VM SUMMIT 2018

VM's Summit Explores Leadership Tactics for Transformative Times

NEW YORK—Business trend analysts, branding experts and health and vision care experts shared their views about how leaders can help their organizations adapt to rapid changes in the "climate" of technology and work at the 12th annual *Vision Monday* Global Leadership Summit, held at the Times Center here on March 14. The day-long Summit program and networking event explored the theme, "workSMART: Leadership Tactics for Transformative Times."

The diverse range of speakers offered insights about how the fast sweep of digital technology, empowered consumers and unexpected competition is reshaping the world of work, and why business leaders of startups or established companies need constant learning, swift tactical moves and organizational resilience.

In his opening remarks, Marc Ferrara, CEO, Information Services Division, Jobson Medical Information, said the modern business is an "evolving organism," with changes in workspace design and available technologies fueling the growing telehealth industry and noted companies' need for an agile team that can thrive within this new work environment by "fostering connections and excitement about work" in addition to embracing new technologies.

Next, Jobson senior vice president and *Vision*

Monday editorial director Marge Axelrad observed most, if not all, of the optical industry is feeling the accelerating pace of change happening in our field. She urged optical colleagues to "latch onto the future" and highlighted "the new killer skill set"—one that is agile, flexible and "prizes learning about what you don't know on top of what experience has taught you."

The 2018 VM Summit Premier Sponsors were Essilor, Europa Eyewear and Luxottica. Signature Sponsors include ABS Smart Mirror, Alcon, The Vision Council and VisionWeb. Supporting Sponsors were VSP Global and CareCredit.

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VM LEADERSHIP SUMMIT

Operationalizing Innovation: Leadership in a Changing Health Care Landscape

The optical industry is feeling the accelerating pace of change in our field. As we heard from Marge Axelrad in the opening remarks of the 2018 VM Summit, "competition can come from anywhere and everywhere—and it has." A rapidly changing consumer mindset is bringing a new set of expectations to the vision care space, as explored by Erin Byrne and Jason Dorsey in the Leadership Challenge session.

Health is a major trend impacting technology, noted Erin Byrne, CEO of GreyHealth Group, in her *VM* Summit session on the intersecting dynamics of technology and health care and the agility required by industry leaders in this shifting terrain.

"Change isn't coming, it's here," said Byrne. "What transformed commerce is now transforming health." The availability and actionability of data has fostered disruption, creating new paradigms for traditional markets. No longer is the doctor's office the first and most trusted line of interaction with health care; technology provides ready access to information about health online—and that amount has been doubling every three months.

The "anxiety and trust issues" Byrne recounted as a hallmark of the Millennial generation are due in part to this information overload, and the hunger is growing for more still. And with this reliance on online sources comes concerns about content curation—who is providing, reviewing and maintaining this information?

Millennials, who are beginning to juggle caring for their aging parents with taking care of their own kids (and themselves), are trying to do so while mindful of their often-significant debt (usually from education); their definition of health prizes preventive care to stay healthy, and they think about their well-being as a factor of personal wealth.

According to Byrne, with this comes an expectation of value, and with a tendency to challenge convention/the status quo, Millennials are seeking out remote medical access as a means to direct their own care. Before, if a patient had a problem,

GreyHealth Group's Erin Byrne said "Change isn't coming, it's here. What transformed commerce is now transforming health care."

he or she would call the doctor. Now, the process is more proactive and interactive—patients Google symptoms and visit health groups on Facebook, where they seek out preventive/"wellness" tips as well as DIY treatments.

She cited vision care as Millennials' "point of entry into health" and that with families' "chief health officers"—women—making more than two-thirds of health decisions, eyecare professionals have to ask: "how do we help the CHO feel confident in her decisions?"

"The customer experience needs to BE digital, not just include it," Byrne said.

With doctors increasingly becoming a "secondary source" for Millennial patients (who research and "listen" online, on their own schedule, then ask their provider) Byrne strongly recommended that clinicians "become part of the experience" by supplementing the in-person visit with well-

vetted online resources such as articles, infographics and videos.

To establish loyalty among Millennial patients, Byrne urged practice managers to create informing and engaging experiences—not to "talk at them" via commercials. They are increasingly open to "retail health care," such as receiving immunizations in a chain pharmacy, as well as self-service (including online "eye tests"), in addition to messaging apps, which are seeing growing engagement by people seeking care. At a time of increasing fear of tech's impact on the provider, Byrne advised ECPs to consider how they can build clinician influence into the patient experience, and extend that influence beyond the visit.

Within their organizations, Byrne urged leaders to "operationalize innovation" into all aspects of business and embrace a "partnership perspective" to expand capacity and thinking via pilot programs; to invest people and dollars in innovation teams and establish dedicated times that employees can spend on these projects (with goals audacious enough to possibly fail); and to hire a "catalyst innovator" as well as non-traditional "kids in the garage." Byrne referred to the mentality at her own company, GreyHealth Group, as a "30 year-old startup."

In closing, Byrne called voice activation "the new Wild West:" a key driver of change in health care access and delivery due to its real-time ability to influence and prompt care. Now, in addition to (or instead of) typing or speaking questions into a search engine and getting a list of answers to read through, virtual assistants like Amazon's Alexa provide conversational answers to questions ranging from "Do I have dry eye?" to "Am I normal?" With these programs reshaping access to digital health information, Byrne encouraged attendees to think about where these programs get information and how it is delivered. ∎

— *Sara Bonizio, Contributing Editor*

Hidden Drivers—How They Overcome Real Time Data and Connect Generations

As he spoke about solving tough generational challenges for organizations and leaders, leading Millennial and Gen Z researcher Jason Dorsey peppered his session with penetrating insights illustrating distinct generational differences, such as Boomers and Gen X'ers clinging to pen and paper while Millennials Tweet, Snap and live video their experiences. At the same time, he noted that generations "are not a box we fit neatly inside"—but that studying them provides powerful and predictive clues to understand and connect to different groups.

Everyone has a different natural relationship to tech, which Dorsey said is "invisible until we are forced to interact with someone else who has a different relationship to tech" and that "[it's] only new if you remember the way it was before."

He countered the myth that we are "tech-savvy" saying we're just "tech-dependent," because we don't know how it works. We just know we can't live without it. And with virtual home assistants becoming valuable "homework assistants," the native relationship to technology is changing: Gen Z will be the one that primarily searches online.

Dorsey attributed the most college degrees in the work force—and the most education debt—to Millennials, who are delaying major life decisions, such as home buying and parenthood, but are also outspending all other generations this year—creating a dynamic of "freedom without responsibility."

[Don't] Call Me: Communicating and Marketing to Millennials

For Millennials, who Dorsey said start their first jobs on average one to five years later than prior generations, job applications must not only be available online—completing and submitting them must be mobile-friendly too. As for the job description, the first sentence is the most important.

On the ECP's website, he suggested putting a video, not a block of "About Us" text, on the home page to showcase the practice and company culture. With Millennials as the largest generational representation in the U.S. work force—and the most diverse generation in history—they "demand diversity" in their organizations and seek out those that embody this.

Dorsey highlighted a key difference between Gen X and Millennial employees: among the former group, if your boss talks to you, you're doing something wrong; for the latter, if your boss is not talking to you, you're doing something wrong. To successfully manage and work with Millennials, he recommended providing specific examples of expected performance, including vi-

Leading Millennial and Gen Z researcher Jason Dorsey countered the myth that we are "tech-savvy" saying we're just "tech-dependent," because we don't know how it works.

suals (photo or video) wherever possible, and "quick hit feedback," delivered in more frequent bursts, instead of a long annual review.

How to best deliver the message?

1. Text, not voice. "Real friends don't call"—parents do!

2. Email. (But, Dorsey cautioned, "they only read the subject line"—rendering it akin to a text)

3. Social media. Millennials perceive it as the quickest, most trusted way to get an answer. Dorsey encouraged the audience to not only maintain a LinkedIn account, but to "connect with influencers because it makes you look influential," thus ranking higher in the program's algorithm.

Dorsey noted that Gen Xers, who are "naturally skeptical," feel that actions speak louder than words (and they still like to have paper handouts, whereas Millennials want the video recap). He said that products, services and experiences marketed to Millennials need to be presented as one of a kind, "as unique as they are," but cautioned against using terms like individualized or customized, which are dated concepts of the prior generation.

Despite the popularity of the term, Dorsey maintained "that there is no such thing as real-time data—it already happened; you can't measure something until after it happens."

Through his research and work with leaders from around the globe, Dorsey aims to separate myth from truth regarding generational gaps, zeroing in on interest and trust: key "hidden drivers" which have been shaped by parenting and technology trends. With these forces driving Millennial consumer choices and employee behavior, and an ever-increasing number of Millennial managers in the work force, we're seeing industries transforming at nearly every turn—including optical. ■

— *Sara Bonizio, Contributing Editor*

Flexibility and Access Are Hallmarks of Modern, Agile Companies

Flexibility and instant access to information are key for today's modern companies. As workplaces and organizations become more collaborative, companies need to be transparent and responsive to employees and customers alike.

Anh Phillips, a researcher and author with Deloitte Services opened the session titled "The Agile Company" with observations about how business leaders can address digital technology's rapid changes. Phillips is a leading expert on how companies are thinking differently about adapting to digital changes, which she referred to as "digital maturity."

She said, "Any company designed for success in the 20th century is doomed to failure in the 21st century."

In addition to having a clear strategy she said, "People are the answer to solving this problem. Almost 72 percent of companies don't think they have the talent they need. But the key is to provide workers with the right opportunities to grow and develop their digital maturity." The lack of digital opportunities may increase attrition and those employees tend to leave a company within a year, research shows. Even companies with strong digital leaders will remain ineffective if the culture is not allowing employees to succeed. "Culture is big," she said.

Successful companies with the right digital cultures share similar traits, such as less hierarchy, more collaboration, learning and experience, agile workers and risk-takers, Phillips pointed out.

National Vision CEO Reade Fahs then took the stage to speak about social responsibility and the need for companies to become more collaborative, transparent and responsive to employees and customers. Fahs guided the Summit audience through the history of RestoringVision.org which has provided readers to some 10 million people since its inception in 2003. Founded by Mark Sachs, when RestoringVision.org was started, nearly 40 percent to 50 percent of all people needed readers.

Deloitte's Anh Phillips said companies are thinking differently about adapting to digital changes, which she referred to as "digital maturity."

National Vision CEO Reade Fahs spoke about social responsibility and the need for companies to become more collaborative, transparent and responsive.

Vic and Rachel Puri, the founders of WellnessWorks, talked about how their New York-based start-up is bringing the idea of co-working to health and wellness practitioners.

Throughout his presentation, Fahs talked passionately about the power of helping people see, one pair of eyeglasses at a time. He pointed out that "giving back is not just a Millennial thing" and he called on the optical community in the room to work together on improving vision for those in need.

"People in optical have unique qualifications and tend to stay in the industry for a long time. In a sense, we are public health workers and we are in the midst of a public health issue." Fahs urged the audience to come together in an effort to eliminate the lack of eyeglasses in the world, calling it our "moon shot."

Next, Vic Puri and Rachel Puri, the founders of WellnessWorks, told the Summit audience about how their New York-based start-up is bringing the idea of co-working to health and wellness practitioners. The firm offers co-working spaces for both part-time and full-time health profession-

als. Vic Puri said currently "doctors are not being served. Starting a private practice is not easy and less than 50 percent of health care professionals are independent.

"Our clients are the agile ones because they get to focus on their patients and worry less about office operations," he said. The firm offers end-to-end support including high-end waiting rooms, front-desk reception, online booking and cleaning services. Vic Puri pointed out that doctors can save time and money and end up working smarter by concentrating on their patients instead of office tasks and responsibilities.

Vic's background as a contractor and home builder and Rachel's experience in the mental health field as an RN, proved to be a winning combination in their co-working space enterprise. "Basically, you take care of your patients and we take care of the rest," Vic Puri said. ■

— *Mary Kane, Executive Editor*

Student Innovator of the Year Expands as Seven Students Represent Four Schools

Seven students, representing four schools of optometry were recognized as this year's Student Innovator of the Year Award recipients. Named after Rick Bay, former publisher and president of *Review of Optometry* and *Review of Ophthalmology*, the Foundation's Student Innovator of the Year award aims to support optometry's next generation.

"It was an experiment by Jobson, the Rick Bay Foundation, Essilor and the SUNY College of Optometry, that encouraged students at SUNY to contribute innovative ideas, and we picked a winner who had the opportunity to present their idea on stage," stated Marc Ferrara, CEO Information Services Division, Jobson Medical Information. "Out of that, we had numerous other companies say that they would like to support the program and today, we have four schools of optometry to be represented, thanks to our four sponsors: Essilor, Luxottica, VisionWeb and VSP Global."

Steven Shepard from the University of California Berkeley School of Optometry, was sponsored by VSP Global; Graham Stetson of the New England College of Optometry was sponsored by VisionWeb; sponsored by Luxottica were Southern California College of Optometry's Andrew Sprenkel, Matthew Huu Duc Tran and Andrew Lee; while Elkie Fung and Tara Mahvelati from the SUNY College of Optometry were sponsored by Essilor.

The session was opened up by Shepard who presented his invention, Lumi. Because millions of people are at risk for losing their eyesight due to the high infection risk of using dirty contact lenses, Lumi is Shepard's solution to dirty contact lens wear. Lumi is an intelligent contact lens case which empowers the average person lab-level sanitization of contact lenses.

Shepard said, "It is engineered with the novel integration of thermal, ultrasound and ultraviolet sanitation techniques, empowering the average person to research grade sanitation, using no more power than the cellphones we all use." With Lumi, Shepard aims to make sanitizing contact lenses easy, effective and accessible.

(L to R) The honorees and their sponsors included Berkeley School of Optometry's Steven Shepard; VSP Global's Masoud Nafey, OD, FAAO; New England College of Optometry's Graham Stetson; VisionWeb's Raki Shah; Southern California College of Optometry's Andrew Pablo Lee, Andrew Sprenkel and Matthew Huu Duc Tran; SUNY's Elkie Fung and Tara Mahvelati; Essilor's Howard Purcell, OD, FAAO; and Luxottica Wholesale's Ludovic Ladreyt.

Following Shepard was Stetson who presented The iHeat Eye Mask. Stetson has spent the past two years focusing his research on warm compress devices—how they perform today and how they could be better. His research led him to create The iHeat Eye Mask, a patent-pending, "safer, simpler more efficacious," warm compress therapy for Meibomian gland dysfunction and dry eye.

"Its flexible design allows for a wide range of accessories and consumables, including data acquisition so that providers can track compliance with prescribed treatment regimen. This technology can also be readily adapted to treat other ocular and non-ocular conditions both in the office and at home," Stetson said.

Sprenkel, Huu Duc Tran and Lee, presented Opt-In, a mobile intuitive solution that fixes everyday practicing optometrist's problems such as finding cover doctors. Even though Opt-In has its roots in optometry, it can venture out into the medical and dentistry fields, among others. "What we're trying to do is spread our message and we are looking for potential investors and partners—anyone who can help us get through this process quicker," stated Sprenkel.

Presenting Can-See were Fung and Mahvelati. Can-See is a customizable, automated eye chart that is, "portable, adaptable and limitless," they said. Can-See aims to free ECPs from the restrictions of the manual wheel of eye charts and can be taken anywhere.

Fung and Mahvelati's vision is to integrate a bigger projector and an app, making refraction and binocularity testing as simple and as efficient as possible. Can-See also contains features that are rarely, if ever, used for testing, such as isolating, crowding bars and contrasting. Fung and Mahvelati also added a language component so ECPs can provide basic instructions in multiple languages based on the chart they selected. ■

— *Stephanie Sengwe, Assistant Editor*

workSMART
Leadership Tactics for Transformative Times

Meet the Brand Tacticians, Specializing in Experiences and Locations

The first session of the afternoon kicked off with "Meet the Brand Tacticians" featuring Michael Dorf, founder, City Winery and Melissa Gonzalez, founder and chief pop-up architect, The Lion'esque Group. This VM Summit session aimed to showcase new models and experiences that companies have implemented to appeal to today's hyper-connected consumers.

Dorf opened the session and took the audience through the history of wine and music while tying this lesson to the inception of his first City Winery location. He stressed the pricelessness of intimacy with experiences that can't be digitized for companies in the age where "the mobile phone has become the remote control of our lives." He urged the audience to be more strategic about the spaces where we can engage the senses.

Dorf went on to explain that by telling a good story about the authenticity of your non-digital product, you can effectively couple that with social media and turn your customers with fans who will in turn promote and expand your base via word of mouth.

"Craftsmanship is what people care about. [Businesses] need more than customers, they need advocates and fans. Your fans will sell for you," Dorf said.

He left the audience with this sentiment, "Thank God you can't digitize wine, sperm and eyeglasses."

Melissa Gonzalez, took the stage for the latter half of the session. The founder and chief pop-up architect of the Lion'esque Group educated attendees on the power that pop-up shops have to immerse customers in unique brand experiences while allowing them to promote your brand via social to create "brand evangelists."

Gonzalez explained that pop-ups are powerful tools for consumer outreach. The philosophy of pop-ups include these aspects: To test, grow brand awareness, build relationships, learn about your customer and test viability of long term. She

Melissa Gonzalez said that every point of a pop-up store is to immerse the customer in the experience and promote social media.

The Lion'esque Group's Melissa Gonzalez educated Summit attendees on the power that pop-up shops have to engage customers in unique brand experiences.

City Winery's Michael Dorf stressed the pricelessness of intimacy with experiences that can't be digitized.

mentioned that every point of a pop-up is to immerse the customer in the experience and promote social media.

She took the audience through several examples of the various pop-ups that she has constructed as well as included some from other companies that showcased the creativity and uniqueness that each one highlighted. She further explored the ways in which companies can harness creativity in a brick-and-mortar setting to tell a story.

Gonzalez illustrated how pop-up experiences are all encompassing spaces. They allow consumers to be educated through experience, promote escapism by taking customers on a discovery journey, and empower their inner creative by giving them the ability to become the company's content creators as well as establish an online-offline loop to promote accessible shopping across channels. ■

— *Jamie Wilson, Associate Editor*

Telehealth: Where Changing Technology Challenges Traditional Vision Care

NEW YORK—Telehealth is a topic on the minds of most everyone in eyecare. Perhaps this is due to the fact that telehealth is almost a perfect personification of an eyecare marketplace that today is caught up in rapidly changing technology that directly challenges the traditional notions of how vision care is delivered to patients. Telehealth also is a concept that is top-of-mind with patients and consumers who are exploring the new options for interacting with health care practitioners today.

The rapid rise of telehealth and its impact on vision care was the focus of a multi-part discussion at the VM Summit. The session, "Tackling Disruption: The Telehealth Frontier," featured telehealth experts, leading providers, eyecare professionals and optical retailers. The objective was to examine how health care and business leaders are grappling with the challenges of new technology and how this is reshaping relationships between doctors and patients.

The session consisted of three parts. The first featured three experts in the telehealth field who discussed regulatory and compliance issues: Latoya Thomas, director, State Policy Resource Center, American Telemedicine Association; Daniel Cody, attorney, Jones and Day; and Wallace Lovejoy, founder, Lovejoy Eyecare Consulting.

Thomas noted that ATA (which is based in Washington, D.C.) focuses on helping to expand coverage and reimbursement for telehealth services and also to integrate telecommunications and technology into the health care space, among its other initiatives. The organization defines telemedicine, telehealth and virtual care "as health care services provided from one location to another location using telecommunications," she said, noting that the association has intentionally left the "patient," the provider and specific sites of care out of its definition of telehealth.

"We want to create opportunities and space

for developing innovative models for telehealth," she said. "We also look at opportunities to really enable health care providers to fully utilize these technologies and services."

She noted that, according to ATA's data, 34 states and Washington, D.C., are "fully embracing some component of telemedicine for their state-regulated health plans, at the very least." In addition, there have been recent policy improvements with respect to the Medicare-coverage landscape, she noted.

The forecasts for growth rates going forward for telehealth are in the 10 percent to 13 percent range, attorney Cody said. "The case for telehealth has

Experts in the telehealth field discussed regulatory and compliance issues. (L to R) Jobson's Marge Axelrad; Latoya Thomas, director, State Policy Resource Center, American Telemedicine Association; Daniel Cody, attorney, Jones and Day; and Wallace Lovejoy, founder, Lovejoy Eyecare Consulting.

been answered, and I think it is widely acknowledged that we can deliver better quality care more efficiently using telehealth," he said. "And the second piece of this is that telehealth really goes a long way in terms of lessening some of the traditional socioeconomic barriers there are to access."

Cody noted that state boards of optometry and medicine have gotten "much, much more active in terms of looking at telehealth," particularly in the optical space. "And they are asking questions about how [the] operation is structured and where is the physician located," he added.

Among the regulatory issues of concern in the

telehealth sector are licensing and credentialing, Cody said. Various states have different regulations, which means that any company involved in setting up a telehealth program should review the current regulations in the jurisdiction where they will be operating the telehealth program. "What works in New York might not work in other states," Cody said.

Privacy also is a concern in the telehealth process, and states also have privacy provisions that need to be considered. There is going to be an increase in state and federal activity from a fraud and abuse perspective, Cody said.

Lovejoy, a longtime industry executive, talked about how telemedicine is being used for retinal imaging for diabetic retinopathy, to manage cataracts, glaucoma and for tele-education purposes among doctors or doctor-to-staff training.

"Remote prescribing is probably the hot-button in our industry right now," he added. "How and when can you use telehealth, and who can use telehealth to either write a prescription for the first time, or more typically, renew or slightly change an existing prescription? But there also are issues around prescribing therapeutic pharmaceuticals using telemedicine, as well," he noted.

Still, ocular telemedicine is positioned now to improve both access and outcomes, and also offers a way for doctors to expand their influence, Lovejoy said. "I think it's also a way for doctors to get their patients to be more adherent to whatever they are prescribing in terms of treatment plans," he added.

"It certainly lowers costs and expands the doctors' range of ability to consult and to be consulted, which means a doctor can extend his/her influence and it also makes the doctor more efficient [because they can be working in one location and reviewing data from patients in another location] and with optometry averaging still barely over one

Telehealth: New Options for Vision Testing and Diagnosis

exam per hour there is capacity in the profession to be able to see more patients."

The second segment of the telehealth discussion featured executives from four optical telehealth providers: Howard Fried, OD, the founder of DigitalOptometrics, a tele-optometric startup offering comprehensive eye exams using automated technology; Brent Rasmussen, chief executive officer of Opternative, which offers online vision testing; Lee Kuczewski, director of operations, Smart Vision Labs, which has developed a proprietary, smartphone-based telemedicine platform; and Greg Lechner, director, marketing and communications chief for 20/20NOW, which provides in-store remote eye exams using tele-ophthalmology.

Improving access to vision care was the "genesis" of Smart Vision Labs, according to Kuczewski, and that was followed by asking patients what they wanted out of the eye exam experience. The three things that patients asked for were convenience, "connectedness," and clarity, he said. "We've been following through on this, and over the course of the last several months we've been trying to deliver this."

Kuczewski noted that Smart Vision Labs has 600 of its devices in the field and 100,000 patients have utilized the test, and that the company is still "learning a great deal about this information." He said that Smart Vision has basically taken an auto refractor and miniaturized it. "We are not a replacement for comprehensive care," he added. "But what we do is provide a solution for quick updates to prescriptions for patients."

Fried, describing his company's official launch of a "tele-optometry" service at Vision Expo East, said the DigitalOptometrics approach does permit "real-time communication between the optometrist and the patient." He also noted that the system is designed for both an in-office OD and a remote OD to operate, and that the company exclusively utilizes licensed optometrists for its testing. The company has completed successful tests of the remote comprehensive eye health exam on hundreds of patients in a retail optical environment, he noted.

"This [system] is all about patient access to care," he explained. "There are about 200 million people in the U.S. who need some form of [vision] correction, and there are about 100 million to 115 million who are actually getting eye exams annually."

Lechner, of 20/20NOW, acknowledged that "there are a lot of different flavors when it comes

The second part of the telehealth discussion featured executives from four optical telehealth providers. (L to R) Brent Rasmussen, CEO, Opternative; Greg Lechner, director, marketing and communications chief, 20/20NOW; Lee Kuczewski, director of operations, Smart Vision Labs; and Howard Fried, OD, the founder of DigitalOptometrics.

to telemedicine," yet he noted that telemedicine options could be a key to addressing the significant shortage of doctors in the U.S. today, particularly in rural areas. The focus of 20/20NOW is to provide comprehensive eye exams that are delivered through a retail store. The company has opened 65 locations and, after completing its first comprehensive exam four years ago, has now completed roughly 35,000 exams.

"If you look across the optical landscape, there are literally thousands of stores either without a doctor or with only partial coverage," he explained. Even in major metropolitan markets, with big practices that do a lot of volume, there is still an un-

derserved population.

"Our mission is to provide customers with on-demand comprehensive eye exams," he said. "So our tagline, 'The doctor is always in,' is a promise that we deliver to our clients because we have doctors and certified ophthalmic technicians employed throughout the country."

Opternative's Rasmussen said the Chicago-based company wants "to partner with the industry" to drive high-quality eyecare. He related his past experience with the job site CareerBuilder.com, and how that business opted to partner with newspaper job sites rather than try to drive them out of business as Monster.com stated it wanted to do. "At CareerBuilder, what we wanted to do was embed our technology, embed what we do, at the [newspapers' online job site] and help job-seekers look for jobs in both print and online."

This type of partnership is what he would like to see in the future for Opternative, Rasmussen noted. "We want to partner with the industry in terms of driving patients to high-quality care, and also driving patients to the areas in which they need to go." He said 25,000 people come to Opternative every single month with some kind of eyecare needs "and we can't serve all of those patients," for various reasons, whether it's age, health issues or other factors, he said.

"Our ophthalmologists are super conservative and they are not going to write a prescription for something [or someone that looks amiss]. What should we do with those people?" he asked. What Opternative is able to do, as of March, he said, is to send these patients to an ECP in the zip code in which they live. "We're excited to do this today, and we're doing it every single day," Rasmussen said. Opternative expects to be operating in five countries overall by the end of April, he added. ■

— Mark Tosh, Senior Editor

VM LEADERSHIP SUMMIT

The ECP's POV: Decision Points and Considerations for Vision Care Telehealth

This VM Summit panel parsed important considerations for eyecare professionals and optical retailers weighing decisions surrounding telemedicine implementation, and featured several first-hand accounts. The following comments were prepared by the panelists but not presented fully, due to time constraints.

Panelists

Michael R. Dueñas, OD, FNAP, American Optometric Association, Chief Public Health Officer

Rupe Hansra, OD, vice president of professional relations, For Eyes

Sukumar Pandit, OD, director of optometry, Philadelphia Eyeglass Labs

Jonathan Rosin, MD, owner, co-president, medical director of Rosin Eyecare

Daniel Stanton, founder of Stanton Optical and My Eyelab

Andrew Karp, moderator, group editor, Jobson Optical Group

Jobson's Andrew Karp (l) discussed telemedicine's implementation with (l to r) Michael Dueñas, OD, AOA; Rupe Hansra, OD, For Eyes; Sukumar Pandit, OD, Philadelphia Eyeglass Labs; Jonathan Rosin, MD, Rosin Eyecare; and Daniel Stanton, Stanton Optical and My Eyelab.

Rupe Hansra, OD

We need a common definition of telemedicine. Some members of the OD community equate it to an online refraction. Others say it could be an objective measurement in-store, test at home app, or remote comprehensive eye exam with or without a conversation with the doctor. But is it truly telemedicine if we remove the doctors from the equation?

Patients are more informed in today's information age, and they have a right to choose what course of action or treatment is right for them. So we need to be honest with them.

Some of the claims about telemedicine are misleading or confusing to the public. On one hand, some providers of online tests claim they are not offering an exam, yet they use the words test and eye exam fairly loosely, which causes issues and mistrust with doctors. Accreditation with standards we can all agree on,

Rupe Hansra, OD

such as the American Telemedicine Association, is one answer.

Can the technology do what it touts? Is it accurate? There is a 60 percent drop in the Net Promoter Score—which is a measure of likelihood to recommend—when an Rx is remade, so there is a price for sacrificing the quality of the refraction.

Here are some questions telehealth providers must ask in order to determine if telehealth is right for the patient journey and the brand experience:

• Can it be commercialized and scaled?
• What does training look like?
• How long and how difficult is it?
• What is the role of the optician versus the role of the doctor?

• How has that changed?

• Are we asking opticians to perform slit lamp and/or retinal imaging?

• Is it appropriate for all demographics as far as age and socio-economic status?

• Can we perform contact lens fittings/evaluations (including toric)?

• What should OD follow-up look like?

Another big consideration for telehealth providers is to what extent will they be reimbursed by payers. I believe telemedicine will lower costs and could be a proactive means for screening and prevention.

Everyone is waiting for the two biggest players—VSP and Eyemed—to say "go." Those companies should consider taking a leadership position.

Medical plans and Medicare Advantage Plans have demonstrated a strong interest in telehealth. Once the larger payers develop standards and begin reimbursement, it will open up access for many Americans seeking access to quality eyecare services.

Michael R. Dueñas, OD, FNAP

The American Optometric Association's (AOA) focus is, first and foremost, to uphold and advance evidence-based standards of care that ensure patient health and safety. To that end, the AOA embraces telehealth and advanced technologies with ocular telehealth fitting into the matrix of patient care when it furthers patient health.

To accomplish these goals, telehealth technologies must:

1. Be responsible-science and evidenced based

2. Embrace patient health

3. Support the patient-doctor relationship

Importantly, ocular telehealth is not and should not be a substitute for medically-recognized eye health care, and most certainly should not (except in extreme cases) be considered a reasonable option for underserved communities to gain better access to eyecare, as they are already at higher risk for ocular disease, most often due to income disparities and excess environmental burdens.

As physicians, ECPs (e.g. optometrist, Doctor of Optometry) make critical diagnostic and treatment decisions about the care of their patients, based on patient attributes, standards of care, and the tools and technologies available to them. With this consideration, physician ECPs must be fully assured that "Virtual Eyecare Technology" used on patients is both safe and effective; being mindful that a manufacturer simply claim-

Practical and Professional Aspects of Implementing Telehealth

ing safety and effectiveness is not definitive, and such claims may be misleading or biased.

Unfortunately, many vision, and eye virtual technologies are based on medical devices or apps that have never been classified, cleared or approved by the FDA. In the AOA's view, this situation poses risks to the public, for reasons described in the AOA's April 4, 2016 letter to the FDA, Center for Devices and Radiological Health, detailing its specific concerns regarding the Opternative app.

The AOA and our member doctors across the country were gratified that the FDA took decisive action to address the urgent health and safety concerns the AOA first identified in the April 4, 2016 letter. It is our hope that we are a step closer to a regulatory approach that holds all companies in the eyecare space to the highest standards, for the safety and well-being of patients.

We also look forward to advances in technology that help improve patient health and strengthen the patient-doctor relationship.

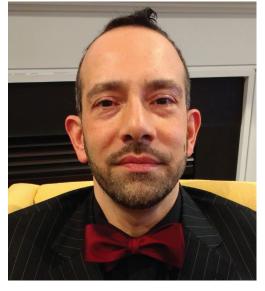*Michael R. Dueñas, OD, FNAP*

Sukumar Pandit, OD

Philadelphia Eyeglass Labs is a five-location eyecare practice in the greater Philadelphia area. As its director of optometric services, along with director of operations Steve Hoffner, we have been beta-testing the DigitalOptometrics tele-optometry platform for the past six months. We have been involved in the oversights, developments, proper implementation and usage of this exciting technology platform.

We are using the platform as an equivalent to in-person comprehensive eye exams while scaling in such a way that both increases the efficiencies of our operations and helps to serve a larger segment of the underserved patients in our communities. Essentially it allows me to be in two places at once. Patients are seen as usual in our flagship location in Center City. And remote patients are seen from our satellite office in Bensalem, Pennsylvania.

From my live dashboard I can easily see the progress of the remote patients as they go through pre-testing with the on-site technician and a refraction with a remote refractionist. The remote doctor dashboard is essential in helping me juggle my daily schedule between live and remote patients. It's a good amount of busyness! One thing I love is the efficiency of being able to review all the pre-testing, fundus scans etc., while the patient is going through their remote refraction. Finally, when I appear on screen to greet the patient, I can clarify any details, go over findings and allow the patient to ask any questions they may have.

A lot has evolved since last October when I saw my first remote patient. For example, toric contact lens fits are not an issue. There are many other ways to utilize and adapt the platform for other practice modalities as well. I can guarantee that no matter how it is used, it will be fun and exciting for both patients and eyecare professionals. I honestly feel as if we are bringing the future of eyecare to the present.

Sukumar Pandit, OD

Jonathan Rosin, MD

My practice serves the Chicago metro area with 43 offices, 44 optometrists and four ophthalmologists. Two issues relevant to this discussion are: maintaining a cost effective, efficient professional staff (ODs and MDs) and being as convenient as possible for our patient base. There are times when we require several doctors at various locations leaving other locations without doctors for part of or all of a day.

Like most of our industry, walk-in traffic represents an important retail revenue source for us. When there is no doctor in the office, we attempt to pre-appoint walk-in patients for another day or send them to the next nearest location where we are staffed. In a city like Chicago, a patient will likely pass by six or seven of my competitors prior to arriving at my next location. Not a very satisfactory situation for us, but it is a compromise that we have had to live with.

Telemedicine is now at a stage whereby remote comprehensive examinations, using our own doctors in a video consultation can be reli-

ably performed so that we can cost effectively and conveniently care for such patients.

We also have patients that require urgent subspecialty care. Using sophisticated and widely available high resolution digital retinal cameras and slit lamp videography, a fairly thorough evaluation can be performed remotely by a subspecialist in our group without the delay involved in scheduling a patient for a visit elsewhere or sending them to the emergency room. In this way, a convenient consultation is performed, a working diagnosis can be made and a treatment plan is set in motion immediately.

Now, there are several issues inherent to this process that need to be addressed:

• **Cost:** There are significant capital investments that need to be made in order to incorporate

Jonathan Rosin, MD

telemedical services into an eyecare practice.

• **Patient acceptance:** Will the public feel good about this? Well certainly, if we can demonstrate that this approach really does work (and it does), the data suggest they will. A study performed in Australia involving the Outback Lions effort examined patient satisfaction after a telemedical eyecare consultation and none of the patients surveyed rated their experience as being less than "very satisfied."

• **Payment for services:** This is a fairly new technology and several third-party plans fail to recognize the importance of this mode of patient care. However, given the large population of patients who value more convenience and those that

Improving Access to Vision Care Through Telehealth

require significant levels of eyecare (Baby Boomers that are coming at us like a locomotive with eye disease), I believe that providing easier access to providers through telemedical services will register positively with insurers.

What's more exciting is what is to come by combining Artificial Intelligence systems that employ pattern recognition and deep learning software, high resolution photographic imaging, OCT imaging and perhaps digitized abberometry to telemedicine platforms. You end up with automated systems that can make diagnoses and correctly stage disease as accurately if not more accurately than human observers (doctors).

And, it is happening now. Such systems are being used in the area of diabetic retinopathy. It is not a quantum leap to envision retinal exams being performed in the endocrinologist's office or even comprehensive examinations taking place at the local pharmacy.

This is disruptive and it may be threatening to some but, I strongly recommend that we, as eyecare professionals, take the lead by embracing these technologies and creating relationships with the industry to help further develop this important mode of care, thusly securing our role as the best custodians for our patients ongoing eyecare needs.

Daniel Stanton

Before I jump into the subject of telehealth I want to share with you my journey that ultimately lead to our telehealth solution.

I've been a student of the industry for the last 17 years. Most likely, I'm an admirer of you or your respective companies' accomplishments. Early in my career, I realized that while the optical industry is complex and reports to many different governing bodies the purpose of the industry was to provide eyecare to individuals allowing them to see clearly.

At first, I thought this was just being able to provide them with a place to buy eyeglasses. What

Daniel Stanton

I have come to learn, however, is that the eyeglass purchase only addresses the customer need and while a person buying eyeglasses is a customer they're also a patient.

Over the next decade, I worked directly with the idea that the customer is also the patient. Over these 20,000 hours it was clear to me that the patient was restricted to servicing their vision care because of one thing—access.

The patient has to go through such a journey, at such a cost, to see clearly. Unlike other countries where seeing clearly can be done during a lunch break, seeing clearly in the U.S. takes so long or is not available in the surrounding area that some opt out of vision screening all together. Also, unlike most countries where people update Rx and glasses frequently, in the U.S. we do it once every two years.

Obviously, like most, I thought if I can make glasses faster and sell them cheaper I'm providing the accessibility to the patient, however, that isn't the case. I've learned the accessibility need is not providing them a place but rather a service.

The service includes both eyeglasses and a vision treatment plan.

The treatment plan, the result of the exam, is and will always be the beginning of the journey to see clearly. That said, we've found telehealth to solve the industry issue of access. With telehealth the patient data can be accessed more efficiently. Efficient in both a timeliness and cost factor.

With telehealth a patient can simplify eyecare which we believe will encourage more frequent visits, as seen in other countries. The telehealth solutions need to uphold the same standards that the patient has become accustomed to. We've found not only in our results of patient surveys but also in our vision treatment plans that with the proper setup and execution we can provide the same experience and care to the patient via telehealth. We've found that with the right doctors you can exceed the patient's expectations as well.

So, today, Stanton Optical and My Eyelab are executing this concept of easy eyecare not only through faster and less costly eyeglasses but also with telehealth solutions. The telehealth solution has allowed our doctors to focus on the clinical evaluation of the patient more so than the mechanical operation of tools. With much more complex health care procedures such as drawing blood, orthopedic knee replacement, LASIK eye surgery and hair transplants already using smart machines, it makes complete sense for the basic eye exam to evolve.

Telehealth has allowed patients more access to care at a lower cost. And, while telehealth scares the same naysayers that found it impossible for a machine, such as the non-contact tonometer (NCT), to replace the physical evaluation intraocular pressure, telehealth really is just another milestone in the adaptation of technology in medicine.

At Stanton Optical and My Eyelab we're reducing our retail price by as much as 32 percent while adding more access to the patient. With telehealth, both the industry, and more importantly, the patient, are winners. ■

Flux Group's Robert Safian Urged Audience to Focus on 'Missions' in Business

To wrap up the 2018 VM Summit, Robert Safian, founder of Flux Group and former editor-in-chief of *Fast Company* engaged the audience through four lessons and seven questions. His aim was to showcase the kind of tactics that define the modern company. These lesson and questions that Safian went through explored office and organization culture and the need for businesses to focus on "missions."

His first lesson, speed matters, showcased the importance of building a culture of change within an organization. This was followed by an emphasis on youth. He said that Facebook represents what generational shifts can do. In fact, technology is moving so fast it's creating "micro-generations" which define them.

"Digital natives do signal a completely different way with interacting with the world," he said.

He then elaborated on the importance of human contact. "We all need each other. Human contact is what drives creativity. The answers to these challenges is human contact," he said. "Creativity and innovation happens in the gaps between silos."

Safian then used Microsoft to illustrate his lesson of having a learning culture in business. He showed how Satya Nadella, the current CEO of Microsoft turned the company from a know-it-all into a learn-it-all culture. He went on to explain that in this time of rapid change, having and defining a mission is important—mission beats marketing.

"I'm obsessed with the idea of mission in business. It started with me looking at a particular data insight stating that workers at companies are less engaged with their work than they have been in the past. At those places where engagement is higher performance is higher."

Safian then posed seven questions to the audience: Is this Day 1? Am I continually learn-

ing? Is what I'm doing relevant to the next generation? What do we know for certain? What can we control? What do you stand for? Are you comfortable with being uncomfortable?

All of these questions sought to get the audience thinking critically about their position in the workplace and further expanding the concept of focusing on the "mission" within a business in this age of fast-moving change.

"This is just the way the world is. You can lean into it and have fun with it," he concluded. ■

— *Jamie Wilson, Associate Editor*

Flux Group's Robert Safian said technology is moving so fast it's creating "micro-generations" which define them.

Scene at the VM Summit

1. Bryan Rogoff, OD, Eye-Exec Consulting (l) and John Rumpakis, OD, PRMI.

2. Jeff Kegarise, OD, Cool Springs Eyecare (l) and Susan Kegarise, OD, Donelson Eyecare.

3. (L to R) Elizabeth Dekoster, Iris The Visual Group, Antoine Amiel, New Look Vision Group and David Schwirtz, Iris The Visual Group.

4. Laurie Clement and Michael Dennis, OD, from the Canadian Association of Optometrists.

5. VisionWeb's Denise Crown (l) and Janelle Pauli.

6. (L to R) Artis Beatty, OD, My-EyeDr., Brad Messinger, Eye Care Management and David Sheffer, MyEyeDr.

7. Kelly McCrann (l), Eyecare Partners and Essilor of America's Eric Leonard.

8. Hoya's Barney Dougher (l) with Jobson's Andrew Karp.

9. (L to R) David Jasper, Advanced Eyecare Specialists, Katie Gilbert-Spear, OD, Women in Optometry and Carl Spear, OD, Alcon.

10. (L to R) The Vision Council's Ashley Mills with RestoringVision's Pelin Muni and Mark Sachs.

Go to VisionMondaySummit.com for all the Summit highlights including VM's overview story summarizing the presentations of the day, slideshows, videos and more.

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11. John Graham (l), 1-800 Contacts with Douglas Harris, Liingo Eyewear.

12. Melissa Trego, Salus University, Pennsylvania College of Optometry with Chad Edmonds, Edmonds Eye Associates.

13. (L to R) Leo MacCanna, Ocuco, Darren Horndasch, Wisconsin Vision, Howard Fried, OD, DigitalOptometrics and Andy Chance-Hill, Ocuco.

14. Peter Clarkson, AC Lens with DITTO's Kate Doerksen.

15. David Chute, 12C Ventures with Morgan Diaz, OD, CVS Health.

16. (L to R) The Vision Council's Renae Shepherd, Mitchell Barkley and Greg Chavez with Jobson's William Scott.

17. (L to R) Jobson's Vincent Priore with Europa Eyewear's Cynthia Shapiro, Jerry Wolowicz and Jill Burrowes.

18. (L to R) Jean-Philippe Sayag, ACEP/ABS, Fabian Bruneau, ABS Smart Mirror, Jobson's James DeMatteis and Bernie Lifschutz, ABS Smart Mirror.

19. (L to R) Susy Yu, OD, Kaiser Permanente, Frank Devlyn, Devlyn Optical, Melanie Devlyn, Devlyn Opticos and Larry Macapagal, OD, SCPMG – Vision Essentials by Kaiser Permanente.

20. (L to R) Fabrizio Uguzzoni, Luxottica Wholesale N.A., Nicola Perini, De Rigo, Mike Hundert, De Rigo REM, Ludovic Ladreyt, Luxottica Wholesale N.A. and Alessandro Baronti, De Rigo REM.