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Feature Article
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UCBSO’s Dr. Carl Jacobsen was the Faculty Speaker, as selected by the Class of 2011. He gave a lively, humorous and inspirational speech to the newly graduated ODs.

Special Report I
The Class of 2011

Feature Article
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A comprehensive view of professional optometry in California today.

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For 28 of my now 35 years in practice, I served as Chief of one of the largest Optometry group practices in California. During those years I have seen our profession go from a drugless one, to one where our colleagues are practicing to the full scope of our licensure. Trust me when I say I have seen change. At times this change has been perceived as uncomfortable and challenging. We now, as 35 years ago, face challenges to the forward momentum of our profession.

Last month, your Board of Trustees met for three days developing a three year Strategic Plan which will chart our course to meet current and new challenges. The Board identified three major strategic directions:

- Engage and empower all California optometrists to move optometry forward.
- Leverage our organizational relationships to accomplish our goals.
- Restructure to improve our organization.

To implement these strategic directions a number of measureable goals need to be achieved. Top of the list is to engage and empower California optometrists to assure that 100% of the COA optometrists who wish to achieve glaucoma certification, following the adoption of new regulations by the California State Board of Optometry, can do so. Currently the COA is working with the California Schools and Colleges of Optometry to develop programs which will be offered at the Monterey Symposium and next year’s OptoWest!

This year your Board of Trustees and Legislative Leadership Committee have been working to develop coalitions within the health care field that will collaboratively promote the goal of open access and quality health care to all Californians. This year the COA has moved the goal forward by the introduction of three bills to the California legislature:

- SB 709 would establish funds to be used to educate the public regarding the need for children’s comprehensive eye exams.
- SB690 would prohibit discrimination in contracting with insurance carriers.
- AB761 would allow all optometrists to perform CLIA waived lab test in our offices.

Over the past weeks, optometry has been well represented at Capitol Hill and the State Capitol. Hundreds of optometrists and students are meeting with legislators on the national, local and state levels to assure optometry’s position as a primary health care provider. We are working diligently to assure the continuity of the Healthy Families Program, that optometry is included in Health Exchange Programs and for external organizations to use optometrists as advisors in this decision making process.

In June, the America Board of Optometry administered its first examination for Board Certification. This summer the American Optometric Association will be offering online, non-continuing education modules to promote self study in the 10 identified areas of examination. The COA is evaluating practice and clinical continuing education programs to assist COA optometrists to reach their goal of successful completion.

I am reminded when I listen to my friend and colleague, Senator Ed Hernandez, that optometry is a legislated profession. Now, as in the past, forces exist to threaten the continuity of independent optometry and we need to be unified and consistent with our message of strength.

We are in a period where our state is facing tough financial challenges and political changes. As optometrists we are committed to assure that Californians have the quality of healthcare we so aptly provide. Now we may not always agree on how to move our profession forward, but we do agree that our profession can not remain static in the changing health care arena. So join me when I ask for your support to continue making optometry the primary eye care providers in the state.
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On May 4, 2011 the Board of Trustees had a conference call. The Board discussed a number of issues and topics, with motions:

- To approve the list of 2011 COA Delegates to the AOA House of Delegates.
- To approve the increase in number of COA-funded Board of Trustee members to attend the 2011 AOA House of Delegates from three to four members.
- To approve the reimbursement up to the $150.00 registration fee for all COA Delegates attending the 2011 AOA House of Delegates.

And on May 13, 2011 the Board of Trustees had a meeting at the COA office in Sacramento, CA. The Board discussed a number of issues and topics, with motions:

- To approve the 2010 COA audit as presented. Audit was conducted externally.
- To approve the recommendation from the Legislation and Regulation Committee to transfer $84.00 per member from the legislative fund to the independent expenditures fund starting after member notification and ending on November 30, 2012.
- To establish an ad hoc committee consisting of three board members that will be responsible for making Independent Expenditure decisions.
- To dissolve the existing COA entity called “Issues PAC” and place the remaining funds into a trust fund.
- To approve the recommendation from the Communications Committee to pursue a RFP to identify a vendor to develop and implement COA’s public awareness/communication efforts targeted to consumers.
- To forward the proposed policy resolution regarding the National Board of Examiners in Optometry’s Clinical Skills Exam to the 2011 AOA House of Delegates for consideration.
- To approve the resolution to change the account signer on the George I. Deane Jr. Vision One Credit Union account to the COA Executive Director, Elizabeth Brutvan.
- The COA Board of Trustees authorized the expenditure of up to $12,000 by the Executive Director Search Committee in accordance with the budget presented. The Executive Director Search Committee shall make monthly reports to the entire Board.

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

The next meeting of the COA Board of Trustees is scheduled to take place on September 8, 2011 in San Francisco, CA.
As an optometrist, your liability exposure isn’t limited to the practice of optometry. You also need to consider your risks as a business professional—risks that go unprotected by your professional liability coverage.

The California Optometric Association sponsors a high-quality and responsive optometric office insurance policy that provides comprehensive business insurance coverage tailored specifically for optometrists like you.

A business owners package policy will help protect your practice by:

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- Covering defense costs for legal expenses for certain liability claims brought against your practice regardless of who’s at fault.
- Including coverage for the applicable medical costs if someone is injured and needs medical treatment due to an accident on your premises.
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Our strength comes from the time we take to educate our patients about their eye care and the abilities of our profession.

One of my optometry friends and co-workers at the college, Jane Ann Munroe, is responsible for going on the road and representing the college in our recruitment efforts. Her venues are varied as she speaks to students in junior high considering careers in math and science as well as college students preparing for admission to optometry school with a clear focus. She sees a wide spectrum from the mildly interested to the crazily committed. She has a favorite story that she tells about a junior high career fair where she was getting relatively light interest when a particularly enthusiastic student zoomed by and caught the words on our banner and repeated them back to her with an interesting interpretation. He retraced his steps and came back to her to stand in front of her and announce with zeal, “I want to go to opportunity school.” This story has gained some legs among our co-workers as we have all gone to “opportunity school.”

What this story reminds me of is the constant opportunities (if you will pardon the pun) that lie before us daily that allow us to educate and advocate for the profession of optometry. After our long history as a profession and our constant efforts to broaden and strengthen the profession, there is still so much to be done. At the risk of making sweeping generalizations, the general public still holds many gross misinterpretations of our role in health care and our scope of practice. There is typically not a day that goes by where a circumstance does not arise where I can educate someone about what optometry is capable of doing. It can be the check out girl at Panera with a pink eye or the text message I get from my college-aged daughter asking questions for a student in her chemistry lab with a high refractive error. Our strength comes from the time we take to educate our patients about their eye care and the abilities of our profession.

Most conveniently, each and every one of our patients sits as a potential disciple of the message. That extra moment I take educating my patient in the exam chair today will be a discussion in their home that evening, or a point of conversation during their next golf game or happy hour. How many times have you been in a casual setting with friends or strangers and started to overhear a vision related conversation? More often than not, I jump in. Maybe that is not your style but the opportunities for advocacy are endless.

Another one of my co-workers from the college, Carmen Barnhardt, just participated in a Baby Fair at a local hospital. Current or soon-to-be parents were invited to get a glimpse of the community resources that were available to them as new parents. The college was there to advocate for the value of the InfantSee program. Carmen recounted an encounter she had with a pediatrician who asked the innocent question, “So I should be sending these babies to you?” Wow. We have so much to do.

Take advantage of the fact that you have graduated from “opportunity school.” Use every chance to educate, advocate for the profession and expand the sphere of understanding about the capabilities of optometry. The opportunities are endless.
Dedicated to Optometry and Dedicated for Life

I have been back practicing in California for only five years now and each year I become a little more saddened by the complacency among Californian optometrists for the underlying threat for our very own livelihood. Optometry in California faces an opposition like many other states regarding mode of practice, expansion of scope, and corporate overhaul. During this time of turbulence, we, as optometrist should stand more united than any other time in history.

Since my move back to the Central Valley of California, I have sought out and joined the San Joaquin Optometric Society and now hold office as President of my local optometric society. I review the membership roster each month and see new additions as well as dropped members. I hear reasons such as, “I feel it is my duty to support my profession” to “It shouldn’t be optional to be a member (of optometry), it’s what we do” as well as “We live in such a tough economy” and “I’m having a new baby soon.” I agree fully with all these comments and believe they are all reasons why we should become and remain members of your local society, your state association, and the American Optometric Association.

I had the pleasure of attending Presidents’ Council last fall in Indian Wells, California. There, I met with current and future leaders of local optometric societies from all over California. I met a person of particular interest that weekend, Dr. Juliette Le of the Monterey Bay Optometric Society. She is a full time mother of two young children, Cub Scout Den Leader, part-time optometrist, and 100% committed to her profession. Dr. Le works only two or three days per month as an optometrist. Her paychecks barely cover her California licensure, professional malpractice insurance, federal and state income tax, continuing education cost, and membership dues for AOA/COA/MBOS, and yet, she is devoting valuable time and effort into being president of her local society. When I asked her how she finds time to do what she does and why she even bothers with working at all, not to mention being so involved with COA/MBOS, she simply replied, “It’s my job. Optometry is my profession and if I don’t stay involved, I might not be able to practice what I have been trained to do for so many years.” Dr. Le is quite an outstanding example that having children or working part-time should not be an impeding factor in being a COA member.

There are different types of memberships with reduced fee schedules for those who need some relief during tight financial situations. Maternity/paternity leave, part-time, retired, and disability can validate a COA member for reduced membership fees. Project Keep is also a way new optometrists (within 10 years from graduation) may participate on a sliding fee scale as an incentive to become involved with their local society. San Joaquin Optometric Society would like to honor a true life time member, Dr. Gayland Smith. Dr. Smith, who practiced in Sonora for 25 years, and was very active on the SJOS board, passed away recently at the age of 92. He has been a full fee paying Life Member of COA/SJOS until his last days on this earth despite retiring more than two decades ago.

I can only hope I survive that many years of life. I can also hope for a perfect world where the grass is always green on all sides of the hill. But I know that we, as optometrist, as citizens of a democratic society, must realize that we have a legislative responsibility to ourselves. Whether it is active lobbying, remotely writing letters to your congressman, or small financial contributions to help move the efforts, we must stand united.

Thanh Nguyen, OD
San Joaquin Optometric Society President
MAKE MEMBERSHIP COUNT . . . AND HAVE YOUR COA DUES PAID FOR 2012!

Member-to-member recruitment is the key to recruiting prospective members. Besides, who knows better about the benefits of COA than a member? More members mean more representation to achieve our goals in the California Legislature and in the health care arena, which means we all win! Be one of three members to recruit the most new members throughout 2011 and have your COA DUES PAID FOR 2012! With the generous support of Vision West, Inc., the top three recruiters for 2011 will have the COA portion of their membership dues for 2012 PAID IN FULL.

Here’s How It Works!
COA Members may refer new members without regard to their society affiliation. While you are undertaking recruitment efforts, make sure the applicant lists YOUR name as the referring member on the application. It’s that easy! The COA office will track all the referrals for the year and will notify the top three recruiters at the end of the contest period.

For complete details and eligibility requirements, visit the Member Recruitment page of the Member Resources section at www.coavision.org. Or contact Lisa Ah Po, marketing manager, at LisaA@coavision.org.

Recruit a member today and MAKE IT COUNT!
Our thanks to Vision West, Inc. for their support of COA’s Most Referrals Membership Incentive!

CALL FOR COA VOLUNTEER LEADERS

You’re a member of COA. You’re interested in becoming more involved. You’d like to contribute your skills and perspective. You’d like to connect with other colleagues to build a strong COA. If you agree with any of these statements, then take the next step. You are invited to apply for leadership positions in the association’s volunteer structure — on committees, sections, or on the board of trustees.

Interested members should complete the “Potential Leadership Questionnaire” available on the COA website in the ‘Members Only’ section, and submit it back to the COA office by no later than July 29, 2011. If you wish to be a candidate for the COA Board of Trustees, please also complete and return the “Candidate Biographical Summary,” available on the COA website in the ‘Members Only’ section.

If you have any questions, concerns, or comments, please feel free to contact Michelle Harvey by e-mail at mharvey@coavision.org. Any information submitted to the Nominating Committee will be handled in the strictest confidence.

CONTRIBUTE TO CALIFORNIA OPTOMETRY!

While you may be an optometrist or office staff member by day, what do you do after you leave the office? Are you maybe a master painter? Are you in a rock band? Do you volunteer at a local animal shelter? Or maybe you’re a champion ballroom dancer? CO wants to know about the “secret lives” of COA members. Send an email to Dr. Beth Brutvan at elbrutvan@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!
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2011 NEW OD RESOURCE GUIDE NOW AVAILABLE!

This guide has been compiled and produced by the COA Membership Committee with the new graduate in mind. It contains practical steps to assist newly graduated Doctors of Optometry in getting started. To download a copy, visit the Member Resources section of the COA website and click on “Student Section.” Or to order a hard copy, contact Lisa Ah Po, membership and marketing manager, at LisaA@coavision.org, or 800-877-5738, ext. 238.

SUPPORT DR. JENNIFER ONG AND EVAN LOW FOR ASSEMBLY IN 2012

COA is excited to have two pro-optometry candidates running for the California State Assembly in 2012. In order to have the best chance of success, these candidates need to raise a substantial amount of money early on in the race. A large war chest is an indicator of community support, which helps candidates obtain endorsements and raise additional money. Please consider donating to both campaigns today.

Dr. Jennifer Ong is a long time COA member and former COA Board of Trustees member. She is running for AD 18, which includes Hayward, San Leandro, Castro Valley, San Lorenzo, Pleasanton and Dublin. Dr. Ong is a leader in her community and has been involved in several local organizations, including the California Democratic Party, Alameda County Commission on the Status of Women and the Alameda County Hepatitis B Free Campaign. In 2009, she was named one of the “100 Most Influential Filipina Women in the U.S.”

Online contributions to Dr. Ong can be made at: https://secure.actblue.com/entity/fundraisers/26877

Evan Low is the son of long time COA member Art Low, OD. He is running for AD 24, which includes western Santa Clara County. A respected community leader, Evan Low is currently a city councilmember and the former mayor of Campbell, CA. In 2010, the Silicon Valley Metro Newspaper named him one of the “Top 25 People Who Will Change Silicon Valley.”

Online contributions to Evan Low can be made at: https://secure.actblue.com/page/low.

IMPORTANT DUES NOTICES

Now available! Pay your dues online through the COA website www.coavision.org. Click on ‘Pay your Dues Online’ and then log on to your membership account.

As a reminder paper statements will be mailed out once a quarter in March, June, September, and December. COA will be sending electronic statements, by e-mail, in all other months. To ensure you receive your electronic statement, please make sure we have your correct e-mail address. You can update your e-mail address by:

- Logging on to www.coavision.org and updating your member information
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- Complete the update information on the remittance portion of your paper statement.

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<td>65/70 mm Single Vision Anti-Reflective (Hard Coated) (-4.00 cyl)</td>
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SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY AWARD WINNERS

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

Dr. Tami T. Le

Alcon Excellence Award

SCCO’s Tami T. Le, OD, Seattle, WA (second from left), was the recipient of the Alcon Excellence Award. The $1,000 award is given for excellence in contact lens coursework and clinical work. Pictured with Dr. Le are (l-r): SCCO President Kevin L. Alexander, OD, PhD, and Alcon’s Tom Duchardt, Ann Pham and Dana Bennett.

Dr. Veronica L. Woi

Primary Eyecare Network/ABB Con-Cise Award

The Primary Eyecare Network/ABB Con-Cise Award was given to Veronica L. Woi, OD, for professionalism and commitment to optometry. Dr. Woi is pictured with SCCO President Kevin L. Alexander, OD, PhD, and from ABB Con-Cise Melissa Bernath. Dr. Woi also won the Vistakon Award of Excellence in Contact Lens Patient Care. The award recipient is from Cerritos, CA.

Dr. Chaitali H. Shah and Dr. Jane Kuo

Dr. K. Michael Larkin Memorial Endowed Awards

The Dr. K. Michael Larkin Memorial Endowed Awards were presented to, Chaitali H. Shah, OD, Merced, CA (second from left), and Jane Kuo, OD, Atwater, CA. Mrs. Annie Larkin and SCCO President Kevin L. Alexander, OD, PhD, presented the two awards valued at $1,000 each.
Dr. Aaron Solen

*Ocular Instruments Award*

Orem, Utah’s Aaron Solen, OD, received the Ocular Instruments Award valued at $500. The award is given for achievement in the area of primary care. SCCO President Kevin L. Alexander, OD, PhD, is pictured with Dr. Solen.

Dr. Bruce C. Nguyen

*Marchon Eyewear Excellence Award*

The $1,000 Marchon Eyewear Excellence Award was presented to Bruce C. Nguyen, OD, by SCCO President Kevin L. Alexander, OD, PhD. Dr. Nguyen’s hometown is Garden Grove, CA.

Dr. Stephanie L. Woo

*Dr. John R. Griffin Award for Excellence in Vision Therapy*

SCCO Distinguished Professor Emeritus John R. Griffin, OD, MSEd, was on-hand at the Senior Awards Presentation to give the award that bears his name. The recipient of the $500 award, presented for a case report on vision therapy, was Stephanie L. Woo, OD, Lake Havasu, CA. They are pictured with SCCO President Kevin L. Alexander, OD, PhD.

Dr. Andy T. Cheng

*Council of Regents Endowed Achievement Award*

The Council of Regents Endowed Achievement Award was presented to Andy T. Cheng, OD, Salisbury, MD, for achievement in the area of student leadership. The $1,250 award was presented by the President, SCCO Alumni Association Greg Y. Kame, OD, ’99. They are pictured with SCCO President Kevin L. Alexander, OD, PhD.
Southern California College of Optometry Class of 2011

The following is a list of the 2011 graduating class from SCCO. The information for the participating SCCO graduates includes their name, email address, intended regional areas of practice, and additional languages spoken. Please contact the graduates directly if you have a position available or practice for sale.

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<thead>
<tr>
<th>Name</th>
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<td><a href="mailto:katherineleeood@gmail.com">katherineleeood@gmail.com</a></td>
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WESTERNU CELEBRATES HONOR’S DAY

On Wednesday, April 20th, the 1st and 2nd year students at the Western University of Health Sciences College of Optometry were honored for outstanding leadership, academic excellence, and service to the community. The faculty and staff also received awards for their efforts, which included the “Teaching Heroes” award as determined by course evaluations from the Class of 2013 and Class of 2014 students.

The Honor’s Day celebration was sponsored by Hoya Vision Care and culminated the awarding of the “Hoya House Cup” to the House of Skeffington for demonstrating the University’s Core Values of Humanism, Scientific Excellence and Caring. Volk lenses (Sponsored by Volk Optical) were also given to four deserving students for their demonstration of the University’s Core Values throughout the academic year.

Three very special awards were presented toward the end of the event. The Essilor/Varilux Student Grant Award (Sponsored by Essilor) recognized Christina Hines for her excellence in dispensing skills, application of Varilux lenses to patient needs, and analysis of cases as submitted by written report to Essilor of America, Inc.

The Walmart Project Foresight Award (Sponsored by Walmart) recognized the team of students that developed the most outstanding business plan for an optometric practice which promotes optometry while incorporating the teachings of WUCO and the values of the Walmart Health and Wellness program. Harout Khanjian and Thai-Binh Nguyen were the recipients of the award. They will also be competing for the grand prize of $20,000 in the national competition at Optometry’s Meeting in June, 2011.

The Hays-Haine Family Scholarship (Sponsored by Dr. and Mrs. Charles L. Haine) recognized Lorena Blancas, Amanda La, and Wendy Mora for demonstrating their commitment to serving underserved communities. This endowed scholarship was funded solely by Dr. Charles Haine and his wife Connie. Dr. Haine will be retiring in June, 2011. We are honored and grateful to Dr. Haine for his contributions and service to WesternU, the many students he has taught over the years, and the optometric profession. He is truly one of our “Teaching Heroes.”
UNIVERSITY OF CALIFORNIA, BERKELEY SCHOOL OF OPTOMETRY
AWARD WINNERS

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

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

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

Graduating with Honors in Research

(From left to right) Dr. Avanti A. Ghanekar, Dr. Marianna Mkrtchyan, Dean Dennis Levi, and Dr. Lernik Mesropian.

Dr. Avanti A. Ghanekar
P. aeruginosa Isolates from the SCUT Study (Non-Contact Lens Wearing Population) Reveals Multiple Strain Types, With a Majority of Invasive Strains

Dr. Lernik Mesropian
Local Retinal Thickness Abnormalities in Type 1 and Type 2 Diabetic Patients with No Retinopathy

Dr. Marianna Mkrtchyan
Outer Retinal Structure in Patients with Acute Zonal Occult Outer Retinopathy

COA Board Member Honored

(From left to right) Alumnus of the Year and COA Board of Trustee Dr. Barry A. Weissman, Dean Dennis Levi, and COA President and Optometric Oath Reader Dr. Page Yarwood.

This requires a research paper worthy of publication in leading peer-reviewed scientific journals. A bound volume of these papers will soon become available in the Pamela and Kenneth Fong Library at the School of Optometry on the UC Berkeley Campus. They will be cataloged and become part of the library’s permanent collection.

We congratulate them on this special accomplishment, which was recognized at the School of Optometry’s graduation ceremony on May 21, 2011.

Dr. Avanti A. Ghanekar
P. aeruginosa Isolates from the SCUT Study (Non-Contact Lens Wearing Population) Reveals Multiple Strain Types, With a Majority of Invasive Strains

Dr. Lernik Mesropian
Local Retinal Thickness Abnormalities in Type 1 and Type 2 Diabetic Patients with No Retinopathy

Dr. Marianna Mkrtchyan
Outer Retinal Structure in Patients with Acute Zonal Occult Outer Retinopathy

COA Board Member Honored

(From left to right) Alumnus of the Year and COA Board of Trustee Dr. Barry A. Weissman, Dean Dennis Levi, and COA President and Optometric Oath Reader Dr. Page Yarwood.
And more congratulations go to...

Dr. Holly Carag
Vision West Award
Allergan Travel Grant

Dr. Jennifer Che
Gordon and Silvers Award
GP Clinical Excellence Award
Tang Eye Center CIBA Vision Primary Care Award
VSP Bernhardt Thal

Dr. Britta Hansen
Gordon and Silvers Award
GP Clinical Excellence Award
Tang Eye Center CIBA Vision Primary Care Award

Dr. Cheyenne Huber
Binocular Vision MiraMed Tech Award
Low Vision — The William Feinbloom Low Vision Award, sponsored by Designs for Vision
Tang Eye Center CIBA Vision Primary Care Award

Dr. Melanie Mason
Low Vision — David J. Kerko Award by Winchester Optical Company
Low Vision — The Eschenbach Low Vision Award by Eschenbach Optik

Dr. Kim Nguyen
Low Vision — The Eschenbach Low Vision Award by Eschenbach Optik

Dr. Pam Satjawatcharaphong
AOF Vistakon Award of Excellence (AOE)
VSP Marvin Posten

Dr. Alison She
Vision West Award

Dr. Jamie Wong
Binocular Vision, COVD and Richmond Products Binocular Vision and Vision Therapy Award

Dr. Esther Yeh
Alcon Case Study Award

The University of California, Berkeley School of Optometry’s Class of 2011 with President Dean Dennis Levi.

University of California, Berkeley School of Optometry Class of 2011

The following is a list of the 2011 graduating class from UCBSO. The information for the participating UCBSO graduates includes their name, email address, intended regional areas of practice, and additional languages spoken. Please contact the graduates directly if you have a position available or practice for sale.

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<td><a href="mailto:bsteph02@hotmail.com">bsteph02@hotmail.com</a></td>
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<td>Carag, Holly Jo</td>
<td><a href="mailto:hcarag@gmail.com">hcarag@gmail.com</a></td>
<td>20 mile radius of Fremont, CA</td>
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<td>Chan, Carol K.</td>
<td><a href="mailto:carol.chan23@gmail.com">carol.chan23@gmail.com</a></td>
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<tr>
<td>Coit, Allison</td>
<td><a href="mailto:allisoncoit@gmail.com">allisoncoit@gmail.com</a></td>
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<td>Dinh, Mai T.</td>
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<td>Fong, Christopher J.</td>
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<td>Gilford, Kacey Jane</td>
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<td>Griffith, Anna Mary</td>
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<td>Davis, Sacramento, Chico, Bay Area</td>
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<td>Guillery, Sheryl Lynn</td>
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<td><a href="mailto:joanneg2011@gmail.com">joanneg2011@gmail.com</a></td>
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<td>Hansen, Britta L.</td>
<td><a href="mailto:bhans1984@gmail.com">bhans1984@gmail.com</a></td>
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<tr>
<td>Harewood, Joy V.</td>
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<td>Hoang, Hue K.</td>
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<td>Hsiao, Sophia</td>
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<td>Huber, Cheyenne</td>
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<td>Northern California</td>
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<td>Hunt, Elizabeth</td>
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<td>Huynh, Anh-Thu</td>
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<td><a href="mailto:lilyh8@gmail.com">lilyh8@gmail.com</a></td>
<td>Bay Area, Los Angeles</td>
<td>Cantonese, Exam Focus Mandarin</td>
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<td>Le, Linh</td>
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<td>Leong, David R.</td>
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<td>Liou, David Kwok</td>
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<td>Mason, Melanie L.</td>
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<td>Mkrtchyan, Marianna</td>
<td><a href="mailto:mariucla2004@yahoo.com">mariucla2004@yahoo.com</a></td>
<td>Glendale, Pasadena, Burbank, CA</td>
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<td>Ngo, Christine N.</td>
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<td>Owyang, Ashley</td>
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<td>Park, Jennifer</td>
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<td>Phamle, Nhusuong T.</td>
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<td>Rocchi, Marina</td>
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<td>Ruegg, Claudia C.</td>
<td><a href="mailto:cruegg2011@gmail.com">cruegg2011@gmail.com</a></td>
<td>Santa Cruz County, Monterey County, Santa Clara County</td>
<td>German, French, Swiss-German</td>
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</tbody>
</table>
LUNCHEONS HELD FOR UCBSO & SCCO GRADUATES

On May 17th, the California Optometric Association (COA) in conjunction with Vision West, Inc. hosted a luncheon for the graduating optometry students at the University of California, Berkeley School of Optometry (UCBSO). Prior to the luncheon, COA Membership Committee member and Monterey Bay Optometric Society member Dr. Garret Milner had the opportunity to address the students to share his own personal experiences. Also on hand to address the students were Alameda Contra Costa Counties Optometric Society President Dr. Mika Moy, COA President Dr. Page Yarwood, and Santa Clara County Optometric Society’s Young OD Group Director Dr. Christine Choi. Representatives from Vision West and Marsh Affinity Group, which administers the COA-sponsored California Optometric Insurance Programs, were also there to speak to the students. Students were invited to the faculty lounge for lunch, where they were able to mingle with all the representatives and additional UCBSO faculty members.

COA hosted a similar luncheon for the Southern California College of Optometry (SCCO) graduating class on May 18th. COA Membership Committee Member Dr. Jason Flores was on hand to address the students, and Dr. Hilary Hawthorne was there representing AOA. At both events, students had the opportunity to complete COA Priority Membership applications and received copies of the award-winning New Optometrist Resource Guide.

<table>
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<tr>
<th>Name</th>
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<th>Areas of Practice</th>
<th>Additional Languages</th>
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<td>Sabbah, David</td>
<td><a href="mailto:davidsabbah@hotmail.com">davidsabbah@hotmail.com</a></td>
<td>California</td>
<td>French</td>
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<tr>
<td>Satjawatcharaphong, Pam</td>
<td><a href="mailto:pam.satjawat@gmail.com">pam.satjawat@gmail.com</a></td>
<td>Bay Area, California</td>
<td>Proficient in Thai and Spanish</td>
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<td>She, Alison K.</td>
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<td>Vancouver, Canada</td>
<td>Cantonese</td>
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<tr>
<td>Valdellon, Melissa Ann</td>
<td><a href="mailto:mavaldellon@gmail.com">mavaldellon@gmail.com</a></td>
<td>California or Washington</td>
<td>Spanish</td>
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<td>Votran, Lam</td>
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<td>Vietnamese</td>
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<td>Wong, Danielle Joy</td>
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<td>Wong, Jamie M.</td>
<td><a href="mailto:j.wong.od@gmail.com">j.wong.od@gmail.com</a></td>
<td>San Jose/South bay, CA</td>
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<td>Yeh, Esther T.</td>
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<td>Zahn, Julie Ann</td>
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CMA, CAEPS Lawsuit Challenging Glaucoma Regulations Ends
The California Medical Association (CMA) and the California Academy of Eye Physicians and Surgeons (CAEPS) had filed a lawsuit challenging the glaucoma regulations adopted by the State Board of Optometry earlier this year. Attorneys representing the Board filed a demurrer in response to the lawsuit, basically arguing that the complaint is legally deficient.

On May 2, Judge Peter Busch sustained the State Board of Optometry’s demurrer to the complaint without leave to amend. The action by the Court basically ends the proceedings in the trial court. CMA, et al., do have the right to appeal that decision, and have 60 days to do so.

The judge found, essentially, that CMA and CAEPS did not have legal standing to void the glaucoma regulation. The judge stated that the regulation did not affect CMA or CAEPS membership in that it was directed solely to optometrists.

Legislation Update
AB 778 (Atkins) — LensCrafters introduced the bill to legitimize its business model, which has been challenged in the courts. LensCrafters claims this legislation would only maintain the status quo but COA is concerned about complaints that were included in the lawsuit that LensCrafters has been asserting unlawful control over their affiliated doctors’ professional judgment. This legislation would specifically allow their business model to exist, and possibly open the door for additional corporations to come into California and assert undue influence over an optometrist’s clinical decision making.

SB 690 (Hernandez) — This bill is sponsored by COA and would prohibit provider discrimination in contracting beginning in 2014. This bill is needed to eliminate the harmful practice of health plan discrimination against whole classes of healthcare providers.

SB 100 (Price) — This bill has been amended to address COA’s concerns. COA opposed the bill’s provisions that would have increased costs on optometrists by mandating onerous advertising rules that would have required all health care providers to indicate the type of doctor they are in all communications, including personal e-mails and blog posts. COA thanks Senator Curren Price (D-Los Angeles) for accepting COA’s suggested amendments.

Support Dr. Jennifer Ong and Evan Low for Assembly in 2012
COA is excited to have two pro-optometry candidates running for California Assembly in 2012. In order to have the best chance of success, these candidates need to raise a substantial amount of money early on in the race. A large war chest is an indicator of community support, which helps candidates obtain endorsements and raise additional money. Please consider donating to both campaigns today.

Dr. Jennifer Ong is a long time COA member and former COA Board of Trustee member. She is running for AD 18,
which includes Hayward, San Leandro, Castro Valley, San Lorenzo, Pleasanton and Dublin. Dr. Ong is a leader in her community and has been involved in several local organizations including the California Democratic Party, Alameda County Commission on the Status of Women and the Alameda County Hepatitis B Free Campaign. In 2009, she was named one of the “100 Most Influential Filipina Women in the U.S.”

Visit Dr. Ong’s website here: http://drjenniferong.org/index.html. Online contributions to Dr. Ong can be made at https://secure.actblue.com/entity/fundraisers/26877.

Evan Low is the son of COA member Art Low, OD. He is running for AD 24, which includes western Santa Clara County. A long time community leader, Evan Low is currently a city councilmember and the former mayor of Campbell, CA. In 2010, the Silicon Valley Metro Newspaper named him as one of the “Top 25 People who will change Silicon Valley.”

Visit Mr. Low’s website here: http://www.evanlow.com. Online contributions to Evan Low can be made at https://secure.actblue.com/page/low.
SECRET OF CODING

Using 99201 and 99211 Codes

Care must always be taken in your documentation for coding. Medicare frowns both upon over coding and under coding. In their eyes, each situation is considered fraud.

Most ODs can see the case for over coding. But with under coding one might think, "What is wrong with that? Aren't I saving them money?" Medicare answers that question by reminding us that "under coding" is a technique that unscrupulous providers use to offer discounts. Medicare prohibits the practitioner from billing anything other than their usual and customary fees.

Medicare wants each of us to bill and code for the services that we render. Furthermore they want us to accurately document those services. Nothing more, and nothing less.

Even though the 99201 and 99211 are the most minimal of codes, they have been some of the most abused codes that California optometrist use. When Medicare initially audited California optometrists for these codes, they found that much of the time, the ODs didn't use the code correctly. The codes were either miss-applied or the visit was under coded, where the documentation didn't support the code.

Many ODs were applying these codes to describe their basic office visit and dumping all of their brief patient encounters into these codes. Therefore, for many years in California, Medicare considered these codes red flags for optometric use.

Over the past few years California optometry has gained additional therapeutic access. Along with that, the OD became better educated on the code's use as well as understanding coding logic. As a result, Medicare has recently dropped the red flag for 99201 and 99211.

CPT code 99211, for example, is defined in CPT (Current Procedural Terminology) as follows:

“99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.”

With this code, however, a staff member under the doctor’s supervision provides the E/M Service. Here are the guidelines that Medicare uses for 99211.

- The patient must be established
- The provider-patient encounter must be face-to-face
- An E/M service must be provided
- The service must be separate from other same day services
- The presence of a physician is not required
- No key exam components are required

So here is how it works.

A patient, let’s say, is returning to the office for a repeat of a visual field (or photos, HRT, etc.). This test is performed by a staff member with no interaction by the doctor during the appointment. At this point, the staff member must create a chart page describing some elements of a brief physical exam. This could include some case history questions, VAs, and perhaps a review of medications with the staff member signing the chart.

The 99211 would be billed with the modifier 25 to indicate that the elements of the visit were separate from the test itself.

If, however, the OD gets involved in any way during that patient encounter, code 99211 can’t be used and the visit has to be upgraded to at least a 99212 and billed without the 25 modifier. CPT 99211 reimbursement is about $24 depending on where in the state you practice.

99201, a Brief E/M Service for a new patient performed by a staff member, for optometry, is a difficult code to justify for patients outside of a primary care medical context where there is a minor, obvious type of medical issue.

As always, be careful and choose your codes wisely and support your choice with proper documentation.

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

The News & Views segment of California Optometry magazine is sponsored by Vision West, COA’s preferred buying group.
VU POINT 94

Hopefully we will have a State budget by the time this article is published. If not, below are a couple of questions for you to review in the meantime.

DEAR DR. VU: We have been reading a lot about the 1115 Waiver in the newspaper lately. Can you tell us a little about it and will it impact our office? Thank you.
—Nancy, San Diego, CA

DEAR NANCY: Section 1115(a) of the Social Security Act permits the federal government to waive certain Medicaid statutory requirements and allows states to receive federal matching funds for Medicaid services that would otherwise not be eligible for federal funding. Last year, California submitted a five-year, $10 billion “Bridge to Reform” Section 1115 waiver proposal to the Centers for Medicare and Medicaid Services (CMS), which was approved on November 2, 2010. Through the Section 1115 waiver, California aims to restructure some of its public programs in order to improve the quality of healthcare, control healthcare spending, and help prepare the state for healthcare reform in 2014. Changes under the waiver involve expanding coverage today for those who will become “newly eligible” in 2014 under health care reform, implementing models for more comprehensive and coordinated care for some of California’s most vulnerable residents, and testing various strategies to strengthen and transform the state’s public hospital health care delivery system to prepare for the additional numbers of people who will have access to health care once health care reform is fully implemented.

As a provider, you will see immediate impact of the Section 1115 waiver in June 2011 when the state begin the mandatory enrollment of Seniors and Persons with Disabilities (SPDs) into Medi-Cal managed care plans. It is estimated that 400,000 Medi-Cal beneficiaries (not enrolled in Medicare) who have an SPD aid code and approximately 75,000 children will be affected by this change.

Comment: To learn more about California’s “Bridge to Reform” Section 1115 waiver proposal, please refer to the following link on the Department of Health Care Services Web site: http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx.

DEAR DR. VU: We have a Medi-Cal only patient who just had cataract surgery. Can you tell me if eyeglasses will be covered for her after the surgery?
—Ramona, San Leandro, CA

DEAR RAMONA: With the elimination of optional benefits that took effect in June 2009, eyeglasses are no longer a Medi-Cal covered benefit for adults 21 years of age or older unless the patient resides in a skilled nursing facility. Therefore, even if the patient had recent cataract surgery, eyeglasses are no longer covered if the patient only has Medi-Cal. If the patient, however, has both Medi-Cal and Medicare, then you should bill Medicare for the first pair of eyeglasses following cataract surgery. Any portion not covered by Medicare will crossover to Medi-Cal for payment up to Medi-Cal’s maximum allowable.

Comment: For pseudophakic recipients, Medicare reimbursement is limited to one pair of conventional eyeglasses after cataract surgery with insertion of an intraocular lens implant. Medicare claims for eyeglasses should be billed to Noridian Administrative Services, the Durable Medical Equipment Medicare Administrative Contractor. Refer to the DME MAC Jurisdiction D Online Supplier Manual for Medicare policy regarding lenses and frames.

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, O.D.
Phone: (916) 552-9539
E-mail: cory.vu@dhcs.ca.gov or vision@dhcs.ca.gov

Logged on Yet? COA Needs You!

Contact Julie Andrade at jandrade@coavision.org to be linked up!
PRESCRIPTION FORM REQUIREMENTS

Prescription form requirements depend on what kind of prescriptions you are writing.

**Medi-Cal** — All written, non-electronic prescriptions for Medi-Cal outpatient prescriptions must be on a tamper-resistant prescription form in order to be reimbursable. Tamper-resistant prescription forms must have features that meet all three required fraud prevention characteristics. Below are some of the more commonly used industry-recognized tamper-resistant features that satisfy each of the three fraud prevention characteristics.

1. One or more industry recognized features designed to prevent the unauthorized copying of a completed or blank prescription.
   - Void pantograph — Void appears when copied.
   - Color background with opaque feature that disappears when repeated attempts are made to lighten on a copier.
   - Microprinting — very small printed message becomes black line when copied.
   - Anticopy Watermark.

2. One or more industry recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
   - Chemical stain or void protection when attempts are made to chemically alter.
   - Shaded sensitive areas or shaded background — when attempts to erase information, erases the shading also.

3. One or more industry recognized features designed to prevent the use of counterfeit prescription forms.
   - Thermochromic ink feature — changes color or disappears when rubbed briskly.
   - Secure UV Fiber Paper.
   - Hologram or image technology.
   - Security warning bands, border, or box — describes security features and how to authenticate.
   - Unique batch and lot numbers.

*Note:* These are just a few of the security features available. You may find vendors that offer similar or additional tamper-resistant technology that may also meet the requirements. For the best protection, always combine multiple features.

**Controlled Substances** — The California controlled substance security prescription form must be used for all written “controlled substance” prescriptions. This requirement includes those controlled substance prescriptions written for Medicaid and Medi-Cal outpatients. The California controlled substance security prescription forms, purchased from a Department of Justice-approved security prescription vendor, meet and exceed the Medi-Cal requirements. The California Board of Pharmacy encourages prescribers to use the California controlled substance security prescription form for all prescriptions to minimize fraud and ensure prescriptions are written on the proper form regardless of the drug or provider. An added benefit of using the California controlled substance prescription form is that prescribers carry only one prescription pad rather than three different pads. Visit [http://www.ag.ca.gov/bne/security_printer_list.php](http://www.ag.ca.gov/bne/security_printer_list.php) to view a list of Department of Justice-approved vendors to order.

**Non-Controlled, Not Medi-Cal** — No special form required.

The California Board of Pharmacy has created a matrix that describes the various requirements.
# Matrix of Prescription Types and Required Prescription Forms for Medicaid/Medi-Cal

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</tr>
<tr>
<td>Controlled and Non-Controlled Substances Provided in Nursing Facilities, Intermediate Care Facilities, and Other Specified Institutional and Clinical Settings (when written in medical record, ordered by medical staff directly, and patient never handles prescription form)</td>
<td>X</td>
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</tbody>
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**Note:** Prescription types that indicate no special form required but also indicate the use of both of the tamper-resistant form styles means that no special form is required; however, use of any tamper-resistant form style is also acceptable.
ANNUAL HEALTH & SAFETY FAIR

The Sacramento County Farm Bureau’s Annual Health and Safety Fair was held on April 13, 2011 in Walnut Grove, CA. Optometry services were organized for the fourth year in a row by Dr. Joann Helmus of Davis, CA, who was joined by her associate, Dr. Alex Baker. This year, there was a coordinated effort between the Delta Lions Club In Sight Van (www.lionsclubs.org), Prevent Blindness Northern California (www.eyeinfo.org), and the VSP Mobile Clinic (www.vsp.com) to provide vision screenings and comprehensive exams for the event’s 400+ attendees.

In addition to Optometry services, the event provides dental screenings, immunizations, medical education, safety presentations, and ID services for the area’s rural farm workers and their families. For more information about the event, or if you would like to participate in the future, please contact Dr. Joann Helmus at drhelmus@helmusoptometry.com.

SDCOS AWARDS SIX STUDENTS IN SCIENCE FAIR

On March 23rd, the San Diego County Optometric Society awarded six students in the Greater San Diego County Science and Engineering Fair for outstanding science projects related to eyes and vision. More than 1,000 students were entered in this 57th annual event held in Balboa Park.

Four SDCOS members were on hand to judge the projects: Dr. Byron Newman, Dr. Marcelline Cuiffreda, Dr. Karen Peschke, and Dr. Lisa Weiss. First place went to Mizuki Olivares, an 8th grader at Pershing Middle School, for her project entitled “Effectiveness of Various Contact Lens Cleaning Methods against Staph Aureus.” Visa gift cards were awarded to the first four winners, along with an award certificate.

All together, professional societies in San Diego awarded more than 380 prizes to 226 students. The students and their projects provided each of the judges with new hope for the future of optometry.
JUVENILE DIABETES RESEARCH FOUNDATION FUNDRAISER A SUCCESS

The California Optometric Association and Sacramento Valley Optometric Society each sponsored tables at the Juvenile Diabetes Research Foundation’s fundraising dinner on April 16th in Sacramento. The overwhelming show of support by Optometry for diabetes treatment and research was also visible through sponsorship by VSP as well. Optometrists from the COA and SVOS who attended the event gave additional support through direct donations and participation in fundraising auctions at the event.

CVF SPOTLIGHT GET INVOLVED IN 2011!

California Vision Foundation, COA’s charitable foundation, needs your help. If you would like to become involved in the California Vision Project and provide free eye exams to eligible low-income families, or contribute financially to the Foundation please contact Michelle Harvey, California Vision Foundation Administrator, at (916) 266-5022, via e-mail at mharvey@coavision.org or mail checks payable to the “California Vision Foundation,” 2415 K Street, Sacramento, CA 95816. To find out more, visit our web site at www.californiavision.org.

WELCOME! New COA Members

- Alameda Contra Costa Counties Optometric Society
  - Dennis S. Burger, OD, FAAO
  - Amy Moussa, OD

- Inland Empire Optometric Society
  - Annelynn M. Cajayon, OD
  - David S. Shin, OD

- Los Angeles County Optometric Society
  - Jason H. Nakagawa, OD
  - Phong Quoc Nguyen, OD
  - Kevin H. Tran, OD

- Orange Country Optometric Society
  - Justin Timothy Kwan, OD

- San Gabriel Valley Optometric Society
  - Taylor V. Lam, OD

- San Joaquin Optometric Society
  - Michael J. Molamphy, OD
  - Kyle D. Shively, OD

- San Mateo Optometric Society
  - Sui X. Situ, OD

- Santa Clara County Optometric Society
  - Stephanie Judkins, OD

- Tri-County Optometric Society
  - Mary M. Liao, OD
  - Mann D. Trinh, OD

I Want My COA-TV!

COA has compiled a number of television media hits by members in the “What’s New” section of EyeHelp.org. Or tune in and subscribe to COA’s YouTube channel, www.youtube.com/user/CAOptometricAssoc, to watch a compilation of COA’s public relations campaign videos from House of Delegates 2010, and more!
As part of COA’s previous “See to Read” vision awareness program, bookmarks were created in 2008 to increase parent consciousness regarding children’s vision problems and the potential related effects on school performance. The bookmarks also encourage parents to schedule routine comprehensive eye exams for their children.

The bookmarks were originally distributed to 181 public county and city libraries throughout California. COA members, teachers and school nurses are also able to request supplies of bookmarks to use in their practice or at a community event.

Bookmarks come in packages of 100 each and are complimentary to COA members. To request a supply, contact Dr. Elizabeth Brutvan at elbrutvan@coavision.org. There is a limited amount of See to Read bookmarks still available. Orders will be on a first come, first served basis.

Your participation in the distribution of these bookmarks will assist in increasing parent knowledge regarding the importance of having regularly scheduled eye exams for their children.

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

Please send submissions for “Public Awareness in Your Community” to Dr. Beth Brutvan via e-mail at elbrutvan@coavision.org or by fax at 916-448-1423.

PUBLIC AWARENESS IN YOUR COMMUNITY
LIMITED AMOUNT OF “SEE TO READ” BOOKMARKS STILL AVAILABLE

See to Read

A Vision Awareness Message from the California Optometric Association

Did you know:
• Healthy vision is crucial to children’s ability to learn and to their success in school
• One out of every six children is at least two grade levels behind in reading, which can be a major barrier to success in school. An estimated 80% of these children have eye and vision problems
• 80% of all learning during a child’s first 12 years is obtained through vision

Good vision is more than 20/20.
Optometrists check for overall eye health, eye disease, abnormal structure of development, lazy eye, crossed eyes, or focusing problems in your child’s vision at an early age

The California Optometric Association recommends routine comprehensive eye exams, beginning as early as 6 months

See to Read

The California Optometric Association would like to remind you of the importance of having your children’s eyes examined regularly.

© 2008 California Optometric Association

All Eyes on You
WHO REFERRED YOU TO COA MEMBERSHIP?

Here, two COA members reflect on the OD who referred them to COA membership, and how that referral has positively affected them ever since.

Dr. Anita OwYang, Inland Empire Optometric Society
Dr. Quynh (Queenie) Tran got me involved in the Inland Empire Optometric Society soon after I got my first full time job. I had been a passive member of the Orange County Optometric Society as a student and as a new optometrist (the first year out of school), but never really thought too much about the political side of optometry until I talked to Queenie.

Queenie organized regular vision screenings for the children at an orphanage in Mexico where we had volunteered before. She also organized many local vision screenings, and when I finally made time to volunteer, it was more than worth it. We have been friends for a few years now, and whether we are sitting together at an IEOS meeting, volunteering together, or just eating lunch or dinner, I am constantly inspired by her commitment and compassion. Queenie was working full time, serving as Membership Chair and Communications Chair for IEOS, and volunteering regularly when I joined IEOS two years ago. Now she has helped me transition into the role of Communications Chair while she continues to serve as Membership Chair (and so much more). We both feel that our profession is a gift, and we are grateful to have opportunities to give back.

Dr. Stevin Minie, San Fernando Valley Optometric Society
I wish I could say I was always enlightened, but that would be a stretch. There was a doctor who personally introduced me to the COA in my first year out of school. He is Dr. Michael Corben of the San Fernando Valley Optometric Society, practicing in Newhall. The exact year is foggy, but Game Boy was new, Paula Abdul was on top of the charts, and parachute pants were the rage on something called MTV. I received my first paycheck for examining patients! And, oh yeah, I got married.

Amidst all these distractions, Dr. Corben casually mentioned to me one day, “Hey, come with me to meet some people.” Still in that listening to the boss stage, I complied. The event was a meet and greet in a society member’s home, and a State Senator was attending, discovering what learned and sophisticated people optometrists are. And there was beer, so I joined. Little did I know then how important this organization would be to me, and that I’d someday serve as a Trustee. Thank you Michael!

Please understand how important it is for that personal touch to encourage membership. Invite that new doctor that you met to one of your meetings. Or, for that matter, invite the veteran that you know keeps hedging on membership. We are all people, and we respond best to a sincere invitation. Use the power of your personal recommendation!

Make Membership Count . . . And Have Your COA Dues Paid for 2012!

Member-to-member recruitment is the key to recruiting prospective members. Besides, who knows better about the benefits of COA than a member? More members mean more representation to achieve our goals in the California Legislature and in the health care arena, which means we all win! Be one of three members to recruit the most new members throughout 2011 and have your COA DUES PAID FOR 2012! With the generous support of Vision West, Inc., the top three recruiters for 2011 will have the COA portion of their membership dues for 2012 PAID IN FULL.

Here’s How It Works!
COA Members may refer new members without regard to their society affiliation. While you are undertaking recruitment efforts, make sure the applicant lists YOUR name as the referring member on the application. It’s that easy! The COA office will track all the referrals for the year and will notify the top three recruiters at the end of the contest period.

For complete details and eligibility requirements, visit the Member Recruitment page of the Member Resources section at www.coavision.org. Or contact Lisa Ah Po, marketing manager, at LisaA@coavision.org.

Recruit a member today and MAKE IT COUNT!

Our thanks to Vision West, Inc. for their support of COA’s Most Referrals Membership Incentive!
OPTOWEST 2011 IN REVIEW

From April 7-10, optometrists, paraoptometrics and optometric vendors attended the annual OptoWest conference in beautiful Indian Wells, California. In the span of four days, quality speakers provided 83 hours of OD education and 24 hours of paraoptometric education!

OptoWest 2011 offered several new education programs this year! New programs included:

- **A Hands-On Venipuncture Workshop.** This interactive course focused on universal precautions and venipuncture as it applies to the optometric practice. Participants received hands-on training in an intimate setting with procedures that may be used in the management of patients with conditions such as diabetes or ocular complications of systemic disease.

- **All About Low Vision Track.** Presented by the chair of COA's Low Vision Rehabilitation Section, Dr. Gary Asano, this three-course track equipped attendees with the added knowledge needed to expand their practice with low vision offerings.

- **Three-Hour EHR Course.** Sponsored by the American Optometric Association, this three-hour course addressed the needs of optometrists for the selection and implementation of electronic health records and PQRI.

- **Make Your Office Bloom! Track.** This special practice management track was an interactive experience for the entire office. The track offered three courses for ODs and their staff to help enhance their knowledge for a better running practice.

“I enjoyed the quality of the speakers and the fact that I can obtain eight hours of CE credits per day. This allows me to secure 25 hours in one trip per year.”

Between classes, conference attendees shopped the two-day Exhibit Hall, featuring 85 exhibitors, and won exciting prizes at the Exhibit Hall Raffle. On Friday evening, all attendees were invited to an outdoor, tropical themed Welcome Reception for dinner, networking and fun!

For more than a century, COA has been helping optometrists, who in turn help their patients. A big piece of this process is providing quality and timely CE for optometric professionals. COA is grateful for those who attended, and we hope we provided you the added knowledge you need to continue serving your patients to the fullest extent possible.

“”The speakers were very knowledgeable and gave useful information for my everyday practice.”
THANK YOU TO OUR OPTOWEST 2011 SPONSORS!

Gold Sponsor

Silver Sponsors

Bronze Sponsors

TROPIC TIME WELCOME RECEPTION

On Friday evening, all attendees were invited to the Tropic Time Welcome Reception. Delicious food, live music, and fabulous raffle prizes were provided. Thank you to Review of Optometry, Carl Zeiss Vision, and Essilor Laboratories of America for their generous raffle prize donations!
OPTOWEST 2011 EXHIBIT HALL RAFFLE SPONSORS

ABB CONCISE – Garmin GPS Navigator
Winner: Vincent Lee, OD

Augen Optics – $100 Visa Gift Card
Winner: James Henslick, OD

Costa Del Mar Sunglasses – Premium Polarized Prescription Sunglasses
Winner: Mandeep Turna, OD

EyeMed Vision Care – Aluratek LIBRE eBook Reader
Winner: Debi Nee

Hoya Vision Care – 16 GB iPod Nano
Winner: Thomas Casagrande, OD

Marchon Eyewear – Nike Golf Putter & Gift Set
Winner: Kent Frunk, OD

MaximEyes by First Insight – One Year Subscription to Optometry.net
Winner: Daniel Sanchez

Primary Eyecare Network – Amazon Kindle eBook Reader
Winner: Tamami Kimura, OD

Vision One Credit Union – 8 GB iPod Nano
Winner: Charla Thrash

Vision West, Inc. – Nook Color eBook Reader
Winner: Rory Cook, OD

VSP Vision Care – Women’s bebe Sunglasses
Winner: Andy Balfour, OD

Walman Optical – Callaway Sunwear with NEOX Lens
THANK YOU OPTOWEST 2011 EXHIBITORS!

7eye + Ziena
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Allergan
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American Optometric Association PAC
Army Health Care Recruiting Office
Augen Optics
Bausch + Lomb
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Cal Coast Ophthalmic Instruments, Inc.
California Optometric Association (COA)
California Paraoptometric Section (CPS)
California Vision Foundation (CVF)
Carl Zeiss Meditec
Carl Zeiss Vision
CIBA Vision
Clearlab US, Inc.
Costa Del Mar Sunglasses, Inc.
Demandforce
Doctorsoft Corporation
Ellex, Inc.
Essilor Instruments
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EyeMed Vision Care
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Fatheadz Eyewear
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Icare USA
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ION Optical
Konan Medical USA Inc.
Kowa Optimed Inc.
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Signet Armorlite Inc.
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University of California Berkeley School of Optometry
Veatch Ophthalmic Instruments
Vision One Credit Union
Vision West, Inc.
Vistakon, Inc.
VSP Vision Care
Walman Optical Company
Websystem2
Wells Fargo Practice Finance
Western University
CONGRATULATIONS TO THE BOOTH DECORATING CONTEST WINNERS!

All OptoWest 2011 exhibitors had the opportunity to compete in the third annual Booth Decorating Contest. Congratulations to the following winners!

First place: Hoya Vision Care
Second place: Costa Del Mar Sunglasses
Third place: Carl Zeiss Vision

THANK YOU!

Thank you to all attendees, exhibitors and speakers for making OptoWest 2011 such a success!

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

EDUCATION AND PROFESSIONAL PRACTICE COMMITTEE
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Sandra Bozich, OD
Steve Ferrucci, OD, FAAO
David Geffen, OD, FAAO
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Harue Marsden, OD, MS, FAAO
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Cathy Ives
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SAVE THE DATE FOR OPTOWEST 2012!

OptoWest 2012 will be held April 12-14. The conference remains in Indian Wells, but is moving to the brand new beautiful location of the Renaissance Esmeralda Resort & Spa!
Available Now!

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This lens is not recommended for PKP.
PARAS — EXPAND YOUR KNOWLEDGE AND IMPROVE YOUR SKILLS

Continuing education is important in all professions. Optometry is no different. Paraoptometric staff plays a huge role in the success of a practice. By attending courses at conferences such as OptoWest and Monterey Symposium you are gaining the necessary knowledge to help grow as an individual and as a member of a successful workplace.

Every year OptoWest is filled with courses providing knowledge, tools and fun while learning new ways to work as a team. This year’s past event in April featured courses such as “Go Fish—Catch The Energy,” lead by Rene Soltis, FNAO, ABOC providing a fun and exciting approach to teambuilding. This course gave new ideas to making the workplace more enjoyable while remaining productive. Also lead by Rene Soltis, “The Thinkery” provided tools for growing the practice by coming up with new ideas and a plan to implement them. The course was designed for staff and doctors to work together to successfully obtain practice goals.

Courses lead by Harue Marsden, OD, MS, FAAO, such as “Telephone Triage and Ocular Emergencies” and “The Effect of Systemic Medication on the Eye” were both interesting and informative. She provided detailed handouts that included useful information when answering patient questions. These courses help staff become more confident when assisting patients both on the phone and in person.

Both OptoWest and Monterey Symposium are great opportunities to continue education, learn new ideas and meet others that work in the field of paraoptometry. Kimberly Pantel, CPS Board Chair, has the ability to provide input from California Paraoptometric Section members in order to specially design paraoptometric education programs for both of COA’s annual education events. She is a great resource for the CPS Board due to her years of training and experience in the field. Many of the courses offered provide credit for American Optometric Association Paraoptometric, American Board of Opticianry (ABO) and National Contact Lens Examiners (NCLE) certification renewal.

If you are looking to expand your knowledge and improve your skills then I would encourage you to attend one of these annual education events. In addition to providing quality education for optometrists and optometric staff both events host an extensive two-day exhibit hall providing the latest products and services within the ophthalmic industry. Monterey Symposium is just around the corner, November 11-13, 2011. Visit www.montereysymposium.com for full details!
TIPS FROM CALIFORNIA OPTOMETRIC FINANCIAL ADVISORS

Get to Know Your Beneficiaries:
If you are among the majority of Americans who don’t have a will, it might interest you to know that you can arrange to convey some of your most valuable assets to your heirs without a will or a probate court.

Of course, you still have to fill out the right forms, but the process is nowhere near as complicated as writing a will. In fact, your retirement assets, life insurance, and some other account types should convey to whomever you named as a beneficiary, regardless of what it says in your will or whether you even have a will.

However, be advised that failing to designate your beneficiaries correctly can create problems for your heirs that will make probate seem like a Caribbean cruise.

Don’t Default to Default Beneficiaries
Generally, when you set up a retirement account or purchase a life insurance policy, you are given an opportunity to name primary and secondary beneficiaries. Although it would be unlikely for someone to buy life insurance without designating a beneficiary, it’s not uncommon for people to leave their retirement account beneficiary forms blank.

Most people assume that their IRAs and employer-sponsored retirement plans will go to their spouses. It’s true that these types of accounts have provisions for default beneficiaries, but who exactly qualifies as a default beneficiary can vary based on the account type and custodian — and there’s no guarantee that it will be your spouse.

It can be dangerous to assume that the default beneficiary is the person whom you want to inherit your assets. If it isn’t, the person who was expecting to inherit your retirement assets may have to mount a legal challenge to attempt to change the outcome. If the default beneficiary turns out to be your estate, your intended heirs could lose valuable tax benefits.

Although it’s still important to have a current will in place, a will won’t settle all estate conservation matters. It’s a good idea to review your beneficiary designations on a regular basis to help ensure there is no debate over who will inherit your retirement assets and receive your life insurance benefits.
HEALTHCARE REFORM NO SOLUTION TO RISING MEDICAL PREMIUMS

While the future of healthcare reform continues to be sorted out by Congress and the courts, members will have to make important decisions about health insurance for themselves and their employees, especially when it comes to managing premium costs. No matter which path health care reform follows, it seems likely that annual increases in health insurance premiums will be part of everyone's immediate future.

So what can you do until then?

• If you are not enrolled in a qualified High Deductible Health Plan which enables you to open a Health Savings Account, consider the significant savings this option provides. With individual only coverage you are eligible to contribute up to $3,050 to your account, or $6,150 with family coverage, on a tax deductible* basis.

Members between the ages of 55 and 64 are eligible to add an additional $1,000 per year ($4,050 and $7,150 totals respectively) to their accounts. Many members utilize the savings from premiums to fund their accounts. Funds may be accessed immediately, and without penalty, for health-related expenses.

• Investigate RAF Sales — Health plans offer incentives through discounts off their risk adjustment factors (RAF’s) for you to change health plans. Instead of your medical rates increasing this year, we might be able to help you offset some of that increase.

• Mercer Select HRKnowHow — If you play a role in your medical group’s healthcare and benefit plan decisions, stay current on the challenging issues. Access is included at no charge for all members who purchase group (2-50 members and employees) health insurance through Marsh. It includes:

  • News and analysis of important group benefit issues and the latest information on healthcare reform

  • Compliance Link — tool to assist with healthcare and group benefit plan administration and samples of notices and forms

We serve members who want assistance in evaluating the medical insurance choices before them. We can assist you with the information you need to make the critical choices on the road ahead. Call Marsh at 800-775-2020 for more information or a quote.

* Marsh and the Association do not provide tax, investment or legal advice. Please consult with your professional advisors for guidance on these issues.

MARSH

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CUSTOMER SERVICE TIPS: DID YOU KNOW THAT VENDOR INVOICES ARE AVAILABLE ON-LINE?

By The Vision West Customer Service Team

We at Vision West recognize that your time is valuable. Therefore, we are constantly looking for ways to streamline things that can help save you time. One area that members ask us for help with is obtaining invoice copies from our vendors each month. With this in mind, we have asked all of our vendors to send us an electronic invoice detail file each month. The goal is to be able to give our members access to their invoices when viewing their monthly Vision West statement at www.vweye.com.

At this time, we now receive monthly invoice files from over 25 of our largest vendors. In addition, we will continue to add new vendors to this list each month. We greatly appreciate the vendors that send these monthly files that allow our members to view their on-line statements with many of their vendor invoices in one convenient location.

These invoices provide the details to your orders and you can use them to reconcile your Vision West statement. In addition to the invoices, we also receive credit memos from these same vendors, thus allowing you to view the details of your returns. By providing these invoices on-line 24-7, we realize this can save significant time for your office. No longer do you need to call or fax the vendor or us. Less time on the phone gives you more time to focus on your patients.

Obtaining your invoices from our website is easy and painless. There are two ways to view and/or print invoices from our website. The most common way is when you view your statement in the HTML format. We identify vendors that provide on-line invoices with ‘Click Invoice Number Below for Copy’ next to their name on the HTML statement. By simply clicking on the invoice number, the invoice copy will be displayed and you can view or even print for your records. You can also view the on-line invoices in the Transaction History section, which is located directly below the View Statement area. In this area, you can run invoices based on time-period, product category or by individual vendor.

We have also improved the process for obtaining invoices from the vendors that currently do not supply us with on-line copies. When you click on an invoice from a vendor that does not supply us with the on-line copy, the site routes you to a page that lists all invoices that are not available on our website. Click the box next to the corresponding invoices you would like and simply hit submit. From there we will follow up with the vendor and get you the copies you need within 48 hours.

We hope this feature will truly save your office time and if you have any recommendations to make this process even better, please do not hesitate to contact one of our Customer Service Specialists at (800) 640-9485.
AN OVERVIEW OF NORMAL TENSION GLAUCOMA

Introduction

Normal tension glaucoma (NTG) represents a subgroup of open-angle glaucoma with measured untreated intraocular pressures (IOP) that are statistically within normal limits. The maximum IOP acceptable for NTG categorization is generally considered to be ≤ 21mmHg; although, the upper limit of IOP is essentially an arbitrary division and it is unclear whether this division has any significant clinical value. Similar to primary open angle glaucoma (POAG) patients, NTG patients have open, normal anterior chamber angles, glaucomatous optic neuropathy with corresponding visual field defects, and no secondary causes for the neuropathy. NTG most likely represents a continuum of open-angle glaucoma in which the mechanism of glaucomatous optic neuropathy shifts from predominantly IOP dependent factors in POAG to pressure independent factors in NTG. The prevalence of NTG in individuals over the age of 40 years is 0.2% which is much lower than the 1.3% to 2.4% prevalence of POAG. Population-based studies demonstrate that NTG accounts for 20% to 39% of patients with open-angle glaucoma in the United States and Europe.

Risk Factors

Classic risk factors for POAG includes: age, African American race, family history, elevated IOP, and thin central corneal thickness. When compared to POAG, NTG patients may have different risk factors. NTG patients tend to be significantly older than those with POAG and NTG is uncommon in patients younger than 50 years old. Females are at greater risk than males by a 2:1 ratio. There may be a genetic component to NTG; a specific locus (GLCIE) for NTG has been assigned to 10p14-p15 (optineurin gene). NTG occurs more frequently in the Japanese population with the prevalence of NTG in patients older than 40 years being approximately 4 times greater than the prevalence of POAG. POAG is greater in families of patients with NTG compared to the normal population. Other possible risk factors that have been reported in the literature, but that are still under debate are: myopia, systemic autoimmune disease (monoclonal paraproteinemias), migraines, Raynaud’s phenomenon, and sleep apnea. Larger population studies and greater understanding of the pathophysiology of NTG will be needed before all the risk factors can be truly identified and confirmed.

Pathophysiology

The pathophysiology of NTG remains unclear. Despite large bodies of literature, results tend to be conflicting, which may suggest there are varying mechanisms among patients within this population. Classically, pathogenesis of glaucomatous optic neuropathy is divided into two categories: the mechanical or pressure theory and the vascular theory.

Evidence of the mechanical or pressure theory is well-documented and states abnormally elevated IOP causes mechanical deformation of the cribriform plates of the lamina cribrosa. That in turn causes compression of the optic nerve fiber bundle and glaucomatous changes of the optic nerve head. Human and animal studies in the past have suggested that a primary weakness of the lamina cribrosa can occur where even statistically “normal” IOP could deform it and causes secondary mechanical damage to the ganglion cell axons on the optic nerve. However, over the past decade, there is increasing evidence that mechanical damage secondary to IOP alone does not fully explain the pathogenesis of NTG.
The vascular theory supposes that abnormal ocular blood flow, intermittent or persistent, can lead to decreased perfusion of the optic nerve head, which results in ischemia and decreased nutrition that can possibly lead to optic nerve atrophy. Unfortunately, reported studies on ocular blood flow have been conflicting; this likely reflects the lack of a noninvasive tool to reliably measure blood flow to the optic nerve head. In addition, the blood supply to the optic nerve remains complex with marked inter-individual variations. Many variables can influence blood flow to the optic nerve head including, but not limited to: local autoregulation and vasospasm, IOP, blood viscosity, intraluminal pressure, and venous outflow. It has been postulated that nocturnal systemic hypotension (even seen in those taking oral antihypertensive agents at bedtime) can reduce the flow of blood to the optic nerve below a critical point overnight. Supporting the vascular theory, Tokunaga et al. found that NTG patients with a dip of more than 20% in nocturnal blood pressure had a higher incidence of visual field progression compared to those with a physiologic dip of 10-20%. On the other hand, a study performed by Kurita et al. found no correlation in the measured ocular perfusion pressure and the extent or pattern of visual field damage in NTG. Due to the conflicting study results, the vascular role in NTG remains unclear, but will likely remain part of the future research in the pathogenesis of NTG.

Role of IOP

Currently, IOP is the only NTG parameter that is proven to reduce progression of glaucomatous optic neuropathy. For some time, it was unclear if IOP played a role in the pathophysiology of NTG and whether IOP reduction would benefit patients with NTG. The Collaborative Normal-Tension Glaucoma Study (CNTGS) indicated that IOP played at least a role in the development of NTG; the study showed that a 30% or greater IOP reduction can retard progression of visual field loss. However, results from CNTGS also showed that the disease continues to progress in 20% of eyes even when IOP has been reduced 30% or more from baseline. This may indicate that non-IOP dependent factors likely play a role in the pathophysiology as well. In addition, the rate of progression without treatment is highly variable, often slow enough that half of the untreated patients have no progression in 5 years. A faster rate of progression occurred in women, patients with migraine headaches, and presence of disc hemorrhages.

Clinical Pearl: abandon the “stable” or “worse” mentality in glaucoma management. Think in terms of progression rates: fast progression versus slow progression. Patients who exhibit fast progression should be referred to a glaucoma specialist.

Some patients seemed to benefit from IOP treatment more than others; further research is needed to be able to identify those that will be more likely to benefit from IOP lowering treatment. Small retrospective studies have previously found a positive correlation between the level of IOP and the degree of visual field loss in patients with NTG, confirming the role of IOP in NTG pathophysiology. However, most recently, the Low-Pressure Glaucoma Treatment Study has demonstrated that IOP asymmetry is unrelated to visual field asymmetry. This conflicting result again brings up the question of how much of a role IOP actually plays in glaucomatous damage in eyes with NTG. But since most IOP measurements are taken during office hours, the full significance of IOP may be missed without a 24-hr IOP measurement. Kiuchi et al. found that IOP is higher in the supine than sitting position and visual fields (mean deviation) correlated with the former but not the latter IOP readings. This raises the question and concern of what may be happening to NTG patients at night. Further investigation is needed to clarify the pathogenic relationship between IOP and glaucomatous damage in eyes with NTG.

Clinical Features:
The optic nerve of all patients is examined during a routine exam. When evaluating for glaucoma, there are five rules, the “5 Rs”, for assessment of the optic disc.

1. Observe the scleral Ring to identify the limits of the optic disc and its size.
2. Identify the size of the Rim.
3. Examine the Retinal nerve fiber layer.
4. Examine the Region of peripapillary atrophy.
5. Look for Retinal and optic disc hemorrhages.

It is important to estimate the size of the optic nerve head (ONH) as it affects the apparent amount of neuroretinal rim. The physiological cup-to-disc (c/d) ratio is normally less than 0.60 but it is relative to the size of the disc so that smaller cupping is expected in a small-sized disc while larger cupping is expected in a larger disc. A quick way to estimate the size of the ONH is to visually map and estimate how many disc diopters (DD) the horizontal distance is between the center of the ONH and the center of the macula. On average, the horizontal distance between the center of the macula and center of the optic nerve head should be approximately 2.5DD, so if it takes more than 2.5DD, the ONH is likely to be smaller than average size. On the other hand, if it takes less than 2.5DD to get to the center of the macula, that ONH is likely to be larger than average size. The best way to perform this quick estimation is to look at the posterior pole.
TABLE 1: Correlation factor for various hand-held lenses

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<thead>
<tr>
<th>Lens Power</th>
<th>Correlation Factor</th>
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<tbody>
<tr>
<td>+60D Volk, Nikon</td>
<td>0.94-1.03</td>
</tr>
<tr>
<td>+78D Volk</td>
<td>1.13</td>
</tr>
<tr>
<td>+90D Volk or Nikon</td>
<td>1.36-1.59</td>
</tr>
<tr>
<td>Superfield NC Volk</td>
<td>1.50</td>
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A more precise way to estimate the ONH size is to measure the vertical or horizontal height of the ONH by adjusting the slit lamp beam height to coincide with the edges of the ONH while performing biomicroscopy with a hand-held lens such as a 90-diopter. The height of the slit beam can be read off on the scale and usually a correlation factor is needed for the various lenses (table 1). Estimated ONH vertical or horizontal height in (mm) can be obtained by multiplying the measured length of slit lamp beam with the correlation factor. The average vertical disc diameter is 1.8mm and the average horizontal disc diameter is 1.7mm. Discs have been shown to be smaller on average in Caucasians and progressively larger in Hispanics, Asians and African Americans. ONH size is also larger in myopes beyond -9D and smaller in hyperopes greater than +4D. A c/d asymmetry of 0.2 or greater has been held to be suggestive of glaucoma but keep in mind that asymmetry of the ONH size and shape can give the appearance of c/d ratio asymmetry so it’s important to estimate and compare the ONH size between the two eyes when looking at asymmetric c/d ratios. Furthermore, asymmetry of c/d ratios should be...
correlated to asymmetry in other parts of clinical examination findings such as IOP, severity of visual field defect, and quantitative measurements of the optic nerve or RNFL. (figure 1A-D)

Common characteristic manifestations of glaucomatous optic nerve changes:
- Documented thinning of the neurosensory rim over time
- Acquired pit or notching of the neuroretinal rim
- Drance hemorrhage
- c/d asymmetry >0.2 in the absence of a cause (i.e. ONH size asymmetry, differing sizes of the scleral ring, etc.)
- Thinner rim superiorly or inferior than temporally (“ISNT” rule not obeyed)
- Enlarged c/d ratio ≥ 0.6 in an average or smaller than average ONH (risk factor but not pathognomonic)

Clinical pearl: optic disc changes over time are best identified by comparison of serial optic disc photographs or quantitative measurements of optic nerve or RNFL.

Common glaucomatous visual field abnormalities:
- Nasal step (respect horizontal midline)
- Arcuate scotoma: defects extend from the blind spot nasally and generally fall in the arcuate zone of 10°-30°
- Generalized depression
- Paracentral scotoma (may occur relatively early in NTG)
- Temporal wedge
- Late finding-only a temporal island of vision remaining

Clinical Pearl: when reviewing visual field results, a 3-4db MD HVF loss is an appreciable decrease in a patient’s ADLs (activities of daily living).

Compared to POAG patients, NTG patients are more likely to have hemorrhages of the optic nerve (Drance hemorrhage), peripapillary atrophy, and acquired optic nerve pits. Visual fields defects are more localized, steeper, and closer to fixation compared to POAG field defects. (figure 1D)

A Drance hemorrhage is typically splinter-shaped but may be blot-shaped when located deeply. It usually occurs on the ONH rim but may be located on the retina up to 1DD away from the optic nerve head. (figure 2) The hemorrhages are most commonly located on the superior-temporal or inferior-
temporal margins of the nerve head; this location corresponds to the typical initial location of glaucomatous optic neuropathy (cupping/notching). If the nerve already demonstrates glaucomatous notching, a new Drance hemorrhage typically occurs at a site adjacent to the notching and corresponding nerve fiber layer (NFL) defect. The incidence of notching may increase as the vertical cup-to-disc ratio increases. Because disc hemorrhages tend to develop adjacent to the site of focal notching or a NFL defect, some investigators postulate that deformation of the cribiform plates of the lamina cribrosa may precede the disc hemorrhage and, thus, support the mechanical theory. However, this theory doesn’t explain the predisposition for disc hemorrhages in NTG or the mechanism(s) of recurrence at the same site.

Clinical pearl: OHTS reported up to 75% of Drance hemorrhages were identified by photo review (not by examiner during exam). A large proportion of individuals with Drance hemorrhage will present with progressive changes in the optic nerve fiber layer or optic disc within 2 years of the hemorrhage so these individuals should be monitored closely.

Peripapillary atrophy (PPA) has been associated with glaucoma and may be related to vascular damage in the peripapillary choroid; the short posterior ciliary arteries supply both the anterior optic nerve and the peripapillary choroid. PPA is divided into alpha zone and beta zone types. Alpha zone PPA corresponds to the outer pigment spotted region and is an area of retinal and choroidal thinning. Beta zone PPA corresponds to the inner whitish area and is an area of severely atrophic choroid and choriocapillaris. Progression of Beta zone PPA may indicate progression of nerve loss; Alpha zone PPA, however, is not correlated with glaucomatous progression. The presence of PPA can sometimes make the estimation of the c/d ratio difficult and may confound the results of ONH imaging such as GDx. The amount of PPA is best documented by photodocumentation and then monitored for progression or enlargement of the amount of PPA.

Differential Diagnosis:
- Primary open angle glaucoma: presenting with normal IOP because of incomplete diurnal curve measurements. This can be excluded with frequent IOP measurements at different times to detect a pressure spike of >21mmHg
- Previous episodes of elevated IOP: intermittent angle-closure glaucoma, past steroid-induced glaucoma, burnt-out pigmentary glaucoma
- Non-glaucomatous ischemic optic nerve disease: cardiogenic shock, carotid occlusive disease, arteritic or nonarteritic ischemic optic neuropathy
- Inactive uveitic glaucomas: Fuch’s heterochromic iridocyclitis, herpetic or viral trabeculitis, Posner-Schlossman glaucomatocyclitic crisis
- Large physiological disc with large C/D ratio

FIGURES 2A THRU 2B:
A. Retinal Drance hemorrhage. It is flame-shaped and is located less than 1DD away from the ONH.
B. Blot-shaped Drance hemorrhage on the ONH rim at 5:30.
Use of these neuroprotective agents for NTG treatment is not recommended until treatment benefit is shown in human studies.

- Congenital disc anomalies simulating glaucomatous cupping: disc pits, tilted discs, morning glory syndrome, colobomas
- Other causes of optic neuropathy resembling glaucoma: optic nerve inflammatory disease, chiasmal lesions, optic nerve compressive lesions, traumatic optic neuropathy

Clinical pearl: if optic nerve pallor is out of proportion to the amount of cupping, consider ordering MRI or CT imaging of the brain and orbits. Glaucoma is a diagnosis of exclusion.

Treatment
In general, the five rules, the "5 Rs", of progression:
1. Record baseline structure and function.
2. Risk evaluation.
3. Repeat fields and imaging/photos.
4. Rate of progression.
5. Reassess and revise management plan and reestablish baseline.

Currently, lowering IOP is the only proven treatment for NTG. Treatment is recommended for patients that show definite signs of glaucomatous optic nerve damage, presence of new Drance hemorrhage, visual field defect threatening fixation, and progressive visual field defect (progression may take several fields to confirm). There are several models that discuss how to determine a target IOP for POAG; CNTGS results support a 30% IOP reduction from mean baseline IOP for NTG patients. Regardless of how the initial target IOP is set, the target needs to be clearly documented in the chart and needs to be revised to a lower level if the patient experiences further progression.

Clinical Pearl: obtain three baseline IOP readings at different times of the day before starting IOP lowering treatment.

All of the major classes of glaucoma medications have been used to treat NTG although the use of nonselective beta blockers for NTG treatment has been debatable due to the potential concern of reducing ocular perfusion to the optic nerve head. There are some currently available IOP lowering medications that may provide IOP-independent neuroprotection that might be preferable in the management of NTG due to their possible dual action. A randomized trial to compare brimonidine tartrate 0.2% to the beta-adrenergic antagonist timolol maleate 0.5% in preserving visual function in NTG patients has been performed by the Low-pressure Glaucoma Treatment Study. Results from the study indicates that NTG patients treated with brimonidine 0.2% who do not develop ocular allergy are less likely to have field progression than patients treated with timolol 0.5%. Interestingly, IOP reduction was similar between the brimonidine and timolol treated group but brimonidine treated patients showed lower rate of visual field progression. Brimonidine, an alpha2-adrenergic agonist, has been shown to have neuroprotective mechanism in animal experimental studies; however, alpha2-adrenergic agonists have failed to show treatment benefit clinically with nonglaucomatous disease such as nonarteritic anterior ischemic optic neuropathy and Leber hereditary optic neuropathy. Brimonidine affects the calcium cascade and may have neuroprotective properties by acting during a window of time between the dysfunction and death of the retinal ganglion cells. It is unclear what the clinical impact will be from the Low-pressure Glaucoma Treatment Study results.

Other neuroprotective agents that are designed to help improve optic nerve blood flow and function that are currently being investigated include: calcium channel blockers (e.g. diltiazem, verapamil and nifedipine), serotonin antagonists, betaxolol, dorzolamide, and memantine. Nitric oxide synthase inhibitors, free-radical scavengers, antioxidants and nerve growth factors are also being investigated. Calcium channel blockers are thought to improve the blood supply to the optic nerve, although some calcium channel blockers, like verapamil, are known to decrease IOP. Thus calcium channel blockers may lower IOP and increase capillary blood flow (and increase intracranial vessel flow) and retard VF progression significantly. Use of these neuroprotective agents for NTG treatment is not recommended until treatment benefit is shown in human studies. It is possible that future management of NTG patients will include a combination of both IOP-lowering and IOP-independent neuroprotective and neuroregenerative agents.

For a list of references, please contact the authors at ssoong22@gmail.com or dawn.pewitt@va.gov.
CE Questions

1. Which of the following topical medications may have a neuroprotective property?
   a. Travoprost
   b. Pilocarpine
   c. Brimonidine
   d. Dorzolamide
   e. Timolol

2. Normal tension glaucoma patients have a higher incidence of visual field progression when nocturnal blood pressure:
   a. Increases > 20%.
   b. Increases by 10%.
   c. Decreases by 10%.
   d. Decreases >20%.

3. Intraocular pressure is higher when measured when the patient is in which body position?
   a. Sitting position
   b. Supine position

4. The anterior portion of the optic nerve and the peripapillary choroid are directly vascularized by which of the following arteries?
   a. The short posterior ciliary arteries
   b. The long posterior ciliary arteries
   c. The central retinal artery
   d. The supraorbital artery
   e. The ciliary artery

5. Which of the following drug classes may improve blood supply to the optic nerve and thus retard visual field loss?
   a. Statins
   b. Selective serotonin reuptake inhibitors
   c. Calcium channel blockers
   d. Angiotension converting enzyme inhibitors

6. Based on the Collaborative Normal-Tension Glaucoma Study (CNTGS), the initial target IOP for NTG patients should be lowered by what percentage (%) from baseline?
   a. 10%
   b. 20%
   c. 30%
   d. 40%

7. Which of the following has the largest average optic nerve head diameter?
   a. African American
   b. Asians
   c. Caucasian
   d. Hispanics

8. Glaucomatous changes progress quicker in NTG patients with which of the following 3 characteristics? (choose 3)
   a. Female
   b. Male
   c. Migraine headaches
   d. Larger than average optic nerve head diameter
   e. Thicker than average central corneal thickness
   f. Presence/history of a Drance hemorrhage
   g. Hyperlipidemia

9. Risk factors for normal tension glaucoma includes all except:
   a. Family history of glaucoma
   b. Japanese descent
   c. Female
   d. Less than 50 years old

10. The Low-Pressure Glaucoma Treatment Study result supported the role of IOP in normal tension glaucoma by demonstrating IOP asymmetry corresponded to visual field defect asymmetry.
    a. True
    b. False

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www.coavision.org

**November 11-13, 2011**  
*Monterey Symposium 2011*  
Monterey Conference Center & Monterey Marriott Hotel, Monterey, CA  
www.MontereySymposium.com

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### JUNE

#### 3
- **SEDCOS Pathology Symposium**  
  Western Medical Center, Santa Ana, CA  
  Contact: Dr. Matthew Wang, 949-733-3390, events@ocos.org

#### 19
- **ACCCOS CE Meeting**  
  Claremont Resort, Claremont, CA  
  Contact: Dr. Brian Wolff, 650-281-2020, bewolff16@gmail.com

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### JULY

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<tr>
<td>9-10</td>
<td><strong>SCCO Ocular Disease Part II</strong> (CE Hours: 17)</td>
<td>SCCO, Fullerton, CA</td>
<td>Dept. of CE, 714-449-7442, <a href="mailto:satkinson@scco.edu">satkinson@scco.edu</a></td>
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<tr>
<td>24</td>
<td><strong>RHOS 24th Annual Summer Spectacular</strong> (CE Hours: 6)</td>
<td>Knott’s Berry Farm Resort Hotel, Buena Park, CA</td>
<td>Dr. Krysta Landas, <a href="mailto:klandas@gmail.com">klandas@gmail.com</a></td>
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<tr>
<td>29-31</td>
<td><strong>SVOS Tahoe Seminar</strong> (CE Hours: 12+)</td>
<td>Hyatt Regency Hotel, Incline Village, NV</td>
<td>Jerry Sue Hooper, 916-446-2331, <a href="mailto:jerrysue@svos.info">jerrysue@svos.info</a></td>
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<tr>
<td>31</td>
<td><strong>LACOS 5-Hour CE Meeting</strong> (CE Hours: 5)</td>
<td>Olympic Collection, Los Angeles, CA</td>
<td>Dr. Donna Weiss, 818-261-6725, <a href="mailto:eyedoc@earthlink.net">eyedoc@earthlink.net</a></td>
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### AUGUST

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<tr>
<td>14</td>
<td><strong>OCOS Pathology Symposium</strong></td>
<td>Western Medical Center, Santa Ana, CA</td>
<td>Dr. Matthew Wang, 949-733-3390, <a href="mailto:events@ocos.org">events@ocos.org</a></td>
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<tr>
<td>18</td>
<td><strong>SDCOS CE Meeting</strong> (CE Hours: 2)</td>
<td>Handlery Hotel, San Diego, CA</td>
<td>Nancy-Jo Sinkiewicz, 619-663-8439, <a href="mailto:nancy-jo@sdcos.org">nancy-jo@sdcos.org</a></td>
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<td>20-21</td>
<td><strong>SCCO Glaucoma Phase II</strong> (CE Hours: 16)</td>
<td>SCCO, Fullerton, CA</td>
<td>Dept. of CE, 714-449-7442, <a href="mailto:satkinson@scco.edu">satkinson@scco.edu</a></td>
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<td>26</td>
<td><strong>SCCO Management &amp; Business Academy</strong> (CE Hours: 8)</td>
<td>SCCO, Fullerton, CA</td>
<td>Dept. of CE, 714-449-7442, <a href="mailto:satkinson@scco.edu">satkinson@scco.edu</a></td>
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### SEPTEMBER

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<tr>
<td>11</td>
<td><strong>SCCO Ocular Disease w/ VA Faculty</strong> (CE Hours: 7)</td>
<td>SCCO, Fullerton, CA</td>
<td>Dr. Matthew Wang, 949-733-3390, <a href="mailto:events@ocos.org">events@ocos.org</a></td>
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<tr>
<td>18</td>
<td><strong>SVOS CE Meeting</strong> (CE Hours: 2)</td>
<td>Radisson Hotel, Sacramento, CA</td>
<td>Jerry Sue Hooper, 916-446-2331, <a href="mailto:jerrysue@svos.info">jerrysue@svos.info</a></td>
</tr>
<tr>
<td>18</td>
<td><strong>ACCCOS CE Meeting</strong> (CE Hours: 2)</td>
<td>Claremont Resort, Claremont, CA</td>
<td>Dr. Brian Wolff, 650-281-2020, <a href="mailto:bewolff16@gmail.com">bewolff16@gmail.com</a></td>
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DALLAS-FORT WORTH METRO AREA, TX: Well-designed office situated in a busy strip center. $560K on pt doctor hours. (72570)

GULF COAST REGION, TX: Located just east of Houston, this practice boasts over $850K gross revenue. (71876)

NEW LISTING! PALM BEACH COUNTY, FL: High-end optical boutique in a great location. $590K gross. (72270)

UPSTATE NY: Over $285K gross. Doctor works about 20 hours per week, plus vacations 3 months per year. (71028)

CENTRAL NJ: Over $285K gross. This office boasts low rent and newer equipment. Great family area. (71403)

NEW JERSEY: Ophthalmology practice located near the Hudson River. Bldg avail for sale. (72646)

LISTINGS COMING SOON!

NORTHERN CA: $800K average gross. Great location. (73063)
NEAR THE TWIN CITIES, MN: $640K gross. (73062)
NEAR CHESAPEAKE BAY, VA: $335K gross. Historic location in beautiful lake community. (72863)

NEW LISTING! NORTHERN CA: $1.3 Million gross on 20 dr hours per week. (72647)

REDUCED! SAN FRANCISCO BAY AREA, CA: Over $500K 3 year average gross on part time doctor hours. Owner moving. (70549)

PALM SPRINGS AREA, CA: Turnkey practice located in a prof bldg - avail for sale. Over $1.3 Million gross. Great opportunity. (72403)

LA COUNTY, CA: Long est. office, 7 yrs under the current owner. Almost $200K net income. Located in prof med center. (71767)

PALM SPRINGS AREA, CA: $465K Gross with strong net & part time hours. Real estate avail for sale. (71491)

SAN BERNARDINO COUNTY, CA: $500K gross revenue on weekday hours. Priced to sell. (71429)

SOUTH ORANGE COUNTY, CA: Optometry practice grossing $350K. Doctor must sell, retiring. (71311)

SOUTH ORANGE COUNTY, CA: Low overhead, strong net plus all the upgrades you could want. Upscale community. $350K gross. (71403)

ORANGE COUNTY, CA: Upscale, newer office grossing over $209K. Great builder-upper opportunity. (68745)

CENTRAL CA: Well-established practice in beautiful location. $300K gross. (70531)

NEW LISTING! SALEM, OR: Well-est. practice is located an hour away from Portland. Over $500K gross in 2010 with a strong net. (72645)

OREGON: Gross almost $500K on weekday hours only. Real estate available. (58743)

WASHINGTON: Two, established, charming practices located next to the Columbia River. $710K gross, strong net. (68143)

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ANGER CAN BE A MOTIVATING FORCE

One of the greatest roadblocks to optometrists practicing at full scope is the unrelenting effort of the medical profession to dominate and control optometry’s ability to gain any degree of autonomy. However, it is good to remember that optometry is not the only thorn in the backside of organized medicine. Legislative battles over non-physician scope of practice have been raging for years and are certainly not unique to your profession.

More than forty years ago, the American Medical Association (AMA) formed the Committee on Quackery in a concerted effort to eliminate the chiropractic profession. Until the early 1980’s, it was the AMA's position that it was unethical for medical doctors to consort with “unscientific practitioners.” The AMA labeled chiropractors members of “an unscientific cult” as a way to smear the profession and take away its credibility as a viable health profession. This behavior didn’t sit well with the chiropractors. They got angry and mobilized.

In 1976, Dr. Chester Wilk and four other chiropractors filed a federal antitrust suit against the AMA and named several nationwide healthcare associations and physicians as co-defendants. It took more than a decade of litigation but in 1987 Judge Susan Getzendanner found the AMA guilty of engaging in a conspiracy to contain and eliminate the chiropractic profession and had violated Section 1 of the Sherman Act. Her decision was further upheld by the Seventh Circuit Court. One would think that this costly legal hand slap would have precipitated a major shift in organized medicine’s philosophy . . . but it did not.

The AMA has been fighting against scope expansions by non-MD professions for years. In 2006, the AMA formed the “Scope of Practice Partnership” with 14 national medical specialty societies and 49 state medical associations (including the American Academy of Ophthalmology and the California Medical Association) to oppose scope expansion utilizing a wide range of efforts. These efforts include a combination of legislative, regulatory and judicial advocacy intended to limit the public’s access to health care provided by audiologists, chiropractors, advanced practice nurses, optometrists, oral maxillofacial surgeons, pharmacists, physical therapists, podiatrists and psychologists.

While the AMA has failed to prove that there is any real threat to the public from the health care practitioners whose scope of practice it is trying to restrict, it continues to spend big bucks on a public relations campaign designed to restrict the practice of non-MD providers. The recently published AMA “Scope of Practice Data Series” includes ten modules on the qualifications and practice of non-MD health professions. These publications draw many inappropriate conclusions about the training, education and practice of certain non-MD health care professionals. The errors contained in these reports have the potential to misinform policy makers and limit patient access to health care provided by non-MD professionals. If you want to get your blood boiling and need a good reason to support your professional associations’ PACs and advocacy efforts, read the AMA module on optometrists.
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