are non-selective and thus have more systemic side effects, which will be discussed. Oral CAI’s should only be used for short term IOP control. Systemic CAI’s, which are known to quickly decrease IOP spikes, are usually used in acute angle closure and prior to certain ocular surgeries (i.e. peripheral iridotomy and bleb surgery). Topical carbonic anhydrase inhibitors, such as brinzolamide 1% (Azopt®), which comes in 5ml, 10ml and 15ml, and dorzolamide 2% (Trusoptic®) which comes in 5ml and 10ml, can reduce IOPs by 13-22%, with the peak effect seen after two hours if used as a first line therapy and 10-20% if used as adjunct therapy. Also, currently there is a generic form of dorzolamide. Topical CAIs have very little side effects because they are selective for CA II, a specific carbonic anhydrase enzyme. Topical CAIs should be used three times a day in each eye if used alone or should be used twice a day if used with another glaucoma drop. Topical CAIs are a second line of therapy and should be used as an adjunct drug. Topical CAIs can be used in all types of glaucoma. It is important to note that using a systemic CAI in conjunction with a topical CAI has no greater effect in reducing IOP.

Topical and systemic CAI’s have both similar and different contraindications and side effects. Both systemic and topical CAIs should be avoided in patients with a history of a sulfa allergy or in those patients who are either pregnant or nursing. Patients are also at risk of developing Stevens-Johnson’s syndrome if they are hypersensitive to CAIs. A bitter/metallic taste may also develop from topical and systemic CAIs. Transient myopia is a very rare side effect.

In addition, systemic CAI’s have the following side effects and contraindications. Systemic CAIs may lead to hypokalemia due to an increase in diuresis. Therefore, oral potassium is usually given in conjunction with systemic CAIs in order to prevent hypokalemia. Systemic CAI’s, especially Diamox, should not be used if a patient has a history of kidney disease or failure. CAIs, especially Neptazane, are contraindicated in patients with liver disease, although there is no conclusive data on the issue. Systemic CAI’s can also lead to blood dyscrasias such as agranulocytosis, thrombocytopenia, aplastic anemia, and pancytopenia. Therefore, it is recommended that patients on systemic CAIs should have a hematologic panel taken frequently. Systemic CAI’s have also been known to cause metabolic acidosis especially in the presence of kidney disease. Patients on oral CAIs have also noted gastro-intestinal complaints, hearing issues, headaches, paraesthesia in the hands/feet, renal stone formation (seen less with Neptazane), and acidosis (seen less with Neptazane) especially in diabetics. Increased toxicity has been shown when systemic CAIs are used concurrently with cyclosporine, digitalis, lithium and aspirin.

Topical CAIs have similar but less severe side effects than systemic CAIs. Topical CAIs may lead to marginal keratitis, which is very rare and disappears after topical CAIs are discontinued. Despite there not being any conclusive evidence, topical CAIs should be avoided in patients that have kidney disease/failure and liver impairment. Blood dyscrasia (usually thrombocytopenia) is a rare side effect of topical CAI’s and presents less severely than systemic CAI’s. Although rare, doctors should consider ordering infrequent hematologic panels. Topical CAIs should be avoided in patients that have compromised corneal endotheliums such as in guttata, Fuch’s dystrophy, psuedophakic bullous keratopathy, etc., as it will increase corneal decompensation and thus increase corneal edema. Topical CAIs will not cause corneal edema in patients that have normal corneas. Parasthesia, headaches, renal stones and gastro-intestinal issues are rare and less severe than what occurs with systemic CAIs. Acidosis has not been shown to occur in adults on topical CAIs. In comparing dorzolamide with brinzolamide, dorzolamide leads to more symptoms of burning, itching, tearing and discomfort due to the more acidic pH. Brinzolamide, however, leads to blurred vision for a few minutes after the instillation of the drop.

It is important to note that systemic and topical CAIs have been shown to increase ocular blood flow, but more studies are currently being done to better understand this.

Adrenergic alpha-2 agonists
Adrenergic alpha-2 agonists have been known to reduce intraocular pressures by decreasing aqueous production in the ciliary body by acting on alpha receptors found on blood vessels that supply the ciliary body and also by increasing outflow through the uveoscleral route. Some also theorize that alpha-2 agonists also have an effect on the trabecular route as well. Alpha-2 agonists include apraclonidine 0.5%
and 1% (lopidine®), which comes in 5 and 10 ml and is moderately selective for alpha 2 agonists; brimonidine 0.1%, 0.15% (Alphagan® P), which comes in 5, 10, and 15 ml; and brimonidine tartrate 0.15% and 0.2% (Brimonidine®) which comes in 5, 10, and 15 ml and is highly selective for alpha 2 agonists. There is a 1% formulation of apraclonidine which is only used to control IOP spikes for pre and post surgery (PIs, SLT, ALT, YAG, cataract surgery) and for helping in diagnosing Horner’s syndrome. Alphagan P is the only alpha-2 agonist that does not come in generic.

Alpha-2 agonists can be a first line of therapy, but usually is used as adjunct therapy and will usually reduce IOP by about 20-25% if used as first line therapy and 10-20% if used as adjunct therapy. Alpha-2 agonists typically begin to lower IOP between 30 minutes to an hour with maximum effect seen at two hours. The effect of the drop usually lasts from 8-12 hours. When used for glaucoma therapy, apraclonidine and brimonidine are used twice a day when used as adjunct therapy and three times a day when used as individual therapy. When using brimonidine, various studies have shown that the 0.2%, 0.15%, and 0.1% concentration are equally effective in reducing IOP. Thus, clinicians should use the lower concentration to lower risks of side effects. Alpha-2 agonists can be used in all types of glaucoma, but should be avoided in patients who have narrow angle glaucoma or with plateau iris.

Although alpha-2 agonists have a good safety profile, it is important for clinicians to be aware of some of the contraindications and side effects. Alpha-2 agonists are contraindicated in patients who are on monoamine oxidase inhibitors (MAOs) which are rarely used by patients for depression. One of the side effects of MAOs is it causes hypotension, and it is theorized that alpha-2 agonists will amplify the hypotensive effects in some patients. Examples of MAOs include Marplan®, Nardil®, and Parnate®. Apraclonidine should not be used in women who are pregnant or nursing. Brimonidine has been said to be safer for women who are pregnant since it is category B, but should be avoided as it may still have harmful effects on the unborn child. Nursing women should also not use brimonidine as it may cause central nervous system depression in the pediatric population. Alpha-2 agonists are contraindicated in patients who have severe cardiovascular and cerebrovascular disease. Patients with Raynaud’s phenomenon and peripheral circulatory issues should not be using alpha-2 agonists. Additional side effects include allergic blepharoconjunctivitis, conjunctival blanching, blurry vision, lid retraction, tachyphylaxis, dry mouth, dry nose, and pupil mydriasis. Dry mouth usually goes away after a few weeks of use. Pupil mydriasis and lid retraction usually occur more so with apraclonidine than brimonidine. Pupils dilate on average about 1 mm and thus alpha-2 agonists should be avoided in patient who have chronic narrow angle glaucoma or in patients who are at risk for a closed angle attack. Brimonidine is almost always used over apraclonidine for glaucoma usage because apraclonidine has a higher rate of blepharoconjunctivitis and tachyphylaxis. Patients using brimonidine may also present with blepharoconjunctivitis, but it is less common if using Alphagan P as it has the preservative Purite. It is also important to note that alpha-2 agonists, have a very minimal effect on lowering blood pressure; brimonidine more so than apraclonidine. The lower the concentration of brimonidine used, the lower the chances that the eye drop will have an effect on blood pressure. This being said, all patients on alpha-2 agonists should have their blood pressures monitored closely.

Much has been said about the neuroprotective effect of alpha-2 agonists, but there have been no conclusive studies in humans at this time. Also there is no conclusive evidence at this time that alpha-2 agonists have an effect on ocular blood flow to the nerve.

Cholinergics
In the distant past, these drops were once the first line of treatment for glaucoma, but they are rarely used these days due to its dosing schedule and adverse side effects. The only one that will be talked about is pilocarpine. Pilocarpine comes in concentrations of 0.5%, 1%, 2%, 3%, 4%, 6%, 8%, and 10%. Pilocarpine is very inexpensive as there is a generic form. There is also pilocarpine H5, which is a gel and does not come in a generic form. Pilocarpine mimics acetylcholine and stimulates the muscarinic receptors found on the iris sphincter and ciliary muscle causing miosis, as well as pulling of the scleral spur which than widens the trabecular meshwork, which leads to an increase in outflow. Concurrently there is a decrease in outflow through the uveoscleral route but overall, there is still a net decrease in intra-ocular pressure. Pilocarpine can reduce the IOP anywhere from 10-40% with an average of 25%.

Pilocarpine drops are typically used four times a day and pilocarpine gel is typically applied only at night. The 4% concentration is typically the highest concentration used as higher concentrations have not been shown to have additional effect on lowering IOP. Pilocarpine typically begins working half an hour after application and lasts on average about six hours. Pilocarpine gel has the advantage of providing the same IOP lowering effects with fewer side effects compared to the drops. Pilocarpine can be used in primary open angle glaucoma but should be used as adjunct therapy. Pilocarpine is also used for plateau iris, prevention of angle closure for a short time, and acute angle closure as long as the IOP is less than 40 mmHg.

Pilocarpine should be avoided in malignant glaucoma as pilocarpine leads to an increase of aqueous fluid in the vitreous. Patients with uveitic or neovascular glaucoma should also never use pilocarpine as it leads to an aggravation of the disease. Since using pilocarpine slowly increases axial thickening of the
lens which results in a decrease in anterior chamber depth, it should be avoided in patients with phacomorphic glaucoma, and it should not be used chronically in patients with pupillary block glaucoma or in patients at risk for pupillary block.

There are many side effects and contraindications for pilocarpine. Pilocarpine should not be used in patients who are nursing or pregnant. Pilocarpine is contraindicated in patients who have COPD, asthma or any other breathing issues as it may cause bronchospasm and increased bronchial mucous. Alzheimer’s patients should avoid pilocarpine since it may increase their Alzheimer’s symptoms. Systemic side effects include excessive salivation, sweating and tearing. Less common rare side effects are bradycardia, hypotension, irregular heartbeat, chest pain, fainting, confusion, stomach pain, nausea, vomiting, and diarrhea. These rare side effects are typically seen if patients are using pilocarpine chronically or are overdosing on the medication. It is important to note that parasympatholytics (i.e tropicamide) can be used to help reduce pilocarpine toxicity. Ocular side effects are numerous including brow ache, accommodative spasm, miosis which may become permanent after long term use, decrease in night vision, cataracts, band keratopathy, and blepharoconjunctivitis. Patients, especially those who are aphakic, are also at risk for retinal detachments secondary to vitreo-retinal traction when using pilocarpine.

**Combination Therapy**
Combination drops help with patient compliance since it is sometimes difficult for patients to use multiple drops. Cos-opt® (2% dorzolamide/0.5% timolol) is used twice a day and has been shown to decrease IOP by 32.7%. Combigan® (0.2% brimonidine/0.5% timolol) is also used twice a day and has been shown to decrease IOP by 29%. Other combination drops that are currently not used in the United States are Xalacom™ (latanoprost/timolol), DuoTrav™ (travapost/timolol), and Ganfort® (bimatoprost/timolol). It is important to remember the side effects and contraindications for each individual component of the combination drops.

**Conclusion**
As optometrists begin to take an ever increasing role in treating glaucoma, it is important to understand the dosing schedule of drops, side effects, and contraindications.

*For more information, or for a list of references, contact Dr. Robert Yacoub at ryacoub@scco.edu.*
CE Questions

1. Pilocarpine can be used to treat which type of glaucoma?
   a. Neovascular glaucoma
   b. Uveitic glaucoma
   c. Phacomorphic glaucoma
   d. Primary open angle glaucoma

2. Which of the following statements about prostaglandins is true?
   a. Prostaglandins decrease intra-ocular pressure by decreasing aqueous production.
   b. Prostaglandins should never be used in an inflammatory/uveitic type of glaucoma.
   c. The side effect of iris pigmentation usually resolve after discontinuation of the prostaglandin.
   d. Prostaglandin's effect on eyelashes is permanent even after discontinuation of the drop.

3. Prostaglandins have been known to decrease intra-ocular pressure by what percentage
   a. 5-10%
   b. 10-20%
   c. 20-40%
   d. 40-50%

4. Which of the following is not a contraindication for beta-blocker usage?
   a. Asthma
   b. Arrythmias
   c. Hypotension
   d. Osteoarthritis

5. Which of the following statements is false concerning betaxolol?
   a. Betaxolol comes in a 0.5% solution and 0.25% suspension.
   b. Betaxolol is a non-selective beta-blocker.
   c. Patients with respiratoy issues such as COPD or asthma should not use betaxolol.
   d. Betaxolol has been shown to have neuroprotectant qualities.

6. Patients with pseudophakic bullous keratopathy should not use which of the following glaucoma drops?
   a. Dorzolamide
   b. Timolol
   c. Betaxolol
   d. Brimonidine

7. Which of the following drugs is helpful in the diagnosis of Horner’s syndrome?
   a. Apraclonidine 1%
   b. Brimonidine 0.2%
   c. Timolol 0.5%
   d. Pilocarpine 3%

8. Tachyphlaxis and blepharoconjunctivitis are most commonly seen in which drop after long term usage?
   a. Brimonidine 0.15%
   b. Apraclonidine 0.5%
   c. Timolol 0.25%
   d. Latanoprost 0.005%

9. SofZia is a preservative that can be found in which glaucoma drop?
   a. Alphagan P
   b. Trusopt
   c. Travatan Z
   d. Betagan

10. Which of the following categories of glaucoma drops can mask the hypoglycemic symptoms of diabetics?
    a. Beta-blockers
    b. Carbonic anhydrase inhibitors
    c. Prostaglandins
    d. Alpha 2 agonists
COA EVENTS

January 29-30, 2010 — COA House of Delegates 2010
Ontario Airport Marriott, Ontario, CA
Contact: Michelle Whitlow, 800-877-5738, mwhitlow@coavision.org, www.coavision.org

March 24, 2010 — COA Keyperson Day 2010
Sacramento Convention Center, Rm. 202, Sacramento, CA
Contact: Julie Andrade, 800-877-5738, jandrade@coavision.org

April 8-11, 2010 — OptoWest 2010
Hyatt Grand Champions, Indian Wells, CA
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JANUARY

9-11
21st Annual Berkeley Practicum  (CE Hours: 20)
Double Tree Hotel, Berkeley Marina, Berkeley, CA
Contact: Nyla Marnay, 510-642-6547, OptoCE@berkeley.edu

10
Jules Stein & SCCO Symposium at UCLA
UCLA, Los Angeles, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

19
SVOS General Meeting  (CE Hours: 2)
Radisson Hotel, Sacramento, CA
Contact: Jerry Sue Hooper, 916-446-2331, jerrysue@svos.info

21
SDCOS CE Meeting  (CE Hours: 2)
Handlery Hotel & Resort, San Diego, CA
Contact: Nancy-Jo Sinkiewicz, 619-820-2220, nancy-jo@sdcos.org

24
ACCCOS Installation  (CE Hours: 3)
Scott’s Seafood, Jack London Square, Oakland, CA
Contact: Dr. Yukako Akera, 510-483-2020, akerayuka@yahoo.com

27-29
The Vision Council’s Executive Summit
Fairmont Turnberry Isle Resort & Club, Aventura, FL
Contact: Rene Soltis, rsoltis@thevisioncouncil.org

FEBRUARY

13-14
SCCO Alumni Reunion CE & Rouse Lifetime Achievement CE  (CE Hours: 12)
SCCO, Fullerton, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

16
SVOS CE Meeting  (CE Hours: 2)
Radisson Hotel, Sacramento, CA
Contact: Jerry Sue Hooper, 916-446-2331, jerrysue@svos.info

21
SDCOS CE Meeting  (CE Hours: 5)
Handlery Hotel & Resort, San Diego, CA
Contact: Nancy-Jo Sinkiewicz, 619-820-2220, nancy-jo@sdcos.org

28
SCCO Studt Practicum  (CE Hours: 5)
SCCO, Fullerton, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

MARCH

6-7
SCCO Ocular Disease Part 1  (CE Hours: 17)
SCCO, Fullerton, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

7
SVOS Ocular Symposium  (CE Hours: 8)
Marriott Sacramento Rancho Cordova Hotel, Rancho Cordova, CA
Contact: Jerry Sue Hooper, 916-446-2331, jerrysue@svos.info

14
SCCO Scleral Workshop  (CE Hours: 6)
SCCO, Fullerton, CA
Contact: Dept. of CE, 714-449-7442, satkinson@scco.edu

18
SDCOS CE Meeting  (CE Hours: 2)
Handlery Hotel & Resort, San Diego, CA
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SEEKING OPTOMETRIC ENLIGHTENMENT AT THE COA HOUSE OF DELEGATES

An individual seeking enlightenment may travel down a very unusual path. I read an interesting article in the Sunday New York Times magazine, “Eccentric or Nuts,” that highlighted the life and times of Lady Amanda Wemyss (aka, Amanda Feilding) of the United Kingdom. Lady Wemyss was a big fan of voluntary trepanation, the process of drilling a hole in one’s head, as a means of acquiring a higher level of consciousness by increasing blood volume to the brain. She actually bored a hole in her own skull with a dental drill after trying unsuccessfully for four years to get a surgeon to do it. The self-operation was recorded on film entitled Heartbeat of the Brain complete with a soundtrack of soothing music.

In the 1970’s, Lady Wemyss’ enthusiasm for this procedure led her to run for the British Parliament on a pro-trepanation platform. Lady Wemyss wanted to share the love by offering trepanation free to British people through the National Health Service. I guess she could be considered a Socialist… or just plain nuts. Fortunately for the British, she lost both elections.

As strange as it may seem, trepanation still has its proponents today. There are, however, more conventional means of achieving a greater understanding of our purpose in this world. Yoga, meditation and prayer have been used by people for centuries to help them achieve a sense of inner peace, harmony and self-transformation. An often overlooked method in obtaining a higher level of consciousness is listening while suspending conceptual thinking. This is what our teachers and mentors referred to as the importance of keeping an open mind or being non-judgmental.

When passions run high, as they often do at COA’s annual membership meeting, it is difficult to hear and absorb the opinions of others. Our ability to progress and succeed in this world is largely dependent on being open to thoughtfully consider the competing messages around us. Being non-accepting will only hinder us on our path to true enlightenment. Perhaps we should begin the 2010 COA House of Delegates with a peaceful group meditation.

If we listen to alternative perspectives, we may find the way to true optometric enlightenment. In 1991, the Rev. Jisho Perry of the Berkeley Buddhist Priory wrote, “Most of the time we are not quiet enough to hear anything other than the noisy demands of our greeds, angers, worries, fears, frustrations and the busyness of our everyday lives.” The COA House of Delegates provides the opportunity for thoughtful discussion and deliberation. It is important to remember that it is just as important to listen to the opinions of your colleagues as it is to state your opinion in a public forum. We will all fall off the path to enlightenment if everyone puts their fingers in their ears while shouting what they believe to be the ultimate universal truth.

The views expressed in the “The Back Page” column do not necessarily represent COA policy or the opinions of the Board of Trustees. Rather, they are based on the observations of the Executive Director. Members are encouraged to respond by submitting a letter to the editor.
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