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So Long to the SALAD BAR

THE
Editorial
Pages

In the count-your-blessings category, eye care is an essential health care service. Your patients have missed you; some will return sooner than others, and the relationships and reputation you've developed will bring them back.

But COVID-19 is causing us to look differently at everything. I wonder if I'll ever return to a restaurant with a sneeze guard over the salad bar. I wonder how long I'll cross the street when someone is approaching on the sidewalk. Will we automatically step six feet away from the person in line in front of us?

We've been studying the results of *Women In Optometry* (WO) Pop-up Polls and Jobson Optical Research over these months. They show how much optometrists are reconfiguring their futures. It's certainly not going to be "so long to the optical," but there might be changes there—more disinfecting stations, UV wands, opticians bringing frames to the patient rather than letting patients touch whatever they see. The daily patient schedule will change for the foreseeable future. Most ODs will be favoring wash-and-wear scrubs or business casual clothes rather than dry-cleaned outfits. And masks and shields may be everywhere until people are assured that COVID-19 transmission rates are under control.

COVID-19 is also changing how we access information. Industry meetings with CE and in-office visits by vendor representatives are being replaced with webinars, online CE and virtual lunch-and-learn sessions. Online readership of journals, magazines, blogs and supportive social media networks are through the roof. While in-person attendance to events will return, many like the efficiency in this shift.

That isn't to say it's easy. Many ODs and staff members are juggling their practice management, emergency patient visits, homework help, webinar attendance, exercise routines, care of children or parents and more. But maybe you've discovered something about yourself that is unlikely to change back to the old ways. Maybe you're now assessing how to mesh the new and the old.

We've done some of that analysis, too. What we've seen is that COVID-19 has advanced the timing for the writing that has long been on the wall: most readers prefer their information electronically. It's immediate, portable and accessible.

When we relaunched the WO website in early March, our viewership more than doubled. Our articles are now more accessible, and the site is easier to navigate. We've adapted quickly to the new: bringing you the information that you want for your practice and life now—not with the next print issue. It would be hard to revert to that—now that we have all benefitted from the immediacy.

When we have information to share, we don't want to delay it. We want to bring it to you in an accessible, convenient way. This will be the final print edition of *Women In Optometry* but also the start of an even more robust platform—stories of success, inspiration, excellence, challenge, fortitude, bravery and innovation. We remain dedicated to the interests of women ODs. | WO |



Marjolijn Bijlefeld, Managing Editor

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We Are
#WOStrong

THE
Editorial
Pages



Women In Optometry had the honor of sharing messages of support from your colleagues through its #WOStrong initiative this year as the country and its businesses faced the impact of COVID-19. In May, WO released the three-part video series—*A Whole New World*; *Life, Interrupted*; and *We've Got This*—featuring ODs from a variety of work settings and leadership positions. The ODs sent in their well wishes and honest feelings throughout the pandemic from their homes or the offices. Find the three videos on womeninoptometry.com under the Allergan channel in the Growth Strategies tab.

WO sends a special thank you to all of the participating doctors: **Melissa Barnett, OD, FAAO, FSLs, FBCLA**, of Sacramento,

California; **Dori M. Carlson, OD, FAAO**, of Park River, North Dakota; **Caroline Guerrero Cauchi, OD, FIAO**, of La Mesa, California; **Mamie Chan, OD**, of Albuquerque, New Mexico; **Jaclyn Garlich, OD, FAAO**, of Boston, Massachusetts; **Whitney Hauser, OD, FAAO**, of Memphis, Tennessee; **Nikki Irvani, OD**, of Santa Clara, California; **Monica Johnsonbaugh, OD**, of Grosse Pointe, Michigan; **Selina R. McGee, OD, FAAO**, of Edmond, Oklahoma; **Joan Miller, OD**, of Hillsboro, Oregon; **Elizabeth Muckley, OD, FAAO**, of Kent, Ohio; **Sidra Qadri, OD**, of Los Angeles, California; **Jessilin Quint, OD MS, MBA, FAAO**, of Augusta, Maine; **Maria Sompalis, OD**, of Cranston, Rhode Island; **Bridgitte Shen Lee, OD, FBCLA, FAAO**, of Houston, Texas; and **Rachael Wruble, OD, FAAO**, of Charlotte, North Carolina. | WO |

ANAGRAM



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Congratulations, CLASS of

2020

These graduates earned the highest academic honors at their optometry schools and colleges

Arizona College of Optometry, Midwestern University: **Megan Horter, OD**, of Grafton, North Dakota, will start a residency in primary eye care/brain injury and low vision rehabilitation at the Minneapolis Veterans Affairs (VA) Healthcare System.

Indiana University (IU) School of Optometry: **Mary Marte, OD**, of Vincennes, Indiana, is staying at IU to complete an ocular disease residency starting in June.

Inter American University of Puerto Rico School of Optometry: **Kevin Tom, OD**, of Salinas, California, plans to practice in northern California.

Kentucky College of Optometry: **Shelby Henderson, OD**, of Lexington, Kentucky, will join EyeMax, a multilocation private practice in Lexington, Kentucky.

Michigan College of Optometry, Ferris State University: **Mary E. Stoll, OD**, of Kent City, Michigan, will complete an ocular disease residency at the Battle Creek VA Medical Center (VAMC).

New England College of Optometry: **Pamela Nardella, OD**, of Avon, Connecticut, will work at Groton Eye Center, a private practice in Groton, Connecticut.

Northeastern State University Oklahoma College of Optometry: **Neil Tadrick Hecker, OD**, of Stillwater, Oklahoma, will begin an ocular disease residency at the Tulsa VAMC.

Nova Southeastern University—College of Optometry: **Thuy Nguyen, OD**, born in Vietnam and raised in Fort Myers, Florida, will practice in Vero Beach, Florida.

The Ohio State University College of Optometry: **Jacob Brown, OD**, of Mansfield, Ohio, will complete a residency program focused in binocular vision and vision therapy at a private practice, EyeCare Professionals, in Trenton, New Jersey.

Pacific University College of Optometry: **Nadine Odermatt, OD**, of Kelowna, British Columbia, will start her career at a private practice in her hometown, providing comprehensive eye care with a focus on ocular disease management, specialty contact lenses and dry eye solutions.

Rosenberg School of Optometry, University of the Incarnate Word: **Patrick Alan Clark, OD**, of Rio Grande City, Texas, will complete a residency in Waco, Texas.

Salus University Pennsylvania College of Optometry: (Traditional Program) **Brendan Connors, OD**, of Canton, Ohio, will start his career at Hazleton Eye Specialists, a medical-based group practice located in Northeast Pennsylvania. (Accelerated Scholars Program) **Matthew Eernisse, OD**, of Russell, Pennsylvania, will join the team at Community Eye Care Specialists in Warren, Pennsylvania.

Southern California College of Optometry at Marshall B. Ketchum University recognized four class of 2020 valedictorians. **Abby Thrasher Alexander, OD**, of Colorado Springs, Colorado, will complete a residency in primary care/low vision rehabilitation at the VA Long Beach Healthcare System. **Kristanza Bronnenberg, OD**, of Cody, Wyoming, will join a private practice in her hometown. **Chelsey Honma, OD**, of Seal Beach, California, will join an established private practice in Costa Mesa, California. **Keri Thacker, OD**, of Las Vegas, Nevada, will complete a residency in ocular disease at VA Southern Nevada Healthcare System.

Southern College of Optometry: **Callie Mashburn, OD**, of Sweetwater, Tennessee, will complete a residency in primary care/ocular disease at the Salem VAMC in Salem, Virginia, and plans to return close to her hometown to practice.

State University of New York College of Optometry: **Nicole Mercho, OD**, of Terre Haute, Indiana, will complete a primary care/ocular disease residency with the VA New York Harbor Healthcare System.

University of Alabama at Birmingham School of Optometry: **Daniel Cason, OD**, of Opelika, Alabama, will complete a residency in ocular disease at the Baltimore VAMC.

University of California, Berkeley, School of Optometry: **Kalina Grimm, OD**, of San Ramon, California, plans to complete a residency in primary care and ocular disease at the San Francisco VAMC.

University of Houston College of Optometry: **Ashley Nguyen, OD**, of Lake Jackson, Texas, plans to work in a private practice in the Houston, Texas, area while she finishes her master's in physiological optics and vision science.

University of Missouri, St. Louis, College of Optometry: **Kelly Deering, OD**, of Buckner, Missouri, will join the team at Premier Eyecare Associates this summer, where she will serve the rural communities of north central Missouri.

University of Montreal School of Optometry: **Alexandra Sohet, OD**, of Saguenay, Québec, looks forward to returning to provide eye care at a private practice in her hometown.

University of Waterloo School of Optometry: **Ashley McMath, OD**, of Cornwall, Ontario, will practice in her hometown.

Western University of Health Sciences' College of Optometry: **Jullie Ngo, OD**, of Denver, Colorado, will complete a residency in Reno, Nevada. | [WO](#) |

Notes: The top graduate for *Illinois College of Optometry* was undisclosed at press time. The *MCPHS University School of Optometry* valedictorian will be announced at the rescheduled graduation (date undetermined at press time).



Dr. Alexander



Dr. Bronnenberg



Dr. Brown



Dr. Cason



Dr. Clark



Dr. Connors



Dr. Deering



Dr. Eernisse



Dr. Grimm



Dr. Hecker



Dr. Henderson



Dr. Honma



Dr. Horter



Dr. Marte



Dr. Mashburn



Dr. McMath



Dr. Mercho



Dr. Nardella



Dr. Ngo



Dr. A. Nguyen



Dr. T. Nguyen



Dr. Odermatt



Dr. Sohet



Dr. Stoll



Dr. Thacker



Dr. Tom

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When Every Sale Counts, It's Important to Have an **ONLINE CONTACT LENS STORE**



Dr. Strong

Throughout most of the COVID-19 stay-at-home orders, **Jane Strong, OD**, of Strong Vision Center in Fairfield and Spring Cypress, Texas, was able to keep most of her staff working, at least on a part-time basis. One saving grace throughout the dramatic drop in patient volume was that many patients still wanted and needed to purchase contact lenses.

Dr. Strong's practice hosts an online contact lens reordering portal, Yourlens.com, powered by ABB Optical Group. Patients can order their contact lenses directly through Dr. Strong's website and have their order shipped directly to their front door. The process saves the staff members multiple steps, including receiving the order, unpacking it, shelving it, calling the patient and ultimately dispensing it.

INCENTIVE FOR NEW HABIT

Indeed, Dr. Strong had been encouraging contact lens technicians and the checkout team to use Yourlens.com to enter orders even before the patient left the office. But as so often happens, changing routines can be a challenge.

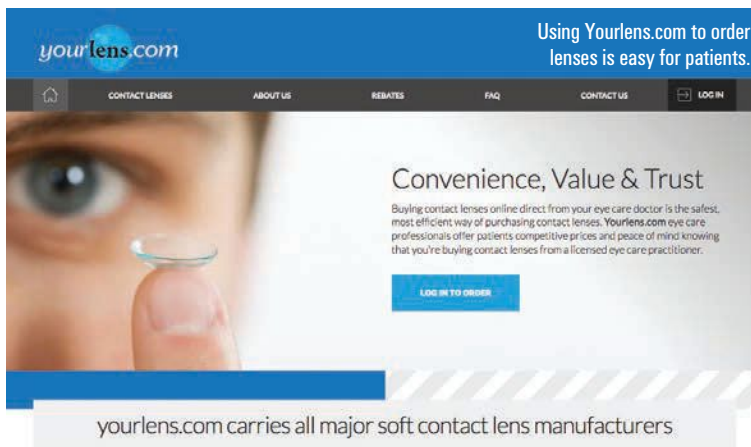
During the COVID-19 slowdown, Dr. Strong says that she had some staff members work at home, while one or two people would come into the offices each day for a few hours. She or one of her associates could see emergency care patients, and staff members attended to other matters—including taking orders for contact lens refills.

Team members began to appreciate the convenience of the Yourlens.com option in a new way. Initially, the practice had the contact lens inventory on hand to fill some patient orders and arrange curbside pickup. But they also became much more adept at putting these orders into Yourlens.com and explaining to patients what they were doing. She believes that new habit is going to carry over. "Anytime that a patient orders anything less than an annual supply that we can dispense during the visit, we're going to plug the order into Yourlens.com and inform them, 'I'm sending you an

invitation, and you can reorder your contact lenses right here.'"

LIMIT SHOPPING AROUND

Dr. Strong says that even patients who ask for their prescription are entered into the Yourlens.com system. "Patients may want to shop around because they believe our prices are higher. So if they see that they can order their contact lenses through our site, with no fuss, and that our price is competitive, most will choose us," she adds. The order will go through without having to verify anything,



reducing the amount of time it takes for them to receive their lenses. "They won't even have to make a phone call," she says.

CAPTURE CRITICAL SALES

For the foreseeable future, patient volume will likely be lower in both of Dr. Strong's practice locations. That makes it even more important than ever to capture sales with existing patients. Each incremental sale is important, and using Yourlens.com could help her regain those refill orders that patients might otherwise place elsewhere.

Simplifying the tasks for the front desk team is also important. As Dr. Strong's practices reopened, the front desk staff has the added load now of greeting patients at the door, taking their temperature, having patients wash their hands and leading them right into the pretest rooms. In fact, Dr. Strong removed the chairs from her reception area to discourage patients from bringing family members and to remind the staff to attend to patients immediately.

History questionnaires are either filled in online or the questions are asked by the technicians during pretesting, so the patient arrives in the doctor's exam lane faster. "We've had to move around some responsibilities," she says.

To simplify the process during check in, the practice had signed up for a trial of ABB Verify, the online insurance verification program business solution from ABB

Optical Group, the week before COVID-19 forced the reduced hours. Ensuring that patients and staff are aware of their managed vision benefits before the exam starts, notes Dr. Strong, is an important step.

TWO LOCATIONS

Dr. Strong opened her practice as one location in 2003. About five years later, the practice in this oil-enriched suburb of Houston was busting at the seams. "We were trying to grow, but we were losing patients because we could not physically fit them all in and our waiting list was growing. So we had to decide whether to pack up and move everyone to a larger location or open a second one," she says.

Another location about four miles away was a good fit. Although it means twice the rent and utilities, she was able to recapture her patient base. Now, as many practices are scheduling far fewer patients every day to keep the in-office census down, she at least has two locations that can be operating.

This period of time has allowed her and her staff to reimagine the practices and the space a bit. For example, the now nearly empty reception area can be used to highlight new services or diagnostic equipment, like the RightEye eye tracking system. "Our part-time doctor is interested in doing a sports vision clinic, so this might be the perfect opportunity to begin to introduce that." | [WO](#)

A pair of hands, likely belonging to a healthcare professional, are shown from a top-down perspective. The hands are positioned to form a heart shape with the fingers. The background is a textured blue fabric, possibly a surgical drape. The entire image is framed by a thin white border.

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Digital Refraction System Creates HIGH-TECH TOUCHPOINT With More Patients

The Phoroptor® VRx Digital Refraction System



Kara Bonds, OD, opened Bonds Eye Care in Downingtown, Pennsylvania, in 2010. Since that cold start, her vision for the practice has been to follow a patient-first, technology-driven, superior-service-level environment for all. “I take great pride in differentiating my practice from others in our area,” she says. She accomplishes this through two primary ways.



Dr. Bonds

SUPERIOR SERVICE

The goal for her and her staff is to provide superior service to each patient by going above and beyond the typical standards. “We navigate the confusing world of insurance for patients; we give extra reminder calls for patients when they need it. We keep copious notes on each patient interaction so that we always know exactly how we’ve helped so far and what more we can do to help every patient,” she says.

EMBRACE TECHNOLOGY

Technology plays an important role in the practice both as clinical support and in terms of patient education and convenience. In addition to diagnostic instruments such as visual field and OCT technologies, “it’s the smaller things we do that create the biggest impact. For example, all of our patient forms are either digital or dry erase and scanned. Even though this is a small thing, it often generates the most buzz,” she says. “I can’t tell you how many times patients comment on how environmentally friendly we are and how we make great use of technology.”

As a clinician, Dr. Bonds relies heavily on the value of the advanced diagnostic technologies, such as her OCT and retinal

camera. “While patients may appreciate these technologies, they don’t always understand them, and therefore they aren’t as connected to them as I might be,” she says. “What impresses my

patients is often the parts of their experience that they understand and expect.”

So when she was expanding her practice in 2016, adding another exam lane, she thought about ways that she could increase the wow factor in a big way. Specifically, she began to look at digital refraction systems as a way to create a high-tech touchpoint with nearly every patient. “I went to Vision Expo East and met with all the major manufacturers. I also spoke to other doctors about them. Overwhelmingly, doctors who have been using these systems love them. The common theme was that they could never go back to manual,” she recalls.

BENEFITS OF TECHNOLOGY

She ultimately decided on the Phoroptor® VRx Digital Refraction System from Reichert Technologies for several reasons. “It is the quietest, which is really important when you work in a small, dark and quiet room. It is the most responsive to the control panel. It is also user-friendly. It integrates well with other software and instruments, too.”

As a result of bringing it into her practice, the entire refraction experience for her patients—and for

her—has improved. “My refractions are smooth, seamless, very efficient and faster than they were on a manual phoropter. Every day, my patients are most impressed by their new style

of refraction,” she says.

In addition to wanting to provide patients with a memorable experience, however, she also took a hard look at the bottom line, as she does with any purchase. “Will this item bring value and added revenue?” She notes that the Phoroptor VRx does both—in direct and indirect ways.

“I can easily toggle between the current refraction and any other refraction I wish to compare to. Some doctors call this the ‘money button.’ When a patient can see the difference in his or her vision so easily, the patient is more likely to purchase in our optical.” That results in measurable increases in capture rate and sales volume.

Indirectly, the Phoroptor VRx has helped enhance patients’ high level of care. “Patients perceive this way of refraction as the most innovative, new and advanced way to have their vision measured. This impact further enhances their loyalty to our practice and increases retention.” | [WOM](#)

“The common theme [among my colleagues] was that they could never go back to manual.”

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Read more in the Reichert Technologies channel under Growth Strategies on womeninoptometry.com.

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Dr. Tsai

For **Angela Tsai, OD, FVAO**, of Fredericksburg, Virginia, 2020 was shaping up to be awesome.

On Dec. 26, 2019, she opened her new location, a few miles from the location she joined in 2006 and became co-owner of

in 2009. The old location had just 3,500 square feet of usable space, a squeeze for a three-OD practice with a staff ranging from 22 to 30. Her new spot has 8,000 square feet, including an entire hallway for vision therapy.

In the first weeks that she was open, her revenues were \$80,000 ahead of the same period the year before. Then came COVID-19. The practice remained open to urgent care cases, with specific care protocols in place. Dr. Tsai has made more than 500 disposable paper masks from blue shop towels for her patients to wear, and she posted a YouTube video so her colleagues could do the same.

Patients are triaged at the front door to ensure that they are there for a true urgent case or ocular emergency. A staff member takes the patient's temperature, and only one patient is allowed in at a time. Patients don the mask before entering the space.

KEEPING EMPLOYEES ENGAGED AND HEALTHY

As public health and government guidance shifts and she can open to more staff, she hopes to bring back the staff she had to furlough. She kept on about half of her staff, and each day that they're open for six hours, the practice buys the staff members lunch. "We created a 12 Days of COVID gift idea for them," she says, and each day, there's a small gift: hand sanitizers, vitamins,

protective eyewear, Tylenol, toilet paper and, one day, eggs, which were received with surprisingly high enthusiasm. She also provides staff with meal kits to ease one of the burdens when they get back to their families.

When the patient schedule picks up, Dr. Tsai will continue implementing Team A and Team B protocols. "If someone on the staff tests positive, then that entire team will be quarantined, but the other team can allow us to continue to see patients. For the same reason, we alternate doctors."

Being part of the Vision Source® network has been a benefit to her. She appreciates that the Member Support

Center quickly announced relief to member practices in royalty patients. "Vision Source is being proactive in getting us information on telemedicine and government programs like Economic Injury Disaster Loan and Paycheck Protection Program assistance," she says.

"The more resources we can have in a time like this, the better. Vision Source has always supported the business of independent optometry. It's here to help us grow our businesses."

PROUD OF THE SPACE

Dr. Tsai can't wait for patients to see space she has created for them. It's green, with 70 percent of the roof covered by solar panels. Electric car charging stations are being added, and the optical dispensary features earth-friendly frame lines, such as MODO and Schwood. The ONE by ONE recycling collection boxes

for recycling contact lenses and blister packs are being used.

While COVID-19 wasn't on the horizon when she was coming up with plans for the office, some of her planning now seems prescient. She created a wide quartz countertop that puts physical space between staff and patients—and quartz is more antibacterial than stone like granite.

In addition, she decided to do away with the front desk concept, so there's no congregating at one spot. The staff members who will be checking in patients will be wearing a faceshield and checking in patients with an iPad. "I hated the fish bowl of a check-in counter. You don't

feel that human connection," she says.

Her father-in-law, an architect, "helped us come up with a design where every square inch is used," she says. With eight full exam lanes—compared to the six she had before—and three special testing lanes as well as a contact lens room, she has the space to spread out doctors, staff and patients. The entire vision therapy area is off its own hallway. The administrative area also has its own hallway—so patients cannot hear the conversations as appointments are being scheduled or any conversations of the bookkeeping staff or the doctor's office. | [W](#) |



Dr. Tsai stands next to her opticwash kiosk that can be used to clean and sanitize eyewear.

WOnline

Read more in the Vision Source channel under Growth Strategies on womeninoptometry.com.

SERVING OUR COMMUNITIES

At National Vision, our top priority remains protecting the health and livelihoods of our people as we navigate the unusual challenge of COVID-19. Thanks to the incredible dedication of our Doctor of Optometry network, we know that we will play an important role in our nation's recovery as even more people will be in very real need of our low-cost eye care and eyewear.

We continue to selectively recruit Optometrists during this time and welcome you to join us on our mission.

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Kelly Asbra

Kelly Asbra has a guiding principle: people deserve a second chance, and inmates need marketable skills to succeed once they're released from prison. And she can back it up. She worked at the Coffee Creek Correctional Facility, teaching opticianry and paraoptometric skills.

The prison has a finishing lab, and inmates there produce about 1,100 pairs of eyewear per year for the population of all 14 prisons in the state.

About six years ago, Asbra began talking with the Oregon Lions Sight & Hearing Foundation (OLSHF) about an idea: gain funding to build a lab to extend what she was doing in the prison to help people in the community. Asbra had the track record for such a plan. Not only could she teach the skills and manage the optical, but she could also show that the program provides pathways forward for incarcerated women.

OLSHF hired **Katie Torgerson**, who earned her ABO certification while she served her time at Coffee Creek. After her release in 2014, she and the OLSHF development director, with assistance from Asbra, applied for a grant through Sight First. The first allocation in the two-part grant allowed OLSHF to build a lab to produce high-quality, low-cost eyewear for low-income adults and children. The lab, in tandem with Lions Eye-glass Assistance Program (LEAP), made 2,500 pairs of eyeglasses for people in need in 2019.

A few years later, the second part of the grant helped OLSHF build a retail optical shop, Eye Promise Optical. Net proceeds from the shop go directly back

into the charitable efforts of OLSHF through LEAP. In 2015, Asbra left her work with the prison to start working for OLSHF.

Torgerson, now optical manager for Eye Promise Optical, is grateful that the program provides a transition into the workplace. "It's very difficult to look for work when your last employment was in prison. I didn't have a bridge," she says. Annually, more than 200 women apply for the course. However, each year just 15 women are offered a spot in the competitive program. Torgerson and Asbra are working toward creating an internship program for women in the Coffee Creek program, which would provide them with a few months of employment to help transition them back into society.

THE INSURANCE QUESTION

Opening a retail shop is a bit different than operating a state-supported lab. Customers need to pay for their eyewear. Torgerson and Asbra met with several managed vision companies early in the process to determine if it was best to align with one or more.

Then they spoke with Anagram, formerly known as Patch, at Vision Expo West, after being introduced by their lab representative. Anagram would allow them to capture the elusive 33 percent: patients who leave the moment they hear an optical shop is not an in-network provider. "We decided to try it for a year to see if we could increase our capture rate," says Asbra.

FEWER RESTRICTIONS

Anagram is a web application that helps patients and customers use their out-of-network insurance

benefits and providers reclaim control of their practices. It is a fast way to access patients' out-of-network benefits. This helps staff avoid the lengthy insurance verification process. The Anagram team also helped Eye Promise Optical staff explain how customers can benefit, even without going to an in-network provider.

The optical doesn't submit in-network to any insurer. Instead, staff helps patients process out-of-network claims for any major provider. Now, Torgerson or another optician can immediately tell patients how they can help. "The benefits pop up so fast that it's almost immediate. There's no sitting and waiting while we look this up," she says.

Asbra notes that many customers find that the prices at Eye Promise Optical are lower than what they would have in-network. "When they hear that they're going to get \$80 back on the frame that they really like and learn about who we are, they're often glad to do business with us," she says.

"We're not restricted to any lab or any particular frame lines," says Torgerson. "For example, we're the only ones in the state that carry the French frame line Plein Les Mirettes. We like to let customers know not only our mission and story but the stories that are behind frame lines like MODO's Eco line. By not being tied to frame line restrictions from vision benefits plans, we have control of the product."

Through its mission for good works, Eye Promise Optical, with the help of Anagram, has been able to bring more affordable eyewear choices to more people. | [WO](#) |

“We decided to try [Anagram] for a year to see if we could increase our capture rate.”

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Turning

LOSSES into GAINS

By Leslie Gallagher, OD, FAAO, of Holton, Kansas

Like many of my colleagues, I have experienced a rollercoaster of hopes and disappointments these past weeks. I saw my last routine patient on March 2, just before taking my kids to Honduras for spring break.

At that time, COVID-19 was something that was “half a world away.” Upon our return, we followed our local health department’s guidance to self-isolate for 14 days, and during that time, the governor closed schools and a few days later issued a shelter-in-place order. The state board of optometry issued a notification telling us to cease all routine care or risk disciplinary action.

Our clinic did see numerous emergency cases in the seven weeks that Lifetime Eye Care was closed for regular business. We furloughed all 15 staff members and doctors for about four weeks. Approximately half of our staff, including myself, have school-aged children. So we were overseeing the continuous learning curriculum for our kids while waiting for unemployment benefits to kick in. Knowing that our devoted staff was not receiving benefits was the most stressful time during the entire closure for me. Thankfully, working with our local banker, we were able to receive our Paycheck Protection Program (PPP) loan in the first round. That allowed us to bring our staff back to work and off unemployment—one less thing to worry about.

Throughout this time, we followed the only logical course of action: *keep moving forward*. In spite of the challenges of maintaining social distance and locating sufficient protective equipment for the office, we are finding ways to remain solvent. We’ve had a lot more time outside of the lane to ponder better and smarter ways to



Dr. Gallagher

practice and have developed several strategies toward that goal. The list is always growing, but here are three changes that we are implementing right away.

OFFER A MORE COMPREHENSIVE MEDICAL EXAM

The medical model is more important than ever before—for our patients’ overall health and the practice’s bottom line. Gaps in care are likely to be more prevalent than ever before and, because patients are also skipping visits with other care providers, we need to be more diligent than ever. We should think about what tests we might want to perform at the next visit. In case the virus resurges, the patient’s next visit might not come soon enough. Now, I am using as much of every allotted exam time as possible to perform all the tests that I otherwise wouldn’t have been able to fit in at a single visit. This includes dark adaptation testing with the AdaptDx for all patients over age 50 who indicate that they have difficulty with night vision. The slightly slower pace of patient care allows me to be much more intentional with every patient encounter.

Plus, my documentation has never been more thorough.

LIVE YOUR “WHY”

I didn’t go into optometry only to make a decent living; I wanted to offer excellent patient care and make a difference in people’s lives. The forced slower pace can help renew our satisfaction with our professional careers, reminding us why we chose optometry. I am thrilled not to be sitting at home in my PJs stressing about work but once again am providing patient care.

As much as the lower volume hurts financially, this is an opportunity to connect with patients like we’ve not been able to previously. We can take the extra time to listen and educate them about their health and vision. One recent patient thanked me

“I know that being vigilant not only saves sight, it drives revenue.”



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after her annual diabetic eye examination, saying it was the “most normal” thing she has done for nearly two months. We have this opportunity to strengthen the bonds we have with our patients in unforgettable ways.

FOCUS MORE ON AGE-RELATED MACULAR DEGENERATION (AMD)

AMD is more prevalent than glaucoma and diabetes combined. While I performed tonometry on every patient, I wasn’t testing dark adaptation on every patient over a certain age or with a night vision complaint. It didn’t seem practical in a crammed schedule. With my renewed appreciation for overall health, I know that being vigilant not only saves sight, it drives revenue. Patients with high Rod Intercept times as a result of impaired dark adaptation function require additional testing, including optical coherence tomography. A confirmed diagnosis of early or subclinical AMD provides me with the opportunity to discuss optical and nutraceutical needs, which benefit the patient, foremost, but also lead to additional revenue. With fewer patients, each exam slot is more valuable. My intention is to maximize each interaction.

Our year-end finances will show a loss as a result of COVID-19. Even as health care providers, we are not immune to unemployment. Despite these disappointing truths, this unexpected dose of reality has given me a much clearer sense of what I should have been doing before, what I need to be doing now, and what I hope to be doing in the many years ahead. | [WOL](#) |

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- Dr. Shazeen Ali

"Our practice was able to transition into remote care more easily using the patient portal in Uprise, our cloud-based EHR and practice management software, to determine the needs of the patient without putting my staff at risk."

- Dr. Amanda Barker-Assell



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- Dr. Laura Lang

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Build a Practice Through Understanding and Helping Patients With **DRY EYE**



Neena James, OD, is a planner. “I like lists and goals,” she says. So the COVID-19 pandemic has “thrown off my one-year and three-year goals” for 20/20 Eye Care, the Huntsville, Alabama, practice she purchased four years ago. She had some advance warning from a friend of hers, an ER doctor, who told her this pandemic could be worse than originally suspected. So she began planning for how to react.



Dr. James

“My dry eye patients are so appreciative when they start feeling better.”

She initially worked alone after stay-at-home orders were issued, coming in about eight hours a week. Her two associates weren't working for a while, as Dr. James realized that if she became exposed or infected, she'd need at least one of them to cover. Then she staggered staff shifts, allowing only three employees in at a time. She had face shields, masks and gloves at the ready, and printed signs with protocols for sanitization.

“If patients had urgent needs, I saw them. The urgent care centers were turning these people away, so sometimes I'd drive over here three times a day,” she says. “One day, I saw a patient with baby poop in his eyes, another with a thorn and a third with a curling iron burn.”

Her willingness to show up and be there for the patients will likely earn her some loyalty when these patients need routine eye care or specialty services, like dry eye.

DRY EYE BUILDS PRACTICE

Dr. James is not at all surprised how devoted dry eye patients are to an optometrist who understands their suffering. “My dry eye was so debilitating that I'd have to stop what I was doing, remove my daily disposable contact lenses and put on my eyeglasses. When I was a student, we might go out to celebrate finishing finals, but I'd have to leave because my dry eye was agonizing.”

She says that addressing even minor ocular surface signs of dry eye can increase patients'

satisfaction with their contact lenses and even eyeglasses.

She also understands how quickly some providers can dismiss the symptoms and impact on a patient's quality of life. “Patients don't know what's wrong with them,” she says. “And some providers think of dry eye patients as high-maintenance patients. They don't have time to deal with them.”

That's where she steps in. She has trained her technicians to note symptoms of dry eye and begin the conversation with patients. “It takes a little more time to educate patients that watering and burning and fluctuating vision can all be symptoms of dry eye.”

DRY EYE HOMEWORK

Dr. James likes to take a holistic approach with patients, encouraging them to form habits that can help prevent dry eye from becoming bothersome. She starts patients with a “homework routine. Even those who don't have bothersome symptoms can keep mild signs from getting more advanced. I say it's a little like brushing your teeth. You don't wait until you have cavities to start.” She encourages patients to use artificial tears—she particularly likes REFRESH OPTIVE MEGA-3® drops. “They're not habit-forming, and you can use them once in the morning and once in the evening,” she says.

She also dives deeply into patients' daily routines: what they're eating and drinking, the shampoos they use, how often they change their pillow cases and whether they use hair spray or other products that can get into their eyes. She will recommend lid wipes and a daily routine of cleaning eyelids and lashes.

After a week of homework, she'll encourage the patient to follow up. “If it's not working,

call me and we'll do Plan B,” she tells them. During the COVID-19 closure, follow up visits could be done via telemedicine. In fact, that has worked so well that she may continue to use telemedicine platforms for follow-up visits with dry eye patients after starting a new medication or punctal plugs, for example.

SWEET RELIEF

“My dry eye patients are so appreciative when they start feeling better,” she says. Even those who are on medications or have minor symptoms appreciate knowing that there are actions they can take. They also often talk about it with their friends and family, spurring referrals to the practice.

Dr. James says REFRESH OPTIVE MEGA-3 is a favorite tear formulation. “It's preservative-free, and it's great for patients with evaporative dry eye issues. For patients who are inside all day, where the indoor air quality affects them or they're sitting at their computers with a reduced blink rate, it's a great option.” The low-blur formula fortifies and restores the lipid layer.

Restasis® is a tried-and-true therapy and is also preservative-free. For patients who need a little more help than the homework routine, Restasis is often the next step.

By improving these patients' quality of life so dramatically, Dr. James has gained tremendous loyalty. | [WO](#) |

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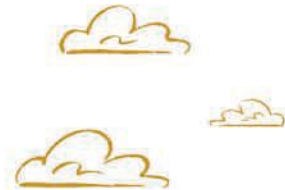
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Addressing ACCOMMODATIVE DEFICIENCIES in Patients of ALL AGES



“From diapers to Depends, we see all ages and conditions, but we focus on pediatrics and specialty contact lenses,” says **Viola Kanevsky, OD**, in New York, New York. Indeed, those contact lens sales are what sustained her through-



Dr. Kanevsky

out the COVID-19 pandemic when her practice was closed to all but urgent, emergency and telemedicine patients. “Patients continued purchasing their contact lenses from me rather than going through 1-800 or other online vendors in part because we’re fitting specialty lenses. That is helping to tide us over until we can restart.”

A mainstay is the NaturalVue® Multifocal 1 Day Contact Lens, which she uses with adult presbyopes and children with accommodative deficiencies. Contact lenses will help her continue her practice growth. “Specialty contacts will propel all of us into a new and better world,” she says, encouraging all ODs to break away from the mindset of simply renewing a patient’s prescription. “Those patients who have their run-of-the-mill, uncomplicated contact lens fittings are going to become accustomed to telemedicine and simple refills. That leaves us with the patients who need our care and our expertise,” she says.

DO MORE THAN BRING VISION TO 20/20

It also means that optometrists need to educate patients about what’s routine and what’s not. For example, Dr. Kanevsky uses NaturalVue Multifocal contact lenses with young myopes. “The center distance design is ideal,” she says. “I started working with this design when it first

KEEPING THE PRACTICE AS OPEN AS POSSIBLE

During the COVID-19 pandemic that hit New York City hard, **Dr. Viola Kanevsky** asked her staff to shelter at home most of the week, and she and her husband kept the office open five days a week. The doors were locked, but they were there to pick up mail and deliveries, answer urgent questions and arrange for pickups of contact lenses and eyeglasses.

On weekends, two of her employees, a mother and daughter team, would cover the front desk, giving the couple a weekend’s reprieve. | WO |



came out. The NaturalVue Multifocal lens remains one of the better center distance lenses,” she says.

It’s also a simple and convenient option. “My young myopic patients want contact lenses anyway, so if I’m going to fit them, and I want to use a daily disposable multifocal lens, then that’s my first choice,” she says.

Dr. Kanevsky follows the research on orthokeratology, but for her, it’s a hard sell after years of telling patients not to wear their contact lenses at night. “The effect of orthokeratology lenses also wears off, and most of the kids who come to me have very long days. They may be participating in sports or other lessons after school, and it’s not good if the effect of their ortho-k lenses wanes and their vision fluctuates,” she says.

It helps, too, that patients who have been fit with these contact lenses do not repurchase them from online companies. “Visioneering Technologies Inc. is a great company to deal with; the lenses are never out of stock,” she says.

THE MOSCOW CONNECTION

Dr. Kanevsky looks forward to being able to connect with her patients who

live in Moscow. Each summer, youngsters from Moscow come to the New York area to go to summer camp and often get their checkups in New York. One such little girl was referred to her by a pediatric ophthalmologist some years ago—in part because she speaks Russian. From there, word of mouth grew, and she created a patient base of youngsters who see her in the summer and their own doctors in Moscow, who help co-manage these cases.

PATIENT LOYALTY

Dr. Kanevsky enjoys the more complex evaluation and follow-up routine that comes with specialty contact lens fits. “Some of these patients are quite young, and they’re going to be with me for years. Patients who need specialty lenses, including multifocal, toric and scleral lenses, are going to be loyal.” | WO |

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Dr. Geertz's inviting website

Jennifer Landa-Geertz, OD, started as an independent OD practice owner inside a Walmart near Chicago, Illinois, nearly 20 years ago. At one time, she had three practice locations; for the past decade, she has maintained two offices.



Dr. Landa-Geertz

It's been a great career choice for her as she has built these practices and been part of the optometric community. When the coronavirus reared its ugly head and the Centers for Disease Control and Prevention and American Optomet-

ric Association issued recommendations, Dr. Geertz chose to close her practices to all but urgent and emergency care. While she came into the office to address pressing issues, the three other doctors who work in her practices were not working in early April. They all have young children at home, and the doctors were encouraged to identify their own level of comfort with the decision, she says.

THERE FOR THE PATIENTS IN NEED

Many people—in and out of the health care field—are feeling the stress from disruptions and uncertainty caused by COVID-19. This is an especially important time to go the extra mile for others, says Dr. Geertz.

For example, recently, she was taking advantage of her newfound free time, riding her Quarter Horse, Scotch, when she received a message from a staff member. A distressed patient was worried about an increase in flashers and floaters. Within the hour, Dr. Geertz was able to examine the patient and ensure that it was not a serious retinal issue. The patient was so grateful for her presence and reassurance; between his ocular migraine and the recent stress of being laid off from his job, Dr. Geertz was able to reassure him that he was not having an ocular emergency. “We have to remember that all this anxiety, concern

and uncertainty about COVID-19 can affect our health in other ways. Fear can have physical manifestations on all the body's organs,” Dr. Geertz says. In addition, patients have fears about the virus and ocular complications such as conjunctivitis. Triage skills can be an essential part of caring for the community and potentially preventing unnecessary trips to the emergency room.

CALLING FOR BACKUP

According to Dr. Geertz, Walmart has been ready to adapt as well as be supportive as the situation unfolds. “From the beginning, Walmart was focused on the health and safety of associates, customers and optometric community. When it reduced hours in Vision Centers and focused on essential/emergency services only, the company offered Vision Center associates the opportunity to continue to serve in essential areas like the pharmacy,” she says. “Many have chosen to take that opportunity. They have been wearing their Vision Center white lab coats—which is generating questions and exposure and can help patients whose contact lens supplies are dwindling or whose prescription may have just expired. We are all helping in any way we can so they are not struggling with eyewear and eye care.”

That kind of attention and willingness to remove one more stressor from patients' daily lives is engendering goodwill. “We are making patients happy because we care.” This happens to be her office motto—“See why caring is contagious”—written before “contagious” became such a scary word.

PART OF A NETWORK

Dr. Geertz has served on the Walmart Advisory Board for Independent ODs since 2005, and being in that role when COVID-19 concerns erupted was reassuring. She had a chance to speak with colleagues around the country, as well as her Walmart Health and Wellness contacts. They shared their own experiences and what they were hearing from doctors in their area. “It's good

AN INTENTIONAL CHOICE

Working with Walmart was a longtime goal for Dr. Jennifer Landa-Geertz. While attending the University of Missouri–St. Louis College of Optometry, her professor went around the room and asked students about their long-term goals. While other students gave their various answers—going into a family business, working for a Veterans Affairs Medical Center, going into ophthalmology—Dr. Geertz announced her goal. “I said, ‘I'm going to work in Walmart,’ and the room got quiet, but that's what I wanted to do.”

Twenty years later, it's still what she wants. | [WO](#) |

to be part of a community that knows Walmart is listening to them,” she says.

It's also good to have people with whom she can share recovery ideas. “I am confident that things are going to get better,” she says, acknowledging that some aspects will be different. For example, initially, she plans to keep her patient volume down to one patient per half hour to limit exposure in the office area. “I have been thinking more about telemedicine and how that can work,” she says. She did have one longtime patient send her a photo of a recurrent “stye” so that she could visually observe the lesion and make sure it wasn't something different. “We did not have that option 10 years ago,” she says, so she is curious to see what the applications for new technology might be in her practice in the future.

The way that eye care is delivered in the future will possibly change, she says, but her 20-year relationship with her patients and working inside a Walmart setting make her feel like she is ready for what comes next. | [WO](#) |

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Dr. Haller

When Patricia Haller, OD, added Marco technology to her Chillicothe, Ohio, practice in 2015, physical distancing was not even a thought. But when she closed her office to routine care for four weeks during the stay-home orders in the state, she realized how this same technology allowed her to see emergency and urgent cases and still maintain some distance.

Dr. Haller's practice reopened at a lighter schedule to routine eye care in early May. She discovered that Marco was a "hidden gem" in the post-COVID era.

REFRACTIONS AT A DISTANCE

With the tabletop controller for her Marco 5100, she is able to conduct her refractions and sit about six feet away from the patients. "It's also very easy to sterilize because all mechanisms are housed inside, so we wipe down the exterior casing without worrying," she says.

She already knew its value. "I purchased my first TRS in 2015 when I built the new office. I left a manual phoropter in one of my exam lanes," she says. However, she quickly realized she didn't want to use that room for patient exams. So now she has three units—one in each exam lane.

"It helps to keep the process streamlined. I can control the speed at which the refraction takes place," she says—an even more important factor in the post-COVID opening. "We want patients moving through the office efficiently so that we do not have any backup in the reception area. With the TRS, it's quick to arrive at a final refraction, and patients can see and justify their decision to buy new eyewear."

READY TO BUY

That's helpful because every practice is faced now with trying to make up time and lost revenue from being closed to routine care. Happily for her, she says that patients are returning, ready and eager to buy. "I was prepared for the fact that patients might not be ready to make purchases. The staff and I discussed ways in which we could help patients with their essential needs if their finances were tight," she says. She's not finding that to be a hindrance, however. "They're excited to be back and have been updating their prescription eyewear without any of the hesitation I thought that we'd see."

Dr. Haller says that it is helpful that patients can see the steps that she and the staff members are taking to keep the practice and optical clean and sanitized. "We have a UVC wand that we are using to sterilize every frame that a patient tries on before those frames are placed back on the boards. We used to wipe down our frames on a regular basis, but now they're sterilized."

The practice staff works on maintaining physical distancing, and opticians are masked. Patients who don't wear a mask are offered one—and patients who would like to wait before coming in are rescheduled.

UNEXPECTED SURPRISE WITH iONSM

Dr. Haller added the iON imaging system to her slit lamps, allowing her to take an anterior segment image and immediately pull it up on the computer screen. She can pivot the screen toward the patient or toward an attending family member so that she can explain what she's seeing.

"I purchased the iON because I thought it would be terrific to do anterior segment documentation in the exam room where I could enhance details. The unexpected surprise is the physical distancing that I gain with this—while still providing patients with a comprehensive exam," she says.

Dr. Haller uses Marco's autolensmeter and autorefractor, appreciating how quickly information can be downloaded into the electronic health record. "Even before the patient is escorted to the optical, the opticians already know the lens designs and recommendations," she says.

She knew the equipment she has been purchasing would bring her speed, accuracy and efficiency. "But the help it provides in this time is something no one could have foreseen," she says. The combination of a high-tech, highly efficient exam process and the sanitization and safety protocols that are on display are raising the likelihood that patients are talking about the practice to their friends. "Patients are saying, 'I had my exam there, and it's safe to go in.'"

That feedback makes Dr. Haller happy. She says that she missed her patients. "Nothing replaces that feeling of seeing the smile on a patient's face, knowing that you helped. It's been challenging, as I'm a hand-shaker and hugger, but we're managing. It's great to see my patients back." | [WO](#) |

“We want patients moving through the office efficiently so that we do not have any backup in the reception area.”

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Forced Downtime Provided Opportunity to **TRANSITION** to **NEW EHR SYSTEM**

Robin Szabo, OD, opened her Crosby, Texas, practice 20 years ago using electronic health records (EHR). For the past few years, however, she'd been considering a transition to a different system. "Any time there was an upgrade, it bogged us down. I'd have to become reacquainted with where a box was moved."



Dr. Szabo

She had been eyeing Uprise practice management and EHR but hadn't made the conversion yet because shifting from one system to another takes concentrated effort. In addition, she knew she would be running two systems side by side for a while. She would not upload all of the patient data for the past two decades into the new software. "I knew I would be building a robust history going forward, but I wouldn't have the historical past unless I ran systems side by side," she says.

Stay-home orders became a great opportunity to get herself and the staff used to the new system. "I could put my staff through the training and we could learn the system while staying at home," she says.

Once it was set up, staff members—who were being paid to work at home with funding from the Paycheck Protection Program—were able to watch onboarding videos and learn how to utilize the new insurance features. "Uploading insurance is far easier than with our previous software," she says.

The more relaxed pace of learning the software and the reduced patient flow mandated by local ordinances helped when the practice reopened to routine care in early May. "With the lower-than-usual patient volume, we have some downtime to work on the conversion more," she says. The practice purposefully added lots of breaks into the daily schedule, knowing that team members would need time to adjust to new safety measures and social distancing.

RELIABLE SYSTEM IS CRITICAL

Dr. Szabo says the COVID-19 closing demonstrated just how essential a reliable software system is. "Patients have the ability to fill out their paperwork in the patient

portal. That means my staff isn't filling it in, which minimizes the time the patient is in the office and increases our efficiency," she says.

She sees advantages in the near term and in case of other office closings—which could be as simple as weather-related short-term closings or future regional or larger viral outbreaks. It could provide her with easier

access to patient records so that she could have telemedicine consults, or her staff can order contact lenses or replacement emergency eyewear for patients. "It's been a tough couple of years in Texas with Hurricane Harvey and floods, so exploring ways to make telemedicine work for some patient visits is smart," she says.

Uprise would help because it's so easy to access documents and have patients upload information. With her previous system, patient documents or images emailed

system, and there are no differences based on the device, so it's very easy to go from computer to tablet."

It could also help her with managing her second office. "Sometimes I struggle keeping them both staffed. I see Uprise as providing more robust information and being a way to cover that second location if my associate has to be off for a period of time. A technician there can take an optomap image, and I can speak to the patient and document that to determine the next steps," she says.

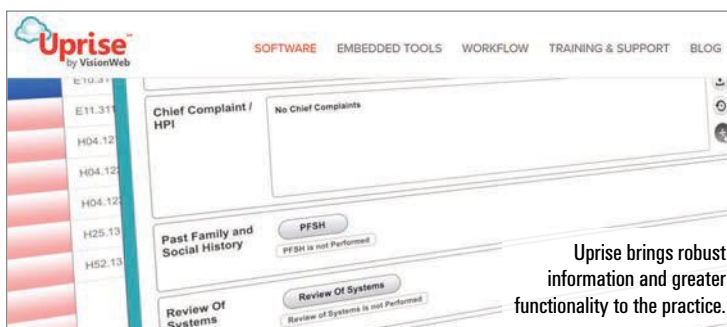
INFORMATION AT THE READY

For now, she sees that its powerful features will help improve office efficiencies immediately. "It helps us with the billing and coding, alerting us before we send it off if something in our coding doesn't meet the rules for that code. Those rules change so frequently, it's very difficult to keep up with that manually," she says.

That's important as she recently went through a staff restructuring when she

began using VisionWeb for billing. Now, it's easier to transmit the information online through Uprise to VisionWeb.

The system also provides her with access to availability



were loaded to one server and from there, she'd have to email them to another system, download the images, open the patient's chart and add them. "With Uprise, I can take a picture of the eyes and upload it into a patient's file with one step," she says. Having access to those images is important to be able to get as much clinical data as possible for telemedicine consults. "I've had patients tell me that their eyes are in so much pain with severe burning, but the photo shows the eye is white. So then I can begin to think the discomfort is more likely from light sensitivity or exposure, which is obviously a different treatment protocol from acute infection.

"This is a seamless, cloud-based

databases for contact lenses, confirming that the lens she wants is available in the parameters she needs. It has similar capabilities for frame availability, colors and sizes.

"I had been wanting to make the move to Uprise for a while, but I was putting off the growing pains to make the move. This downtime presented me with the opportunity to make this switch." | [WO](#) |

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Eye Health: THE FAMILY BUSINESS



Dr. Vivian Hoang and daughter Dr. Elizabeth Hoang

Elizabeth Hoang, OD, of Stafford, Texas, watched and learned as her mother **Vivian Hoang, OD**, ran her practice inside a Walmart Vision Center in La Marque, Texas, through a sublease arrangement with National Vision, Inc. As a teen, she would serve as the secretary and help around the office in her summers off, and when she decided to pursue optometry school at her mother's alma mater, University of Houston College of Optometry, the family legacy was passed on.

When it came time to decide a career path in college, Dr. Elizabeth Hoang's mother inspired her to find her true passion. Dr. Elizabeth Hoang's strengths were always social interactions and compassion to take care of others, with a business mind. Therefore, optometry was the perfect fit—reinforcing the adage that the apple doesn't fall far from the tree. She says that she lives by a Confucius quote: "Choose a job you love, and you will never have to work a day in your life." That's how she feels, saying "I absolutely love what I do."

Originally, Dr. Elizabeth Hoang's plan was to eventually take over her mother's sublease after working with her for some years, but when the opportunity arose for her to take on her own sublease with National Vision, she took it, expanding the family legacy a bit more. National Vision operates three Walmart Vision Center sublease locations in Texas; the mother-daughter duo have two of them. Starting with a subleased location is a great business opportunity because of the name recognition and almost immediate patient base. "It was a blessing," she says. "I graduated in 2018 and had been practicing for two years. I didn't foresee myself becoming a business

owner so soon." But with her mother's guidance and support from National Vision, she felt ready.

DESTINED OPPORTUNITY

Like many ODs, Dr. Elizabeth Hoang found that in optometry school, there was not as much emphasis on learning to be a business owner as the focus is on clinical care. However, she was at an advantage after having spent so much time in her mother's office. "I had learned the business side and also how to interact with patients as the owner and how to talk to them."

Dr. Elizabeth Hoang is a believer in educating patients on their overall health and how it affects their eye health. From discussing diabetes to blood pressure and cholesterol, she sees the whole patient.



"Many patients don't have a primary care physician, and I try to instill the value of primary care in them," she says. "It's about doing the best for your patients."

FROM ENGINEERING TO OPTOMETRY

Dr. Vivian Hoang did not have as straightforward a path to optometry as her daughter. In fact, she spent the first half of her career as a computer engineering contractor for NASA. When she was thinking of a career change, the medical field was in the forefront of her mind; she comes from a family that includes several physicians. Finding a calling and practical element to optometry, she dropped off her optometry school application. The dean, who happened to be a neighbor to the family, encouraged her to take a rigorous course load of prerequisites to see if she could handle the demanding curriculum.

After graduating, she connected with National Vision through what she calls destiny. At first, she was working for NASA still as a subcontractor and was able to spend part of her time working with an OD couple in their Walmart locations one day a week. As fate would have it, one decided to open her own practice, leaving their La Marque practice available. "She asked if I wanted to take over her practice, but I wasn't sure," Dr. Vivian Hoang recalls. "She said, 'You've been managing millions of dollars for NASA—do it for yourself.'" She agreed, and after being connected with National Vision, she was able to take over the sublease and start right away. She has never regretted her career change.

When Dr. Elizabeth Hoang received a call from a National Vision recruiter who was searching for a doctor to sublease the Stafford

location, she was hesitant but quickly changed her mind when she consulted with her mother, who told her, "If you don't take this, I will."

Dr. Vivian Hoang says, "The National Vision community has been so supportive. I have nothing but good things to say about the company. I feel like I am independent here, but I get a lot of support." On top of being a mentor for her daughter, Dr. Hoang spends a lot of time mentoring and teaching young patients and high schoolers to aim high and understand the value of education and how to prepare for admission to a health professionals program.

"[I am a] child of the Vietnam War," she says. "We came here empty-handed. We all worked hard, studied hard and got scholarships. This is the land of opportunity, and I use that experience to educate teenagers—starting with my own daughter, who I am now so proud to call a colleague." | [WO](#)

See more of the doctors' social media pages: Instagram [@theyeyedocduo](#) and Facebook: [facebook.com/theyeyedocduo](#).



WOnline

Read more in the National Vision channel under Growth Strategies on [womeninoptometry.com](#).

R·E·S·E·T

Practices are reopening, but it's not yet business as usual. Optometrists share their challenges and strategies in this collection of stories.

Creating Videos to Explain Situation to Patients Required Practice to Clarify Its Policies



Dr. Denton Dombrowski

The Salisbury Eyecare and Eyewear YouTube channel is refreshed weekly with new content, and practice owner **Melanie Denton Dombrowski, OD, MBA, FAAO**, films about 10 videos in a session to release every Wednesday at 4 p.m. EST. But when the state optometry board strongly recommended that offices cease routine care, she closed her Salisbury, North Carolina, office to all but emergency and urgent visits on March 23. It was apparent that she would need a shift in the messaging she had planned.

She filmed a three-part series of COVID-19 videos that she released three weeks in a row starting on April 1 covering its impact on the eyes, changes that were being made in the office and telemedicine visits. The goal was keeping her patients educated and engaged during this difficult time.

EMBRACING TELEMEDICINE

Dr. Denton Dombrowski jumped onboard with telemedicine right away, feeling confident in her own personal research as well as taking advantage of American Optometric Association resources. Her third video focused on this topic to ease the concerns of her patients. “Our office is so warm and welcoming—like you are at home—so we have had to make it very clinical, and I wanted to give them warning,” she explains. “When we first shut down, patients were not OK with being seen on video or talking to me on the phone.” The steps taken were an effort to make them feel comfortable and confident in this new type of care.

Her staff helped prepare binders on each insurance

company to understand all of the details and rules for each plan. For example, in most cases, if she sees someone for a virtual visit but needs to see them in the office within the next seven days, the visit is only billed once. She says her team members have been excellent at phone triage so they can determine if a patient can be seen for a telemedicine visit. Dr. Denton Dombrowski uses these virtual services as a high-level diagnostic screening tool, but some urgent cases such as flashes or floaters as a chief complaint warrant an immediate office visit. A patient with red eye symptoms can be more complex to understand over telemedicine, as well. “You can’t see the cornea or anterior chamber in a virtual visit, so if I’m thinking about a steroid, I need to make that judgment call if they need to come in.”

Dr. Denton Dombrowski also networked with other local physicians who provide routine care so that they could network and share their experiences plunging into telemedicine for the first time. She facilitated a conference call between local OB/GYNs, dentists and chiropractors to share best practices.

A CHANGE IN ATMOSPHERE AND ATTIRE

Some extreme changes were necessary in the practice, which offers a very hands-on experience. All of the extras—pens, magazines and even the coffee bar—were removed. And Dr. Denton Dombrowski’s typical business attire in a dress and heels was one of the first changes to be made. Upon closing for routine care, she immediately wore scrubs and her white coat in the office and plans to continue doing so for the foreseeable future. “It was a drastic change to help patients understand the severity of the situation,” she says. Her hair will be back at all times, and she and her staff will wear masks.

CREATING ACCESS TO PRODUCTS

Many patients come to the practice for dry eye care services, and Dr. Denton Dombrowski offers a number of products available for sale. But she wasn’t set up for shipping right away, so she implemented an Amazon affiliate virtual store that would allow patients to support the practice with

COVID-19 jumpstarted the adoption of more telemedicine services.



MORE PRECAUTIONS

Optometrists have spent weeks contemplating how to make their practice locations safe and sanitary for themselves, their staff and their patients. They had to balance effectiveness with costs—personal protective equipment is not inexpensive—and practicality. Here are some of the ideas they developed.

Personal protection

- Wearing face shields
- Having everyone wear masks
- Having some staff wear gloves
- Wearing disposable surgical gowns
- Requiring that long hair must be tied back; ponytails
- Not wearing ties
- Not wearing jewelry
- Wearing scrub caps
- Wearing safety glasses for up-close procedures
- Washing clothes immediately upon getting home

Office changes

- Installing sneeze guards/breath shields on diagnostic equipment
- Installing plexiglass dividers at check-in desks, cashiers, other desks
- Putting up more sanitization stations
- Adding pulse ox testing
- Hanging clear shower curtains as dividers throughout the office
- Reducing patient load by 50 percent per day
- Identifying social distancing zones

“I think that we are going to come out of this better than before.”

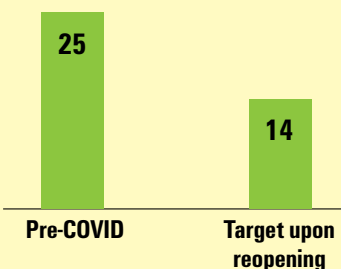
their purchases until she was set up to fulfill these orders directly. Patients could easily order contact lenses while in the office through Dr. Contact Lens, the ordering service co-founded by a friend of hers, **Brianna Rhue, OD, FAAO**. Dr. Denton Dombrowski was also exploring e-commerce options for eyewear. “We don’t have a sense yet of how it will affect people economically, so in the back of my mind, I’m changing our frame distribution a bit and looking at our pricing and a price point that patients are comfortable with.”

All but one of the team of five was furloughed, but when Dr. Denton Dombrowski received her Paycheck Protection Program loan, she was able to bring back her entire team.

Together, she worked with her office manager on plans for a marketing blitz upon reopening, updating office processes and compiling a waiting list for all of the calls they received for routine visit requests. The trunk show that was planned for May was held virtually, with an in-office event tentatively scheduled for June.

In her first week back in the office, she launched an e-commerce site and has held live sales on Facebook, which she plans to continue. “I am very optimistic,” Dr. Denton Dombrowski says. “I think that we are going to come out of this better than before. Personally, I am looking at this as a time to do the things I never get a chance to do while trying to keep a positive outlook and perspective.” | [WO](#) |

Average Daily Patient Load



Source: Jobson Optical Research, Wave 8 Survey, May 2020

Ready to Adapt



Dr. McCulley

Melissa McCulley, OD, was on a family vacation in the middle of March when a series of messages started streaming in from her staff. Apologizing for the interruption, her team insisted that the issues arising with COVID-19 needed her attention back at McCulley Optix Gallery, her practice that she opened in 2006 in her hometown of Fargo, North Dakota.

QUICK DECISIONS

Since Dr. McCulley wasn’t seeing patients that week, the practice immediately closed to the public. Signage on the door and website stated that while the doors are locked, staff is still available. Once Dr. McCulley returned home, she got started with telehealth services as she began her 14-day quarantine after traveling. Thankfully, she and everyone in her family have been fine.

She also decided to keep her four full-time staff members on payroll during this challenging time. “I feel a responsibility to my employees during this difficult time that they wouldn’t have to be furloughed or laid off,” Dr. McCulley says. So over the course of the month before she received her Paycheck Protection Program loan, she tapped

into the funds she had put away for the business for either new technology or a new office space. “Now that is allocated to the staff, because without them, none of these future endeavors would happen. They are a great team, and they’ve been my number one priority.”

MAKING THE MOST OF DOORS-CLOSED TIME

Dr. McCulley offered telemedicine services from home in between homeschooling her two children, rolling out services first to friends and family who are patients and emergency patients. She sees great potential in these services even after her office has reopened. “In the past, I may have consulted over the phone or text message but we weren’t able to bill for it,” she says. Her office manager also worked remotely as much as possible, while the rest of the staff took turns taking care of responsibilities in the office such as answering phones and taking inventory as well as reorganizing and deep cleaning—“those projects

“I feel a responsibility to my employees during this difficult time.”

Continued on page 30

TRAINING TIME

Bridgitte Shen Lee, OD, FBLCA, FFAO, of Vision Optique in Houston, Texas, spent part of her time during the COVID-19 slowdown in patients getting her MiSight contact lens training so she can manage more patients with myopia. | [WO](#) |



you never quite get to,” such as pulling out the fridge to clean behind it and going through all of the contact lens trials to look for the ones expiring at the end of 2020. Weekly meetings were still held, but on Zoom instead of in person.

VIDEO CONNECTIONS WITH STAFF AND PATIENTS

As Dr. McCulley shifted gears to plan and prepare for reopening, she also wanted to update her office procedure manuals by converting many of her how-to guides into a video format. “It will keep us on our toes and remind us of our processes as we make these videos,” Dr. McCulley says. “As we get back to full swing seeing the backlog of patients, we hope this will streamline our onboarding and training process as we deal with future patient care demand.”

She also launched the Fab Glasses Happy Hour, a video series that will be posted weekly to her practice Facebook page, where members of the team will talk about eyeglasses, vision, eye health and more.

VIRTUAL OPTICAL

Dr. McCulley launched a virtual optical experience, another way to help patients while she was closed, as well as when she opened to help minimize the number of people in the office and the amount of time patients had to spend there. Patients complete a questionnaire and upload a photo of themselves and schedule a virtual video call. The optical staff preselects options based on patient feedback and preferences, and Dr. McCulley is confident in their choices as they are always very involved in frame selection. The final choices are mailed to the patient to try on after being sanitized. All orders include a PD measuring stick, and patient and staff member would correspond over another call once the frames arrived. “We can see how they fit and what they like about them, maybe a certain style but with another frame’s color. We can finetune what they like.” She plans to continue this service, seeing the value for those who need to get back to work or their children.

REOPENING

McCulley Optix Gallery opened its doors again in mid-May to see patients by appointment only after nearly two months of being closed. While masks are not required in her state, she’s implementing an office policy for staff and patients to wear masks. They continue to focus on respecting social distancing and thorough cleaning, especially in front of patients. “They can see that the surfaces are wiped down, and it’s not just an assumption to wonder about it,” Dr. McCulley says. “The what-ifs and new sense of how normal will be keep changing every day. Everyone is navigating this, and we’ll figure it out.” | [WO](#) |

Virtual Video Visit Aims to Help Patients Feel Comfortable Post-COVID-19 Closures

Summy To, OD, wanted to reassure her patients and let them know what to expect when they returned to one of the three offices of Myoptic Optometry in Portland, Oregon. “We have been preparing for a safer clinic since we shut down because we understand their peace of mind is key to trusting us as their provider,” she says.

The video walks patients through their visit from arriving at the front door and the changes that will occur during their office experience.

- The door will often be locked to keep control of the number of people in the space.
- The check-in experience will be touch-free check in, and hand sanitizer stations are available.
- Acrylic barriers are in place at the check-in desk and each optician station.
- Temperature will be taken upon arrival for all staff and patients.



Dr. To

- Patients will use a tray to collect all eyewear that they handle so that selections can be sanitized before returned to displays.
- When keeping a distance isn’t an option, the doctors will be wearing face shields in addition to masks.

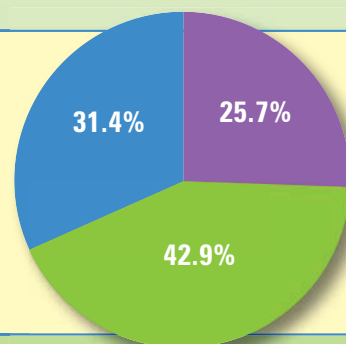
The practice will open one clinic location to start for the first week, followed by a gradual opening of the other two and a maximum capacity that is around 60 percent of their normal patient schedule. “The gradual opening will allow us to master our new procedures and gain the confidence of our staff. We are looking forward to seeing how the slower-paced day translates into better opportunities to educate and connect with patients and learn from it as we get back to running full capacity hopefully sooner than later.” She anticipates that offering more telemedicine services will be another way to make care more accessible. | [WO](#) |

“[Patients’] peace of mind is key to trusting us as their provider.”

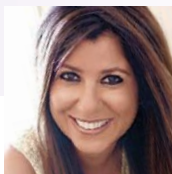
How’s the Pace?

- Very manageable: I’m energized and can do more.
- It’s ok. I’m adjusting.
- I’m exhausted. How can fewer patients make me more tired?

WO Po-up Poll, May 2020



Letting Patients Know the Process



To help patients coming to EyeXam in Santa Clara, California, understand what they can expect, **Nikki Iravani, OD**, created a YouTube video that walks patients through the new process. The video serves two purposes: not only does it prepare patients for what to expect, it also reassures all current and prospective patients that the practice is taking steps to ensure the health and safety of everyone in the office.

The video shows how the staff is wearing face shields and logo scrubs, and Dr. Iravani goes through the contents of the “goodie bag” that patients will receive: mask, gloves and eye drops. The video shows the spacious office, reinforcing the idea that social distancing is possible, and notes that the practice is also available for telemedicine consults if patients are uncomfortable coming in. | [WO](#) |

Fewer Trips to the Dry Cleaners

The results of a *Women In Optometry* Pop-up Poll show that easy-wash-and-wear clothing is likely to dominate the scene in most optometry practices for the time being. More than 300 people responded to this poll, showing a high level of interest in how potentially to keep work germs out of the house.

Forty percent of respondents said that they’ll be wearing scrubs when they return to practice. Another 24 percent said they’ll be wearing scrubs plus a white coat, potentially adding one more fabric layer of separation between themselves and patients. Still another 16 percent said that they’re likely to wear the white lab coat over their business or business/casual clothes.



Business casual clothing—khakis, polo shirts, cotton fibers—round out the listing. Thirty-five percent of respondents said that clothing protocols for staff will be changing—with staff members switching to scrubs.

An earlier *WO* Pop-up Poll found that about 40 percent of ODs routinely wear their white coats, while another 40 percent said they do not.

Respondents to this poll also noted that they’re reconsidering their footwear, with many saying that they are looking for footwear that can be hosed off or washed easily. While nearly 42 percent said they anticipate wearing the same shoe styles they wore pre-COVID, 35 percent said they expect to wear machine-washable shoes—Keds, Rothys, Toms, sneakers. Another 17 percent said they’ll be wearing hosiery/wipeable shoes like Crocs and Danskos.

GOODBYE TO THE TOES

A number of respondents to this poll said that the office policy will be no open-toed shoes for the foreseeable future. In a 2019 *WO* Pop-up Poll, nearly 50 percent of respondents said it was ok and appropriate for a doctor to wear open-toed shoes. The 36 percent who said it was not ok to do so would likely be larger now. | [WO](#) |

What *WO* Readers Were Doing When They Weren’t Seeing Patients



Dr. Richard with her drawings

Melissa Richard, OD, MS, of Spectrum Vision Care in Chalfont, Pennsylvania, says, “I started drawing again, something I haven’t done in many years. It’s a great way for me to de-stress, and I plan on continuing even when I do go back to work full time.” Here is a series she did of dogs in sunglasses. | [WO](#) |



Writing Manuals

Samantha Hornberger, OD, of Lawrenceburg, Indiana, put her time to use by writing both an office closing and then an office reopening manual. She has made both available through her mentoring website, [themoderneyesite.com](#). | [WO](#) |



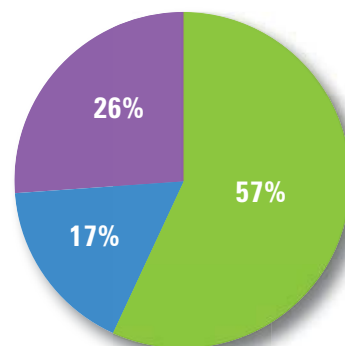
Dr. Hornberger



Reopening manual

How Are You Spending Your Time Away From Office/Patient Care Duties?

- Trying to balance between business and home
- Thinking about the office/business nearly full time
- Primarily focused on being present at home



Source: *WO* Pop-up Poll, April 2020

Guidance for Continuity EMPHASIZES CONNECTIONS with PROVIDERS and PATIENTS

WE ARE STRONGER TOGETHER



Current times are challenging, indeed. Each of us has been impacted by the far-reaching effects of COVID-19, both in our personal and professional lives.

In light of the disruption being experienced around the world, Essilor is working to build on its foundation of support for private practice and keep optimism strong. We are confident in the ability of our industry to recover and know that patients will soon return to you to address their changing visual and eye health needs. Out of a challenging situation is an opportunity to elevate the patient experience.

To prepare for this time of recovery, we have compiled some essential tips to help get your practice, staff, and patients ready.

Tip 1: Choose partners and leverage the power of community

It is more important than ever for us all to stay connected. There are many groups and resources out there, so it is important to connect and access the entirety of what may be available to help your practice.

- Leverage the resources for small businesses including financial and operational support (Small Business Administration, local and state chambers of commerce, practice accountants, etc.)
- Access professional resources for industry guidelines and best practices (AMA, CDC, etc.)
- Investigate programs offered by your vendors. Essilor offers options to address your unique business needs, including deferred billing and promotions to help alleviate financial burden.
- Take advantage of educational resources to keep your staff engaged, trained, and ready to provide optimal patient experiences. Essilor's robust online learning platform is offering 30 days of complimentary access.
- Seek support from the community. Doctor alliances such as Vision Source, PERC, and OptPro, offer resources to help navigate this difficult time and emerge strong during recovery.

ODs can download *Healthy Practice Guidelines* through the Essilor website.

There's more to reopening than acquiring personal protective equipment and sanitizing the space. Organizations issuing health and safety guidelines are addressing these aspects effectively. But maintaining a healthy practice environment now and into the future is getting less attention, says Essilor Senior Vice President Millicent Knight, OD, FAAO, FAARM, FNAP.



Dr. Knight

"I pictured myself back as an OD owner in practice and also as my current role as a supporter of owners. How could we be stronger advocates, becoming a true partner in filling in knowledge gaps on how to keep the doors open with a lower patient volume, human resources challenges and more? Doctors may not have time to research everything they might need to know," she says.

So she and her team created a *Healthy Practice Guidelines* document. Without having to manage a practice

and care for patients, her team "could do the research and look at ways in which doctors can face the disruption in the industry and take a fresh look at the practice." The document details five tips: choose partners and leverage the power of community, stay financially sound through the crisis, prepare your office and staff for patient return, communicate with patients and plan for the future.

Dr. Knight stresses the need to think about the practice and patient experience holistically, creating an

environment to which patients are happy to return. *Healthy Practice Guidelines* encourages ODs to take advantage of vendor resources, such as the robust staff training offered on ECPUniversity. "This covers everything from onboarding new staff to the sophisticated customer service needs of managing a front desk," says Dr. Knight.

Optometrists have an opportunity here to differentiate their level of care. "Take advantage of the changed cadence to educate patients about issues like protection against harmful blue light for children who just completed screen-based home schooling and are increasingly gaming on their devices. It's a chance to talk about protective lens treatments and lifestyle habits like playing outside or turning off the devices before bed." Patients will associate the value of that education with the value of your products and practice, she says.

SELF CARE

Many ODs have been busy taking care of many details of business operations and family members. "But make sure you're taking care of yourselves, managing your stress, taking immune-boosting vitamins, eating and resting well and exercising," Dr. Knight says. "Don't forget that the doctor credited with first raising the alarm about COVID-19 was an ophthalmologist seeing an asymptomatic patient for a glaucoma follow-up," she says. Dr. Knight challenges ODs to remember that they cannot serve their patients and families if they don't take care of themselves.

NETWORK STRENGTH

Before Dr. Knight moved into industry, she had a private practice in Evanston, Illinois. Being a

member of the Vision Source® network then was important to her. "We're stronger together. If you're out there by yourself, working through the ambiguity of advice from so many sources, it can be time-consuming and confusing," she says. "Your time may be better spent generating revenue for the business. I appreciate that Vision Source is full of early adopters and could put me in direct contact with individuals who could provide support to advance my practice."

So it's not entirely surprising that she went back to her former colleagues to ask what it was that doctors needed while drafting her *Healthy Practice Guidelines*. Dr. Knight was also able to pull in resources from around the globe. "A lot of the information I gathered was based on experiences in ophthalmology practices in China, for example," she says. It has been helpful to approach this pandemic with a global perspective, she says, as the more ODs know, the more prepared they will be to operate safely when patients return in larger numbers.

It's also valuable information to process should there be a resurgence of COVID-19 or a more localized emergency. "This time, most everyone was caught without an emergency response and some without access to a resource team that should include a personal banker, attorney, practice consultant and human resources specialists. But now we have the opportunity to put structures, systems and emergency savings in place." | [WO](#) |

WOnline
Read more in the Essilor channel under Growth Strategies on womeninoptometry.com.

THE FUTURE OF SALES VISITS

Dr. Millicent Knight leads the sales training team at Essilor and is collaborating with the sales and marketing teams proactively to navigate how customer partnerships and sales calls will function in the future. "Sales teams will be respectful of how doctors and practices want to interact with them. If doctors prefer virtual visits, our sales team will accommodate that. If they are ready for in-office visits, our sales representatives will be carrying their own personal protective equipment: masks, gloves, shoe booties and hand sanitizer. We don't want them to take any of the valuable supplies from doctors or to be disruptive to the new practice flow and protocols." | [WO](#) |

Teamwork Created BEST PRACTICES That Could Be Rolled Out on A LARGE SCALE

MyEyeDr. was leveraging social media to let patients know that locations were reopening.



For the past few months, **Kirsten Albrecht, OD**, vice president of integrations for MyEyeDr., donned an entirely new hat. “Even though my day job is acquisitions and integrations, I’m familiar with doctor operations,” she says, so she was one of the members of the professional services team who was asked to plan around COVID-19.



Dr. Albrecht

Dr. Albrecht’s private practice became a MyEyeDr. location in 2013. In her role recruiting and helping doctors integrate practices into the MyEyeDr. model, she has come to know many of the practices. She knew the dedication of MyEyeDr. providers and was unsurprised that telemedicine became an immediate shift that allowed practitioners to continue to see some patients. “We were always able to provide care for emergency patients,” she says. But for about six weeks when in-office care was paused, the practices did revise their telemedicine and on-call services.

“We had been starting to look at how to implement telemedicine in the future, especially for locations where doctor coverage was harder to provide,” she says. “We looked at different platforms, but the pandemic really accelerated things.” MyEyeDr. locations began by launching Eyefinity EHR in any offices where it hadn’t been and have since started working with the Eyefinity telemedicine platform with the goal to allow optometrists to be able to connect with patients.

READY TO HELP

“It was interesting for me, personally, to see how willing our doctors were to adopt and use technology in this way, something that they may have hesitated about earlier,” Dr. Albrecht says. “They knew that their participation in telemedicine, and even on-call emergency services, meant that we could help and do our part in keeping

patients out of emergency rooms and urgent care centers so as not to overwhelm the front line.”

The experimental run with telemedicine during COVID-19 may look different in the future, but Dr. Albrecht says that she’s curious to see where it can go. She enjoyed testing the capabilities of different systems. As insurers provide increased coverage for telemedicine services and more standard,

HIPAA-compliant protocols are used, it could improve patients’ access to providers. “We would be able to streamline our on-call ability, and we could provide additional access where we have limited coverage.”

As patients begin to return to their doctors’ offices, telemedicine could also potentially relieve some of the strain on the backlog of calls. “If we can have a combination of the ability to see patients in office and follow up with a telehealth platform, that backlog could be relieved more quickly.”

REOPENINGS

MyEyeDr. began reopening locations in late April with about 117 locations reopening, followed by another 200 or so in mid-May. Dr. Albrecht says that the protocols of “open” offices follow state health department, Centers for Disease Control and Prevention and American Optometric Association guidelines. These protocols included asking patients screening questions; taking temperatures; having doctors, staff and patients wearing masks MyEyeDr. provides; and limiting the number of people inside the location at one time.

PLANNING FOR THE FUTURE

MyEyeDr. has significant experience in opening and merging practices into the MyEyeDr. model. It had no experience in how to pause in-office care for hundreds of practices on a nationwide scale. That necessity

of systematically shutting location doors, keeping doctors and essential employees working from home and then reopening in phased approaches showed the need for a better regional and national disaster plan.

“Even if it felt like we were flying blind some days, it was a true learning experience,” she says. She and the others on the team continually collected best practices that they could share. That helped them guide practices in a more systematic way. “We’d try it one way, and if we were not able to provide the support to doctors and patients, we shifted and redirected so that we could.”

In her conversations with potential integrations, Dr. Albrecht already spends time talking with doctors about long-range planning. Some eye care professionals become MyEyeDr. practices because there’s a family emergency or they’re concerned about their own health issues and that threatens their practice future. “We often spend time talking about the necessity of a plan for the unexpected,” she says.

And while no organization was prepared for a pandemic of this scale, she says so many doctors were grateful that they were not trying to navigate through the maze alone as solo private practitioners.

COMMUNICATION IS KEY

Just as providers need to have discussions with patients to let them know the status of what to expect, organizations also have to be transparent with their teams. It’s challenging when the ground shifts almost daily, Dr. Albrecht says. “We want our patients, doctors and staff to feel that all of us are in this together.” | [WO](#) |

WOnline

Read more in the MyEyeDr channel under Growth Strategies on [womeninoptometry.com](#).

Reopening Means Re-establishing the **CAPTURE RATE**



Capture key performance indicators on any device.

Reopening Norwalk Eye Care in Norwalk, Connecticut, to routine and comprehensive care after COVID-19 is going to force a resetting of the key performance indicators (KPIs), such as the capture rate of sales of complete eyewear, says **Jennifer L. Stewart, OD**, co-owner.



Dr. Stewart

The practice has tracked the capture rate consistently because it is the most critical step in increasing profits, even more important than increasing the number of patients seen. The practice has been using EDGEPro by GPN Technologies to generate and highlight detailed and varied data.

Eye care professionals cannot expect to pick up exactly where they were. So it's important to start measuring from where they are now, perhaps using where they were pre-COVID as a goal. While capture rate tracks sales, "it also provides a critical measure of how well we communicate," says Dr. Stewart. "What are we saying in the exam room that is reinforced in the optical? How well is that common message delivered?"

DRILL DOWN INTO DATA

With EDGEPro, the practice can analyze various areas of capture rate: antireflective (AR) lens sales, second-pair sales and percentage of premium lenses, seeing where each is up or down, how capture rates vary by insurance plans and price points per insurance plan. In post-COVID-19 times, being able to evaluate the profitability of a plan becomes even more important as practices seek to make up lost revenues.

THE TRUE STORY

Data removes the emotion from the analysis. Dr. Stewart says, "We think that we're busy, and we may be, but are we profitable? How many of our patients are actually completing the transaction and purchasing a full set of eyewear?" By analyzing the capture

rate in several combinations—overall, by doctor, by optical staff member—she can see if there is a disconnect with certain doctors. It shows if certain doctors and opticians are not working well together. "Then we can readily address a situation where we need improvement."

The objectivity of data also makes it a premium educational tool with staff. Dr. Stewart uses

it to help set goals that staff members understand. "If we say we're going to 'increase AR capture rate by 20 percent,' that's not a number that means anything. So we say, 'I want you each to do two more sets of AR each day to meet our goal.' Small, tangible goals help staff to see the difference they can make," she says.

Data analysis can help with determining the right frame mix and even the right pricing strategies. The practice also uses it to determine whether patients are leveraging their vision benefits fully and in conjunction with flexible spending accounts, for example.

STAFF COMMUNICATION

As practices determine their staffing needs post-COVID-19, data analysis can help tune the messaging. "We examine whether we talk about second pairs and sunglasses while in the exam room. Do we make sure our contact lens patients have a backup pair of eyeglasses? By looking at everyone's numbers in these specific areas, we can have informed conversations about maximizing our capture rates," she says. New and experienced staff can learn from each other.

In short, tracking the capture rate is a

solid management tool. The practice meets with its opticians every few months and shares capture rate data from EDGEPro. "We don't compare one optician to another; rather, we show them their own performance over time and ask: 'I notice your capture rate has gone down. Is there something going on? Are you talking about Transitions® and premium progressive lenses? Are you emphasizing insurance benefits that can be used? Second pairs? How can I help?'"

LOOK IN THE MIRROR

Optometrists are unlikely to return to a business-as-usual scenario, at least initially. So it's important to analyze yourself, says Dr. Stewart. She spends time talking to patients about hobbies, sports and computer usage so she can recommend multiple

pairs, sunscreen and appropriate specialty lenses. "When we discuss the benefits of these products, our capture rates reflect it."

Yet if the sales aren't materializing,

it could mean that those conversations are not being held or there's a disconnect between the exam room recommendation and the optical side of the business. With this system, Dr. Stewart can react quickly rather than discover it only after the lab bills or revenue tallies for the month are reviewed.

That's important to her because she cannot hear the conversations between opticians and patients. "In our old office, I overheard a lot of what was said in the optical, and I made notes to improve staff presentations. But we've moved to much larger offices, and the optical no longer is within earshot," she says. "By making a change early on, I can increase office efficiency and profitability so that everyone benefits." | [WO](#) |

CAPTURE RATE DEFINED

How many refractive exam patients are fulfilling the treatment plan that you prescribed? How many patients are following through and getting a complete set of eyewear or contact lenses, and how many get Transitions® on no-glare lenses, for example? | [WO](#) |

AWARD-WINNING WOMEN

EDUCATOR OF THE YEAR:

Mentor Guided Her Toward Career in Education

Newly awarded Optometric Educator of the Year **Caroline Beesley Pate, OD**, found her calling in academia not long after she matched into a residency program at the University of Alabama at Birmingham (UAB) School of Optometry to train under her mentor **Tammy Than, OD**, a previous winner of this award. After graduating from Pennsylvania College of Optometry, now at Salus University, Dr. Pate knew she wanted to train under Dr. Than. Early on, Dr. Pate was on the fence, thinking she would return to her home state of Maryland after her residency. But a two-day-a-week academic role soon turned into a full-time job—one she has been in since 2005.



Dr. Pate

“Academia is the right fit for me because of the variety it gives me,” she says, “Every day is different,” with seeing patients, teaching and having an administrative role running the residency program.

“The award was quite a surprise,” Dr. Pate laughs. “It’s an honor not only to be recognized by Alabama in 2019 for Alabama Optometric Educator of the Year but nationally.” She acknowledges her fellow award winners, saying, “I’m in a great company...it’s hard to believe I’m on the same list!”

Dr. Pate experiences the joy felt by many ODs from being able to serve her community. “What we do is not out of obligation, it’s because we care; we are not looking for recognition,” she says. “It’s wonderful when people see that, but it’s not why we do what we do.”

BUSIER THAN BEFORE

Dr. Pate’s schedule has not slowed down because of COVID-19. “I’m probably working more,” she notes. UAB has long offered some online platforms to complement in-person courses, so that technology has come in handy while trying to maintain her students’ education. “It’s been a way for me to post my lectures and do weekly quizzes; we were already testing electronically.”

But her home life has become a little more frenetic. Like many ODs, Dr. Pate is now also in charge of her children’s schooling, so a typical 9-5 day is not possible. “My life has been rescheduled,” she says. “I prerecord my lectures when my kids go to bed and use my class time now to meet with students virtually to talk about patients and cases.” Knowing that many of her students may be in similar situations with their families, Dr. Pate wanted to make lectures accessible for students to watch on their own schedules.

Residents have been able to go into the office for emergency medical procedures, and patients and have used telemedicine to coordinate and assist in patient care. “The patients send photos and the residents are able to decide if they should go in. The residents, supervisors and I collaborate on all of the cases, which actually have been great scenarios to discuss with the students during our class time,” she says.

The pandemic has accelerated adaption of technology. “It has

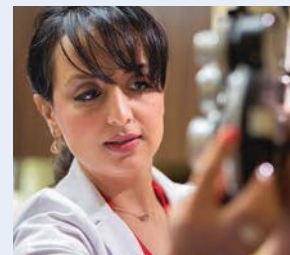
forced people who weren’t as tech-savvy to become more so, in terms of academia.” She’s been finding ways to make her lectures and content equally meaningful, jump into modern technology and step up everyone’s game in terms of clinic cleanliness. The long-term impact on campuses and professional meetings remains to be seen. “It’s different,” she says, “but we are looking for more opportunity.”

YOUNG OPTOMETRIST OF THE YEAR:

A Go-getter From the Start

Roya Attar, OD, has had a somewhat unconventional path to her success. She took some time between achieving her undergraduate degree and going to optometry school to start her family.

As a member of the inaugural class at Rosenberg School of Optometry, University of the Incarnate Word, she found that the downside of being the first OD students on campus was a lack of student groups and activities—so she got to work. On top of her time spent cultivating a campus community, she willingly pushed herself to excel in her schoolwork. “Initially, I thought having a family would be an issue,” she said, “but it was a big motivator. If you’re going to be away from your family, make it count.”



Dr. Attar

Between her go-getter attitude and impressive academic work, Dr. Attar caught the attention of colleagues and mentors. Following her graduation, she began working at Kentucky College of Optometry. She found great pleasure in working in academic administration, as she had recently experienced life as a student. “I was able to anticipate what the needs of the students would be and was able to resolve them before they became an issue.”

SETTING A NEW PACE

After having experienced academia, she began to search for opportunities that allowed her to practice and be at a medical college. “I like to be challenged,” Dr. Attar says. “I have time to get involved in research, and students keep you on your toes. You have to be operating at the highest level.” Serendipitously, Dr. Attar found an opening at University of Mississippi Medical Center and became the first optometrist to work there, joining their team that had previously only been ophthalmologists.

Dr. Attar focuses her time building lasting relationships with her students. “We have about 10 residents who are in our program, and it’s nice to have an impact on the future of our students.”

On the forefront of everyone’s mind is the COVID-19 pandemic. Despite pushing back the AOA awards ceremony and drastically altering the way that Dr. Attar and her colleagues teach and serve their patients, she finds the positive. From being able to catch up on administrative work to residency requirements, she feels their department has—and will continue to—come out ahead. “The way I choose to look at it is that it’s an opportunity to thrive in the future.” | [WO](#) |

OFFICE Design

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Large windows bring light and interest into practices



Navy and gold pop against the bright white and gray walls.



Dr. Stewart



Dr. Jackson

A SERENE SCENE

Kimberly Phillips-Stewart, OD, had all of the details picked out for her future practice before she and husband Chris Stewart, OD, even found the Oviedo, Florida, space where they would open their practice in 2017. A contractor built out the 2,000-square-foot empty shell. Dr. Phillips-Stewart chose a modern style that is carried throughout the entire space. "The office is very serene, welcoming and light," she says.



Big windows and reclaimed wood blend inside and out in this Lake Tahoe-area practice.

Decor brings outside in.



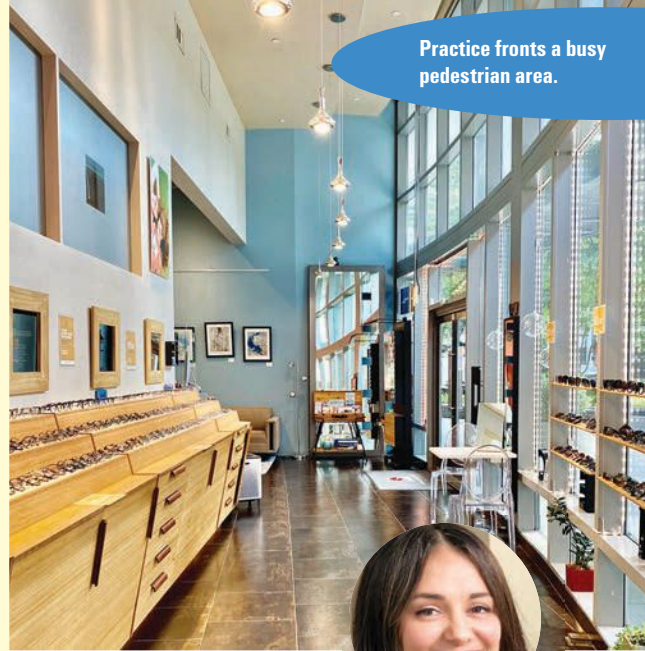
BIG SKY, SMALL SPACE

In just a 560-square-foot space, Erica Perlman, OD, has created an awesome practice in Big Sky, Montana, which reflects the surrounding Gallatin Mountain range. It helps that the tiny space is surrounded by the big outdoors. “The gigantic windows open up the space. I can have a patient in the back, and it doesn’t feel too crowded if someone is in the homey reception area.”



Dr. Perlman

Practice fronts a busy pedestrian area.



Dr. Ioussifova

A NATURAL LOOK AND APPROACH

Mila Ioussifova, OD, opened South Waterfront Eye Care in Portland, Oregon, in 2013. In her practice, she has found two main passions: dry eye and nutrition. “When we examine our patients, we shouldn’t just be treating their eyeballs; we should be treating a whole person. Chronic conditions, which include dry eye disease and rosacea, should have a holistic approach where nutrition, lifestyle and evidence-based functional medicine are all part of the management plan,” she says.

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OPEN

A MOUNTAIN PARADISE

Christie Jackson, OD, was going for a “mountain chic” look when she purchased a practice in Truckee, California, from a retiring OD. The outside of the building was fabulous—a sort of modern ski lodge—but the inside was all beige walls and rose laminate. She remodeled, creating a much younger, brighter feel. “We incorporated corrugated metal, reclaimed wood and bright teal for the walls. The pretesting room looks like a shed with a sliding barn door, and the front desk area is reclaimed wood from an old dairy farm,” she says.



Dr. Morrow



Modern eye care meets Victorian charm.

FRESH LOOK FOR A HISTORIC SPACE

Erika Morrow, OD, MS, found a space in historic Savannah, Georgia, to open ForSight Unique Eye Care & Eye Wear. The building that houses the practice was built in 1914, and it has more than 60,000 square feet. Her office takes up about 2,100 square feet. When she first saw the space, it didn’t even have floors, but it had a great tin ceiling and an unusual staircase. She had the vision to turn it into a unique blend of old and new. A little over a year since she first saw it, she was able to open the doors in August 2019. | [WO](#) |



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SLOW and STEADY

A California OD recalls her patience and the way it paid off in opening her private practice

No Rush: Heights Optometry invites patients to linger.

Meredith Walton, OD, of Heights Optometry in San Diego, California, had dreamed of opening her own practice since her undergraduate years. She took her time, however, paying her dues as an optician during school and then volunteering to see patients at a U.S. Naval Hospital in Naples, Italy, while her husband, **Mark**, was stationed there. When they were assigned to move to San Diego, she worked in an ophthalmology practice that specialized in LASIK and cataract surgery.

The demand to move around proved to be a boon to the Waltons, though, and Dr. Walton recalls the opportunity to learn in different areas. “Working in a variety of settings was an invaluable experience,” she says. “It also reinforced for me that private practice was where I truly wanted to be.” When the Waltons purchased their first home in San Diego, she knew it was the perfect opportunity to open her own practice in their neighborhood. Everything was falling into place. “A beautiful space in a historic building had just come up for lease,” she says, “so the timing could not have worked out better.”



Dr. Walton wanted a simple, uncluttered look.

The Waltons were also expecting their first child, and Dr. Walton decided to use some of the down time of her maternity leave to lay some groundwork for her cold start.

DESIGNING WOMEN

When it came to the look and feel of her budding practice, Dr. Walton had a clear vision. “I knew that I wanted the Heights Optometry vibe to feel more like a hip neighbor’s house rather than a stiff clinic,” she says. “My vision was for the office to be comfortable, welcoming and professional yet offer a pressure-free experience for our patients.

It was important to me for the shop to feel open.”

As it turns out, a minimalistic approach was key to this look. “We are mindful to keep our look simple and not



over-brand. We streamline our in-store advertisements and we remove barriers between customers and our selection of eyewear products,” she says, “Our goal is to present ourselves as the eye doctor people want to come to, and I think that comes through in our design.” Dr. Walton has found that their emphasis on patient experience has become the defining point of their business.

In terms of physical traits of the office, the unique furniture from the Waltons’ time in Italy catches people’s eyes—no pun intended—and attracts those passing by to check out the shop.

WE ARE FAMILY

A highlight to the practice is its ability to connect with the community. “There is always something local going on. From our business association to our neighborhood association—there are street fairs, festivals and events that are easy to get involved in and are a lot of fun.” At the end of the day, the desire to work for their community—a phrase familiar to many ODs—is their priority. “We love being a part of and serving our community.” | [WQ](#)



Each element is purposeful.

Voices

MISSION-DRIVEN, PATIENT-APPROVED

An Oregon OD makes her business a small, family affair to offer low-cost eye care



Dr. Frost

By Melissa Frost, OD, Frost Eye Care of Corvallis, Oregon

I knew personally about the importance of affordable health care. Before working seven years as a nurse, I was a young mom coming from a working-class family. My dad was a teacher. We had what we needed most of the time, but it was always difficult. I became a mom at 18 and experienced not having a lot of the things that my family needed. When I was able to open my own practice a few years ago, I knew that I wanted to offer low-cost eye care solutions to my community.

I spent the first decade of my career following my 2001 graduation from Indiana University School of Optometry at different practices—mostly corporate-affiliated locations—before moving to Oregon with my family. After the move, I found there was such a need to serve adults who had no access to eye care. In 2016, I opened Frost Eye Care, doing everything I could to keep eye care costs low.

At first, I was the only person in the office; I was the front desk staffer, optician and doctor. Eventually, as word spread and my patient base grew, I knew it was more than I could handle on my own. Earlier this year, my husband

quit his teaching job to work full time as my only staff member, allowing us to keep the number of salaries and insurance coverages to a minimum, all to serve our patients.

The practice has become a true family affair, as my four children, aged 18 to 33, help, from picking out the frame collection to designing the logo and signage.

ROLLING WITH THE PUNCHES

The timing of our decision to have my husband join the team full time wasn't ideal as COVID-19 struck soon after. But this isn't the end of the road. We're going to be needed even more once this is over. The biggest impact will be the number of people who need us. With plans in place to implement new sanitation standards, patient scheduling and temperature-taking at the door, we are ready to face the new normal when the time comes.

Through it all, serving the community is our top priority. Remembering my experience from my early years draws me to help others who actually need it. It's so rewarding. | [WO](#) |

THE COVID-19 EXPERIENCE FROM AN OPTOMETRY STUDENT'S PERSPECTIVE

By Irina Yakubin, OD, InterAmerican University of Puerto Rico, School of Optometry 2020 graduate



Dr. Yakubin

It wasn't supposed to be like this. Like most fourth years, I had expected to spend the last months of optometry school seeing patients in clinic, with a focus on becoming licensed in my state, of course, and job hunting. Here's what it was like to be dealing with the pandemic as a fourth-year optometry student.

Finishing the year at home presented a challenge for all schools and students. Fourth years rely on clinical cases to complete our fourth-year rotations. A few schools, mine included, canceled graduations, which is sad considering that my class has been through several natural disasters.

Many students had to leave their clinic sites in order to return home after rotations were dismissed. I'm lucky that I had my equipment and all of my belongings with me because I was on rotation in my home city and living with my family; I know that most of my class could not say the same.

THE BIG QUESTIONS

Not only are we in the class of 2020 worried about finishing our programs and becoming licensed in our respective states, but we also, at some point, are going to need to find a job. What will job hunting look like in a post-COVID-19 economy?

Despite the difficult situation, I believe that optimism is important. The class of 2020 will graduate, get licensed and find jobs. The details are a bit fuzzy, but I do believe

that I and my fellow optometry students will get it done.

In many aspects, my class is fortunate. We have the opportunity to learn from how optometrists are handling the crisis from our friends, contacts and, of course, through social media.

The profession of optometry has always been dynamic. But the COVID-19 crisis is challenging us to change even more in order to meet future patient needs and to continue to fight for our rights as primary care providers.

COMING TOGETHER

One amazing trend that I'm seeing throughout this pandemic is communities coming together, and the optometric community is no exception. Recently, the American Academy of Optometry launched online courses from doctors who, I assume, are volunteering their time to present cases to students. Every day, I see optometrists exchanging advice, sharing news and even posting memes to cheer each other up during this trying time. Likewise, webinars and Zoom meetings, including Zoom Happy Hours, are becoming a way to stay in touch, exchange information and squeeze in a bit of social interaction. | [WO](#) |

Dr. Yakubin can be reached via email irinayakubin@yahoo.com.

A SECOND CHANCE

A liver transplant recipient, OD is committed to helping the underserved and disadvantaged.

By Amanda J. Setto, OD, of Los Angeles, California

While volunteering at University of California, Los Angeles (UCLA), I never thought I would one day be a patient there. My plan was to become an optometrist. However, amidst the volunteering, school applications and interviewing, I began to experience random symptoms such as constant itching and abdominal distention. Of course, I started to worry. What could be causing this?

After spending hours browsing the web, I had come to the conclusion that I could have liver cirrhosis. At the time, I had also gotten my acceptance letter from Western University of Health Sciences College of Optometry. I was excited but worried about my health. Within days, jaundice kicked in, and I was admitted quickly through the ER. Unfortunately, my suspicions had been correct. My liver was failing rapidly from a rare autoimmune disease called primary sclerosing cholangitis. This devastating disease occurs in five percent of patients with ulcerative colitis, a condition I've dealt with since the age of 9.

With a liver transplant as the only possible cure, I was placed on the waiting list at UCLA's Ronald Reagan Medical Center. Paradoxically, the sicker a patient on the organ transplant list becomes, the quicker the patient moves to the top of the priority list. Somewhere along my increasing hepatic encephalopathy and kidney failure, I fell into a coma for two weeks. With just 24 hours left to live, I finally received a liver transplant on Apr. 1, 2011. It was a miraculous yet tragic gift that I think of every day. I got a second chance, but another family had to deal with the grief of losing a loved one. I can never thank my organ donor in person, but I hope I can make her proud of the life she's given me.

Even after transplant, I had a multitude of complications and surgeries (nine total) including a month-long fever and infection, pulmonary embolism, tracheostomy,

kidney failure and total muscle loss. I had to relearn everything...how to breathe on my own without a ventilator, sit up, talk without a trach and walk on my own. It was like I had been reborn and everything was new to me.

My aunts, uncle, cousins, friends and even my new UCLA family of nurses, care providers and doctors gave me constant support. But what really got me through my total of nine months in the hospital was my mom. She stayed with me every single day and every night. She slept on chairs and makeshift beds just to be by my side. I don't think I would be here without my mother's calming voice, her soothing nature, her patience and her strong belief that I would conquer it all.

After the hospital stay, I spent one year at home recuperating. Luckily, Western deferred my acceptance, and I was able to start school in 2012. Optometry school is a difficult academic endeavor; it challenged me mentally, emotionally and physically. However, I had come too far to simply give up. Whenever I doubted myself, I would always say, "I survived a liver transplant; I can survive this." That motto got me through school and definitely gets me through difficult times.

Now, I work at a local community health center, Clinicas Del Camino Real, Inc., helping the underserved and economically disadvantaged. I'm also helping my mom through her battle with ocular melanoma; I discovered it in time, but it's been a tough journey.

This year marks nine years since my transplant, and I am so thankful to be where I am today. I wouldn't be a walking miracle if it wasn't for my health care heroes, the unending support of my family and friends and, most importantly, my organ donor who gave me a second chance at life. | [WO](#) |

Follow Dr. Setto's artistic eye-related page on Instagram @eyeaholic.

“I survived a liver transplant; I can survive [optometry school].”



Dr. Setto credits her mother's moral support through optometry school but especially as she was hospitalized and during recovery.



Women In Optometry

MOVES ONLINE



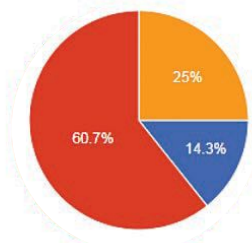
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● Feeling good; status quo
● Higher than usual
● All-time high

WO Pop-up Polls provide insights into events and attitudes.

Women In Optometry (WO) is moving to an all-digital platform after this final print issue. We had anticipated making that shift in 2021, but COVID-19 sped up the plans as readers visited the newly redesigned and robust womeninoptometry.com platform with greater frequency and urgency.

WO remains deeply committed to the interests of women optometrists, creating a platform to raise issues, concerns and profiles of women who inspire and educate others. Visit WO online for regularly updated news and views, features, polls, practice designs and much more. | WO |

Take a Peek Inside Other Practices

Wanderlust Eyecare in Northfield, Illinois



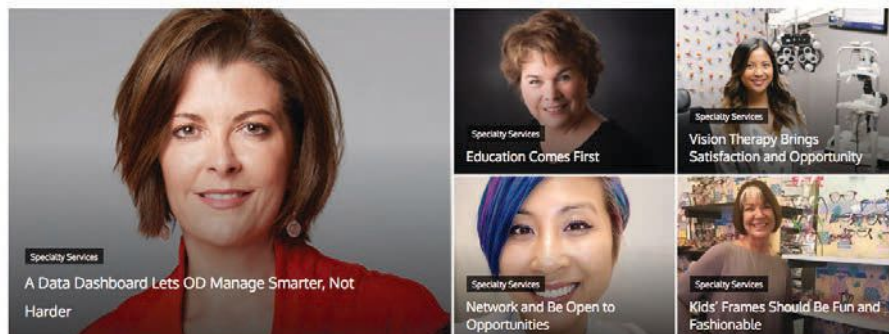
Cedar Park Vision in Cedar Park, Texas



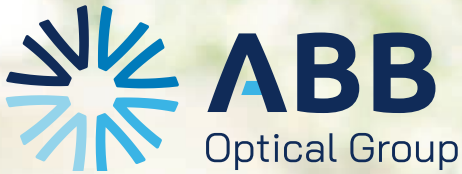
Fitzgerald Family Eyecare in Douglas, Georgia

In the newly designed *Women In Optometry* website, viewers can get a quick look at more than 200 practice designs—on desktop, tablet or phone formats. Scroll through this more visual mobile experience to look for ideas for color, accents, lighting, walls, decor, front desks and more.

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