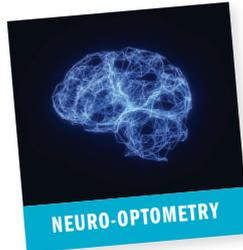


Specialized Optometry

10 Paths to Practice Differentiation



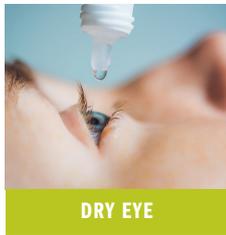
SPORTS VISION



NEURO-OPTOMETRY



SENIOR CARE



DRY EYE



PEDIATRIC



VISION THERAPY



AESTHETICS



LOW VISION



CONTACT LENSES



MYOPIA

BY MARGE AXELRAD, ANDREW KARP, MARK TOSH AND BRIAN DUNLEAVY

NEW YORK—We are living in an age of specialization. Today we can get virtually anything we want from a business whose only business is delivering a certain type of product or service, whether it's a vegan restaurant or Victoria's Secret.

Optometry, like many medical professions, is being reshaped by the specialization trend. Modern living has changed the way we use our eyes, and many optometrists, particularly those in private practice, have responded by developing specialties to address specific patient needs. Some specialties, such as pediatrics and low vision, have been long established in optometry, while others, like dry eye management and neuro-optometry are more recent additions. Yet all seem to be benefitting from the advent of new technologies and treatment methods which are bringing exciting changes to vision care. This

infusion of energy is attracting ODs looking to add a new dimension to their general practice, or even create an entirely specialized practice, as many ophthalmologists have done. Those who choose to specialize do it as a way to distinguish themselves and differentiate their practices.

Despite specialization's appeal, most ODs remain generalists, believing that going broad rather than deep is a more practical strategy for success. Yet both approaches can co-exist comfortably in a practice. In fact, ODs who specialize typically do so within the context of a general practice.

"There's a lot of ways you can approach the practice of optometry and be successful," noted dry eye specialist Whitney Hauser, OD. "However, even in a general eyecare practice that's focus is primary care, there's still an opportunity to carve

out a little something different from the guy down the street. To be successful at a specialty, though, you need to ask yourself three questions: What do you want to do? What are you good at? And, what's the need in your community? If you can find something that intersects all three, that's your pot of gold."

To better understand what's driving the specialization trend in optometry, Vision Monday looked at 10 types of specialty practices: sports vision, neuro-optometry, pediatric, senior care, dry eye, vision therapy, low vision, contact lenses, myopia, aesthetics. The optometrists we spoke with explained why they find their specialty rewarding, personally and professionally. They discussed how they have maximized that specialty to expand their scope of practice, grow their patient base and boost revenue. ■

VISION THERAPY

Helping Young Patients Overcome Visual Challenges

Vision therapy is a well-established field encompassing behavioral and developmental vision care as well as neuro-optometric rehabilitation. The advent of new technologies and treatment methods in recent years has added an important dimension to the field.

The College of Optometrists in Vision Development (COVD), a non-profit, international membership association of eyecare professionals provides board certification for optometrists and vision therapists who offer specialized vision care services to develop and enhance visual abilities and correct many vision problems in infants, children, and adults.

Nathan Bonilla-Warford, OD, FAAO, FCOVD Bright Eyes Family Vision Care New Tampa and Westchase, Florida

Dr. Nathan Bonilla-Warford's interest in the field took root early in his career, when he began to realize vision therapy's potential benefits and study it seriously. "I fell in love with vision therapy and binocular vision," he said.

Although he gained a considerable amount of knowledge about vision therapy, it wasn't until he



Dr. Nathan Bonilla-Warford and his wife Cristina Bonilla-Warford, who is a licensed optician, practice manager and vision therapist.

bought his Florida practice, Bright Eyes Family Vision Care, in the mid-1990s that Dr. Bonilla-Warford began implementing it with patients, particularly children. "We found a neighborhood within the Tampa Bay area that was family oriented and children-centric, and that was important to grow the vision therapy program," he explained. "It's a very important part of the practice growth."

Bright Eyes Family Vision Center's vision therapy program treats conditions such as amblyopia, strabismus, depth perception and suppression. Dr. Bonilla-Warford employs the latest technologies including Vivid Vision, a virtual reality Vision system created for treatment of various binocular vision problems. Vivid Vision uses the Oculus Rift virtual reality platform to provide therapeutic activities.

One of the approaches Bright Eyes uses to treat amblyopia is the patent-pending Shaw lens, a digital, binocular lens system. The lens's exact effect

on the vision system can be readily analyzed, and benefits of a Shaw design are the graphically displayed before the lens is ordered.

Specializing in vision therapy has proved to be rewarding for him, both personally and professionally. "When you're doing vision therapy, every case is different," said Dr. Bonilla-Warford. "It's a lot more challenging. You have to go a lot more in-depth and think about the patients in a different way. But you also get to see patients many times over the course of treatment, and get to know them extremely well, as well as know their parents. Knowing how much of a positive impact you're having on them makes every day a lot more interesting and challenging. It's definitely a lot of fun."

Dr. Bonilla-Warford said vision therapy has been a practice builder. "If people are coming to you because they have a particular problem and have been referred by a professional, they are much more likely or willing to pay out of pocket for your specialized expertise, and less concerned about what type of vision plan they have. We have a pretty big segment of our patient population who will pay out of pocket and either try to get reimbursement on their own and not use their benefits. That's directly related to having specialty services that people want.

"We made the choice early on to participate as little as possible in medical plans. We do take Medicare. It streamlines everything. People just give us cash, we deposit it directly and everybody's happy."

—Andrew Karp

Adding a Touch of Specialization to a General Practice

Although many optometrists prefer to not to specialize and instead orient themselves toward family practice, some still incorporate elements of specialization into their practice. A good example is Timothy D. Fries, OD, MBA, who owns and operates three locations in rural areas in Central Ohio. "It's tough to specialize in that type of market, we do "a little bit of everything," he explained. "We see patients as young as six months and as old as 104, as well as everyone in between."

Recently, Dr. Fries took a step toward neuro-optometry when he discovered neurolenses, a uniquely designed prescription lens that adds a contoured prism to bring the



eyes into alignment. "Neurolenses are our first real venture into that type of specialization," said Dr. Fries, who began prescribing the lenses to patients to relieve their eyestrain, backstrain, neck strain and back pain. "I've seen an increase in the number of patients with these symptoms, and patients are finding them more bothersome than ever before."

After determining that the symptoms were caused by an

increase in using digital devices, Dr. Fries fit the patients with neurolenses.

"For someone who doesn't have a purely neuro-optometric practice, it fit into the daily flow of a regular private practice very well and was easy to implement. I didn't have to teach my staff a whole new specialty or hire new staff that was only going to do one type of specialty.

"We've seen referrals come from primary care doctors and neurologists, not to mention word of mouth referrals, which have just gone through the roof. I see the need for us to incorporate more of these options for our patients," said Dr. Fries. ■



NEURO-OPTOMETRY

Neuro-Optometry, a Rewarding Specialty for Optometrists

The Neuro-Optometric Rehabilitation Association (NORA) defines neuro-optometry as a customized treatment regimen for patients with visual deficits caused by physical disabilities, traumatic brain injury (TBI) and other neurological problems. It is a part of the rehabilitation process for visual/perceptual/motor disorders like acquired strabismus, diplopia, binocular dysfunction, convergence and/or accommodation paresis/paralysis, oculomotor dysfunction, visual-spatial dysfunction, visual perceptual and cognitive deficits, and traumatic visual acuity loss.

Treatments used include medically necessary non-compensatory lenses and prisms with and without occlusion and other appropriate medical rehabilitation strategies like patching one eye or part of the visual field of one eye to resolve double vision. Neuro-optometrists often work closely with neurologists, physical medicine and rehab physicians, nurses, physical and occupational therapists, speech-language pathologists, neuropsychologist, and audiologists.

Susan Daniel, OD Daniel & Davis Optometry Carlsbad, California

Susan Daniel, OD, started specializing in neuro-optometric rehabilitation 18 years ago for very personal reasons. Today, she is the president of Neuro-Optometric Rehabilitation Association International (NORA), a society of rehabilitation professionals dedicated to providing patients with stroke, brain injury and other neurological condi-



Dr. Susan Daniel finds neuro-optometry “very rewarding” and encourages other optometrists to make it a specialty.

Dr. Daniel. She operates Daniel & Davis Optometry in Carlsbad, Calif. with her husband, Christopher Davis, OD.

Dr. Daniel now spends much of her time at her clinic and at an area hospital in the acute rehabilitation unit (she has hospital privileges), working with patients who have suffered traumatic brain injury (TBI, such as concussion) or stroke as well as those with special needs and autism who are diagnosed with strabismus, diplopia, binocular dysfunction, accommodation dysfunction, oculomotor dysfunction, visual perceptual-motor and visual-spatial dysfunction.

Dr. Daniel often works alongside and in coordination with occupational therapists, physical therapists and other rehabilitation medicine specialists on visual rehabilitation. She frequently uses lenses, tints, selective occlusion, compensatory prism, yoked prism and vision therapy to help these patients perform day-to-day tasks, improve their posture, ability to walk, depth perception and visual comfort.

It’s a direction for her career that she would never

have imagined until her son suffered a brain injury, and related vision consequences, when he was a one-year-old. Her son’s condition prompted Dr. Daniel to attend her first NORA meeting. “I was just blown away,” she recalled. “Everything they were talking about wasn’t taught in optometry school 30 years ago, but I knew these services would help my son recover.”

“My husband and I run a group practice with two other optometrists, and three of us practice neuro- and developmental optometry in addition to primary-care optometry, while my husband focuses entirely on primary care services,” explained

Dr. Daniel. She operates Daniel & Davis Optometry in Carlsbad, Calif. with her husband, Christopher Davis, OD.

Dr. Daniel now spends much of her time at her clinic and at an area hospital in the acute rehabilitation unit (she has hospital privileges), working with patients who have suffered traumatic brain injury (TBI, such as concussion) or stroke as well as those with special needs and autism who are diagnosed with strabismus, diplopia, binocular dysfunction, accommodation dysfunction, oculomotor dysfunction, visual perceptual-motor and visual-spatial dysfunction.

Dr. Daniel often works alongside and in coordination with occupational therapists, physical therapists and other rehabilitation medicine specialists on visual rehabilitation. She frequently uses lenses, tints, selective occlusion, compensatory prism, yoked prism and vision therapy to help these patients perform day-to-day tasks, improve their posture, ability to walk, depth perception and visual comfort.

Dr. Daniel now spends much of her time at her clinic and at an area hospital in the acute rehabilitation unit (she has hospital privileges), working with patients who have suffered traumatic brain injury (TBI, such as concussion) or stroke as well as those with special needs and autism who are diagnosed with strabismus, diplopia, binocular dysfunction, accommodation dysfunction, oculomotor dysfunction, visual perceptual-motor and visual-spatial dysfunction.

Dr. Daniel often works alongside and in coordination with occupational therapists, physical therapists and other rehabilitation medicine specialists on visual rehabilitation. She frequently uses lenses, tints, selective occlusion, compensatory prism, yoked prism and vision therapy to help these patients perform day-to-day tasks, improve their posture, ability to walk, depth perception and visual comfort.

It’s a direction for her career that she would never

—Brian Dunleavy



SPORTS VISION

Taking Sports Vision to the Major League Level

Sports vision optometry has been defined as the practice of examining an individual patient's visual system and ensuring that it is maximized for performance in the athletic arena. This includes, but is not limited to, advising athletes on the most appropriate method of refractive correction for the sport(s) they play, discussing ocular health and safety and measuring ocular strengths and weaknesses in the context of the sports they play (such as visual reaction time).

A sports vision screening typically includes evaluation of visual acuity, ocular alignment, eye teaming and depth perception, peripheral awareness, eye movements, motivation, and visualization, with particular focus on the visual demands of the athlete's chosen sport(s), such as the need to aim for a specific target or the performance of near and/or far tasks.

Keith Smithson, OD

**Northern Virginia Doctors of Optometry
Washington, D.C.**

Sports vision is hardly a new specialty in the practice of optometry. However, Keith Smithson, OD, a partner at Northern Virginia Doctors of Optometry (NVDO), a five-location practice in the Washington, D.C. area, has taken it to the Major League level. Literally.

Dr. Smithson is the director of Visual Performance for Major League Baseball's Washington Nationals and the team optometrist for the NBA's Washington Wizards, the WNBA's Washington Mystics, the NWSL's Washington Spirit, NFL's Washington Redskins and D.C. United of MLS. He also serves as sports vision consultant for the NHL's Washington Capitals.



Keith Smithson, OD, celebrates in the locker room following a recent victory by the Washington Nationals in the Major League Baseball playoffs.

Clearly, when it comes to sports in the nation's capital, he has all the bases covered, so to speak. "I would say an overwhelming amount of my practice is in some way related to my affiliation with sports," said Dr. Smithson, a lifelong athlete who decided to explore sports vision as soon as he graduated from the Pennsylvania College of Optometry in 2000. "I saw [the specialty] as a way to integrate two things I loved: optometry and sports." Indeed, in his day-to-day practice at NVDO, Dr. Smithson passes along the expertise he has gleaned working with the pros to athletes of all ages who are seeking an "extra edge" in performance through vision enhancement. He also conducts visual and perceptual testing for children experiencing difficulty in school, and for adults with computer vision eye strain or focusing problems.

The products he dispenses include sport-safe and sport-active frames and contact lens options with features and benefits geared toward athletic

enthusiasts, such as Acuvue Oasys with Transitions. During exams, he performs dynamic vision testing with systems like RightEye, Neurotracker, Senaptec and Binovi, and "trains" athletic patients using technologies like VIMA or Senaptec Strobe Training glasses, EQ Trainer, and Vizualedge.

In addition, Dr. Smithson treats vision issues related to post-concussion syndrome—a major issue in all levels of sports these days—like double vision or blurred vision. He and his colleagues at the practice have also created sportsvisionpros.com and performancevision.academy to educate ECPs, allied health professional partners and others—including athletic trainers, coaches, parents and the athletes themselves—on sports vision testing and vision solutions.

These services have brought additional patients into his practice, and the specialty serves as a key driver of patient volume and practice revenue. Having the relationship with the local sports teams certainly helps from a marketing perspective as well, and adds to his credibility as a sports vision specialist. However, Dr. Smithson is quick to emphasize that the most important aspect of his sports vision practice is the impact it has had on the care he provides all of the patients he sees.

"I shy away from calling sports vision a specialty because I truly believe all of my colleagues can do most of what I do every day with just a little bit more time and attention to the needs of athletes, without any additional investment," said the former chair of the American Optometric Association's Sports and Performance Vision Committee. "Many sport vision concepts, such as peripheral awareness, visual reaction time, eye tracking, contrast sensitivity and depth perception are also relevant when driving, multi-tasking at work and simply performing at our peak in a visually demanding world."

—Brian Dunleavy

SENIOR CARE

Serving Needs of Older Patients May Be the Key to a Successful Practice

Senior vision optometrists typically specialize in the diagnosis and management of vision loss associated with ocular diseases that often impact the eye health and vision of patients 65 years of age and older. These include those diagnosed with age-related macular degeneration (ARMD), cataracts, diabetic retinopathy, glaucoma, retinal detachment and dry eye.

In some states, optometrists may be actively involved in managing the care of patients with these conditions. However, in others, their role may be limited to addressing the vision needs of these patients, prescribing eyeglasses with special tints and/or prisms to help them compensate for vision loss and/or dispensing low-vision aids such as magnifiers.

Mark T. Marciano, OD**Marciano Family Optometric
West Palm Beach, Florida**

The American Optometric Association (AOA) recommends annual eye exams for everyone 60 years of age or older. That's significant, given that, based on U.S. Census data, this age group is expected to make up 21 percent of the total population by 2030, up from 15 percent currently.

From an eyecare perspective, the AOA notes, older patients are likely to present with significant visual-health needs, due to high-myopia and/or presbyopia or the presence of ocular diseases such as age-related macular degeneration (AMD), cataracts, diabetic retinopathy, dry eye or glaucoma. Many of their vision problems can be traced to other health issues associated with aging.

For Marciano Family Optometric, which is locat-



Dr. Mark Marciano examines a senior patient at his West Palm Beach, Florida practice, where medical eyecare, including emergency and senior services is an important component.

ed in the popular retirement locale of West Palm Beach, Fla., serving older patients has become key to the practice's success. According to Mark T. Marciano, OD, approximately 35 percent of the patients seen by the practice come for "medical eyecare," including emergency and senior services.

"Virtually all senior patients that we see want to maintain an active, happy and healthy lifestyle, and their vision and ocular comfort is a big part of that," noted Dr. Marciano, who owns the practice with his wife, Brandee Owens Marciano, OD. "Patients who are a bit older, with more complex visual and ocular needs aren't looking for the cheapest price or the quickest service. This demographic wants to be treated with respect and given the adequate amount of time to discuss their problems and are looking to have their providers spend a few extra minutes listening and providing sound medical advice that can solve these problems.

"This demographic is often in a better financial position to pay for services that can improve their lifestyle, which ultimately creates a more rewarding

patient interaction and a more profitable one, too. And the ability to bill a patient's medical insurance for the necessary diagnostic testing provides us the ability to provide full scope of services and gain some added financial benefit to the practice."

Because dry eye is more prevalent among older adults, for example, its diagnosis and treatment have become an important growth area for Marciano Family Optometric. The office is equipped with retinal photography, OCT and computerized dry eye technologies to "provide whatever services our senior patients need," Dr. Marciano noted.

And, as a referral center for many corneal specialists in their local area, the practice has also been increasingly involved in dispensing scleral contact lenses for those with corneal diseases, such as keratoconus and pellucid marginal degeneration or penetrating keratoplasty resulting from past refractive surgery, such as LASIK, PRK and RK.

"There are not too many optometrists who have taken the time to learn the nuances of fitting specialty contact lenses," explained Dr. Marciano, who also serves as mayor of nearby Palm Beach Gardens, Fla. "Becoming an expert in these lens options has positioned our office as the local 'go-to' clinic for patients with special needs."

The practice is looking to attract another colleague to specialize in the dispensing of low vision devices for patients with AMD and glaucoma. "There is such a need for low vision services and many of our colleagues are not trained to offer vision devices for these patients," Dr. Marciano explained.

"Low vision devices can greatly improve the independence of our patients, which can truly help people. It can also provide another method of subspecialty which most practices don't engage in. This can increase patient referrals and offer another profit center."

—Brian Dunleavy



DRY EYE

A Dry Eye Specialty Can Reap Rewards for ECPs

Optometrists who specialize in dry eye focus on the management of the symptoms associated with one of the most common ocular diseases—that is, the inability to produce sufficient tears to maintain proper lubrication of the eye. As a condition, dry eye may be caused by allergies, contact lens wear or the presence of ocular diseases, including diabetic retinopathy.

Since the advent of the Dry Eye Workshop, which published the second revision of its guidelines in 2017, numerous studies on the appropriate assessment and management of dry eye have changed the scope of practice for those who specialize in the discipline.

Artificial tears are perhaps the most well-known dry eye treatment, but optometrists may also prescribe nutritional supplements that help encourage tear development and advise patients on vision-correction solutions that may further improve their condition.

Whitney Hauser, OD Eye Specialty Group Memphis, Tennessee

Although Whitney Hauser, OD, started her career in eyecare working in an ophthalmology practice, she believes treatment of dry eye belongs within the domain of optometry. That's why she has made the condition the focus of her work, both as a practitioner and as a consultant to colleagues interested in establishing a dry eye specialty.



Dr. Whitney Hauser says practices need to be “all in” when testing dry eye patients.

“There’s a lot of ways you can approach the practice of optometry and be successful,” she said. “However, even in a general eyecare practice that is focused on primary care, there’s still an opportunity to carve out a little something different from the guy down the street. To be successful at a specialty, though, you need to ask yourself three questions: What do you want to do? What are you good at? And, what’s the need in your community? If you can find something that intersects all three, that’s your pot of gold.”

For many, dry eye may just be the prize at the end of the rainbow. A study published in 2017 in the American Journal of Ophthalmology estimates that more than 16 million American adults have the condition, but experts like Dr. Hauser feel that, if anything, the number is actually far greater, given that it often goes undiagnosed. And, the prevalence is only likely to increase due to the ageing of the American population as well as increases in contact lens wear and the use of digital devices (dry eye is just one facet of so-called “digital eye strain”), among other factors.

According to Dr. Hauser, dry eye is the ideal practice builder because women between 40 and 60 years of age are at increased risk for the condition. This is significant, as research suggests these individuals often serve as health care

“gatekeepers” for families as the primary decision-makers with regard to doctor choice.

Furthermore, dry eye sufferers are often frustrated with the condition and its symptoms. Studies have noted high rates of depression and anxiety* among these patients, many of whom “think nothing can be done about it,” noted Dr. Hauser, who serves as Dry Eye Clinical Development

consultant at the Eye Specialty Group, an ophthalmic surgery center in Memphis, and as director of Clinical Affairs for Keplr Vision, which operates 80 eyecare clinics across 19 states. (At Keplr, she is in the process of crafting a “dry eye protocol” for the company’s network of doctors.) So, optometrists who can successfully treat the condition and its symptoms have an opportunity to build a long-term doctor-patient relationship—one that is likely to boost bottom line results through ongoing dry eye services as well as future eyeglass and contact lens sales.

To be successful, though, Dr. Hauser emphasizes that practices considering a dry specialty need to be all-in—and that means doing the “internal marketing” (educating staff on the condition and setting the parameters for how the practice will treat it) before investing resources in any new equipment or products.

Once the practice is committed, The Dry Eye Workshop Report can provide a roadmap for setting up the diagnostics and providing guidance on the most effective treatment options, she said. Dr. Hauser is also founder of Signal Ophthalmic Consulting and DryEyeCoach.com, both of which are focused on helping ECPs set up a dry eye specialty.

—Brian Dunleavy

MYOPIA

Specializing in Myopia Is a Big Commitment for ECPs

Myopia refers to blurry eyesight caused by nearsightedness, or the inability of the eye to focus on objects at a particular distance away. High myopia refers to nearsightedness of a higher degree than average, usually above -6.00 diopters (worse than 20/400 uncorrected vision). As much myopia is progressive in nature, there is always concern in myopic patients that their condition will lead to higher and higher powers of myopia, hence “high” myopia.

Peer reviewed research suggests which methods have the best chance of stabilizing changing vision due to progressive myopia. Overall, Orthokeratology (ortho k) has been shown to have the greatest effect. Orthokeratology is one of a class of therapies known as vision shaping treatments. OrthoK involves wearing orthokeratology lenses (ortho k lenses) during sleep, which gently reshape the surface of the cornea of the eye. Upon removal in the morning, clear vision is achieved which often lasts the entire day into the evening. Options such as OrthoK, cornea refractive therapy including paragon crt (vision shaping treatment) are particularly helpful when seeking to improve eyesight in children, and reduce change in vision, specifically myopia in children.

Gary Gerber, OD

Treehouse Eyes

Bethesda, Maryland

It's becoming increasingly clear, as shown by mounting medical evidence, that myopia rates are expanding around the world, according to The



Gary Gerber, OD.

International Myopia Institute. The institute cited a recent study that estimated, on average, 30 percent of the world is currently myopic, and by 2050, almost 50 percent will be myopic. That's a staggering 5 billion people, the insti-

tute noted.

Indeed, a recent Sydney Myopia Study found 31 percent of 17-year-olds were myopic, double the prevalence reported by the Blue Mountain Eye Study more than a decade ago. But in the future, even nations which have little myopia today, will be severely affected, according to the institute.

While the hot spots of myopia are East and Southeast Asia (where a few countries have a myopia prevalence rate of 80 percent to 90 percent). Yet, myopia prevalence is growing worldwide, and the U.S. has reported a prevalence of 42 percent, which is almost double the prevalence 30 years ago, according to the institute.

The potential consequences of this myopia trend are severe. Uncorrected refractive error (URE) will increase substantially, cataract and glaucoma-fraction attributable to myopia likely to increase, blindness and vision impairment due to myopic macular degeneration (MMD) and myopia retinopathy in adults will increase substantially.

Research from the Brien Holden Vision Institute and its collaborators show that there are better ways to manage the onset and progression of myopia. Clinical trials involving children with myopia show it is feasible to diminish the progression of

myopia for a better visual outcome for the child.

Still, according to Gary Gerber, OD, a co-founder and chief myopia eradication officer at Treehouse Eyes, said that while treating myopia will become increasingly important across eyecare “bringing any specialized service into a primary care practice isn't for everyone.”

He added, “After the obvious requirements of increasing the requisite specialized clinical skills and training, added costs of necessary technology, staffing, [among others], the most important factor to consider is the willingness to commit and be prepared to deal with the challenges of the specialty affecting a doctor's core practice.

“For example, virtually every area of specialization requires more time than a typical primary care visit. Not properly addressing this in advance can cause your primary care practice to suffer. Not allocating enough resources to staff training and specialized systems is another [issue to] watch out. All of this said, practices willing to go ‘all in’ with whatever specialty they choose, are more likely to succeed vs. those who dabble.”

Dr. Gerber also noted that the Treehouse Eyes program allows doctors to bring myopia management into their practices with a proven system that addresses these challenges. “Doctors working with us report the program has allowed them to bring a comprehensive myopia management program—clinical excellence through social media strategy and everything in between—in a more efficient, cost effective and highly profitable way than if they attempted to do it themselves,” he said.

“In fact, many of our doctors report previous attempts to launch a program themselves and realizing early on, ‘This is way more work than I thought it'd be. There's got to be a better way.’ Treehouse Eyes is the solution for those doctors.”

—Mark Tosh



LOW VISION

The Growing Opportunity for Low Vision Optometry

The American Foundation for the Blind offers two definitions of low vision. The first is related to visual acuity: Low vision is a condition caused by eye disease, in which visual acuity is 20/70 or poorer in the better-seeing eye and cannot be corrected or improved with regular eyeglasses. (Scheiman, Scheiman, and Whittaker)

The second is a functional definition: Low vision is uncorrectable vision loss that interferes with daily activities. It is better defined in terms of function, rather than [numerical] test results. (Massof and Lidoff).

Optometrists who specialize in treating low vision patients can offer a wide range of solutions, depending upon the degree of vision loss experienced, including many new technologies. And with the number of low vision patients growing exponentially as a result of the aging population, the need for optometrists who specialize in low vision is greater than ever before.

Bryan Wolynski, OD

**Owner, Glasses On First
New York City**

Dr. Bryan Wolynski was in private practice for about 10 years before he began to consider developing a specialty in low vision. “I was doing routine optometry, including contact lenses, and I thought, there’s got to be more to this.”

After an initial involvement with Florida’s Miami Lighthouse, he started building a low vision practice within his New York City location, Glasses on First. The first step was



Dr. Wolynski says new technologies have put low vision “on the fast track.”

putting together a fitting set including various magnifiers and other technologies. Next, he put the word out to local ophthalmologists that he was looking for low vision patients. They began referring patients, and soon optometrists in the area did, too.

One reason for these doctor-to-doctor referrals is that some patients, upon learning they have a potentially blinding eye condition, are wary at first of going to an established clinic known for treating blind and low vision patients. “People don’t like to hear they’re going blind. That’s why some doctors under-refer to us,” Dr. Wolynski said. “Patients feel more comfortable coming here.”

Dr. Wolynski smooths the way with a preliminary phone call, and presents patients with an information packet when they arrive, which lets them know what to expect from low vision treatment, including the cost of assistive devices they may require.

“Low vision is really on the fast track these days, especially when it comes to technology,”

said Dr. Wolynski. He employs advanced devices such as Orcam, a compact, computer-powered device that clips onto the patient’s glasses and can read text and recognize images and the Ocutech Falcon, an autofocus telescope.

Because in-office consultations with patients can be time consuming, some optometrists refer to the field as “slow vision.” But Dr. Wolynski believes that is a misperception. “I might spend an hour-and-a-half with a patient, but they’re paying for my time,” he contended. “You can bill it through medical insurance through time codes, although I don’t take any medical plans, I just take straight payment. And patients buy something, whether it’s magnifying device or a pair of glasses.

For instance, a lot of patients come in wearing progressives. Why are they wearing progressives, which inherently have some distortion? They should be wearing bifocals or single vision. So right away, we’re helping somebody. Then there are certain filters and sunglass lenses the might need. It adds up.”

Word-of-mouth referrals contribute significantly to the growth Dr. Wolynski’s low vision practice. “My patients, even the ones who aren’t visually impaired, look at it like your helping in the community. Often they’ll say, I have a grandmother, aunt or brother who could use your help.”

Starting a low vision practice doesn’t require a substantial investment, said Dr. Wolynski. “You begin by just talking with patients and having a few magnifiers and other devices on hand,” he advised. “It doesn’t take much money to put together a little kit with magnifiers or devices. Any optometrist can do basic low vision.”

—Andrew Karp



CONTACT LENSES

Contact Lens Segment of Eyecare Is Often an Untapped Revenue Stream

According to the FDA's website, contact lenses are a primary choice for many people with vision correction needs. Contact lenses provide flexibility and convenience, and there are many different lenses available for a variety of needs and preferences. Contact lenses can be used to correct a variety of vision disorders such as myopia (nearsightedness), hyperopia (farsightedness), astigmatism, and presbyopia (poor focusing with reading material and other near vision tasks).

There are two general categories of contact lenses—soft and rigid gas permeable (RGP). All contact lenses require a valid prescription. Soft contact lenses may be easier to adjust to and are more comfortable. Newer soft lens materials include silicone-hydrogels to provide more oxygen to the eye. Rigid gas permeable contact lenses (RGPs) are more durable and resistant to deposit buildup, and generally give a clearer, crisper vision.

Ian Whipple, OD

**Vision Source of Farr West
Farr West, Utah**

The opportunity to expand the contact lens segment of eyecare often goes unnoticed by ECPs, according to a recent industry white paper. Research indicated that only 30 percent of eyecare practitioners proactively recommend contact lenses while 43 percent of vision-corrected patients are open to contact lenses. According to one doctor, learning that statistic “changed the way I practice.”

But there are exceptions, of course. According to Ian Whipple, OD, of Vision Source of



Ian Whipple, OD.

Farr West, Utah, his two-doctor, 15-support staff practice “loves fitting contact lenses.” He added, “Many patients desire glasses-free options and contact lenses can offer them freedom to pursue their dreams. We find that contact lens patients understand the health of their eyes better than spectacle lens only patients.

“I think this is because of the extra emphasis we stress on ocular health during the contact lens evaluation process. Contact lens patients return to our clinic for their yearly exams at a more frequent rate. They typically purchase more from us and seem to be more loyal.”

Dr. Whipple also noted this his office tries to keep things simple for contact lens patients. “We recognize that they want convenience and a good price. We offer both of those by, first, pricing our lenses competitively and, secondly, we do the shopping for them. That is, we give every patient a custom contact lens quote that shows their out-of-pocket expenses in a per-box price after discounts, rebates, and insurance savings.”

Farr West has been utilizing CLX for ordering and fulfilling subscriptions for about a year, which enables the patient to reorder online directly from its office. The convenience of this service makes all the difference for some patients, Dr. Whipple said.

“We really stress eye health during our exams and it seems that the message is getting through

because our contact lens patients are more compliant with their annual exams,” he added.

Katie Andrews, OD, FAAO
Campus Eye Center
Lancaster, Pa.



Katie Andrews, OD, FAAO.

Contact lenses are also an important part of the practice at Campus Eye Center in Lancaster, Pa. Katie Andrews, OD, FAAO, said she sees a large number of pediatric patients, who are first-time contact lens wearers. “These patients are perfect candidates for daily disposable lenses due to the high oxygen permeability of the lenses and ease of use,” she explained. “Many of my patients have high prescriptions and/or resolved refractive amblyopia, so the contact lens fitting can be a life changing experience for children with high refractive error.”

Her practice also has a “specialized aspect” within the contact lens segment because she has “numerous aphakic patients that I have been fitting since they were a few months old.”

She added, “I find that patient education is the best way to keep patients returning for their annual contact lens checks and purchasing lenses directly from the practice. Our office also prepares an invoice of the price of purchasing contact lenses through the practice with the rebates that come directly from the companies versus the price on some of the online vendors. By specifically writing this out for patients they are often shocked that it is cheaper to purchase lenses through the practice than [via other options].”

—Mark Tosh



PEDIATRIC

Helping The Youngest Patients See Clearly and Look Good

Taking care of children's vision needs is a specialty area is taking on new meaning in 2020, as awareness of the connection between vision and learning starts to only gradually build among parents and just as new research about myopia comes onstream. A child's eyes go through rapid changes, especially in the first six years of life. But fewer than 15 percent of preschool children receive an eye exam by a professional, according to the Centers for Disease Control and Prevention. And while vision screenings have become ubiquitous in schools across the country, they aren't enough. School vision screenings miss up to 75 percent of children with vision problems. And 61 percent of the children found to have eye problems through screenings never visit the doctor or get help.

The American Optometric Association (AOA) recommends scheduling a baby's first eye exam around six months of age. The group established InfantSEE (<https://www.infantsee.org/>) as a public

health awareness program of its Optometry Cares Foundation to build knowledge on the topic and help parents find practitioners. The AOA's recently issued evidence-based clinical practice guideline is another important resource, Comprehensive Pediatric Eye and Vision Examination.

Linda Chous, OD

The Glasses Menagerie, Minneapolis, Minn.

Dr. Linda Chous, a graduate of the Southern California College of Optometry, first remembers hearing a young child tell her mother, when she learned she needed to wear glasses, that she wanted red ones and was



Linda Chous, OD

quite upset to hear that the practice didn't have any of those. "I also remember instinctively wanting to help that little girl and others like her to feel more comfortable and have access to the best choices." She also recalls knowing of a limited number of colleagues to consult with and

refer. In fact, after she opened her Glasses Menagerie practice cold, some 28 years ago, it was Dr. Chous' willingness to speak to local ophthalmologists, pediatricians, school nurses, teachers and others to start to build awareness and develop her own specialty. As she learned about vision therapy, the proper billing and coding and how to handle little ones of all ages for examinations and treatment, her visibility and activities in her state and nationally grew. Dr. Chous is a past president of the Minnesota Optometric Association and has served on the American Optometric Association (AOA) clinical practice guideline evidenced based optometry and health promotions committees. She is a published author and recently received the Women in Optometry Theia Award for Innovation and the AOA President's Award, among other recognitions. Dr. Chous has provided vision care services to St. Paul area school districts for screening developmentally disabled children. She was also a consultant to the Sight and Hearing Association and the Minnesota Department of Health and Human Services. In addition to running her own practice, she works on committees for the American Optometric Association and National Association of Vision Care Plans.

—Marge Axelrad

AESTHETICS

Addressing Wellness Treatments, Cosmetics and The Eye

Aesthetics optometry, which offers cosmetic improvements and wellness treatments to the eye area, is a relatively newer specialty area, but one being embraced by many as a practice enhancement to provide patients with additional service. Men and women both are seeking treatments to improve the appearance of their eyes and eyelid skin. And patients increasingly expect their eye doctors to be experts about anything having to do with their eyes and the skin surrounding their eyes.

Optometrists sometimes tie aesthetics services into those that they already provide, such as for dry eye. Dr. Jennifer Lyerly, Triangle Visions Optometry, shared in a recent Review of Optometric Business article, "The key to elevating ocular aesthetics as a true specialty to put beside dry eye or glaucoma care is to treat it as a science. The way we practice ocular aesthetics overlaps very much with our dry eye specialty. When we are treating dry eye, addressing the cosmetic products and procedures our patients use, and the side effects they may cause, is an essential foundation building block to their dry eye treatment."

Dr. Lyerly points out, "If I treat their dry eye, but ignore the ocular surface offenders they are using on a regular basis, am I really fully treating

the issue? In my opinion, it's impossible to separate specializing in dry eye care from also specializing in ocular aesthetics."

She notes the importance of education in this nascent but growing specialty. "If you want to jump-start learning more about the most common ocular surface irritants in cosmetic products, check out Vampires on the Vanity by ophthalmologist, Laura Periman, MD, and become a member of the collaborative OD/MD community on the Ocular Surface Facebook forum OSDocs. In addition, Advanced Ocular Care has done an excellent job featuring articles from the leading ocular aesthetic and anti-aging eyecare specialists around the country. Bridgitte Shen Lee, OD, Leslie O'Dell, OD, and Whitney Hausner, OD, are optometrist-thought leaders in the field."

—Marge Axelrad