THE FUTURE OF OPTOMETRY IS NOW

SEP/OCT 2022

focus

#EyeDeserveMore

"I take care of my eyes offline, so I can continue to do what I love online."
–Jordan Fisher

AOA

AMERICAN OPTOMETRIC ASSOCIATION

VUITY™ (pilocarpine hydrochloride ophthalmic solution) 1.25%, for topical ophthalmic use

PROFESSIONAL BRIEF SUMMARY
CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE

VUITY is indicated for the treatment of presbyopia in adults.

CONTRAINDICATIONS

VUITY is contraindicated in patients with known hypersensitivity to the active ingredient or to any of the excipients.

WARNINGS AND PRECAUTIONS

Poor Illumination

Patients should be advised to exercise caution in night driving and other hazardous occupations in poor illumination. In addition, miotics may cause accommodative spasm. Patients should be advised not to drive or use machinery if vision is not clear.

Risk of Retinal Detachment

Rare cases of retinal detachment have been reported with other miotics when used in susceptible individuals and those with pre-existing retinal disease. Patients should be advised to seek immediate medical care with sudden onset of vision loss.

Iritis

VUITY is not recommended to be used when iritis is present because adhesions (synechiae) may form between the iris and the lens.

Use with Contact Lenses

Contact lens wearers should be advised to remove their lenses prior to the instillation of VUITY and to wait 10 minutes after dosing before reinserting their contact lenses.

Potential for Eye Injury or Contamination

To prevent eye injury or contamination, care should be taken to avoid touching the dispensing bottle to the eye or to any other surface.

ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in labeling:

- Hypersensitivity *[see Contraindications]*

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

VUITY was evaluated in 375 patients with presbyopia in two randomized, double-masked, vehicle-controlled studies (GEMINI 1 and GEMINI 2) of 30 days duration. The most common adverse reactions reported in >5% of patients were headache and conjunctival hyperemia. Ocular adverse reactions reported in 1-5% of patients were blurred vision, eye pain, visual impairment, eye irritation, and increased lacrimation.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no adequate and well-controlled studies of VUITY administration in pregnant women to inform a drug-associated risk. Oral administration of pilocarpine to pregnant rats throughout organogenesis and lactation did not produce adverse effects at clinically relevant doses.

Data

Human Data

No adequate and well-controlled trials of VUITY have been conducted in pregnant women. In a retrospective case series of 15 women with glaucoma, 4 patients used ophthalmic pilocarpine either pre-pregnancy, during pregnancy or postpartum. There were no adverse effects observed in patients or in their infants.

Animal Data

In embryofetal development studies, oral administration of pilocarpine to pregnant rats throughout organogenesis produced maternal toxicity, skeletal anomalies and reduction in fetal body weight at 90 mg/kg/day (approximately 970-fold higher than the maximum recommended human ophthalmic dose [MRHOD] of 0.015 mg/kg/day, on a mg/m^2 basis).

In a peri-/postnatal study in rats, oral administration of pilocarpine during late gestation through lactation increased stillbirths at a dose of 36 mg/kg/day (approximately 390-fold higher than the MRHOD). Decreased neonatal survival and reduced mean body weight of pups were observed at ≥18 mg/kg/day (approximately 200 times the recommended human daily dose of VUITY).

Lactation

Risk Summary

There is no information regarding the presence of pilocarpine in human milk, the effects on the breastfed infants, or the effects on milk production to inform risk of VUITY to an infant during lactation.

Pilocarpine and/or its metabolites are excreted in the milk of lactating rats. Systemic levels of pilocarpine following topical ocular administration are low, and it is not known whether measurable levels of pilocarpine would be present in maternal milk following topical ocular administration.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VUITY and any potential adverse effects on the breastfed child from VUITY.

Data

Animal Data

Following a single oral administration of ^{14}C-pilocarpine to lactating rats, the radioactivity concentrations in milk were similar to those in plasma.

Pediatric Use

Presbyopia does not occur in the pediatric population.

Geriatric Use

Clinical studies of VUITY did not include subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience with ophthalmic pilocarpine solutions have not identified overall differences in safety between elderly and younger patients.

OVERDOSAGE

Systemic toxicity following topical ocular administration of pilocarpine is rare, but occasionally patients who are sensitive may develop sweating and gastrointestinal overactivity. Accidental ingestion can produce sweating, salivation, nausea, tremors and slowing of the pulse and a decrease in blood pressure. In moderate overdosage, spontaneous recovery is to be expected and is aided by intravenous fluids to compensate for dehydration. For patients demonstrating severe poisoning, atropine, the pharmacologic antagonist to pilocarpine, should be used.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Pilocarpine did not induce tumors in mice at any dosage level studied (up to 30 mg/kg/day; approximately 160-times the MRHOD). In rats, an oral dose of 18 mg/kg/day (approximately 200 times the MRHOD), resulted in a statistically significant increase in the incidence of benign pheochromocytomas in both male and female rats, and a statistically significant increase in the incidence of hepatocellular adenomas in female rats.

Mutagenesis

Pilocarpine did not show any potential to cause genetic toxicity in a series of studies that included: 1) bacterial assays (Salmonella and E. coli) for reverse gene mutations; 2) an in vitro chromosome aberration assay in a Chinese hamster ovary cell line; 3) an in vivo chromosome aberration assay (micronucleus test) in mice; and 4) a primary DNA damage assay (unscheduled DNA synthesis) in rat hepatocyte primary cultures.

Impairment of Fertility

Pilocarpine oral administration to male and female rats at a dosage of 18 mg/kg/day (200 times the recommended human daily dose) resulted in impaired reproductive function, including reduced fertility, decreased sperm motility, and morphologic evidence of abnormal sperm. It is unclear whether the reduction in fertility was due to effects on males, females, or both. In dogs, exposure to pilocarpine at a dosage of 3 mg/kg/day for 6 months resulted in evidence of impaired spermatogenesis (approximately 110 times the recommended human daily dose).

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AOA

SEP/OCT 2022

AMERICAN OPTOMETRIC ASSOCIATION

features

ON THE COVER: PHOTOGRAPHY BY ADAM RINDY; THIS PAGE: MJGRAPHICS/SHUTTERSTOCK; PHOTOGRAPHY BY STEVE CRAFT; TETIANA LAZUNOVA/GETTY IMAGES

IMAGE COURTESY OF THE WICHTERLE FAMILY; LADADIKART/GETTY IMAGES

departments

Virtual check-ins are not subject to many of the restrictions that are applied to telehealth codes.

> **"We as a profession need to take the opportunity to gently educate our patients on the risks contact lenses can present if not worn properly, while also balancing our message to the tremendous benefit they can have on quality of life."**
>
> —Paul Velting, O.D., AOA Contact Lens & Cornea Section chair

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Americans Deserve More—And We Can Give It to Them

The AOA's national awareness campaign launched an exciting new phase, and we need you to join.

A TV HOST once said "Awareness without action is worthless." I'd agree.

Eye Deserve More, the AOA's public awareness campaign, is meant to educate the public, elected officials and other health professionals about who doctors of optometry are and how we contribute each and every day to the nation's health by providing comprehensive eye and vision care.

Using doctor-patient stories, *Eye Deserve More* shares the uplifting care that patients receive from their eye doctors—from saving a patient's life by diagnosing a brain tumor to helping an elementary school student succeed by prescribing glasses to correct high hyperopia/astigmatism. Through social and digital activations, influencer partnerships, paid advertising and coverage in top-tier, national media outlets, we are engaging our target audiences where they are online and offline, and we are diverting them from misinformation about their eye care.

We define the campaign's success in a number of ways, but one measure is particularly important to me—and I am guessing it's the same one for many of you: clicks. The number of clicks on the AOA Doctor Locator at **aoa.org/findadoctor** has increased **13x from the previous year since starting the campaign**. Members of the public have acted, clicking on the locator **more than 91,000 times**—each time a potential patient went to the AOA website and searched by location and even specialty for a member doctor of optometry "near you."

We are happy to announce the continuation of this great and relevant campaign and, as we move into its second year, we concentrate on gamers, scrollers and those who spend lots of time viewing their video screens. Screen time, including online gaming, skyrocketed during the COVID-19 pandemic, as much as doubling for some age groups. Almost 70% of Americans (227 million-plus) play video games, and we saw a huge opportunity to tap into this audience and connect them to the care they deserve. While many of us wouldn't consider ourselves "gamers," we still do pass the time playing on our phones or laptops.

Teaming up with actor, singer and avid gamer Jordan Fisher and top players in the industry, the AOA continues to emphasize the importance of in-person, comprehensive eye care. Fisher, along with Jason Compton, O.D., vice chair of the AOA's Industry Relations Committee, is spreading awareness and educating fellow gamers and parents about the worth of taking care of their eye health and how a doctor of optometry is essential to their overall health team.

To ensure Americans get checked offline to stay healthy online, the AOA is also launching The Screen Time Alliance, a first-of-its kind partnership with major gaming and entertainment industry leaders to prioritize eye health across screens, devices and platforms. The alliance aims to educate Americans about healthy screen-time habits, reinforcing that they deserve more quality care and support to continue doing what they love.

For this campaign to reach its potential, we need all of you to join us! Share patient stories, post on your social media channels, and talk to your patients, family and friends and help spread the word both online and in your practices that patients *deserve more*.

PHOTOGRAPHY BY KEVIN GARRETT

what to watch

Check out the campaign page at **aoa.org/eyedeservemore**.

Join the campaign and find resources at **aoa.org/joineyedeservemore**.

Send questions or comments to Dr. Layman at **president@aoa.org**.

AOA Launches Latest Phase of Nationwide Awareness Campaign *Eye Deserve More*

HEALTHY VISION cannot be taken for granted. With the increase of online and app-based vision services, the AOA nationwide public awareness campaign, *Eye Deserve More*, is advancing to the next level and reinforcing this important health reality to Americans: Everyone deserves comprehensive eye care from a doctor of optometry as a part of their overall health and well-being.

There are more than 227 million Americans who play video games, and with gaming and screen time on the rise, so is the risk for long-term implications for people's eye health. The AOA's 2022 Gamer Survey results revealed the average gamer spends more than 8 hours a day on screens and has experienced various eye-related symptoms from gaming, including eyestrain, headaches, dry eyes and blurred vision. Many gamers are aware of the eye health implications for long-term screen time usage, but less than half (46%) visit a health care professional for a comprehensive eye exam every year.

"Screen time, including online gaming, skyrocketed during the COVID-19 pandemic, as much as doubling for some age groups," says Teri K. Geist, O.D., AOA trustee and board liaison for *Eye Deserve More*. "We want to show that AOA and our doctors aren't anti-screen time—quite the opposite. We are allies in eye health who believe patients deserve to do more of what they love. That can only be done by keeping their eyes healthy with their partners in comprehensive care: AOA doctors."

Building on the success of the past year, this exciting new phase of *Eye Deserve More* launched in July, showing people that they deserve more from their health care by giving them a new perspective of optometry. The AOA has teamed up with actor, singer and avid gamer Jordan Fisher and top players in the industry to emphasize the importance of in-person, comprehensive eye care.

Jordan Fisher and Jason Compton, O.D.

PHOTOGRAPHY BY ADAM RINDY

Fisher's eye health is critical to his success in his career and his gaming—he would never leave his eye health up to an online algorithm. He experienced a torn cornea in 2017 that not only affected his vision but also his whole body well-being. He experienced nausea, a clenching sensation in his throat and increased allergy symptoms because of his torn cornea.

As a brand-new father, Fisher knows how important it is to maintain healthy vision throughout his whole life, so that he can see all his baby's most important life moments from their first steps to their wedding and beyond. The partnership allows the AOA to tap into Fisher's **4.5 million-plus social media followers** to raise awareness and educate fellow gamers and parents about healthier screen time habits, as well as show how a doctor of optometry is a critical part of the overall health team.

Want to join the AOA in championing annual eye exams and bring more people in for their comprehensive eye care? Learn more by visiting aoa.org/eyedeservemore.

In addition to celebrity and gamer partnerships, the AOA is launching The Screen Time Alliance, a first-of-its-kind partnership with major gaming and entertainment industry leaders. Each alliance member pledges to prioritize eye health through software/hardware innovation and education to reinforce that everyone deserves more quality health care.

The latest phase of the campaign also features a revamped landing page on aoa.org to spotlight the new gaming theme, including an energizing campaign hero video featuring Fisher and AOA member and volunteer Jason Compton, O.D. Social media amplification; ongoing media outreach to national, top-tier outlets; partnerships with professional gamers and other gaming micro-influencers; and in-game media partnerships to display campaign messaging to reach gamers directly are other key components of the initiative. The AOA also will continue its "catfish ads," an ongoing digital campaign to combat patient-harming messaging that undermines in-person patient care. For instance, someone searching for "online eye exam" would see an ad that reroutes them to an AOA website where they learn why only an in-person, comprehensive eye exam with an AOA doctor—not a virtual screening—will provide a complete picture of their visual and ocular health.

–Yakesha Cooper

3 Things You Would Have Learned if You Read aoa.org/news

1.
A recent study says thousands of Americans could be spared the cognitive decline associated with dementia by adding vision impairment to the list of modifiable risk factors affecting the condition.

2.
Doctors of optometry are taking issue with a new recommendation by the U.S. Preventive Services Task Force regarding screening for primary open-angle glaucoma, saying it can potentially cause care providers and patients to disregard the dangers of glaucoma.

3.
A prohibition on certain flavored tobacco products could help curb youth smoking rates and promote cessation efforts, federal regulators proposed in highly anticipated rules evoking AOA support.

AETNA REVERSES AOA-OPPOSED CATARACT SURGERY PREAPPROVAL POLICY

AETNA DISCONTINUED its prior authorization requirement for cataract surgeries in most states after the AOA and other physician groups rebuked the policy for delayed care and added costs.

On June 30, Aetna announced it would no longer require preapproval for most physician-prescribed cataract surgeries beginning July 1. The decision to repeal the policy for all patients except those enrolled in Medicare Advantage in Georgia and Florida comes one year after Aetna implemented the requirement, drawing immediate criticism from the AOA and larger eye health care community.

"Our outreach was able to directly resolve issues for our doctors of optometry, and we were glad to see that Aetna eventually listened to outreach from the medical community and reversed this policy in most states," says Steven Eiss, O.D., AOA Third Party Center Committee chair.

As Dr. Eiss explains, the AOA Third Party Center took immediate exception to Aetna's decision to institute the prior authorization requirement in July 2021, as it affected not only patients' access to timely surgical care but also doctors' of optometry provision of post-surgical care. Although most optometry practices didn't deal with prior authorizations for the surgery, Aetna's policy also denied claims for optometrists' post-operative care, citing a lack of prior authorization, despite the surgeon having obtained authorization for the procedure.

In an August 2021 letter to Aetna President Dan Finke, the AOA expressed concerns that the prior authorization policy added greater barriers to patients accessing care, undermined physician professionalism, exacerbated health disparities and harmed patient health. Citing optometry's essential role in cataract treatment, including the early identification of cataracts, referrals and post-surgical care, the AOA noted that patients often wait for surgery until both their referring doctor of optometry and surgeon agree the procedure is medically necessary.

BGBLUE/GETTY IMAGES

House of Delegates Approves Resolutions

DURING THE HOUSE of Delegates at Optometry's Meeting® 2022, the following resolutions were adopted:

Support student attendance at AOA+ and other AOA, affiliate association events. The resolution calls on all AOA-affiliated associations to strive to demonstrate the value of lifelong AOA membership to students and new doctors, and the AOA urges optometric educational institutions and their faculty to accommodate student attendance at AOA+ and other events.

Amendment of Resolution 2011 that the AOA continue to encourage all AOA-affiliated associations to utilize the resources developed by the Advanced Procedure and Future Practice Education Task Force and the Future Practice Initiative, that AOA shall encourage all AOA-affiliated associations to promote these resources to their members, and that AOA continue to assist affiliated associations in initiatives to expand or defend their optometric practice acts.

Express gratitude to the inaugural partners of the *Eye Deserve More* campaign and affiliates and doctors who have participated. It also encourages doctors of optometry and the public to continue to share their inspirational stories about the life-changing impact of in-person optometric care.

Call on the AOA to applaud the AOSA for its efforts to rebrand, including an upgrade of its communication channels; donating nearly $10,000 to Optometry Cares®–the AOA Foundation for new student disaster relief grants; and contributing toward funds for 32 grants to underrepresented pre-optometry students.

–Lorraine Kee

SAVE THE DATE:
Optometry's Meeting® 2023

Mark your calendars for June 21-24, as the profession's premier event once again comes to our nation's capital! Visit optometrysmeeting.org for updates.

"Prior authorization adds costs and delays for patients and doctors," the letter, signed by AOA President Robert C. Layman, O.D., reads. "Delaying care would harm vulnerable populations who already bear the brunt of non-diagnosed and non-treated cataract, and who might not have the means to come back later, as would happen under this policy.

"Prior authorization also raises costs for health plans, such that the rate of denial of authorization or the initial savings from delayed care must be enough to offset the additional administrative costs," the letter adds.

Per a 2017 survey of AOA-member doctors, 60% indicated that prior authorization processes are "very burdensome," and 76% indicated these processes "often or always" delayed patient access to care. Such is the case, the AOA further emphasized, that a doctor of optometry who evaluated a patient for cataract within the previous three months would have a better understanding of the patient's clinical needs than a reviewer who has never seen the patient.

"As many of our members are aware, the AOA continually advocates for issues that we see with all payers, and this is just another example of how this continued outreach can have a positive effect for our members and their patients," Dr. Eiss says.

AOA escalates concerns on Medicare Advantage plans' claims denials

In addition to advocating directly with Aetna, the AOA backs new federal legislation that would help rein in excessive and unnecessary prior authorization requirements and improve care delivery for America's seniors. Introduced by Sens. Roger Marshall, M.D., R-Kan.; Kyrsten Sinema, D-Ariz.; and Jon Thune, R-S.D., and Reps. Suzan DelBene, D-Wash.; Mike Kelly, R-Pa.; Ami Bera, M.D., D-Calif.; and Larry Bucshon, M.D., R-Ind., the bill, titled "Improving Seniors' Timely Access to Care Act," H.R. 3173/S. 3018, would require Medicare Advantage plans to streamline and standardize prior authorization processes and improve the transparency of requirements.

This legislation comes as the Department of Health and Human Services Office of the Inspector General (OIG) announced it found that excessive authorization controls by insurers led to delayed, denied and disrupted care.

In April, the OIG published a critical report that spotlighted concerns with the capitated payment model used in Medicare Advantage that might incentivize Medicare Advantage Organizations (MAOs) to deny beneficiary access to services and deny providers payments to increase profits. The watchdog review determined 13% of prior authorization requests and 18% of providers' payment requests were improperly denied over the course of a brief, one-week review of the 15 largest MAOs in June 2019.

In the weeks following the watchdog review, the AOA appealed to the Department of Justice for creation of a False Claims Act task force that would investigate potential violations of Medicare coverage rules by commercial health insurance companies and vision plans. *–Will Pinkston*

Help the AOA Hold Insurers Accountable

Interested in learning more about payer advocacy efforts or aware of harmful actions or policies by insurers? Help the AOA's payer advocacy by taking the following steps:

- **Report plan abuses to the AOA at stopplanabuses@aoa.org.**
- **Visit aoa.org/action-center to learn more about federal legislation that would curb common and egregious plan abuses.**
- **Invest in AOA-PAC. Use your eight-digit AOA membership ID number to log in at aoa.org/pac to make an immediate investment to support your patients and the profession. Or text "EYES" to 41444 to quickly invest directly from your mobile device.**

For more information or questions about the AOA's payer advocacy, please contact the AOA Third Party Center team at tpc@aoa.org.

Early Pioneers of Global Soft Contact Lens Development

Learn about the two doctors responsible for changing the entire landscape of the contact lens industry with their revolutionary discovery.

THE ORIGIN of soft contact lenses is well documented and agreed upon as beginning with Otto Wichterle and Drahoslav Lim and their groundbreaking discovery of the plastic polyhydroxyethyl methacrylate (PHEMA) in Czechoslovakia during the early 1950s. As with all history, soft contact lens development did not escape the political, social and economic happenings of its time and is intertwined with the major events following the end of World War II and transition to the Cold War era in central Europe. Despite many hurdles that had to be overcome, Drs. Wichterle and Lim are responsible for changing the entire landscape of the contact lens industry in the latter half of the 20th century with their revolutionary discovery.

From left, Otto Wichterle with colleague Drahoslav Lim and their synthesized hydrophilic gel known as polyhydroxyethyl methacrylate (PHEMA), 1955.

IMAGE COURTESY OF THE WICHTERLE FAMILY

Otto Wichterle

Otto Wichterle was born in Prostejov, in central Czechoslovakia, on Oct. 27, 1913, into a well-to-do, industrial family. Like his grandfather and father, Wichterle was supposed to take over the family business related to the manufacturing of farm equipment and motor vehicles; however, his interests were always more focused in the field of science. In 1936, Wichterle graduated from the Czech Technical University in Prague, and in 1938 he married his lifelong companion Linda. Linda Wichterle would later play a major role in the production of the first soft contact lenses. In 1939, Wichterle earned the first of his two doctorates in chemistry; however, his professional career was quickly halted with the dawn of World War II and the German invasion of Czechoslovakia. Under German rule, the universities were closed and students and professors at higher educational institutes were often arrested and placed into concentration camps. In 1940, Wichterle was able to escape this fate by finding employment in the chemical research department at Bat'a Shoe Company in Zlin, Czechoslovakia. It was during this period that he contributed to the development of Silon, a similar material to nylon for synthetic socks and tights. In 1942, the often outspoken Wichterle was imprisoned by the Gestapo and held for five months, though it is unclear as to why he was arrested. It is rumored that a top German chemist was familiar with his work and contributed to his eventual release. At the end of the war in 1945, Wichterle started work on his second doctorate in organic chemistry at the University of Prague, where he became a professor within the department of plastics. His interest in the chemistry of plastics had impeccable timing, as the age of plastics in the 1950s was about to begin.

Drahoslav Lim

Born Sept. 30, 1925, Lim was several years younger than Wichterle. Similarly, he had a Ph.D. in chemistry, and he and Wichterle were working in the same polymer research department at the University of Prague. Not as much is known about Lim; however, he would be equally credited with the development of the first hydrogel plastic, the material that would change the contact lens industry forever. While Lim contributed significantly to the development of the PHEMA material, his involvement became less prominent as the plastic evolved into soft contact lenses.

Later in life, Lim migrated to the United States to continue work as a chemist. He worked at the University of California on plastics involved in artificial kidneys and at Revlon in their department of research on nail enamel. Lim passed away on Aug. 22, 2003, in San Diego, California.

The story begins

The idea of a hydrophilic biocompatible plastic is said to have originated on a train ride in 1952, when Wichterle happened to be sitting next to Dr. Pur, a Ministry of Health official who was reading a medical journal containing an advertisement on metal prosthetics used in ophthalmology. A conversation ensued that sparked Wichterle's interest in developing a biocompatible plastic for human tissue replacement. Dr. Lim was the only colleague of Wichterle's interested in joining him in the research, and a short six months later they had successfully synthesized the first hydrophilic plastic known as PHEMA; and so began what would become Wichterle's lifelong journey.

Written by Nicholas Grant, BSc, Mari Fujimoto, O.D., Patrick Caroline, COT, and Craig Norman

Excerpted from Hindsight: Journal of Optometry History, *Vol. 52, No. 3, July 2021*

The Optometric Historical Society **Read the whole story and see historical photos by finding this article at aoa.org/news/hindsight-journal.**

5 Steps to Bolster Your Office's Cybersecurity

AN EVER-PRESENT THREAT of emerging malware targeting critical U.S. infrastructure, including the health care industry, keeps federal watchdogs on alert and emphasizes the need for cybersecurity refreshers.

Earlier this year, the Department of Energy, the Cybersecurity and Infrastructure Security Agency (CISA), the National Security Agency and the FBI released a joint Cybersecurity Advisory over evidence of new malicious cyber tools threatening industrial controls and data acquisition devices within the U.S. At the same time, the Russia-Ukraine war prompted federal authorities to appeal for vigilance against retaliatory cyber strikes, with the Department of Health and Human Services admonishing hospitals and health care networks to be wary.

"We've been telling everybody consistently, shields up," noted Jen Easterly, CISA director, in a CBS "60 Minutes" interview in April. "What does that mean? It means assume there will be disruptive cyber activity and make sure you are prepared for it."

October is National Cybersecurity Awareness Month, an opportunity to engage and educate businesses about the importance of cybersafety and increase resiliency in the event of a cyber incident. Sponsored by the Department of Homeland Security and in cooperation with the National Cyber Security Alliance and others, the awareness month is a prime opportunity to assess your own cybersecurity protocols and identify areas for improvement.

While strengthening optometry practices' resilience to cyberthreats can seem daunting, there are several steps that practices can take to mitigate their risk now. AOAExcel® Endorsed Business Partner Lockton Affinity, providing cyber liability insurance options specifically designed for AOA members, as well as the CISA offer several steps for practices to bolster their cybersecurity:

ILLUSTRATION BY SCHERRY VAN KIRK

1

Implement password protocols.

To better protect your systems, consider applying stronger password protocols that include 12+ characters; require a combination of letters, capitalizations, numbers and symbols; require different passwords for each account or service; incorporate rolling updates to prompt users to change passwords either monthly or quarterly; and update passwords when a personnel change occurs, Lockton Affinity notes.

2

Incorporate a multifactor authentication (MFA) process.

But don't just stop at strong passwords; two-factor authentication or MFA essentially requires users to acknowledge their login credentials via a phone call, text message or app notification after correctly entering their password. The CISA recommends MFA for all system users, but starting with privileged, administrative and remote access users is essential.

3

Leverage automatic system updates and regular patches.

Instead of simply clicking "snooze" on prompts for regular system updates, be sure to allow these automatic updates to occur whenever possible, as these ensure your technology is enabled with the latest versions of operating systems and applications. Often these patches are pushed to fix bugs or correct vulnerabilities that may have arisen due to new information. Moreover, conduct an inventory of device operating system (OS) versions and applications, and check with your IT company to make sure updates won't impact any of your systems, Lockton Affinity notes.

Likewise, the CISA recommends removing unsupported or unauthorized hardware and software from your systems immediately—and that's where keeping an inventory of devices can help. Unsupported OS versions no longer receive these automated updates or patches, meaning they could quickly become vulnerable to new and developing cyber threats.

As an AOA member, you can leverage the products and services of AOAExcel's endorsed business partners for your practice or clinic needs, such as cyber liability insurance administered by Lockton Affinity. Learn more at aoa.org/practice/aoaexcel.

4

Consider basic cybersecurity training for all staff.

In addition to system safeguards, it's also important to develop a culture of awareness and vigilance among practice employees. The CISA recommends incorporating regular training with employees, regardless of technical expertise, to help reinforce their role in safeguarding business systems and suggest actions they can take to mitigate risk. Training should focus on common threats, such as email scams, basic do's and don'ts of internet use, and how to recognize and alert others to suspicious activity. "Continually reinforce cyber hygiene as you would other workplace hygiene, e.g., handwashing, professionalism, etc.," the CISA says.

Practices can access such cybersecurity resources and education tools at **cisa.gov/free-cybersecurity-services-and-tools**.

5

Consider working with cybersecurity professionals.

In addition to working with a cybersecurity firm to conduct a comprehensive risk assessment of your practice's network or systems, doctors may find peace of mind through cyber liability insurance. Through AOA membership, doctors have access to cyber liability insurance administered by Lockton Affinity. This policy helps cover the costs associated with notifying all affected parties, ongoing credit monitoring, outside investigations and more.

Next Level

WHEN LORETTA ERIKS, CPOT, went to a job interview at the practice of a local doctor of optometry, she didn't expect to be working as the supervising team leader 35 years later.

Yet here she is.

"When I was hired, I had just turned 20 and I needed a job," says Eriks, who had earned a certificate in medical assisting from Davenport University's campus in Merrillville, Indiana, after pursuing her interest in health care. "The school had a job placement service and they said Dr. (Robert W.) Moses is interviewing. So, I went and interviewed with Dr. Moses, who is the practice owner. At the end of the interview, I asked him when he expected to make a decision on a hire. He said, 'Right now.' He hired me on the spot, and I've stayed.

"I've watched the practice grow from two offices and one doctor to 11 offices and 14 doctors," she adds. "There are about 120 people on staff total. It has been amazing."

Over the years, Eriks has held myriad roles at the practice: at the front desk, as a technician, an optician, a manager, in human resources, a compliance officer, a supervising team leader, mentor, head of the contact lens department and "most importantly, friend," wrote Jennifer (Moses) Kohn, O.D., in her nomination letter for the AOA's top paraoptometric award.

"She has even shaped and guided a new generation of optometrists by supporting the son (Robert J. Moses, O.D.) and daughter (Dr. Kohn) of the practice owner as they joined the family business," Dr. Kohn wrote. (A third sibling, David Moses, works in administration for the practice.)

AOA Focus caught up with Eriks upon her receipt of the 2022 AOA Paraoptometric of the Year award.

How has optometry changed since you entered the profession in 1987?

When I was hired, progressive lenses were just starting to surface. Disposable lenses in hard plastic boxes were just coming out. We used to have a cabinet full of contact lenses in vials. Retinal photos were Polaroids, compared to the digital imaging technology we use today. It has been cool to watch all that unfold.

How did these changes affect your job?

We had to do a little bit of everything in the beginning. Today, we have cross-training of course, but we're more departmentalized. When we moved into the bigger office, we got more opticians, and I was strictly focused on pre-testing and contact lenses. I found out about the certification program through the AOA. After I got my CPO, I went on to the next level with the CPOA and kept going. There were a group of us who were studying together, and Dr. Jen would help us study for the test. When we were studying the eye muscles, Dr. Jen made hand puppets out of socks and put little eyeballs on them to help illustrate how the eye muscles worked or didn't work together, creating eye turns. (Dr. Kohn would put the socks on her hands and move the eyes around to demonstrate extraocular muscles, phorias and tropias.)

How is the practice supportive of staff getting their paraoptometric certification?

Having your staff knowledgeable helps the doctor and the patient. I've tried to encourage them to pursue certification. A new employee is here about a year before we have them test for CPO certification. Even at orientation, I show them where the study guides are for certification. We have the guides posted on our drive, so they can print out the chapters and learn about optometry. I also tell them that while they're reading these chapters, they're also studying for the first certification level, and they will be ready whenever they are eligible to take the test. The practice pays for the tests. I would like new hires into the field of optometry to come to love it as much as I do.

What attracted you to optometry?

I was always interested in the medical field. As things evolved, it's not just an eye exam, glasses and contacts. We deal with patients with diabetes, patients with high blood pressure and other health problems as they pertain to the eye. I don't know if a lot of people who come into the field know that all of that is involved. As I learned more, it all became more interesting to me. I also like working with patients. *–Lorraine Kee*

Learn more about how paraoptometric staff can maintain certification through renewal and ensure their CE requirements are fully achieved on page 24.

PHOTOGRAPHY BY STEVE CRAFT

BY WILL PINKSTON

MISSED OPPORTUNITIES?

Contact lens experts weigh in on gaps in consumer knowledge

Troubling misinformation and a startling lack of information: two observations from an industry group's latest survey into U.S. consumers' contact lens knowledge. What's more, eye care providers may be missing opportunities to discuss contact lens options with 2 out of every 3 patients. **How can optometry close the gap?**

M.GRAPHICS/SHUTTERSTOCK

the scan

A RECENT SURVEY BY THE CONTACT LENS INSTITUTE (CLI) SAYS EYE CARE PROVIDERS MISSED VITAL OPPORTUNITIES TO DISCUSS CONTACT LENS OPTIONS WITH PATIENTS.

THE SURVEY DETAILED A PREVALENCE OF MISINFORMATION ABOUT CONTACT LENSES AMONG CONSUMERS THAT COULD HARM THEIR VISION AND EYE HEALTH.

AOA CONTACT LENS & CORNEA SECTION AND CLI MEMBERS AND EXPERTS RESPOND TO THE FINDINGS.

For 45 million Americans,

contact lenses are their vision correction modality of choice. But according to new survey results, there may be quite a few more people who could benefit from them.

Per April 2022 survey results published by the industry association representing contact lens and contact lens care product manufacturers, the Contact Lens Institute (CLI), eye care providers (ECPs) missed vital opportunities to discuss contact lens options with as many as 2 out of every 3 patients. Among 1,000 surveyed U.S. adults requiring vision correction, only:

- 11% recall contact lenses discussed as an occasional alternative for glasses.
- 8% recall contact lenses discussed as a replacement for glasses.
- 4% recall contact lenses discussed as a replacement for reading glasses.

Additionally, the survey detailed a widespread prevalence of misinformation about contact lenses among consumers that could come back to harm their vision and eye health. So, what does that mean for optometry?

AOA Focus asked members of the AOA Contact Lens & Cornea Section (CLCS), CLI board members and expert panelists from a CLI webinar titled "Revealed! New Consumer Data Shows What's Holding Back Your Contact Lens Practice" to respond to the report's findings. Here's what they had to say.

The survey found that people ages 18 to 34 were three times more likely to rely on social media for information about contact lens wear versus the total population, and 3 out of 5 adults sought alternative information sources, such as friends or online searches. How might this be a risk or, conversely, an opportunity?

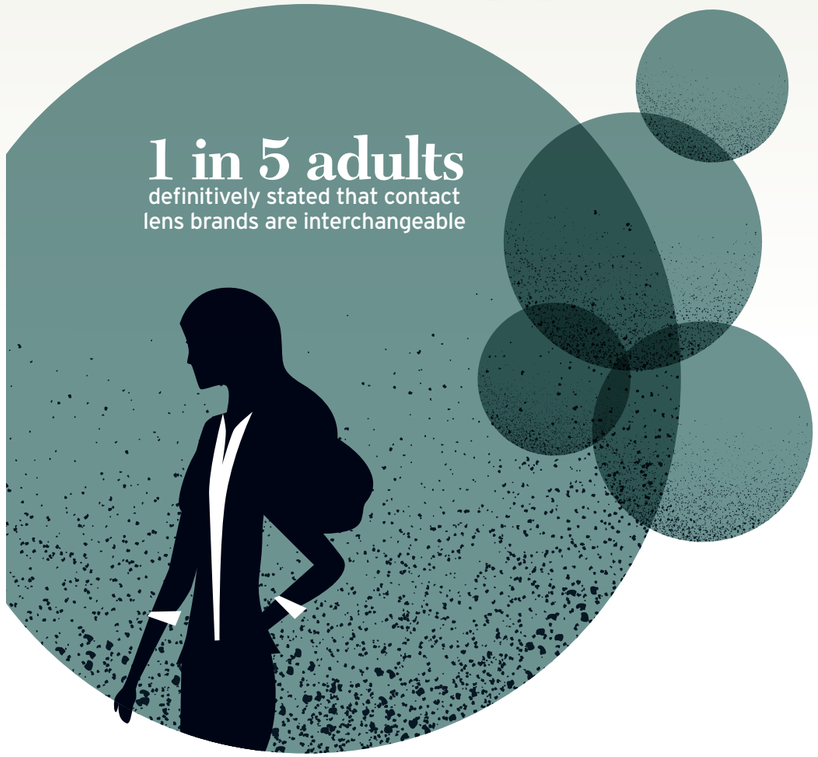
"AT THIS MOMENT IN TIME, it's clear that more and more people are going to social media and other online resources to seek information of all types, so it's natural that individuals, especially in the 18- to 34-year-old demographic, are looking for information and recommendations about contact lenses online. Of concern is that over the past few years, we have seen questionable contact lens retailers use online platforms to sell contact lenses that may not have been prescribed for the patient. The Department of Justice and the Federal Trade Commission in their action against Hubble Contacts noted that the retailer had used false testimonials online to sell their products. When it comes to regulated medical devices, this kind of misinformation can be very damaging to the patient's overall health. This is a significant concern of mine, yet there also is a considerable opportunity. Many of my patients tell their friends and families about their positive experiences in my clinic after I've cared for them. We have so many innovative advancements in contact lens technology, and I'm always excited to share this information with patients. Many times, they pass along the information to friends and family. I think doctors should realize that even in this world where everything is online, nothing compares to an excellent face-to-face conversation between a patient and a doctor who truly cares for them."

MELISSA BARNETT, O.D.
Principal Optometrist at University of California, Davis Eye Center
AOA CLCS immediate past chair

The survey found that 1 in 5 adults definitively stated that contact lens brands are interchangeable, and 3 out of 5 adults may not check with their eye care provider before switching brands. How do we as a profession counter misinformation about contact lenses?

"THERE IS A LOT OF MISINFORMATION out there, and contact lenses are no exception. Unfortunately, we've seen many unscrupulous companies deliberately use misinformation to not only sell more contact lenses, but also perpetuate the view of contact lenses as commodities. These companies, of which direct-to-consumer retailers are often leading the charge, would like nothing more than to see the entire contact lens industry deregulated, allowing our patients to purchase contacts in the same way they purchase reading glasses. Knowing that a regulatory framework focused on keeping the public safe is critical, the AOA works tirelessly to support patient safety-focused regulations. We as a profession need to take the opportunity to gently educate our patients on the risks contact lenses can present if not worn properly, while also balancing our message to the tremendous benefit they can have on quality of life. Educating our contact lens patients on this topic can take time, but just like educating on risks of disease, can pay dividends for their eye health down the road."

PAUL VELTING, O.D.
AOA CLCS chair



MJGRAPHICS/SHUTTERSTOCK

The survey indicated the public may lack a general awareness about contact lenses, with 44% saying they are unsure if contact lens brands are essentially the same and 46% saying they are unsure if all contact lenses use the same general design. Knowing that chair time is precious with patients, how can doctors maximize their patient education on contact lenses in such a limited time?

"REGARDING CONTACT LENS EDUCATION, I've found that having a printout of contact lens do's and don'ts is a great way to get information to the patient that they can reference later in case they forget. Although you do want to educate the patient during the exam, I think most patients will forget what they've heard as soon as they leave the exam room. Instead of having the patient call into your office with a question or, worse, use Dr. Google, I think it's better to spend the time to make an information sheet for the patient.

"When talking about contact lens design, I tend to give my reasons for why I'm prescribing a certain lens. I think this becomes memorable especially if you're giving your reasons for why you're switching someone off their current contact lens brand. I've mentioned the differences in silicone hydrogel versus hydrogel, difference within silicone hydrogel and hydrogel materials, diameter and base curve. Another way is to let the patient become more involved in choosing their lens. I'd suggest providing two options that you think the patient would do well in, discussing the differences between the two and then letting the patient choose. This lets the patient know that there are differences between brands and makes them more likely to consult their optometrist before switching brands in the future."

KLAUS ITO, O.D.
Ocular disease and cornea and contact lens resident at University of Virginia Department of Ophthalmology
CLI 2022 Visionary and webinar panelist

JOIN THE AOA CLCS

The AOA CLCS provides timely clinical education, representation with state and national government agencies, and serves as a recognized and trusted voice to the public. Become a member to access a monthly newsletter for the latest information on contact lens and refractive surgery technologies, as well as clinical and practice management strategies for you and your patients. Enroll at **aoa.org/practice/specialties/contact-lens-and-cornea**.

INTERESTED IN LEARNING MORE?

Watch the full 56-minute panel discussion from "Revealed! New Consumer Data Shows What's Holding Back Your Contact Lens Practice," available on-demand at CLI's YouTube channel or at **bit.ly/CLIOnDemand22**.

CLI members are Alcon, Bausch + Lomb, CooperVision and Johnson & Johnson Vision. Find more information about the group at **contactlensinstitute.org**.

The survey found only 7% of patients recall hearing about new advancements in contact lenses despite some very significant advancements in recent years, and 66% stated that none of these topics were raised. **Where might a doctor turn for this kind of information, and how can they use information about new advancements to encourage new fits or existing wearers to try something new?**

"DATA, LIKE THE SURVEY RESULTS shared by the CLI, allow doctors to be aware of these areas of opportunity, which ensure that these patients receive information that they seek, directly from their doctors. Keeping up with the newest advancements across the eye care industry is an exciting challenge because this allows practitioners to demonstrate yet another valuable part of a regular, comprehensive eye exam to their patients—the ability to connect new technology to their patients' individual needs. However, it does force doctors of optometry to keep abreast of what is new, like technology that may not have been available last year or even last month. The best way to learn about these new advancements is from the manufacturers themselves, whether it's from the sales reps, non-CE education programs or by visiting the industry booths at conferences. Based on how doctors prefer to consume new information, there are also different ways to learn about new products and services through journals, podcasts, virtual events and even through emails, such as the ones we receive from the AOA and state associations. Encouraging patients to try new technology is usually the easiest piece of the equation; the difficult piece is keeping it top of mind for the practitioners during their busy day, and a great way to accomplish this is by engaging staff to initiate the conversation."

CHARISSA LEE, O.D.
Johnson & Johnson Vision,
Head of Professional Affairs,
North America, Vision Care
CLI Board Member

"INFORMATION ABOUT THE LATEST developments in contact lenses is available from sales representatives, as part of seminars offered by manufacturers and in the exhibit hall at conferences and trade shows. In most cases, eye care practitioners already have information about new advancements in contact lenses and it's more of a matter of the ECP sharing the information with their patients. Increased patient communication is the key. In my experience, many doctors hold the belief that if it isn't broken, don't mess with changing it. However, comfort, vision and/or handling will most likely be improved with newer products. As ECPs, we want our patients to have the best contact lens-wearing experience possible."

RICK WEISBARTH, O.D.
Alcon, VP of Professional Affairs,
U.S. Vision Care
CLI Board Member

MJGRAPHICS/SHUTTERSTOCK

The survey identified that eye care practitioners are missing opportunities to talk about contact lens options with 2 out of 3 patients. How do you approach the contact lens conversation with patients?

"AS A CONTACT LENS ADVOCATE, I'm grateful to have so many innovative options for patients. I am always thrilled to share what's new with patients. I recommend embracing novel technologies, understanding the details of each type of new contact lens, and then sharing that excitement with your patients. I also never stop asking my patients if they are interested in contact lenses, even those whom I've seen for years who are happy in their glasses. Sometimes my spectacle wearers may mention that they just took up pickleball or hiking, or want the freedom that contact lenses allow, and that's a fantastic opportunity to share how contact lenses can be an excellent alternative to glasses. It starts with an ongoing love of eye care to provide customized options for each patient."

MELISSA BARNETT, O.D.

"MENTION CANDIDACY for contact lens wear after the refraction on most, if not all, of your patients. If you wait for your patients to ask about contact lenses, you're missing out on all the patients who stay quiet because they believe they aren't a candidate due to something as simple as having astigmatism."

KLAUS ITO, O.D.

"THIS DATA SHOWS US there is much consumers don't know about contact lenses, presenting an opportunity for eye care professionals to talk with their patients. Nearly 7 out of 10 (68%) people turn to their eye doctor for contact lens information. This reinforces the importance of the doctor-patient relationship.

"How can they maximize it? Make it part of every conversation, every time. Make it intentional. It doesn't need to be a long part of patient interaction—maybe just 30 seconds. Also have staff mention contact lenses and display materials provided by contact lens manufacturers to spark an interest. Let it be known that you are a contact lens fitter. Many patients don't realize that contact lenses may be an option for their vision correction. There is often an assumption that if the doctor doesn't mention them, then it must not be an option.

"Why is it important? Facilitating conversations can have a positive impact on clinical outcomes, patient satisfaction and practice growth. Everyone wins as a result."

RICK WEISBARTH, O.D.

"THE BIGGEST OPPORTUNITY for doctors is taking the time to discuss the latest advancements with their patients. Most often, the assumption from the patients is that the doctor will bring up the available options, so it is a huge opportunity for doctors to create a great patient experience by offering contact lenses as an option. For example, the staff could initiate the conversation by asking all patients during their pre-tests, "Have you ever thought about contact lenses as an option to see clearly, in addition to glasses? If so, ask the doctor if you are a candidate." This allows the patient to proactively start the discussion with the doctor and opens the door for the doctor to talk about fantastic new technology available in contact lenses, particularly as patients' visual needs have changed over the last two years. As doctors, we have the unique opportunity to manage how our patients see and connect with the world, and contact lenses offer another opportunity to further enhance patient lives and give them independence that they didn't realize they could have."

CHARISSA LEE, O.D.

–Will Pinkston is the content & marketing manager for the AOA.

A successful practice takes a village—doctors of optometry *and* paraoptometric staff—to make it work and even prosper. Toward that end, the AOA has created a trove of practice management tools and services that can power practices forward in a profession and health care landscape that increasingly demands doctors practice at their highest levels and creates greater opportunities to develop and empower paraoptometric staff. These days, change is out of necessity.

PARTNERS IN CARE

BY LORRAINE KEE

PHOTOGRAPHY BY STEVE CRAFT

Sarah Mays, CPO, and Joe Sugg, O.D.

September marks Paraoptometric Appreciation Month, the only formal observance dedicated to honor optometric practice staff. Download and print items to display in your office, on your website, social media and share in your community. Show us how you honor staff using #AOAParaMonth. Visit aoa.org/events/paraoptometric-month

Watershed moments come and go. For paraoptometric staff, for instance, formal recognition came to the profession in the 1970s, when the AOA established the Paraoptometric Section. A few years ago, the AOA developed an associate membership for paraoptometrics. And along the way, the profession became even more integral to the patient experience.

Are we now at another watershed wave for paraoptometrics, led by the AOA, which elevates the profession even more?

Yes, says Nathan Lighthizer, O.D., associate dean, Northeastern State University Oklahoma College of Optometry and scope expansion champion. With a growing number of states expanding scope, championed by the AOA and affiliate associations, opportunity knocks.

"Paraoptometrics are so very critical to the success of the practice and the success of the doctor, and with increased scope comes increased responsibilities for the paras as well," says Dr. Lighthizer. "Paras take case histories, check vision, perform refractions in some cases, check eye pressures, dilate the eyes and overall are greatly valuable in the efficiency of an optometric practice.

"The same will hold true with laser procedures and office-based surgical procedures," Dr. Lighthizer adds. "From checking eye pressures to dilating the eyes to preparing surgical trays and instruments, scope expansion will take paraoptometric roles to the next level as well. Scope expansion is beneficial at all levels, from the doctor to the paras, and most importantly to the patients."

Erlinda Rodriguez, CPO, chair of AOA's Paraoptometric Resource Center Committee, cites the many resources available in the AOA's EyeLearn Professional Development Hub; doctor-paraoptometric courses offered at Optometry's Meeting®; and other programs in development, including onboarding and a scribing certificate.

Says Rodriguez: "We want the paras trained at their highest level, so they are ready to work with doctors of optometry at the next level or at whatever scope doctors are working at. An educated paraoptometric is also a more committed and more enthusiastic para who wants to learn more, and it's only going to benefit their practice."

the scan

PARAOPTOMETRIC APPRECIATION MONTH IS OBSERVED IN SEPTEMBER.

THE BEST WAY TO HONOR YOUR STAFF IS TO SUPPORT THEIR PROFESSIONAL DEVELOPMENT.

THE AOA OFFERS MANY RESOURCES TO SUPPORT DOCTORS IN EDUCATING AND TRAINING THEIR PARAOPTOMETRIC STAFF.

Mays, Dr. Sugg and patient Alyssa Mills.

PHOTOGRAPHY BY STEVE CRAFT

A doctor's perspective: Investing in staff

Steven T. Reed, O.D., is a firm believer in investing in staff.

When Dr. Reed opened a private practice in Magee, Mississippi, in 1996, he learned quickly that running it was no one-doctor operation. Mission statements and core values were established—they're important, too, Dr. Reed adds.

But that, by no means, is all it took to achieve practice success.

"It takes a well-trained, coordinated team to achieve the outcomes of a thriving practice," Dr. Reed says. "Empowering paraoptometrics benefits both the paras and the doctors, promotes unity through a common mission and can lead to a more positive work environment.

"Enrolling paras as associate members is also part of the formula for practice success," Dr. Reed observes, ticking off a list of why doctors should enroll their paraoptometrics as associate members:

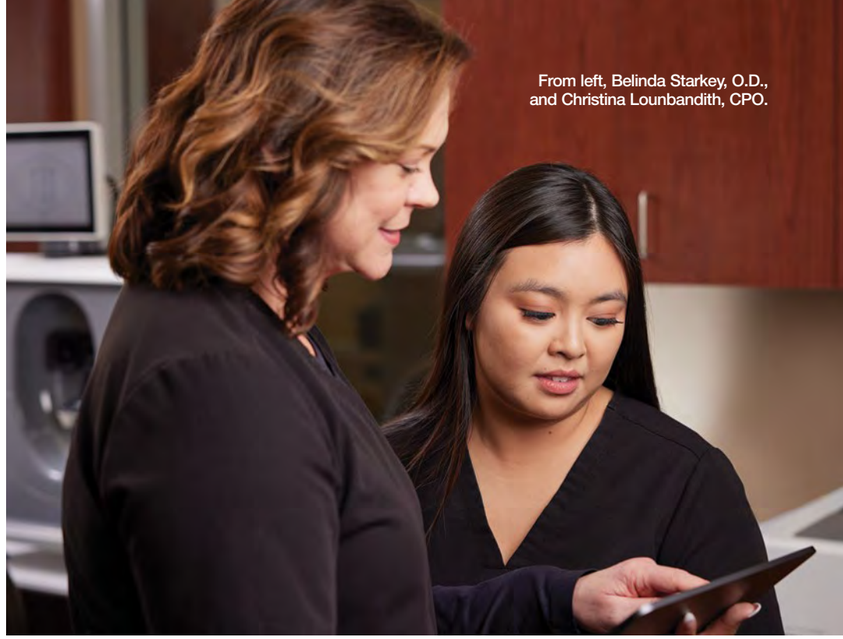
- "It changes the mindset from a job to a career, giving them a long-term perspective."
- "It opens up a wealth of training resources to better equip them for their office roles."
- "It shows you value them and their professional growth. Everyone desires to be valued and appreciated."

And his staff's development didn't end there. He sought out staff members who showed leadership potential and whom he could trust. He eventually hired a practice administrator, office manager and department leads to continually encourage and provide support to the rest of the team.

"Our practices began to grow considerably when I embraced this concept," says Dr. Reed, whose entire staff is enrolled as AOA associate members, in order to take advantage of the many resources available to member doctors and paraoptometrics.

"With scope victories, staff members often have to refresh or acquire knowledge on the new procedures allowed by law," he says. "The education provided in the EyeLearn platform can provide an immediate resource for this new level of training. Also, the para certification program is a great way for staff members to have a solid base of knowledge to which to add."

PHOTOGRAPHY BY STEVE CRAFT



From left, Belinda Starkey, O.D., and Christina Lounbandith, CPO.

PROGRAM	LEVEL	DESCRIPTION
Certified Paraoptometric (CPO)	Entry	A CPO is a person who has attained national recognition via certification by demonstrating an understanding of the concepts used in optometric care (requires CPO attestation form).
Certified Paraoptometric Assistant (CPOA)	Intermediate	A CPOA is a person who has attained national recognition via certification by demonstrating the ability to apply the concepts used in optometric care.
Certified Paraoptometric Technician (CPOT)	Advanced	A CPOT is a person who has attained national recognition via certification by demonstrating the ability to understand, apply and interrelate the concepts used in optometric care.
Certified Paraoptometric Coder (CPOC)	Specialty	A CPOC is a person who has attained national recognition via certification by demonstrating proficiency, expertise, and validating superior knowledge in an optometric coding environment.

Lounbandith with patient Clay Starkey.

PHOTOGRAPHY BY STEVE CRAFT

Dr. Reed doesn't have the concern that he's only training a paraoptometric who will leave some day.

"An office will always have people who come and go, but an employee is much more likely to stay if they are in a positive work environment created through support and growth," he says. "Some doctors are afraid to invest in their staff. They are concerned they'll spend time, resources and energy only to have the staff member leave or be picked off by another office. The truth is you can't afford *not* to invest in your staff. To have a better team, you must have better team members."

AOA associate membership of paraoptometrics has grown 20%—to 13,196 from 10,999—since 2016. The number of doctors of optometry sponsoring their memberships has jumped nearly 26%.

Like Dr. Reed, Sasha Radford, O.D., asks that every paraoptometric in her practice be associate members and work toward certification. The practice, which is owned by three doctors, has two locations in Illinois and employs 22 paraoptometrics.

"We have a very talented, dedicated group with many skills," Dr. Radford says. "Our technicians prepare patients to see the doctors by taking medical histories, testing color and stereopsis, performing autorefraction, topography, Optima screening, iVue OCT screening, S3 carotenoid screening, taking blood pressure and eye pressure, and performing angle evaluation, pre-dilation and refraction.

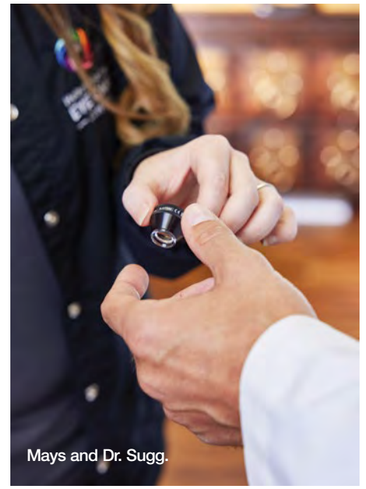
"Technicians do special testing as needed with the Oculus Keratography for dry eye disease and anterior segment photos, Spectral and iVue OCT, visual fields and dark adaptation," she adds. "We have a few techs who scribe for the doctors and a few who perform dry eye treatments with LipiFlow® and intense pulsed light (IPL) therapy."

For years, the practice has strongly encouraged AOA paraoptometric certification, Dr. Radford says. Now it is required of all staff. The practice provides study materials and covers the cost of their exams on the first attempt, and once achieved, each level of certification yields a pay increase and annual bonus with the bonus increasing with each level of certification. It also covers the costs of certification renewal.

And the outcome of all that education? The practice is reaping the benefits, she says.

"We've found that certified staff have a greater understanding of the work we do and their role in optometry as a whole," says Dr. Radford. "After they become certified, they become more intuitive about patients' and doctors' needs. Certified staff also serve as role models for new staff and are able to train others with confidence and pride in what they do."

PHOTOGRAPHY BY STEVE CRAFT



Mays and Dr. Sugg.

Paraoptometric perspective: 'A win-win for everybody'

From afar, Ali Loomis watched as doctors of optometry fought and won support in June for expanded scope of practice in Colorado, the tenth state in the country to allow certified doctors of optometry to perform advanced surgical procedures with laser.

Sometimes, Loomis says, a doctor at her practice, Tara DeRose, O.D., would talk to her about developments in the legislature, and Loomis' interest in the debate around the bill grew. She is the administrative practice manager at Mountain Vista Eyecare and Dry Eye Center, which has six doctors of optometry. She has worked there for a dozen years, starting as a scribe.

"I really like what I do," says Loomis, who has a knack for numbers. "I do all the medical insurance billing, all the accounts receivable for that, collecting, making sure insurance and patients pay us what they owe. I also took over accounts payable."

Loomis has wondered how Colorado's scope expansion will transform care in her practice. She calls the act's passage a "great thing" for patients.

"Ultimately, it will save the patient time," Loomis observes. "We refer a couple of patients out every month for YAGs in particular, and they leave our office and then must make an appointment with another office that is weeks to months out, when it's something we can take care of right here.

"The new act is a win-win for everybody," adds Loomis, who wrote a letter to her congressman in support of the bill. "Our doctors very much support us learning. That will continue with the new act."

Sarah Mays, CPO, is a scribe/technician at Heber Springs Eye Care Center in Arkansas, which underwent its own scope expansion in 2020, after a two-year court battle against an ophthalmology lobbying group.

Now a clinic coordinator, Mays says an expectation was set from the get-go at Heber Springs Eye Care Center.

"Certification was mentioned at my first interview by Dr. (Joe) Sugg and our office manager Lauren," Mays says. "After it was

Continues on page 33

HOW DOCTORS CAN BETTER LEVERAGE AOA ASSOCIATE MEMBERSHIP

STEP 1:
Enroll your paraoptometrics as associate members

Enrolling paraoptometrics as associate members is free if the doctor of optometry is an AOA member. Associate membership gives paraoptometrics access to programs and services that offer:

- Education and staff training resources in the AOA's EyeLearn Professional Development Hub
- Significant discounts on education materials for purchase at AOA Marketplace
- Discounts on registration fees for Optometry's Meeting®
- Networking and volunteer opportunities
- Members-only communications, such as paraoptometric-tailored emails and publications

It's easy for an AOA doctor of optometry or their designee to enroll a paraoptometric or an entire practice's staff as AOA associate members:

- Paraoptometrics interested in gaining access to AOA resources should request that their AOA member doctor enroll them.
- Once agreement is secured, gather the information for enrollment: legal name of staff as it appears on driver's license, dates of birth and unique email address for each staff person (do not use a shared office email).
- Visit your Manage Staff page in My AOA under Member Center at aoa.org (member login required).
- Log in using a member doctor's username and password.
- Enter information for each non-doctor staff person.
  (Only one doctor per practice should enroll an individual staff person; multiple sponsorship requests for the same individual cannot be honored.)

STEP 2:
Access AOA free and discount resources for paraoptometric training and continuing education

Since it initiated associate memberships for paraoptometrics in 2014, the AOA has worked hard to develop offerings to educate, train and certify paraoptometrics for working in a practice now and into the future including:

- Integrated doctor/paraoptometric courses at Optometry's Meeting since 2019
- Commission on Paraoptometric Certification (CPC)-approved courses through Optometry's Meeting, EyeLearn, webinars and more
- Monthly Para Speaker Series on topical issues
- Updated CPC-certified review materials with webinars directing paras through study guide material
- Paraoptometric Resource Center on EyeLearn including para skill builders and para onboarding courses
- Advocacy training for paraoptometrics

STEP 3:
Support paraoptometric certification and renewal

Paraoptometric certification is a program developed by a respected panel of AOA-certified paraoptometrics and doctors of optometry, created to encourage continuing education and knowledge as the field of optometric assisting grows. The AOA offers four levels of certification for optometric staff. Each program requires successful completion of an examination, prepared and administered by the CPC with the assistance of Professional Testing Corporation (PTCNY). The purpose of the examinations is to assure a level of knowledge to perform the functions necessary to each certified designation. Recipients must renew their certification every three years to remain current in their field.

The CPO ™, CPOA ™ and CPOT ™ examinations are accredited by the National Commission for Certifying Agencies (NCCA). The NCCA accreditation serves as a benchmark on how organizations should conduct certification and clearly distinguishes the excellence and value of CPC certification.

In Patients With Diabetic Eye Disease (DR and DME),

HELPING TO PROTECT VISION STARTS WITH YOU

EYLEA®
(aflibercept) Injection
For Intravitreal Injection

Brought to you by **REGENERON®**

IF YOU SEE OR SUSPECT DIABETIC RETINOPATHY

EDUCATE PATIENTS[1]

- Your early and frequent discussions about progression of disease, timely referral, and potential treatment options can empower patients[1]

REFER APPROPRIATE PATIENTS[1]

- The AOA recommends referring patients with severe NPDR and PDR within 2 to 4 weeks, and patients with higher-risk PDR with or without macular edema within 24 to 48 hours[1]

FOLLOW UP WITH PATIENTS

- Encourage referred patients to promptly visit a retina specialist

CONTINUE TO MONITOR PATIENTS[1]

- The AOA recommends frequent monitoring of patients[1]
  - At least every 6 to 9 months in patients with moderate NPDR and more frequently for patients with greater disease severity

The more you know about anti-VEGF agents and other potential treatments for DR, the better you can help inform your patients. Find out more by visiting diabeticretinaldisease.com.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- EYLEA is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in EYLEA.

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with EYLEA, have been associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering EYLEA. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately. Intraocular inflammation has been reported with the use of EYLEA.
- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with EYLEA. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.
- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including EYLEA. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause). The incidence of reported thromboembolic events in wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with EYLEA compared with 1.5% (9 out of 595) in patients treated with ranibizumab; through 96 weeks, the incidence was 3.3% (60 out of 1824) in the EYLEA group compared with 3.2% (19 out of 595) in the ranibizumab group. The incidence in the DME studies from baseline to week 52 was 3.3% (19 out of 578) in the combined group of patients treated with EYLEA compared with 2.8% (8 out of 287) in the control group; from baseline to week 100, the incidence was 6.4% (37 out of 578) in the combined group of patients treated with EYLEA compared with 4.2% (12 out of 287) in the control group. There were no reported thromboembolic events in the patients treated with EYLEA in the first six months of the RVO studies.

Please see Important Safety Information throughout and Brief Summary of the full Prescribing Information on the following page.

ADVERSE REACTIONS

- Serious adverse reactions related to the injection procedure have occurred in <0.1% of intravitreal injections with EYLEA including endophthalmitis and retinal detachment.
- The most common adverse reactions (≥5%) reported in patients receiving EYLEA were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and intraocular pressure increased.
- Patients may experience temporary visual disturbances after an intravitreal injection with EYLEA and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

INDICATIONS

EYLEA® (aflibercept) Injection 2 mg (0.05 mL) is indicated for the treatment of patients with Neovascular (Wet) Age-related Macular Degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME), and Diabetic Retinopathy (DR).

anti-VEGF, anti–vascular endothelial growth factor; AOA, American Optometric Association; NPDR, nonproliferative diabetic retinopathy; PDR, proliferative diabetic retinopathy.

Reference: 1. Eye care of the patient with diabetes mellitus. American Optometric Association. Accessed April 2, 2021. http://aoa.uberflip.com/i/1183026-evidence-based-clinical-practice-guideline-eye-care-of-the-patient-with-diabetes-mellitus-second-edition/

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Mays with patient Sydney Meli.

Continued from page 29

mentioned and explained, I knew it would be a goal. And when I became a CPO, I gained a tremendous amount of confidence. Patients will ask us if we are certified. It is a great feeling to be able to say I am. In return, the patients get peace of mind in their care.

"I really believe it set me up for success," says Mays, who relied on AOA resources to prepare for her certification test. The procedures we do now are YAG (laser capsulotomy) and SLT (selective laser trabeculoplasty), and I assist with both. I am excited to see what the future holds with adding more procedures."

Christina Lounbandith, CPO, has worked at Parenti-Morris Eyecare Center in Rogers, Arkansas, for nearly two years after graduating in 2020 with a biology degree. She had wanted to take a gap year and decide if optometry was in her future.

"Optometry school was always in the back of my mind because of the work life-family life balance," Lounbandith says. "I applied for a job. During the interview, I met all three doctors in the practice (including AOA Board of Trustee member Belinda R. Starkey, O.D.)."

When she joined the practice, with little experience, Lounbandith was "pretty lost." No longer.

Dr. Starkey has walked her through everything she needs to know for her job, Lounbandith says. She spends most days scribing for her—learning. For her part, Lounbandith likes the challenge of learning, such as tackling how to take images on the fundus camera or finding out about IPL.

"Dr. Starkey tells me the science behind it all," says Lounbandith, who also relied on AOA resources for her certification test. "I got more and more interested. I took the CPO certification last November.

"I'm glad she takes the time to really help me because, in my case, I want to go to optometry school in November 2023," she says. "It's going to help me in the future."

–Lorraine Kee is the senior content producer for the AOA.


PHOTOGRAPHY BY STEVE CRAFT
Lounbandith with patient Clay Starkey.

AOA RESOURCES FOR PRACTICE SUCCESS

AOAEXCEL®
Business resources that allow doctors of optometry to take full advantage of products and services from AOAExcel's endorsed business partners, to meet the unique needs of AOA members.
aoa.org/practice/aoaexcel

EYELEARN PROFESSIONAL DEVELOPMENT HUB
Online portal offers educational modules, webinars and other resources to advance the practice of contemporary optometry and practice management for doctors of optometry, optometry students and paraoptometrics.
aoa.org/education/eyelearn-professional-development-hub

AOA MARKETPLACE
Your source for coding materials, study resources, forms, stationery, patient education material, displays and so much more. More than 200 products in all.
store.aoa.org

AOA CLINICAL PRACTICE GUIDELINES
Guidelines consist of patient care recommendations developed through a formal process by the AOA Evidence-Based Optometry Committee. The guidelines combine the best available current scientific evidence and research with expert clinical opinion.
aoa.org/clinical-guidelines

BILLING AND CODING
Let the AOA's coding experts help you navigate the coding and billing issues that affect your practice.
aoa.org/practice/coding

The Latest Research from AOA Members

This year, a record 122 posters and abstracts were submitted in response to the AOA's call for research. These findings were shared in a virtual event on the AOA's EyeLearn Professional Development Hub, offering a national forum for clinicians, students and faculty to communicate interesting cases and unique research to their colleagues. "Our profession depends on staying up to date on the latest through scientific research and case reports," says Erik Mothersbaugh, O.D., the virtual session moderator. Of those submissions, five stood out to the AOA's Poster Committee. Here are the cases.

TETIANA LAZUNOVA/GETTY IMAGES

Bilateral Acanthamoeba Keratitis: A Case Report Exemplifying Minimizing Visual Morbidity

Author: Scott Hauswirth, O.D.

Background

Acanthamoeba keratitis is a rare but potentially visually devastating condition that has a high predilection for contact lens wearers. Typically it presents as a unilateral condition but rarely may present as a bilateral condition. Early diagnosis is a critical step to preventing visual morbidity, though it does not guarantee such. We present a case of a young patient who developed bilateral keratitis following storage of her contacts in tap water. She presented to our office 11 days following onset of symptoms. Clinical presentation was consistent with early Acanthamoeba infection, and confocal microscopy confirmed diagnosis the day of presentation. She was placed on topical compounded chlorhexidine drops 0.02% q1h OU, as well as Neomycin QID OU. Subsequent visits showed initial worsening of symptoms, visual acuity and clinical signs in both eyes, followed by gradual improvement in all metrics, and by 12 weeks best corrected vision had returned to 20/20 in both eyes. In this case, early diagnosis and appropriate intervention led to an excellent outcome.

Case summary

A 20-year-old Caucasian female was referred to our clinic for evaluation and treatment of suspected bilateral Acanthamoeba keratitis. The patient noted bilateral discomfort and irritation following storage of her soft contact lenses in tap water, which quickly progressed to increasing pain and photophobia in both eyes. She presented to our office 11 days following onset of symptoms.

Initial clinical presentation revealed a young woman with extreme photophobia and bilateral ocular pain. Entering visual acuity was 20/40 OD and 20/30 OS. Corneal signs showed irregular epithelium in both eyes with no frank epithelial defect. Perineural infiltrate was noted just superior to the irregular epithelium in the right eye. Confocal microscopy confirmed diagnosis, showing multiple cystic structures consistent with Acanthamoeba in both eyes. She was placed on topical compounded chlorhexidine drops 0.02% and neosporin QID OU. Additional medications were prescribed to assist in pain management.

Subsequent visits showed initial worsening in both eyes for the first three weeks, accompanied by worsening vision to 20/200 in the right eye and 20/70 in the left eye and enlargement of the region of the cornea affected by keratitis. At week 6 she began to note improvement in the right eye, and the left eye followed two weeks later. Over the subsequent weeks there was continued gradual improvement of vision, keratitis and pain in both eyes.

At 12 weeks, the patient was pain-free, the cornea was absent of any significant scarring or haze, and BCVA was 20/20 OD and OS.

Conclusions

In this case, the primary variable, which contributed to the successful treatment of an otherwise difficult ocular pathology, was the short period of time between onset of symptoms and initiation of appropriate treatment. As described by Maycock and Jayaswal in 2016 as well as multiple other studies, significant delay often occurs in cases of suspected Acanthamoeba keratitis, and contributes to increased visual morbidity and poorer outcomes, while early diagnosis and treatment can contribute to improved outcomes. Awareness of risk factors, which are associated with Acanthamoeba infection as well as recognition of clinical presentation in the early stages of infection, is often helpful in directing management strategies. In this case, overnight storage of contact lenses in tap water was the primary risk factor and likely route of contamination; over 95% of Acanthamoeba infections occur in contact lens wearers (Stapleton, OVS 2009). Clinical signs, which assisted in early diagnosis, were superficial keratitis presenting as irregular epithelium, which is a common feature in early-stage infection as well as perineural infiltrate, which is a recognized feature of early Acanthamoeba infection. Additionally, while corneal culture is often less productive, we employed in vivo confocal microscopy, which allows visualization of the organism in situ, often shortening the additional lag cultures may create. We have described the use of confocal microscopy in a previous poster (Hauswirth, AAO2019) and feel it is an exceptional clinical diagnostic tool for these cases.

SANNEBERG/GETTY IMAGES

Effect of OC-01 (Varenicline Solution) Nasal Spray Compared to Vehicle Control on Dry Eye Disease Sign Outcomes by Baseline Subgroup Characteristics

Author: Leslie O'Dell, O.D.
Co-authors: Andrea Gibson, Gretchen Blemker, O.D., Laura Hendrix

Background

Dry eye disease (DED) patients present with a broad range of clinical signs and symptoms at baseline (BL), including abnormal spectrum of Schirmer's Test Score (STS) and Eye Dryness Score (EDS) severity. OC-01 (varenicline solution) nasal spray (VNS) is a cholinergic agonist believed to pharmacologically neuro-activate the trigeminal parasympathetic pathway and increase basal tear production. To determine the effect of baseline signs and symptoms on the efficacy of OC-01 VNS, integrated data from ONSET-1 and ONSET-2 clinical trials were analyzed to determine the irrelevance on sign outcomes in DED subjects.

Methods

Integrated data from ONSET-1 and ONSET-2 trials were analyzed to determine the mean change in STS (mΔSTS) (mm) from BL to Week 4 (W4) in OC-01 VNS 0.3 mg and 0.06 mg compared to vehicle control (VC) in DED subjects by subgroups pre-specified at BL: STS ≤5mm/>5mm, EDS <60/≥60.ANCOVA models include treatment, study number, study site, BL STS, and BL EDS as covariates.

Results

Using last available data for missing assessments, OC-01 VNS 0.03 mg and 0.06 mg showed statistically significant ($p<0.01$) increases in mΔSTS from BL to W4 compared to VC for all subgroups: BL STS ≤5: 11.6 mm, 12.1 mm, 6.1 mm; BL STS >5: 11.7 mm, 11.6 mm, 6.4 mm; BL EDS<60: 12.3 mm, 13.5 mm, 6.2 mm; BL EDS ≥60: 11.2 mm, 10.5 mm, 6.2 mm, respectively. OC-01 VNS was associated with sneezing in both 0.03 mg (82%) and 0.06 mg (84%) groups, rated by the majority (98%) as mild. 22.4% of VC group subjects reported a sneeze. Treatment-emergent adverse events (TEAEs) in >5% of subjects were cough, throat and instillation site (nose) irritation.

Conclusion

In the integrated ONSET-1 and ONSET-2 clinical trials data, treatment with OC-01 VNS, 0.03 mg and 0.06 mg showed statistically significant increases in mΔSTS from BL to W4 in DED subjects compared to VC regardless of pre-specified BL subgroup. The most common TEAEs reported with OC-01 VNS were sneezing, cough, throat and instillation site (nose) irritation within conditions of the studies. No drug-related serious adverse events were reported. With its mechanism of action and route of administration, OC-01 VNS may potentially be an effective therapeutic option for increasing natural tear production in heterogenous DED patient populations.

Misdiagnosis of Meningioma

Author: Christopher Lowe, O.D.

Background

Meningiomas are tumors that form from the meningeal layers surrounding the brain and spinal cord. While most are benign, they can still affect the function of surrounding neural structures, including the visual pathway. Because meningiomas (and other compressive lesions) are uncommon, clinicians may fail to recognize subtle findings that could help make the correct diagnosis, particularly if some findings overlap with more common diagnoses. This case is an example of a missed diagnosis and reviews the signs and symptoms that should prompt the clinician to order neuroimaging to discover potential compressive lesions.

Case Summary

A 59-year-old white female was diagnosed with primary open angle glaucoma at an outside clinic and referred for glaucoma management. Cup/disc ratios were 0.3 OD and 0.15 OS. Baseline RNFLOCT and Humphrey Visual Fields were performed, showing superior RNFL thinning and a corresponding inferior nasal step OD. However, closer examination raised concerns that the patient had a non-glaucomatous optic neuropathy. Suggestive signs and symptoms included a patient-reported history of blurred vision in the right visual field, a 1+ relative afferent pupillary defect and mild optic disc pallor. An MRI of the brain and orbits was ordered, detecting a right anterior paraclinoid meningioma compressing the prechiasmatic optic nerve. Transsphenoidal endoscopicsurgical resection was performed approximately 5 weeks after the MRI was performed. Near total resection was achieved, but small portions of the meningioma were left around the internal carotid artery and optic nerve to avoid damaging these structures. The patient developed binocular diplopia during the post-operative period, which resolved at 6 weeks after surgery. Three months after surgery, the Humphrey Visual Field showed a marked improvement in the depth of the inferior nasal defect, and the patient reported complete resolution of her visual symptoms.

Conclusions

Meningiomas make up a large portion of adult intracranial tumors and often have a delayed or initially missed diagnosis. Most meningiomas are slow-growing, noncancerous tumors. However, they can cause permanent vision loss if there is mass effect on the visual pathway. Prompt recognition of signs and/or symptoms of compressive optic neuropathy is important to minimize permanent vision loss.

SHAPECHARGE/GETTY IMAGES

the hub

The AOA's member-exclusive centralized education portal, EyeLearn, offers an expanding online catalog of educational modules, webinars and resources to help advance clinical proficiencies, the practice of contemporary optometry, and practice management for doctors of optometry, future doctors of optometry and paraoptometric staff. Visit aoa.org/education/eyelearn-professional-development-hub.

The Effects of Long-Haul COVID-19 on Vision; Similarities to Post-Concussion Vision Symptoms and Findings

Author: Lynn Greenspan, O.D., Ph.D

Background

COVID-19 symptoms and findings may linger and have been given the terminology "long COVID." "COVID long-haulers" may suffer with persistent symptoms such as headaches, dizziness, shortness of breath, cognitive dysfunction (or brain fog) and fatigue. While these are the most common symptoms, there have been more than 200 other symptoms reported. Chest pain, speech difficulty, anxiety or depression, muscle aches, fever, and persistent loss of smell and loss of taste are some other symptoms. There is prior information about patients who have recovered from SARS who have gone on to develop chronic fatigue syndrome, which worsens with physical or mental activity and doesn't improve with rest. The same may be true for people who have long-haul COVID-19. The Mayo Clinic reports that while long-haul COVID-19 damages primarily the lungs, it can also damage the heart, kidneys and brain. In this sense, brain injury from COVID-19 can result in post-brain injury vision symptoms and findings as well. Of the 58.9 million Americans who have reported having COVID-19, according to The American Academy of Physical Medicine and Rehabilitation, about 11.1 million Americans are living with long COVID-19 symptoms. The numbers continued to rise during the new omicron variant. Over the past year, a new clinic has been established within our local rehabilitation hospital in order to address the medical rehabilitation needs of COVID-19 long-haul patients. Patients have been referred for vision evaluation and treatment. In this case series, five long-haul patients are presented, including vision symptoms and findings. Treatments and therapies are discussed. An interesting comparison is made to post-concussion patient symptoms and findings. Optometry as a profession will be seeing this population grow in their practices over the next several years and we should prepare ourselves for the visual needs of long-haul COVID-19 patients.

Case Summary

Five patients (four female, one male) ages 46-65 presented with new vision symptoms following their diagnosis of long-haul COVID-19. Symptoms included eyestrain, difficulty reading, near vision blur, diplopia, dizziness, nausea, slow cognitive processing and headaches. The eyeglass prescriptions required modification for four of the five patients. Prism was prescribed to two of the patients. Visual field testing and OCT was recommended for all of the patients. Vision rehabilitation therapies were added to their comprehensive rehabilitation programs, which included vestibulo-ocular rehabilitation. Comorbidities were reviewed to look for common profiles, however the rule was heterogeneity without any true pattern for grouping. Progress was assessed and beneficial therapy interventions were noted, which again were not the same for each patient. The effectiveness of the eyeglass prescriptions was assessed. A return to typical ADLs and work was noted at the conclusion of therapies. Summaries of each case are presented.

Conclusions

A new, large, diverse population of patients with vision symptoms is emerging since the COVID-19 epidemic has begun. Patients will present to optometry with numerous symptoms and findings that mimic acquired brain injury and post-concussion vision issues including eyestrain, difficulty reading, near vision blur, diplopia, dizziness, slow cognitive processing and headaches. Some of these patients will require changes in their spectacle corrections, tinted lenses, prism, new near reading prescriptions and vision rehabilitation therapies. Optometry is well-positioned to address these functional visual issues for long-haul COVID-19 patients and should become part of the rehab team as early as possible.

Thermal Pulsation System in the Treatment of Meibomian Gland Dysfunction: A Post-hoc Analysis of a 12-month, Randomized, Multicenter Study

Author: Shane Kannarr, O.D.
Co-authors: David Kading, O.D., Gina Wesley, O.D., Katherine Bickle, O.D., Colton Heinrich, O.D., Jason Miller, O.D., Sruthi Srinivasan, O.D.

Background
To demonstrate the efficacy of iLux in change from baseline in meibomian gland score (MGS) at 12 months post-single treatment in meibomian gland dysfunction (MGD) subjects with evaporative dry eye disease (EDE).

Methods
This is a post-hoc analysis of a previous prospective, randomized, assessor-masked, parallel group study that compared the efficacy and safety of iLux with LipiFlow in subjects with EDE. Subjects with MGS ≤12 in lower eyelids, IDEEL-SB module score >16, and non-invasive tear breakup time (NIT-BUT) of <10 seconds were randomized for bilateral treatment in a 1:1 ratio to receive a single treatment of either iLux or LipiFlow. The primary endpoint of this post-hoc analysis was to analyze the mean change from baseline in MGS at 12 months post-single treatment. Mean change from baseline in NITBUT (first break-up, seconds) was the key exploratory endpoint. Subjects attended a total of 8 visits: screening/baseline, treatment, 2-week, 1-, 3-, 6-, 9-, and 12-months.

Results
A total of 119 patients (n=238 eyes) were included in the analysis. The mean (SD) age was 58.4±13.4 years, with majority being female (79.0%). At baseline, mean MGS was 6.6±3.68. At 12 months, mean change from baseline of MGS increased to 16.3±11.47 (P <0.001). Similarly, at baseline, mean NIT-BUT was 5.4±1.97 seconds. At 12 months, mean change from baseline in NITBUT was 2.1±4.16 seconds (P <0.001). Furthermore, the mean change from baseline in MGS was observed as early as 2 weeks (12.9±9.84) and at 1 month (14.3±10.46), 3 months (16.5±10.59), 6 months (17.8±10.37), and 9 months (15.8±10.68) post-treatment.

Conclusion
The study results demonstrated that a single treatment with iLux significantly improved MGS and NITBUT over a period of 12 months in subjects with evaporative dry eye-associated MGD.

MORSA IMAGES/GETTY IMAGES

The Most Important Thing to Know About Retirement Savings Planning

Do you know how to determine how much you need to retire? What should you be asking about your 401(k)?

WHETHER YOUR CAREER is just starting or winding down, there can be a lot to unpack when charting a course to retirement. AOAExcel® checked in with Nathanael Kelley of endorsed business partner Equitable to discuss pertinent questions that doctors of optometry should be asking.

What criteria should doctors use to determine how much they will need to retire?

Financial planning is very personal, and everyone's goals are different. There are many factors to consider in determining how much each individual needs to retire, so I would recommend speaking with a Certified Financial Professional (CFP) if you haven't already and meet with your CFP on a semi-annual basis to make sure you are on track.

What factors go into determining how much to save each month?

The amount needed to save is different for everyone and can be an evolving goal, so it's important to revisit your plan at least once per year. But a good rule of thumb to go by is to save as much in your retirement plan as you can afford to save.

Investing in a 401(k) is a common way to save for retirement. What questions should doctors be asking about their 401(k)?

First off, if you can afford to do so, you should be maximizing your contributions. The 2022 401(k) salary deferral limit is $20,500 and $27,000 if you are 50 or older due to the catch-up contributions provision. Contributions reduce your taxable income, which is so important for doctors to reduce their tax liability. Another thing to ask is, "Am I allocated properly?" Everyone is different. Generally speaking, younger folks can afford to be more aggressively invested, but as you get older you may want to reduce your equity exposure. Again, everyone is different, so there is no one-size-fits-all approach to investment allocation.

Are there any tips directed specifically to doctors for retirement strategies?

Piggybacking on the last question, make sure you are maximizing your retirement plan savings. If you are the practice owner or an independent contractor, then you have control over your plan's design. The real benefit to this is you can add profit-sharing contributions to drastically increase your annual contribution amount. The team at Equitable prepares calculations for our clients so that they know their options each year and can review them with their CPA to select whichever level of additional contributions makes sense for that tax year.

What happens during a complimentary consultation that Equitable can provide an AOA member?

Every member is different. So we start by getting to know you and your practice, so that we can suggest a retirement plan that makes sense in your specific situation. What can the AOA member learn? Hopefully, a lot. We'll go through retirement plan options, contribution limits, best practices, tax benefits, etc.

What are the most common questions doctors ask the Equitable team?

I often hear, "I'm an optometrist. I don't know much about retirement savings or investing. What should I do?" From there we try to explain things in a conversational manner and demystify retirement saving.

For doctors under 40, what is the single most important thing they need to know about retirement savings planning? And doctors over 50?

The answer to both questions is the same. You want to know your options, pros/cons of each plan, cost to fund employees, potential tax savings, etc. And for doctors over 50, they should be aware of their opportunity to contribute additional money to their plans through annual catch-up contributions.

What advice do you have for doctors who haven't started saving for retirement yet but know they need to?

The best time to start saving for retirement is 20 years ago. The second-best time is today.

the expert

Nathanael Kelley, senior retirement specialist for Equitable Financial, an AOAExcel-endorsed business partner.

SEZER/ADOBE STOCK/GETTY IMAGES

Equitable offers a variety of retirement savings plans to suit your needs. AOA members receive a complimentary review of their current savings plan. For more information, visit aoa.org/practice/financial-health/retirement-savings-planning.

Virtual 'Check-in' Codes

These "check-ins" are not subject to many of the restrictions that are applied to telehealth codes.

MEDICARE REIMBURSEMENT of telehealth has long been a frustrating endeavor for physicians.

Until the onset of the COVID-19 pandemic, telehealth reimbursement had been limited by geography, the location of the patient and provider, type of provider, and technological modality. Waivers enacted at the beginning of the pandemic removed these restrictions for the duration of the public health emergency. Even prior to the pandemic, the Centers for Medicare & Medicaid Services (CMS) had implemented new codes to capture time doctors spent with patients using store and forward and other technologies.

In January 2019, CMS began reimbursing for these virtual "check-ins" via a limited scope. These check-ins do not fall under the CMS list of telehealth services, thereby precluding providers from being able to use POS 02 or Modifier 95 on Medicare claims. However, they also are not subject to many of the restrictions that are applied to telehealth codes. The HCPCS virtual check-in codes included in the 2019 Physician Fee Schedule are described below:

G2010 *Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.*

G2012 *Brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; five-10 minutes of medical discussion.*

With the onset of the COVID-19 pandemic in early 2020, the creation of these codes was timely. Although many of the restrictions on telehealth reimbursement were temporarily lifted, providers could also maintain continuity of care by billing for virtual check-ins. And while doctors of optometry can bill for these codes, during the height of the pandemic in 2020, they were primarily used by internists and family practitioners. In fact, CMS felt that virtual check-ins had become so important for continuity of care that in 2022 the agency developed a new code for longer virtual check ins. The HCPCS code included in the 2022 Physician Fee Schedule is described below:

G2252 *Brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.*

G2252 is intended for situations when the acuity of a patient's problem is not necessarily likely to warrant an in-person visit, but when more than five-10 minutes is needed to make that assessment. The technology must be synchronous and is subject to the same billing requirements as the other virtual check-in codes. Doctors of optometry are eligible to bill for G2250.

Written by the AOA's Coding & Reimbursement Committee

For more information on Medicare's virtual "check-in" codes and how to bill for them, contact the AOA's Coding Experts at aksthecodingexpert@aoa.org or go to aoa.codingtoday.com.

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To bill Medicare for HCPCS codes G2010 and G2012, check out the fact sheet at go.cms.gov/3NA1Hjx. Doctors of optometry are eligible to bill for these codes.

coding questions

Are there new ICD-10 coding guidelines for 2023?

Yes, the new guidelines for 2023 can be found at go.cms.gov/3QcoEeS.

What is the code for Bear Track retinal pigment?

The diagnosis code would be, "Dystrophies primarily involving the retinal pigment epithelium (H35.54)"

Are cause of morbidity diagnosis codes required to be reported for Medicare?

No, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless you are subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10-CM codes found in chapter 20 of the ICD-10-CM, External Causes of Morbidity.

For direct access to coding experts for answers to your coding questions, visit aoa.org/ask-the-coding-experts.

Peer Advice: Preventing Burnout

Do not feel guilty if you are not doing schoolwork every hour of the day.

AS YOU MAY ALREADY KNOW from your experience as an undergraduate student, there are many moments throughout our academic journey where we may begin to feel burnout and exhaustion. This feeling is completely normal, especially during graduate school. Do not worry! I am here to help share some fun activities that have helped other students and me prevent burnout.

Activity No. 1: Take breaks

Many of you have already heard this from peers, parents, faculty and now from me, but it is so important to take breaks! The phrase "take a break" can be applied in many different ways. Some examples include:

- Taking a 15-minute break after every lecture
- Taking a day off to give your brain a rest
- Taking the afternoon off after a long day of lectures and labs
- Taking a break every 2 hours

These are just a few examples. Taking time off from school can make one feel guilty at times, but it is crucial. Taking a break from schoolwork has definitely helped me and other peers prevent burnout. I use this time to keep my mind off school, even if it is only for 15 minutes. On days that I felt I needed more time to study, my breaks were smaller. I would take a break maybe every three hours. During my breaks, I would watch a movie, call a friend or scroll through social media. On the other hand, on days that were very heavy on lectures and labs, I would come home and take the afternoon off. However, this may not work for everyone. I recommend that you take breaks as needed. Many of you will need more breaks a day or a week and some of you may not need as much, and that is OK.

Activity No. 2: Exercise

Implementing exercise into your schedule is a great way to help de-stress. If you are like me and do not enjoy going to the gym but would rather sit on a couch and snack, do not worry—this activity can still apply to you! Whenever I felt overwhelmed with school, I would take my dog on a 30-minute walk around my block. Going for a walk would help me take my mind off school and spend some time with my dog. I really enjoyed this exercise because during those 30 minutes, I would forget about all the assignments that I had to complete, all the exams I had to study for, and I would just focus on me. After my walks/runs with my dog, I felt more energized, focused and motivated while doing my schoolwork. However, walking is not the only way one can de-stress. Listed below are different ways one can use exercise to relieve stress from school:

- Lifting weights
- Running
- Going to the gym
- Yoga
- Playing a sport
- Home workout videos online

Activity No. 3: Spending time with friends and family

This activity is by far my favorite! Throughout your academic journey as a graduate student, there will be moments where you may feel that you have no social life or cannot spend time with friends or family because you must study. I am here to tell you that it is very possible to have a social life and excel in graduate school. It is so important to spend time with the people you care about. During my first year at Southern California College of Optometry, I would take one day off a week and spend time with my family and friends. Some of the activities I would plan included going to Disneyland, a nice dinner, watching a movie, cooking dinner or going to the beach. Spending quality time with friends helped me prevent burnout because I would use this time to enjoy life. I would distract myself and focus on the things I enjoyed doing outside of schoolwork. Hanging out with family helped me recharge my spirit and give my brain a break. If spending a whole day with friends and family seems too much for you, you can always start by taking half a day off. This activity is very flexible, but highly recommended.

There are many other activities that can be done to help prevent burnout. One of the most important factors to prevent burnout is spending time and energy on you. Whether that means exercising, hanging with friends or watching a movie, it is important to take time for yourself.

Do not feel guilty if you are not doing schoolwork every hour of the day. Enjoy life, enjoy school and have lots of fun!

Written by Janette Aguirre, Southern California College of Optometry Class of 2024

PEOPLEIMAGES/GETTY IMAGES

Rapid and Sustained Symptom Relief After a Single Drop: Systane® COMPLETE Artificial Tears

Summarizing: Symptom Relief Following a Single Dose of Propylene Glycol-Hydroxypropyl Guar Nanoemulsion in Patients with Dry Eye Disease: A Phase IV, Multicenter Trial.[1]

Authors: Silverstein S, Yeu E, Tauber J, Guillon M, Jones L, Galarreta D, Srinivasan S, Manoj V.

Published in: *Clin Ophthalmol*. 2020;14:3167-3177.

Systane® COMPLETE leverages HP-Guar and lipid nano-droplet technology to improve lubricant retention on the ocular surface

BACKGROUND

- Dry eye is a multifactorial condition caused by disrupted tear film homeostasis[2]
- Although most artificial tears address either the aqueous or evaporative aspects of dry eye, more advanced formulations may be key to supporting more reliable symptom relief[3]
- Systane® COMPLETE combines core Systane® technology (active lubricant, HP-Guar and borate gelling technology) with lipid nano-droplets to create an advanced system for lubricant delivery[4,5]
- This study examined dry eye symptom relief following administration of one drop of Systane® COMPLETE

Dry eye symptom relief was evaluated for 8 hours after administration of a single drop of Systane® COMPLETE

STUDY DESIGN

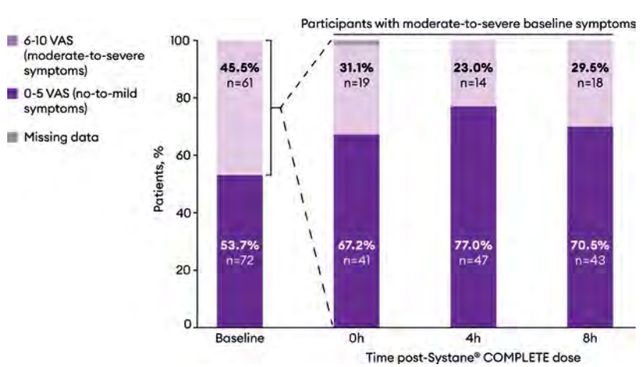
- Multicenter study enrolled 134 patients ≥18 years old with clinical evidence of dry eye (tear film breakup time ≤5 seconds); mean age was 56.6 years and 75.4% of participants were female
- Participants' dry eye was categorized based on clinical signs at baseline
  - **Aqueous-deficient:** Schirmer I test score ≤9 mm
  - **Evaporative:** Poor meibum quality (opaque or inspissated) or poor expressibility (2 or fewer expressible glands) in at least one eyelid
  - **Mixed:** Met criteria for both aqueous-deficient and evaporative dry eye
- After baseline assessment, one drop of Systane® COMPLETE was administered to both eyes; patient-reported outcomes (dry eye symptoms, soothing sensation, drop tolerability) were evaluated out to 8 hours post-administration using a 0–10 visual analog scale (VAS)

Systane® COMPLETE provided immediate, lasting symptom relief

RESULTS

- Systane® COMPLETE provided immediate symptom relief lasting at least 8 hours
  - Median VAS symptom score reduction vs. baseline was >1 at all time points
  - Most participants with moderate-to-severe symptoms at baseline (n=61) had no-to-mild symptoms at the 0-, 4-, and 8-hour time points

Symptom relief, all dry eye subtypes



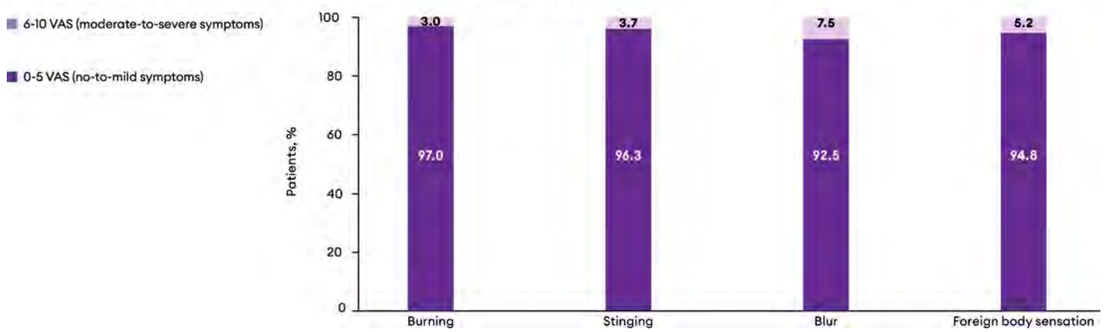
Symptom relief, by dry eye subtype

Systane® COMPLETE was well-tolerated, with minimal discomfort after administration

RESULTS (continued)

- >80% of participants reported a soothing sensation (VAS score 0–5) that persisted for at least 8 hours after Systane® COMPLETE administration
  - Median VAS soothing sensation score was 3 at 0 and 4 hours, and 3.5 at 8 hours (0 = "eyes feeling good" and 10 = "no soothing feeling at all")
- Systane® COMPLETE was well-tolerated, with >92% of participants reporting no or mild (VAS score 0–5) burning, stinging, blur, and foreign body sensation, respectively, after drop administration
  - Median VAS score was 0 for all four symptom types (0 = "none" and 10 = "worst imaginable")

Tolerability, all participants (n=134)



Key Takeaways

- Artificial tears that can support reliable symptom relief are a cornerstone of dry eye management[3]
- One drop of Systane® COMPLETE provided immediate relief of dry eye symptoms that lasted at least 8 hours, with similar effects in aqueous-deficient, evaporative, and mixed dry eye
- These data support the unique formulation of Systane® COMPLETE as an effective artificial tear option, delivering rapid and sustained relief for patients

References:

1. Silverstein S, Yeu E, Tauber J, et al. Symptom relief following a single dose of propylene glycol-hydroxypropyl guar nanoemulsion in patients with dry eye disease: A phase IV, multicenter trial. *Clin Ophthalmol*. 2020;14:3167-3177. **2.** Craig JP, Nelson JD, Azar DT, et al. TFOS DEWS II report executive summary. *Ocul Surf*. 2017;15:802-812. **3.** Jones L, Downie LE, Korb D, et al. TFOS DEWS II management and therapy report. *Ocul Surf*. 2017;15:575-6282. **4.** Rangarajan R, Ketelson H. Preclinical evaluation of a new hydroxypropyl-guar phospholipid nanoemulsion-based artificial tear formulation in models of corneal epithelium. *J Ocul Pharmacol Ther*. 2019;35:32-37. **5.** Alcon data on file, 2017.

Alcon

across the **country**

The 2022-2023 Arkansas Optometric Association Board of Directors.

Arkansas

The Arkansas Optometric Association (ArOA) held its annual spring convention in a hybrid format April 19-30. The event hosted continuing education for over 200 doctors of optometry and 100 paraoptometric staff members, industry partners and optometric students. The annual J.C. Beane Memorial Scholarship Golf Tournament also was held to raise money for scholarships for Arkansas optometric students.

The 2022-23 ArOA Board of Directors was installed during the in-person portion of the convention. Board members include President Melia Robertson, O.D.; President-elect James Hertzog, O.D.; Vice-President Alex Bell, O.D.; Immediate Past President Joe Sugg, O.D.; Secretary/Treasurer Julie Dolven, O.D.; and directors Rusty Simmons, O.D.; Katie Brown, O.D.; Allison Hall, O.D.; Justin Beavers, O.D.; Sarah Lunsford, O.D.; and Barrett Brown, O.D.

Jessica Dinwiddie, O.D., received the Young OD of the Year Award; Amanda Coley received the Paraoptometric of the Year Award; Christina Vranich, O.D., received the Special Service Award; Bryant Ashley, O.D., received the Distinguished Service Award; and Robert Smalling, O.D., and Howard Flippin, O.D., received Lifetime of Excellence Awards.

Colorado

With enthusiasm and passion, Colorado members supported changes to the Optometry Practice Act last spring. Members sent hundreds of emails and texts and made

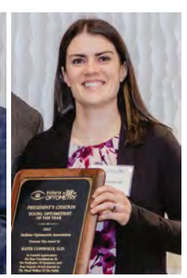
Colorado Optometric Association members and supporters ready for the Senate Finance Committee hearing at the Colorado State Capitol on May 2.

hundreds of calls and visits to Colorado legislators to ensure passage of the bill that would allow doctors of optometry to practice at the top of their education. Many testified at several hearings and helped with a laser demonstration at the Capitol. Colorado Gov. Jared Polis signed into law H.B. 22-1233 on June 7, expanding the authority of doctors of optometry in the state to provide certain office-based optometric surgical procedures that benefit patients being treated for glaucoma and recovering from cataract surgery.

Indiana

The Indiana Optometric Association (IOA) announced its 2022 award winners in April at the IOA's annual convention. The Optometrist of the Year is Herb Price, O.D., and the President's Citation-Young Optometrist of the Year is Katie Connolly, O.D. These awards are bestowed on members of the IOA who demonstrate not only contributions

Herb Price, O.D.



Katie Connolly, O.D.

to the profession but also service on behalf of the visual welfare of the public and service to the community at large. Additional awards announced include the Meritorious Service Award to Nicole Albright, O.D.; the Optometric Educator of the Year Award to Brad Sutton, O.D.; and the Outstanding Service in the Public Interest to Timothy Fischer, president and CEO of VisionFirst, Indiana Lions Eye Bank.

Robert Moses, O.D., received the IOA's Lifetime Achievement Award.

The IOA also presented the Lifetime Achievement Award to Robert Moses, O.D. This award is presented to an Indiana optometrist to recognize significant and long-lasting contributions to the profession of optometry. Dr. Moses has been in practice for 50 years, and with his family has grown Moses Eyecare to 12 offices throughout northwest Indiana. Dr. Moses is a lifetime member of the AOA and the IOA, where he has served as the Third Party chair for many years.

Newly inducted Indiana Optometry Board officers include Piper Groppel, O.D., president; Jamie Stickel, O.D., president-elect; Jeff Perotti, O.D., treasurer; Jeremy Gard, O.D., secretary; and Jeffrey Kirchner, O.D., immediate past president.

The IOA convention also celebrated the 125th anniversary of the IOA. Founded in 1897, the IOA is the voice of doctors of optometry in service to the eye and vision care needs of the citizens of Indiana.

The Indiana Optometrical Society, circa 1916. This year, the IOA celebrates its 125th anniversary.

The Southern College of Optometry bestowed its prestigious honorary degree, the Doctor of Ocular Science, on James Sandefur, O.D.

OAL members meet with Sen. Bill Cassidy.

Louisiana

The Southern College of Optometry bestowed its prestigious honorary degree, the Doctor of Ocular Science, on James Sandefur, O.D., of Louisiana, at its 2022 commencement ceremony in Memphis, Tennessee. The college recognized Dr. Sandefur for his significant contributions to the field of optometry in his home state and beyond. He operated a private practice for more than 30 years and was among the first doctors of optometry in Louisiana to serve on a hospital staff.

Leaders from the Optometry Association of Louisiana (OAL) were in Washington, D.C., in April for the AOA's joint AOA on Capitol Hill/Payer Advocacy Summit to advocate for the profession and help drive optometry forward. OAL doctors were able to visit the offices of Rep. Steve Scalise, Rep. Clay Higgins, Sen. John Kennedy, and Sen. Bill Cassidy. While unable to visit Reps. Mike Johnson or Troy Carter, they have been extremely supportive in co-sponsoring many optometric initiatives.

From left, Sen. Dale Zorn, Matt Maki, O.D., James Alvarez-Carpenter, O.D., William Harmon, O.D., Paula McDowell, O.D., and Emily Aslakson, O.D.

Michigan

The 2021 Michigan Optometric Association award recipients were celebrated aboard the Detroit Princess during the Great Lakes Eyecare Conference in May. Sen. Dale Zorn was honored with the Friend of Optometry Award; Matt Maki, O.D., received the Roger R. Seelye Distinguished Service Award; James Alvarez-Carpenter, O.D., received the Michigan College of Optometry (MCO) Student of the Year Award; William Harmon, O.D., received the Optometrist of the Year Award; Paula McDowell, O.D., received the Keyperson Award; and Emily Aslakson, O.D., received the MCO Educator of the Year Award. For more information regarding MOA's Annual Awards, visit **themoa.org**.

Harvey Richman, O.D., and Maria Richman, O.D., host a local Brownie troop at Shore Family Eyecare.

Marc Ullman, O.D., hosts a Vision Awareness event for Cub Scout Pack 30 at Academy Vision.

New Jersey

New Jersey Girl Scout troops and Boy Scout packs have been busy earning the Vision Awareness Badge this spring! New Jersey Society of Optometric Physicians member doctors have been hosting troop/pack visits in their offices to help the scouts learn more about optometry and eye health. Examples of different activities offered during troop visits include learning about nearsightedness and farsightedness and how contacts or glasses can help, and discussing how vision can affect school and other everyday activities and how a doctor of optometry can help. Older scouts also learn about a career in optometry and what that entails.

across the **country**

Leadership YOU participants.

Oregon

Leadership YOU, a training program designed to enhance leadership skills for doctors of optometry and optometric students, concluded April 23. Graduates included Luke Boran, Pacific University; Audrey Brumley, O.D.; Larry Buchholz, O.D.; Morgan Grove, O.D.; Mari Fujimoto, O.D.; David Glabe, O.D.; Mila Ioussifova, O.D.; Rachel Martel, O.D.; Shaina Sullivan, O.D.; Emilee Nehring, O.D.; and Jessica Tegen, O.D. Also participating in the program were Oregon Optometric Physicians Association (OOPA) President Nate Roland, O.D.; Immediate Past President Nicole Rush, O.D.; and Program Coordinator Gabby Marshall, O.D. OOPA staff participants included Geoff Knapp, executive director, and Lynne Olson, director of operations. Sponsored exclusively by Valley Contax, Inc., the program consisted of two sessions with a curriculum designed to provide hands-on experience in:

- Organizational leadership and teamwork
- Governance/board role training/committee leadership
- The unique role of legislative advocacy for optometry
- Leadership and confidence for optimum effectiveness as a leader
- Practice management
- OOPA's history including "fireside chats" with OOPA's advocacy pioneers
- Team projects applying the skills learned from Leadership You

Washington

The Optometric Physicians of Washington (OPW) honored three member physicians and announced its new slate of officers and trustees. The awards and officer installation occurred during the association's annual conference in June. The honorees include Judy Chan, O.D., Doctor of Optometry of the Year; Jessica Kennedy, O.D., Young Doctor of Optometry of the Year; and Ted Kadet, O.D., President's Distinguished Service Award winner.

In addition to presenting its annual awards, OPW announced its slate of 2022-23 officers and trustees, including President Michael Sirott, O.D.; President-elect Dale Tosland, O.D.; Vice President Dana Cocke, O.D.; Secretary Jeanine Stolp, O.D.; Immediate Past President David Stanfield, O.D.; Trustee Nathan Scott, O.D.; Trustee Joseph Lee, O.D.; Trustee Rachel Spillane, O.D.; Trustee Teresa Erickson, O.D.; Trustee Andrea Morton, O.D.; and Trustee Ben Winters, O.D.

WVAOP President Shawn Sammons, O.D.

West Virginia

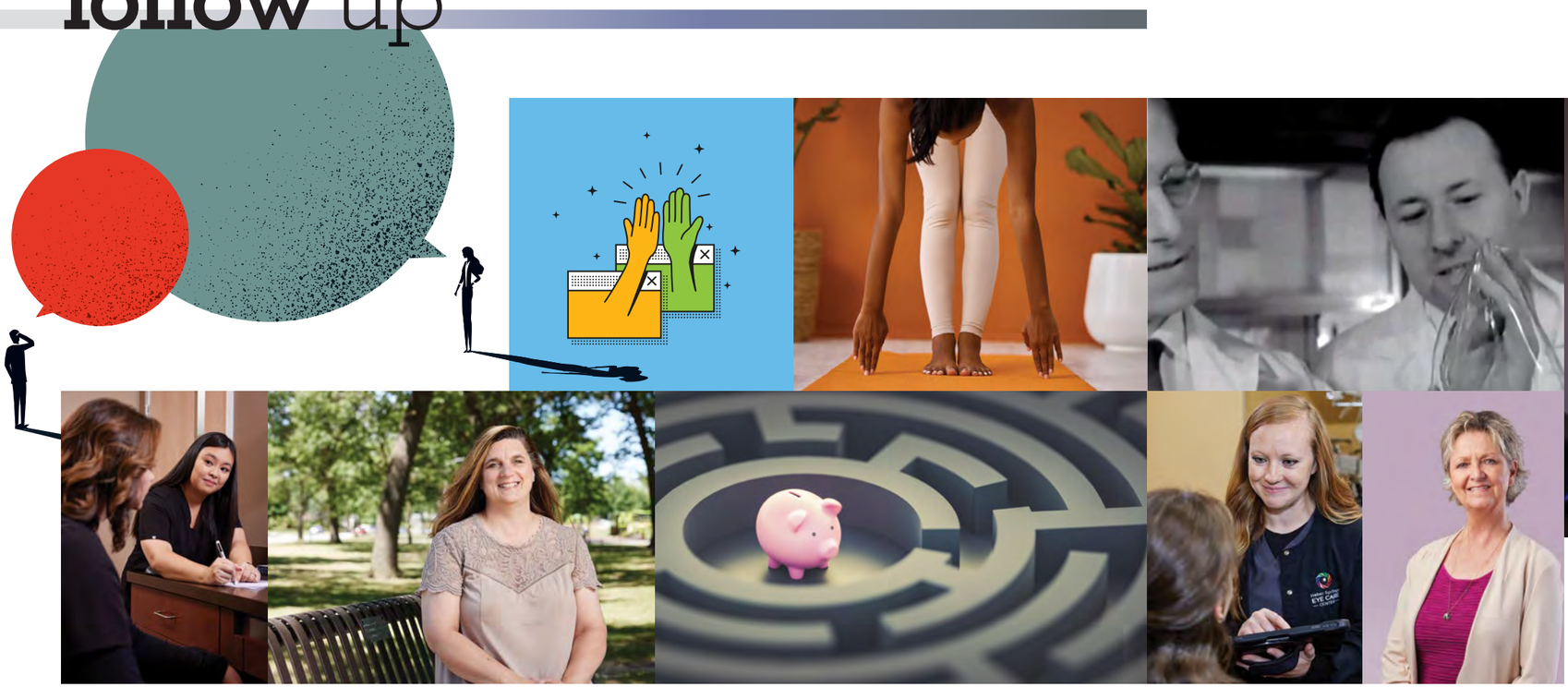
The West Virginia Association of Optometric Physicians (WVAOP) installed its 2022-23 Executive Board at its Mid-Year Convention in May. President Shawn Sammons, O.D.; President-Elect Kayla Campbell, O.D.; Vice President Laura Suppa, O.D.; Secretary-Treasurer Ben Mize, O.D.; Immediate Past President Nathan Stevens, O.D.; and Trustees Chris Ratcliff, O.D., Mitch Koerber, O.D., Elicia Miller, O.D., and Brad Lane, O.D.

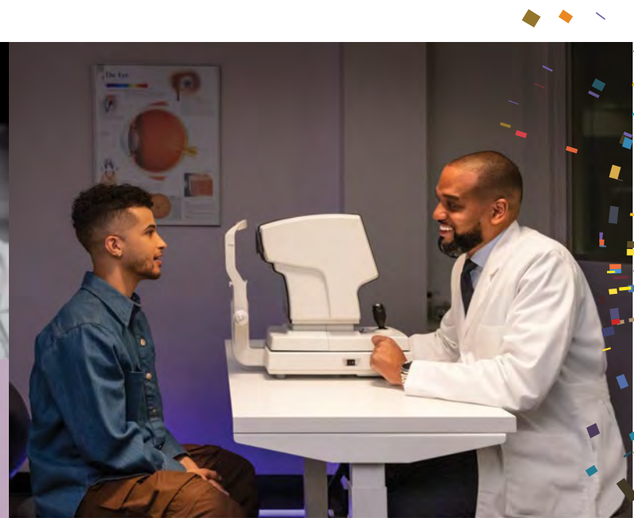
WVAOP Executive Board sworn in by AOA President Robert C. Layman, O.D.

The WVAOP and AOA presented U.S. Sen. Joe Manchin with the AOA Healthcare Leadership Award on April 26.

AOA FAR for West Virginia Mark Cinalli, O.D., receives the 2022 Federal Advocacy Representative of the Year Award from AOA President Robert C. Layman, O.D.

follow up





A roundup of resources found in this issue

PERSPECTIVES

- Send comments or questions to **president@aoa.org**.
- Check out the *Eye Deserve More* campaign page at **aoa.org/eyedeservemore**
- Join the campaign and find resources at **aoa.org/joineyedeservemore**.

AOA NEWS

- Want to join the AOA in championing annual eye exams and bring more people in for their comprehensive eye care? Learn more by visiting **aoa.org/eyedeservemore**.
- Report plan abuses to the AOA at **stopplanabuses@aoa.org**.
- Visit **aoa.org/action-center** to learn more about federal legislation that would curb common and egregious plan abuses.
- Invest in AOA-PAC. Use your eight-digit AOA membership ID number to log in at **aoa.org/pac** and make an immediate investment to support your patients and the profession. Or text "EYES" to 41444 to quickly invest directly from your mobile device.
- For more information or questions about the AOA's payer advocacy, please contact the AOA Third Party Center team at **tpc@aoa.org**.
- Mark your calendars for June 21-24, as the profession's premier event once again comes to our nation's capital! Visit **optometrysmeeting.org** for updates.

FROM *HINDSIGHT*

- Read the whole story and see historical photos by finding this article at **aoa.org/news/hindsight-journal**.

HOW TO

- Practices can access cybersecurity resources and education tools at **cisa.gov/free-cybersecurity-services-and-tools**.
- As an AOA member, you can leverage the products and services of AOAExcel's endorsed business partners for your practice or clinic needs, such as cyber liability insurance administered by Lockton Affinity. Learn more at **aoa.org/practice/aoaexcel.**

VISION QUEST

- Learn more about how paraoptometric staff can maintain certification through renewal and ensure their continuing education requirements are fully achieved at **aoa.org/paraoptometric-certification.**

MISSED OPPORTUNITIES?

- Watch the full panel discussion from "Revealed! New Consumer Data Shows What's Holding Back Your Contact Lens Practice," available on-demand at CLI's YouTube channel or at **bit.ly/CLIOnDemand22.**
- CLI members are Alcon, Bausch + Lomb, CooperVision and Johnson & Johnson Vision. Find more information about the group at **contactlensinstitute.org**.
- Become a member of the AOA Contact Lens & Cornea Section to access a monthly newsletter for the latest information on contact lens and refractive surgery technologies, clinical and practice management strategies for you and your patients at **aoa.org/practice/specialties/contact-lens-and-cornea.**

PARTNERS IN CARE

- Learn about products and services from AOAExcel®'s endorsed business partners at **aoa.org/practice/aoaexcel**.
- Find ways to celebrate Paraoptometric Appreciation Month at **aoa.org/events/paraoptometric-month**.
- Find educational modules, webinars and other resources at **aoa.org/education/eyelearn-professional-development-hub**.
- Find coding materials, study resources, forms, stationery, patient education material, displays and more at **store.aoa.org**.
- View AOA's clinical practice guidelines at **aoa.org/clinical-guidelines**.
- Let the AOA's coding experts help you navigate the coding and billing issues that affect your practice. Visit **aoa.org/practice/coding**.

THE LATEST RESEARCH FROM AOA MEMBERS

- AOA's member-exclusive centralized education portal, EyeLearn Professional Development Hub, offers an expanding online catalog of educational modules, webinars and resources to help advance clinical proficiencies, the practice of contemporary optometry and practice management for doctors of optometry, future doctors of optometry, and paraoptometric staff. Visit **aoa.org/education/eyelearn-professional-development-hub**.

PERFECT YOUR PRACTICE

- Submit questions to the AOA Coding Experts at **aoa.org/ask-the-coding-experts**.
- Equitable offers a variety of retirement savings plans to suit your needs. AOA members receive a complimentary review of their current savings plan. For more information, visit **aoa.org/practice/financial-health/retirement-savings-planning**.

NEXT-GEN OPTOMETRY

- Read more articles like this on Foresite, the AOSA's online content hub. Visit **theaosa.org/foresite**.

FIVE WAYS

- Learn how to enroll as an AOA associate member on page 28.

connect with us

THE AOA IS HERE TO HELP YOU! Chat live with staff members of the AOA's Affiliate Relations & Membership Group Monday-Friday from 8 a.m. to 5 p.m. CT by going to **aoa.org** and clicking the "live chat" icon on the lower right portion of your screen.

You also can reach the AOA by calling **800.365.2219** or completing the online submission form at **aoa.org/about-the-aoa/contact-aoa**.

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SHANTIA HINDERLIDER, CPO

A Humanitarian Heart

Shantia Hinderlider, CPO, of Oregon, is the 2022 Paraoptometric Community Service Award winner. Having served in the profession since 1986, Hinderlider has worn many different hats in her career, from front desk to pre-testing. But for the past few decades, her humanitarian heart has shone not only in her work in vision therapy but also in giving back to her community.

What do you love most about being a paraoptometric?
There has been a lot of growth and many changes over the years, providing endless opportunities to learn about all aspects of optometry. I have been a vision therapist since 1999—that is my career "true love!" I enjoy the challenge of working with patients to determine the treatment plan that will benefit them most. It is extremely rewarding to see patients improve their lives and to be part of that process.

What motivates you in your practice?
Camaraderie. Over the years, many of the staff and doctors I have worked with have become like family. They are some of my favorite people, and we have shared a lot of life together. It is special to be part of a caring, knowledgeable and dedicated health care team.

How did you get involved in your community professionally?
Professionally, our practice has been able to partner with several schools to provide vision screenings for students, as well as in service meetings to educate teachers and school staff about vision and learning. We worked with a class of fifth graders to educate them about eyes and vision. We were able to partner with a Family Access Network advocate at an elementary school to provide an exam, glasses and vision therapy for a third-grade student with two incarcerated parents. I was able to go to her school and meet with her during recess to help her with vision therapy.

Where else have you gotten involved?
We have been able to apply for two local grants, which give us the opportunity to help our patients financially. We use these funds for any patient who needs financial assistance with any service in our office. Many vision therapy patients would not be able to afford care without it. We were recently able to use the grant to provide glasses for an 11-year-old Ukrainian refugee who has settled, with her mom and relatives, in our town of Bend, Oregon. It is very heartwarming to hear back from patients about the impact that has been made in their lives.

How do you make the most of AOA associate membership?
Education is always helpful. We use articles and information to educate staff and patients. I always look forward to AOA continuing education, and I am especially excited to attend events such as Optometry's Meeting®. We appreciate that the AOA offers paraoptometric membership with training and continuing education resources. *–Will Pinkston*

Learn how to enroll as an AOA associate member on page 28.

PHOTOGRAPHY BY STEVE CRAFT

AOA eXcel®
Your Business Advantage

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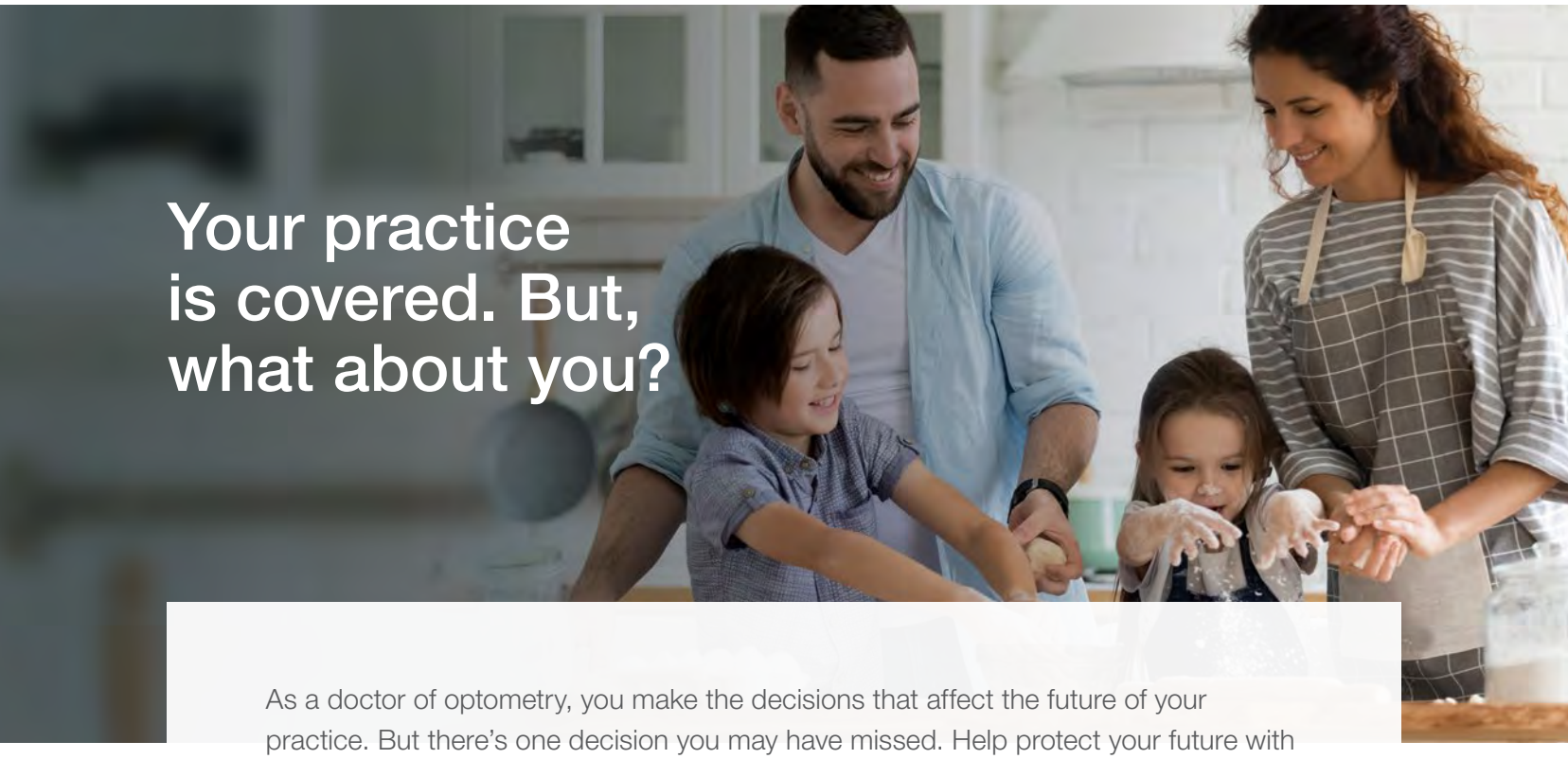
AOA Member Benefit



Your practice is covered. But, what about you?

As a doctor of optometry, you make the decisions that affect the future of your practice. But there's one decision you may have missed. Help protect your future with Group Long-Term Disability Insurance from A.G.I.A, Inc. While many plans define disability as unable to do any kind of work, our plan offers unique "Own Occupation" coverage to provide Long-Term Disability benefits if you are unable to work as a doctor of optometry due to a covered disability. A.G.I.A., Inc. delivers competitive rates and coverage you can count on.

See all the ways you can help protect your future at **aoa.org/life-disabilityinsurance***
To speak with a Disability Insurance Professional, call **866-331-0180**

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