

NMOA

2016 NMOA Annual Convention Newsletter

NMOA Moving Forward

President's Message

Thanks and welcome to all attending the 111th NMOA Annual Convention. Thank you to Dr. Dave Magnus for obtaining the great CE we will learn from the next 3 days. We welcome Jaramillo Winery for the 2nd annual wine tasting PAC fundraiser, Thursday, April 14 to kick off the convention. NMOA leadership would like to invite you to take the time to attend the NMOA member's only luncheon on Friday April 15 and the Installation of Officers and Trustees banquet with Silent Auction on Saturday, April 16 after the CE. Please make sure you spend time with the vendors and thank them for being a part of the convention, they are anxious to visit with you all.

Today I look back at the work NMOA has done this year. We have traveled throughout the state to hold Town Hall meetings and have spoken to optometrists who voiced concerns. NMOA continues to advocate, protect and expand the practice of optometry in the state of NM. 2015 we were able to pass Senate Bill 367, this legislation expanded the

services we can provide our patients and we gained board authority. The NM Board of Optometry now can determine exactly what we can do as defined by the statutes in our bylaws. Optometry continues to face challenges and this year NMOA will be considering legislation to regulate insurance companies to address non-covered services, allowing doctors to use their lab of choice and unbundling health and vision plans. AOA continues to fight contact lens companies who think it is a good idea to allow contact lens prescription to have no expiration or details of the lens besides the prescription and now to fight against online eye exam with no health exam. No matter the modality of practice, private, corporate, group setting, all optometrists are part of something bigger. All optometrists are affected by the laws that govern our state and country. Advocacy by AOA and NMOA will continue and I ask all you doctors reading this to step up and carry the torch like many optometrists before have done to protect the care you are able to give patients each day. Please donate to the NMOA

PAC so we can continue to serve all the doctors in NM.

We heard from new doctors who were concerned that the NM State Boards given in August are too late for many newly graduated doctors to consider practicing in NM. We have spoken with the NM Board of Optometry and hope to see the boards moved to earlier in the year.

Please spend time and get to know the new and returning members since NMOA Annual Convention 2015: Drs. Amanda Colburn, Darin Tran, Roberto Molina, Tomas Kunz, Spencer Franz, Tiffany Martinez, Jerom Nelson, Christine Kniffen, Jed Lister, Lauren Adams and Victor Sandoval. Welcome to NMOA and thank you for your membership and support.

Melinda Cano-Howes, OD -
NMOA President



NMOA Convention Update

In his first year as the NMOA Continuing Education Chair Dr. David Magnus had some big shoes to fill and he has provided an excellent schedule of 22 hours of Optometric Continuing Education and the Paraoptometric Committee has also assembled a full day of quality Continuing Education for the Paraoptometric.

Education is the main purpose of the NMOA Convention and everyone will leave with new knowledge!

The Convention started on Thursday evening with a Wine Tasting event lead by Jaramillo Winery. This event was well attended and a great way to kick-off the Convention!

Do not forget the Installation of Officers & Trustees Banquet and Silent Auction on Saturday Evening!

Once again our Exhibit Hall is sold out with great vendors! Please remember to visit the Exhibit Hall and thank the all vendors who are supporting your profession. With out the support of our vendors the meeting would not be possible.

For the 2016-2017 year we have a few vendors who are really committed to the NMOA and Optometry.

Our Diamond Level Sponsors are:

**Eye Associates of New Mexico
Pacific Cataract & Laser Institute**

Our Gold Level Sponsor is:

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Our Silver Level Sponsor is:

Coleman Vision

Our Bronze Level Sponsors are:

**ABB Optical Group
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Our Turquoise Level Sponsors are:

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Vision Source**

Diamond Level Sponsors contribute at least \$10,000, the Silver Level Sponsor contributes at least \$5000, the Bronze Level Sponsor contributes at least \$2500 & the Turquoise Sponsor contributes at least \$1000. Please thank our friends for their generous support.

Q's & A's Incoming NMOA President

1. **Name?:** Andrea E Bethel

2. **Where do you live?** Rio Rancho, NM

3. **Are you married?** Peter M Thomas - another OD of course

4. **Do you have Children?** Fur baby - Lily Rose Bethel Thomas

5. **An Optometric Memorable moment?:** I have been so lucky to work with an amazing make up artist to create Hand Painted Natural Contact Lenses for patients with albinism, aniridia, coloboma, photophobia, trauma, etc. and Theatrical Contact Lenses for movies and tv series such as The Host, Maze Runner, Better Call Saul, Dusk Til Dawn, etc.

6. **Hobbies?:** Cross fit, biking, jewelry making, and my all time favorite Shopping

7. **Professional Interests?:** Pediatrics, Speciality Contact Lenses

8. **A surprising fact (something others in the group may not know about you)?:** I was an All American Cheerleader in High School and was awarded a cheerleading scholarship for college. I turned down the cheerleading scholarship for an academic scholarship at another university.

9. **Why did you want to become NMOA president?:** I have a keen interest in helping to improve our organization and making it a strong force to stand up for all our members to improve our work place and to continue to allow optometrist to provide outstanding eye care to the citizens of New Mexico.



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Holy Pac-Man, Batman!

NEWS FLASH: The Albuquerque Journal's top investigator, Ms. Louis Lane, was sent a secret missive from none other than the Joker himself. He warns of lethal red tape, strangling insurance reimbursements, looming conglomerates taking over and the demise of private practice, independent-commercial, and HMO Optometry in the City of Enchantment and across the land. Chaos will ensue, unless.....

"The Optometrists must show their support for their profession by purchasing 50 Raffle Tickets by sundown on Saturday!" said the Joker, otherwise I STRIKE!

KABLOOEY!

Optometrists are urged to gather at the PAC Booth in the exhibit hall to show their support and avert this threat. Please join them by purchasing tickets for \$100 each either at the booth or from PAC Girl Lynn Davis. A reward of an iPad Air 2 with 64 GB of memory will be awarded to one lucky ticket holder at the Saturday Night Dinner.

BRING YOUR CHECKBOOKS AND WALLETS FILLED WITH \$100 DOLLAR BILLS!



Albuquerque Special Olympics 2016

May 21, 2016 Saturday, 10 am – 2 pm
UNM Athletic Field

Special Olympics New Mexico provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with mental challenges (intellectual disabilities), giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Special Olympics New Mexico was founded in 1968 and is authorized and accredited by Special Olympics International, head-quartered in Washington, D.C. Special Olympics was created by the Joseph P. Kennedy, Jr. Foundation and is authorized by the International Olympic Committee to use the word "Olympics." Mrs. Eunice Kennedy Shriver is the founder of Special Olympics International.

Children and adults with intellectual disabilities who participate in Special Olympics develop improved physical fitness and motor skills, greater self-confidence and a more positive self-image. They grow physically, mentally, and socially, and through their activities, exhibit boundless courage and enthusiasm, enjoy the rewards of friendship and ultimately discover not only new abilities and talents but "their voices" as well. Through successful experiences in sports, Special Olympics New Mexico athletes are given opportunities to feel good about who they are and celebrate their accomplishments, which carry over into the classroom, the home, the job and the community.

In 2015, the ABQ competition screened 137 athletes, provided 81 prescription glasses, 14 prescription sport glasses, 88 sunglasses and referred 18 athletes. We had 47 volunteers participate including technicians, student technicians (Southwest Indian Polytechnic Institute), opticians, optometry residents, Lions Club members, nurses, non-clinical volunteers and optometrists.

We need your help this year!! The ABQ competition is May 21, 2016, Saturday, 10am to 3 pm – you can volunteer an hour, 2 hours or for the entire day (4 hours) – whatever help you can provide is welcomed and appreciated! A T-shirt and lunch will be provided. Please contact Siu G. Wong, OD, MPH at nationofwong@comcast.net or 505-293-7347.



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Timothy J. Johnson, OD
Vicki Herrera, Manager of Referral Services



CALLING ON ALL SUPER HERO'S

THE ALBUQUERQUE COMMUNITY NEEDS YOUR HELP FOR A GLAUCOMA SCREENING AT A HEALTH FAIR

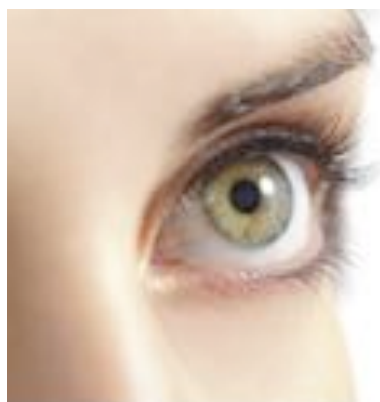
DATE: JUNE 4TH SATURDAY

WHERE: UNM SOUTHEAST HEIGHTS CLINIC
8200 CENTRAL AVE. SE

TIME: 10:00AM - 2:00PM (LUNCH PROVIDED)

CONTACT: DR. DEBORAH MOY COORDINATOR FOR THE GLAUCOMA
SCREENING. Email dln.ecfy@gmail.com or
Phone 505-263-4099 for more information.

Last year this Health Fair attracted approximately 1500 people from the community. This is the first time that this Health Fair has thought about including Optometry. SO LET'S MAKE OUR PRESENCE KNOWN!! I NEED "SUPER HERO" volunteers to help perform glaucoma testing and tonopens that I can borrow for this screening. OD's who volunteer may bring their business cards for advertising. your practice.



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Federal Advocacy and You

Did you know that as an AOA member, you have a legion of people fighting for your right to practice and have access to patients on a daily basis? These good folks reside in Washington DC, St. Louis, and an army of doctors are scattered about the country quietly volunteering on your behalf. There are 33 AOA Committees, each of which is comprised of former state and AOA presidents. Of the 33 committees, 5 fall under the umbrella of Advocacy. These are State Government Relations Committee (SGRC), Federal Relations Committee (FRC), Political Action Committee (AOA PAC), Federal Legislative Action and Keyperson Committee (FLAKC), and the Executive Committee, which consists of the Chairs of the four committees. FLAKC is charged with aligning an optometrist to serve as a Keyperson to every legislator in Washington DC. If you're scoring at home, or even if you're by yourself (as Dan Patrick would say...), that's 534 legislators that need to be covered. To date, we have 528 of these spots covered. We have over 700 OD's serving in the Federal Keyperson system as some legislators have more than one Keyperson. We still need to line up one OD Keyperson in MA and five in FL. If you know of anyone in MA or FL who would be interested in helping us by either serving as a Keyperson, or helping us find someone who would, please let me know!

The second function of FLAKC is to raise money for optometry-only fundraisers. AOA PAC can only donate a total of 10 K per candidate per election cycle. In this big business country of ours, where we have the best democracy money can buy, that simply is not enough to gain access to law makers. Let's be clear, we're not buying votes. That would be illegal. We are making sure optometry friendly legislators stay in DC. Trust me, there are those who are NOT so optometry friendly currently in office. To that end, this year we asking for support for Congressman Buddy Carter R GA and Congressman Dave Loebsack D IA. These two Congressman are the gracious Co-sponsors of HR 3323, the DOC Access Act, a joint effort between the AOA and ADA. HR 3323 aims to prevent insurance companies from mandating that ODs accept low paying vision plans in order to provide under their health plan. It also prevents insurance companies from forcing ODs and dentists to give discounts on non-covered services and materials. And lastly it allows ODs and dentists to use their lab of choice in providing materials to patients. This is going to be a tough fight. Last election cycle, the insurance companies raised 13.2 million. AOA PAC only raised a little under 2 million. Even the dentists gave more than we did coming in at 2.6 million. The good news is that donating is easier than ever before. Just go to the App store and download the AOA PAC App. If you already have the PAC App on your phone, you'll need to delete it and download the new one. Under the Donate button, simply click on "support our candidates", and do one of two things. Be an Optocrat

and donate \$250.00 to each candidate. They are both supporting optometry. Or, if you like, scroll down and choose your "favorite candidate flavor", and donate \$500.00. Think of it as your practice insurance payment. My guess is your car insurance is more than that, and your ability to practice optometry is worth much, much more than your car...

The freedom to practice optometry the way we do in New Mexico isn't free. It takes time, hard work, dedication, and cold hard cash. If you're not donating to AOA PAC, NMOA PAC, and optometry-only fundraisers, you're riding on the coat tails of your colleagues who are. And quite frankly, we're tired of carrying you.

Another important step in moving HR 3323 along is gaining additional co-sponsors for our bill. Through the AOA online advocacy center, it's as simple as logging on, entering your member number and zip code, and the site will automatically tell you who your Congressmen/woman are. You can then email them directly through the site and ask them to co-sponsor HR 3323. It's simple, the letter is already drafted for you. You can customize it if you like or send it as is. If you have a twitter account, don't forget to tweet and ask for support. Every time you tweet, an AOA staffer picks up your tweet and re-tweets it, thereby generating even more support for our bill. Here is the link:

https://app1.vocusgr.com/WebPublish/controller.aspx?SiteName=AOAGR&Definition=Home&SV_Section=Home

(Continued)

Federal Advocacy and You Continued

By now you're probably asking, if we are going for the DOC Access Act on the Federal level with the dentists, why bother at the state level? Great question! Here's why. The more representation a bill has on the state level, ie, the more states that have similar legislation, the better the bill's chance of making it through the House and Senate and being signed into law. There are at least 40 states that currently have some type of this legislation in place, the most recent being WV. The more states that are on board legislatively, the better our bill's chance of passing.

Q: When do you expect insurance legislation of this nature to be signed into federal law? A: The truth is it takes most bills, even good, revenue neutral bills, 8-9 years to be signed into law. And this bill will be controversial at best.

It's more likely to be a scorched-earth battle with the insurance companies. And they have more cash than we do. It's going to take a lot of hard work, good grass roots efforts, and some major Claude (Monet) to get this bill through. Don't expect it to happen quickly or inexpensively... yet another reason we need to press on at the state level.

Next question: if we pass state legislation, why do we need federal legislation stating the same thing? Answer: Federal ERISA plans are not bound by state law. Also, federal legislation generally carries larger penalties and fines for non-compliance than does state law. Federal legislation has more teeth.

Q: "OK, I get it now. So how can I help?"

A: Donate to State PAC at this convention and on a regular basis. Get to know the state legislators in

your area, and take the time to educate them about what we do. When called upon, take them a PAC check and match it with your own funds. Visit them in Santa Fe on Storm the Capital Day. Be present physically in Santa Fe when votes are taken, both in committee and on the House/Senate floor.

Donate to Federal PAC... use the PAC App! Donate to our candidates and keep optometry friendly legislators in Washington, DC. Watch for alerts from our DC office and take action when asked. Use the link above to email your Congressmen/woman in DC and ask for co-sponsorship of HR 3323. And don't forget to tweet!

Thank you for all you do for our chosen profession.

Respectfully,

Jennifer Planitz, OD
Chair, AOA FLAKC

i c i hear App to assist with Hearing Impaired

My name is Jose San Martin III O.D. I have developed a free app, **i c i hear**. to aid the hearing impaired to communicate. It is available for android in the Google Play Store.

Not only the hearing impaired but anyone with even a minor hearing loss can benefit.

On a personal level, it will allow a person with a hearing loss to be part of a conversation, especially in a public place with excessive background noise. At a person's home, it will eliminate shouting and frustration.

In the optometric environment, it allows a greater sense of privacy when communicating at the front office. Personal and financial information is less apt to be overheard.

In the examination room, information can be exchanged without being heard in adjoining offices as well as allowing for more detail. Hopeful **i c i hear** can address the possible ADA requirement of providing a sign language interpreter for the hearing impaired at the expense of the optometrist.

Also available is **i c i hearpro** which has all the features of **i c i hear** and, in addition, allows for communication via text when an internet connection is not available.

Sharing the app with the hearing impaired patient is not only a practice builder but also an appreciated resource for their family

An app for iphone is being developed and will be available by the end of April.

This link will take you to the Android play store to download the app.

<https://play.google.com/store/search?q=icihear&c=apps>

Pacific Cataract and Laser Institute - 2016-2017 NMOA Diamond Sponsor Spotlight



Pacific Cataract and Laser Institute is a referral center that compliments the expertise of optometric physicians. Having performed over 300,000 micro eye surgeries, PCLI is one of North America's most unique and experienced eye care facilities. Patients come recommended and referred by hundreds of family eye doctors who have learned to trust our expertise. The organization's world-class medical team provides a level of care and memorable warmth that has become the hallmark of our service. Our mission is to provide the best possible co-management services to the profession of optometry. And our goal is simple – to be considered an extension of your practice. Your friendship and spirit of cooperation make it a joy to serve!

Eye Associates of New Mexico - 2015-2016 NMOA Diamond Sponsor Spotlight



Eye Associates of New Mexico has been providing eye care to New Mexicans for over 30 years. With 14 optometrists and 28 ophthalmologists in 14 locations, Eye Associates provides medical and surgical services to a large part of the state. This includes many underserved areas bringing specialty care that may otherwise be unavailable. Eye Associates continues to work closely with many excellent optometrists across the state to provide care for their patients. With the help of these optometrists, recent addition of electronic health records, and the dedicated staff of our Doctor2Doctor program we have dramatically improved our referral and co-management services resulting in excellent teamwork and patient care. We look forward to another 30 years of providing the highest quality care to all New Mexicans.

Board Certified physicians / surgeons provide sub-specialty care in:

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OOGP provides a portion of the sales from NMOA members to the NMOA as Non-Dues Revenue; a portion of your purchases may help lower your dues. Contact the NMOA for more information.

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Coleman Vision is dedicated exclusively to laser vision correction and does not fit or sell contact lenses or glasses. Progressive, state-of-the-art technology, an emphasis on learning, and a caring, highly experienced staff combine to provide patients and doctors with consistently excellent results. Dr. Coleman performs individualized wavefront-guided LASIK using the iLASIK laser suite. This platform combines the VISX STAR S4 excimer laser using Iris Recognition and 3-dimensional eye-tracking technology with the 150 kHz iFS femtosecond flap maker. Along with such world-renowned eye institutes as Johns Hopkins, the University of Miami, and Baylor University, Dr. Coleman has been part of an on-going FDA evaluation of wavefront-guided laser profiles since May of 2002. He was instrumental in gaining the initial FDA approval for this technology.

ABB Optical Group - 2016-2017 NMOA Bronze Sponsor Spotlight



ABB OPTICAL GROUP supplies more than 30,000 Eye Care Professionals across the U.S. with: brand name contact lenses, fully customizable Gas Permeable and Custom Specialty Soft contact lenses, stock ophthalmic lenses, and a fully automated full service ,state-of-the-art free form technology digital lens laboratory from Digital Eye Lab. The company also offers practice building services such as pricing strategy tools, Business Reviews, Annual Supply Staff Training and Ecommerce solutions, including patient ordering websites yourlens.com and primaryecp.com. For more information contact us at [1-800-852-8089](tel:1-800-852-8089) or visit our website www.abboptical.com

High Country Macula, Retina & Vitreous - 2016-2017 NMOA Bronze Sponsor Spotlight



Dr. Michael Seligson established High Country Macula, Retina, and Vitreous, PC in Santa Fe in 2004. He began treating Albuquerque patients in February 2005. Dr. Seligson has been performing Sutureless Vitrectomy Surgery for numerous years. Dr. Seligson is fellowship trained in the management of all aspects of Vitreo-Retinal pathology. In addition to high quality eye examinations, his diagnostic services include Digital IV Fluorescein Angiography, Macular and Optic Nerve Tomography, and B-Scan Ultrasonography.

Office procedures encompass Argon Laser for the management of Diabetic Retinopathy, Age-Related Macular Degeneration and Retinal Tears; Pneumatic Retinopexy for the repair of limited Retinal Detachment; and intraocular or periocular administration of medications for the treatment of ocular inflammatory conditions and Age-Related Macular Degeneration, and Ocular Photodynamic Therapy for various forms of Macular Degeneration.

Hospital-based procedures offered at St. Vincent Hospital in Santa Fe, Lovelace Medical Center in Albuquerque, and AAESC in Albuquerque include 23 & 25 Gauge Sutureless Pars Plana Vitrectomy for the treatment of Diabetic Vitreous Hemorrhage, Macular Pucker and Macular Hole, as well as traditional Pars Plana Vitrectomy for the treatment of advanced Diabetic Eye Disease and Retinal Detachment. Scleral Buckling is also occasionally required for the treatment of complicated forms of Retinal Detachment. In addition, Dr. Seligson is on-call to treat any type of ocular trauma.

VSP - 2016-2017 NMOA Bronze Sponsor Spotlight



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MEET A NEW NMOA MEMBER

1. **Name:** Jed Lister, OD
2. **Where do you live?** I live in Farmington and work at Skyview Eyecare.
3. **Where did you grow up?** I grew up in a small town in southwest Utah called Paragonah
4. **Are you married?** I'm married to my beautiful wife Jennie
5. **Do you have Children?** No kids yet
6. **An Optometric Memorable moment:** A memorable optometric moment is when I was able to fit a previously undiagnosed keratoconus patient who was about 30 years old with a scleral lens and he was able to see without distortion for the first time in a long time. That was pretty satisfying.
7. **Hobbies:** My hobbies are hiking, kayaking, shooting sports, exploring, and camping
8. **Professional Interests:** Professionally I am interested in contact lens and general optometry



NMOA Doctors Serving on AOA Committees



Congratulations to Dr. Jennifer Planitz for being reappointed as the Chair of the AOA Federal Legislative Action Keyperson Committee as well as being reappointed as a Member of the AOA Advocacy Group Executive Committee.

Congratulations to Dr. Mamie Chan for being appointed as a Member of the AOA Member, Research and Information Resource Team

We know you will represent the profession of optometry and New Mexico well!



Meet an NMOA Member

1. **What is your Name:** Mikki Cohen, OD
2. **Where do you Live?** Old Town Albuquerque
3. **Where did you grow up?** Florida
4. **Are you married?** Yes
5. **Do you have children?** 2 children
6. **Can you share a Optometric memorable moment?** The first time I used yoked prism on a TBI patient and they could let go of the wall and walk down the hall in a straight line has to be the moment I will remember forever!
7. **What are your hobbies?** Reading, swimming, playing with the kids, travel
8. **What are your professional Interests?** Neuro Optometric Rehabilitation and Vision Therapy
9. **Tell us a surprising fact about you (something others in the group may not know about you)?** I have been to over 20 countries but have never been to Canada. But maybe moving there after November.



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GWCO CONGRESS

2016 September 29 - October 2

Portland, Oregon

Optometrists, allied ophthalmic professionals, and students are invited to attend GWCO Congress 2016, 9/29-10/2 in Portland, OR.

This year's Congress promises to offer an outstanding line-up of education including courses on electrodiagnostics, neuro-optometry, interdisciplinary collaboration, glaucoma, brain injuries, scleral contact lenses, advanced ophthalmic procedures, and more.

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THINKING OUTSIDE OF THE BOX? ?

BY DR. DEBORAH MOY
(AKA THE ZEBRA)

After 30 years of practice and now as a patient I am able to observe how doctors think about treatment and management of disease. It really doesn't matter if what specialty or profession that you choose. Typically most doctors including our profession treat and manage disease with "text book thought", meaning whatever is the latest and greatest drug treatment available. With cutting edge technology now available to Optometry and Ophthalmology, I have concerns that we are moving away from conservative treatment and management of eye diseases.

Patients who have knowledge of their eye disease can be powerful with respect to treatment and management. For example, what if you were suddenly afflicted by an eye disease what plan of treatment and management would you implement on yourself? My own experience with treatment and management of chronic CME as a secondary disease of AZOOR has made me vigilant with respect to the course of treatment for CME. Generally a series of steroid injections are the usual course of managing this disease, however I am a huge steroid responder and already have dramatic visual field loss OU. So how would you solve this issue if you had a similar case, but without the AZOOR? Well consider this food for thought.

Here is an important PEARL: How about going extremely conservative - TOPICAL!! NOW, THIS IS THINKING OUTSIDE OF THE BOX! Prescribing 1% Pred Forte qid, maybe adding a NSAID, like

0.9% Bromday bid, or 0.1% Nevanac bid and a glaucoma drop like Cosopt bid or tid to control the IOP. The CME may take 4-8 weeks to resolve. If the CME becomes chronic, a creative treatment and management plan is important. Here is another PEARL: The concern is the chronic use of Pred Forte, so step down to 0.5% Lotemax tid or bid, especially if the patient is a high risk steroid responder. In addition, return to the same regimen of NSAID and glaucoma drops for maintaining control of the CME. If the CME is still present after 6-8 weeks of treatment, then you might want to try adding back the 1% Pred Forte only bid, but only 3 times per week. The reasoning behind this is to give the affected eye a rest from the side effects of the steroid. This was a treatment plan that I presented to my ophthalmologist because I was frustrated with the decrease in VA and distortion that I was experiencing. To my surprise and my ophthalmologist also, the CME began to resolve at 4 weeks according to my OCT. BAZINGA SUCCESS!!! REMEMBER, what is your greatest concern to the patient, NOT to risk anymore loss of vision or visual field than what is already present. So being conservative in regards to treatment and management is sometimes in the best interest of the patient. In conclusion, THINKING OUTSIDE OF THE BOX can make you be the SUPER HERO that you always wanted to be!!

Yours Truly,
The ZEBRA

My name is Jose San Martin III O.D. I have developed a free app, **i c i hear**. to aid the hearing impaired to communicate. It is available for android in the Google Play Store.

Not only the hearing impaired but anyone with even a minor hearing loss can benefit.

On a personal level, it will allow a person with a hearing loss to be part of a conversation, especially in a public place with excessive background noise. At a person's home, it will eliminate shouting and frustration.

In the optometric environment, it allows a greater sense of privacy when communicating at the front office. Personal and financial information is less apt to be overheard.

In the examination room, information can be exchanged without being heard in adjoining offices as well as allowing for more detail. Hopeful **i c i hear** can address the possible ADA requirement of providing a sign language interpreter for the hearing impaired at the expense of the optometrist.

Also available is **i c i hearpro** which has all the features of **i c i hear** and, in addition, allows for communication via text when an internet connection is not available.

Sharing the app with the hearing impaired patient is not only a practice builder but also an appreciated resource for their family

An app for iphone is being developed and will available by the end of April.

When doctors become patients

Excerpted from page 14 of the January/February 2016 edition of AOA Focus.

When health care professionals come to work sick, they run the risk of exposing not only their co-workers to illness, but also their patients. Yet, rescheduling patients can be a burden on everyone.

"Inform the patient of the situation and offer the option of keeping the scheduled encounter or rescheduling."

Learn how doctors in various practice settings handle themselves when feeling under the weather.

1. Consider the ethical implications.
The AOA Standards of Professional Conduct state that "the placement of the patient's interests above self-interest is referred to as fiduciary duty and is the primary ethical responsibility of all health care professionals," points out Doug Totten, O.D., chair of the AOA Ethics and Values Committee.
"If you are likely to have a case of viral influenza, there really should be no question," he says. "You need to stay home and not expose your co-workers and patients to an infection. If you have another type of illness that could be a risk to a pregnant or immunocompromised patient, you also need to consider excusing yourself from patient care until you are well again."
2. Develop a notification and coverage system.
Whether a solo or group practice, every office should have a patient notification system in place for when the doctor must stay home.
"We have a great staff who can access our patient schedules remotely, and we start calls pretty early," says Abbie Rondeau, O.D., who works in a group

practice near Kansas City, Missouri. "If the patient has an 8:30 a.m. appointment, they are receiving a 7 or 7:30 a.m. call to let them know the doctor will be out and to see if they can reschedule."

Because Dr. Rondeau is one of four optometrists in the practice, "a lot of times I can call on my partners for a little assistance when I'm feeling sick. They can see an extra patient or two for the ones who are not able to reschedule."

3. Communicate with patients about your health.
"I think it's important to be honest," says Troy Bedinghaus, O.D., a solo practitioner in Florida. If he's not feeling 100 percent, "I'll let patients know because I am a hand-shaker, and I won't shake hands if I don't feel well."
Dr. Totten notes, "If an optometrist feels he or she could possibly compromise the general health of a patient, a staff member should inform the patient of the situation and offer the option of keeping the scheduled encounter or rescheduling to another time when the provider is not ill."
4. Take extra precautions if you are feeling a little under the weather.
"If I feel like I am coming down with a cold, I'll have my scribe and technicians help me fit contact lenses so I will not have to touch them," Dr. Bedinghaus says.

Dr. Totten adds that "a provider who is sick could consider wearing a surgical mask or similar protection when working in the office or in direct contact with patients. Even though the appearance of a mask might be a different look to your established patients, they generally appreciate efforts made to protect their well-being."

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AOSA President Erick Henderson joins me in inviting you to make plans now to participate in your meeting. Optometry's Meeting is the official annual meeting of the AOA and AOSA and an exceptional member benefit. Join us in Boston to participate in ensuring the bright future of optometry!

Steven A. Loomis, OD



AOA files expansive FDA complaint against Opternative

The absence of any U.S. Food and Drug Administration (FDA) review of Opternative's "vision test" app poses significant health risks to the public, contends AOA in a complaint to the federal agency.

There are simply too many questions about the accuracy and legitimacy of this so-called eye exam.

Submitted to the FDA's Office of Compliance, Center for Devices and Radiological Health, on April 4, [the complaint](#) (member login required) argues that Opternative's continued marketing to consumers without federal approval is in violation of the Food, Drug and Cosmetic Act (FDCA). As a result, the device should be taken off the market until such time that the FDA has reviewed the product's claims, safety and efficacy, AOA argues.

Steven A. Loomis, O.D., AOA president, says driving this action is the fact that his patients—and those of other doctors alike—are very worried that personalized, in-person, high-quality health care is increasingly under attack "by corporate equivalents of snake oil salesmen promoting unproven products and shortcuts that lower the bar on quality care standards and put patients at risk."

"Instead of apps or devices of the moment that promise everything but deliver inadequate or incomplete information, Americans want new health care technologies, like those incorporated into my practice and optometry practices across the country, that strengthen the doctor-patient relationship and help make people healthier," Dr. Loomis says. "In this era of rapid health care change, our AOA and state associations are on the leading edge of the fight for very basic patient health and safety standards, and a future in which health care efficiency is based on gains in quality and improved patient outcomes."

Per FDCA requirements, a new device must receive premarket approval (PMA) prior to marketing unless that device has been cleared as substantially equivalent to an already marketed device or has otherwise been determined by FDA not to require a PMA. There is no record this has happened; thus AOA contends the device is being marketed unlawfully. Opternative's apparent position that its app is substantially equivalent to a visual acuity chart, color vision tester and medical device data system ignores the fact that it is very different from those existing devices and also is

administered without the involvement of a knowledgeable eye doctor who can detect vision disorders and other diseases in the patient.

Moreover, the fact that the product's inventors filed a [patent application](#) in March 2014, "strongly suggests that even Opternative recognizes that its device is not substantially similar to any predicate device." After all, part of a patent application is the claim that something differs from existing technology, AOA notes.

Opternative's "vision test" application relies on a series of self-administered tests, using modified versions of common eye charts—and new charts—displayed on the user's smartphone and computer, to generate a contact lens or eyeglasses prescription. The AOA's assessment of the application determined that some of Opternative's tests not only were used differently than the commonly accepted use, but also some methods and calculations described by the patent application weren't established or customary practices.

In one such instance, Opternative's test for determining myopia or hyperopia correction involves users reading displayed characters at varying distances and identifying a dissimilar character. In another test, Opternative uses a duochrome chart, modified in unconventional ways with red-green split between a cell phone at arms-length and the computer screen at five feet. The patent application states this information can be used to calculate strength of correction, while AOA is not aware of any such accepted methods. The visual acuity chart, though modified by Opternative, measures only visual performance, while the duochrome chart—used in a single plane under strict fogged conditions with room lights controlled to maximize chromatic aberration—is used by an eye doctor to make fine lens power adjustments to a final, predetermined prescription.

The device raises questions about safety and efficacy, including:

- The potential for inaccurate prescriptions that could harm patients
- The potential for missed diagnosis of serious eye and general health conditions
- The creation of a prescription with little meaningful input from an eye doctor

Misleading claims made by "vision tests" that don't involve an eye doctor misinform consumers about the importance of eye

health and could delay timely care of potentially sight- and life-threatening diseases, Dr. Loomis says.

"The AOA—as an authority on quality care and a force for public health—actively opposes care backed by scant information that misleads the public and diverts access to essential care," Dr. Loomis says. "There are simply too many questions about the [accuracy of this so-called eye exam](#). That's why the AOA is alerting the public and urging federal and state officials to enforce their statutory and regulatory duties of patient safety and consumer protection safeguards."

Affiliates, AOA continue disputing online "vision tests"

The AOA's complaint is another in a long line of measures to safeguard consumers against misleading and ambiguous claims made by online "vision tests." There are severe pitfalls in separating refractive tests from routine, comprehensive eye exams performed in person by an eye care professional, and this message continues to circulate among [government authorities](#), the [media](#) and [public](#).

Only a week earlier, Michigan issued a [cease and desist order against Opternative](#) for violating provisions of the state's [Eye Care Consumer Protection Law](#). Through tireless legwork and petitioning by the Michigan Optometric Association (MOA), the state's Department of Licensing and Regulatory Affairs upheld the law that Opternative's "prescriptions" are invalid because the "vision test" consists solely of objective refractive data generated from an automated device, and does not provide a complete ocular health assessment.

"Online vision tests like Opternative are, at best, estimates of consumers' refractive errors; they are *not* eye examinations in which a patient can be assured that his or her prescription has been accurately validated in person, and more importantly, that his or her eye health has been evaluated by their doctor," Dr. Loomis noted at the time.

This past October, Dr. Loomis approached the FDA for a full investigation of [Opternative's misleading claims](#) (member login required), and AOA reported the company's [questionable doctor locator function](#) (member login required) that listed optometrists without their knowledge.

DO YOU SEE WHAT I SEE?? BY THE ZEBRA

FYI: February was LOW VISION month, so I felt the need to celebrate by writing this fun article. I know that the majority of you can not imagine in your mind what it is like to have permanent vision loss or visual field loss. Well when patients describe to you what and how they see, please take it seriously. I believe that most of us take vision for granted, but trust me don't. With inflammatory disease on the rise, this increases the risk factors of secondary eye disease.

Since this is the case, I urge you to simulate on yourself what it like to be amblyopic and I am not talking about just 20/40, how about 20/100 in a monocular or binocular state. Try just having a 5 or 10 degree central visual field only or no central field at all just peripheral. Do this for a full day while walking, eating, navigating around stairs, pavement, sidewalks and your home. Your in for a rude awakening, it is a pretty scary experience. Once you do this you will have a better understanding and perspective of what it like for those low vision patients that you manage.

Oh and one more important observation, for those of you that advertise that you can treat really low vision patients with magnifiers, prescription readers, etc. please don't insult me. I've read, seen and educated myself on the new technology available to aide low vision patients. I'm not saying that magnifiers don't help, but I will say in my opinion and working closely with the Commission for the Blind, a very reputable Optometrist and optician there is a vast amount of information and experience that a professional needs. So, be very educated before claiming to be a low vision specialist, because I have already heard so many horror stories in the low vision community about being misguided by an optometrist. My hope is that you can learn and have a sense of awareness from this article. Thanks to the NMOA for allowing me to use this newsletter as a platform to raise awareness on low vision.

By Dr. Deborah Moy

SPECIAL RECOGNITION

I would like to personally thank the following doctors who donated expired medication for a medical mission trip to the State of Georgia in Eastern Europe:

Dr. Dulce Walker
Dr. Kent Schauer
Dr. Jon Montoya
Dr. Bill Jones
Dr. Paul Tachau

The medical team that will be providing medical care for these people in Georgia are extremely grateful and appreciate your donation to aide them in the treatment and management of eye diseases. I would also like to thank you for taking the time out of your busy schedule to read and respond to my email announcement. You all are super heroes!!

Again thank you so much,
Dr. Deborah Moy
Medical Advisor NM Lions Eye Foundation &
NM Kids Sight Program



Special Announcement from Dr. Deborah L. Moy

Remember the article titled AZOOR WHAT IS THAT!!! – A ZEBRA?. I wrote this article in the 2015 NMOA state convention newsletter and Dr. Al Morier, a guest speaker, thought that this article was worthy enough to be published. To my surprise I received an email from one of the publishers from the AOA FOCUS MAGAZINE. She read my article and interviewed me. This article will be published and will appear in JUNE 2016 edition. It will probably be in the section of Rare Retinopathies. If you did not get a chance to read this article last year, I really encourage you to review this article. It is a real "EYE OPENER"! Thank You to the NMOA for allowing me to use this as a teaching platform for our profession.
Dr. Deborah Moy