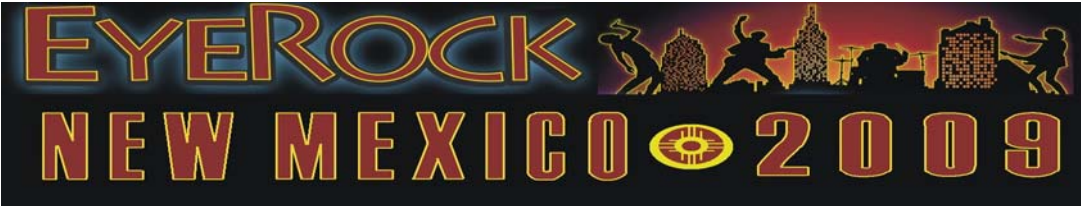


NMOA 104th Annual Convention Newsletter

New Mexico Optometric Association

May 14-17, 2009



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Welcome to EyeRock, 2009, New Mexico Optometric Association's 104th Annual Convention! We have 22 hours of Continuing Education for Optometrists and 7 hours of continuing education for Paraoptometric.



Join us for our Rock 'n Roll theme by dressing up as your favorite Rock 'n Roll musician, group, or duo! And if all else fails, sport your favorite Rock 'n Roll t-shirt. There will be a Costume Contest on Saturday with prizes going to the best dressed Rock 'n Rollers!



Hopefully you were able to enjoy the annual Dr. Jack Felter Memorial Golf Tournament and Convention Kick-off Dinner at Sandia Casino last night! It always gives everyone a chance to be reacquainted with old friends and make new ones.



Don't miss our Exhibit "Concert" Hall Functions where 44 exhibitors will be hosting for you a food & drink reception on Friday evening from 5-8 pm and Saturday from 11am-2pm for lunch. Support our vendors!!

All NMOA Members are invited to attend the Annual NMOA Membership Luncheon to be held on Friday, May 15 from 12-2pm. We will hold NMOA Membership business and guest AOA Liaison Dr. Randy Brooks will enlighten us on all the questions we know you have!



Buy a Raffle Ticket for a chance to win a 47' HDTV Plasma TV! A portion of the benefits go to charity and it helps NMOA!!

All Convention registrants are invited to attend EyeRock NM 2009 Installation Dinner and Silent Auction Saturday Evening. There is an amazing line-up of Auction Items to bid on. There is a Costume Contest for all of our Rock 'n Rollers. We will install our new NMOA Officers. But the main event is a **SPECIAL GUEST** that will entertain and delight you! You don't want to miss out on this concert!! And bring your camera because this is a guest with whom you'll want to take a picture. It looks to be our best party ever— BE THERE!



Special Guest Entertainment will be at Saturday Night's Installation Dinner. You DO NOT want to miss this one!!!

Upcoming Events:

NMOA Mid-Year Convention

Sept 2009
El Monte Sagrado, Taos

Storm the RoundHouse

January 2010

NMOA Annual Convention 2010

Apr 29-May 2, 2010

State of the NMOA by Alissa Irons, OD, NMOA President

I cannot believe that a whole year has gone by and my term as President of NMOA is about to come to an end. It has been an education to serve on this board for the past seven years and I've learned the most in the past year.

During my tenure, I made sure that NMOA members were updated every First Monday of the Month with the "FME" to give the status of NMOA. I asked each Area Director to write a little blurb every month on the happenings of their particular area. I also asked a different doctor every month to write a Practice Management Corner and Dr. Shelley was ever-faithful in writing his Billing and Coding Corner every month. Overall, I think everyone did a fine job and I hope NMOA members found this a useful tool to keep you informed.

In the fall, I took a tour of New Mexico as we did our Town Hall Focus Meetings. Each meeting was very unique but the tone was all the same: that we want NM Optometry provide the very best care to our patients. I traveled with Luke Otero and Richard Montoya to Artesia, Las Cruces, Albuquerque, Santa Fe and Farmington. I was very impressed with each area and I encourage every president to come after me to continue this tradition.

Post-Town Hall Meetings found us in a historic election year. NMOA along with AOA put ourselves in a never-before positive position with our newly elected Congressional Delegation. I'm proud to announce that Senator Tom Udall and Congressman Lujan, Heinrich and Teague are pro-optometry and we welcome them. On the state level, our NMOA members worked hard to get many pro-optometry legislators elected or re-elected to office. We salute you!

We anticipated this 2009 NM Legislative year to be contentious and nothing has changed. We are a legislative profession and as a leading state for scope of practice laws, we are always on advisement to protect our rights and what our forefather have fought so hard to obtain for NM Optometry. Luckily, we did not have to defend any of our laws in the 2009 legislature but don't ever sit comfortable . . . This will always be our threat and we are ready to defend!

I am proud that I was President during the FIRST ANNUAL STORM THE CAPITOL event though I cannot take the credit for its success. Many NMOA members traveled from all over the state to deliver gift baskets directly to their legislators during the 2009 NM Legislative Session. It was a huge success and very well received by our legislators. I hope that this continues to be a tradition for NMOA and that more and more NMOA members participate in the coming years.

I attended national meetings on your behalf including AOA Congress in Seattle, WA and President's Council in St. Louis, MO. During President's Council the Joint Board Certification Project Team introduced their proposal for optometry board certification. As you've heard by now, this has become quite a debate for optometry. As I prepare my exit from NMOA leadership, I urge each of you to educate yourself on this issue and know that either way it is an important concern for every optometrist.

My exit is bitter-sweet. I sat with a fellow past-president recently and told him that I felt that I had done lots of work during my presidency but that I'm not sure that I made a difference. The advice he gave me was so profound that I shall share it with you. He told me that we had such insight working for NM Optometry back in the day that it ensured our future as optometrists in this state. It is the job of the NMOA Board and the current President to protect our rights as NM optometrist and if we leave office with that done then we have succeeded. Well, I leave that up to you, but only to let you know that it was truly an honor to serve my fellow NMOA members in the capacity in which you entrusted me. I look forward to visiting with each of you at NMOA Convention starting on May 14, 2009. Thank you for your trust!



The Future's So Bright... By Mamie Chan, OD, NMOA President-Elect

Like Alissa, I am amazed at how quickly the year has flown by in serving as NMOA President-Elect.

I was honored to be part of the New Mexico delegation to AOA Congress last June in Seattle, where I got my feet wet on the House of Delegates process. Overwhelming and humbling, it truly drives home the magnitude in which our profession has grown.

We traveled to St. Louis in January for President's Council and despite the cold weather, many hot topics were discussed. For example, representatives from PhRMA, AdvaMed, and the Ophthalmic Drug & Device Industry discussed the new ethical guidelines on interactions of manufacturers with healthcare professionals, which has already affected every one of us. Congressional Advocacy and Branding Initiatives were discussed. We were able to have Roundtable discussions with other State Leaders on Membership, Communication/PR, Legislative, and Association Management. And of course, it was the first public presentation of the initial proposal of the Joint Board Certification Project Team, with the successor proposals following in which hopefully most of you are familiar.

In March I represented our association at the State Leaders' Meeting at Southwest Council. There, hot topics were Federal Advocacy, ARBO & OE Tracker, and State Government Relations. Our state is one of the most progressive in the country, often modeled by other states, and I am proud to represent our past Association efforts.

Looking back at all our Association has achieved, it seems as if we've climbed a mountain. A really big mountain, like Wheeler Peak. But as I look forward, it seems as if the cliffs only go higher.

This year, we've begun a new tradition by choosing a philanthropy to support. I chose the Juvenile Diabetes Research Foundation as there is strength in numbers in fighting Type I Diabetes, and therefore fighting Diabetic Retinopathy. A portion of our Raffle Ticket proceeds will go to JD RF, so please purchase a chance to win a plasma TV!

Our Board has been working diligently to build stronger and more active committees, as well as increase communication and involvement. Many committees meet via e-mail or phone calls; it's a great way to get to know your colleagues while strengthening your profession. I urge you to get involved with a committee—everyone is welcome.

Like all non-profits, it's been challenging to meet our budgetary needs during recessionary times. And with the increase in hours required for Continuing Education and decrease in sponsorship due to new PhRMA rules, all state associations have felt the crunch. This year will undoubtedly be an economic challenge for our Association.

Along those lines, our Vendor Representatives have gone through similar challenges in sponsorship and visibility. And yet we still have Diamond and Turquoise sponsors as well as 44 exhibitors joining us at the Exhibit "Concert" Hall. We must make it a priority to support the Vendors that support us. It is a symbiotic relationship—please thank our NMOA-supporting Vendors by considering them first in your business needs.

We have a traditionally strong legislative grassroots state Association. Even though it's a short session, we must be diligent in keeping our close relationships with our legislators.

Finally, the big gorilla in the room, I will be a NM delegate to AOA Congress in Washington DC this year. I aim to represent my NMOA colleagues in the best way possible as well as try to anticipate what will most serve our profession. Throughout Convention and until the end of June, I hope to learn more about how our members feel. I am eager to hear your opinions, so please feel free to talk to me in person, via e-mail (drmamie@osogrande.com), or by phone (wk 821-8333, cell 270-8431) so that I can hear your thoughts on the Board Certification proposal or anything else you'd like to discuss.

Thank you, and I look forward to representing you and our Association.

2009 Healthy Eyes Healthy People® By Andrea Bethel-Anderson O.D.

Many of you have probably read the AOA news and noticed that Healthy Eyes Healthy People (HEHP) grants this year have reached the \$1 million dollar milestone. Together Luxottica and VSP have given \$1 million dollars to more than 200 projects in 46 states since the program began in 2004.

In January, I attended the Healthy Eyes Healthy People's seventh annual conference in St. Louis. This year's theme of the conference was collaborative projects. The HEHP consultants were encouraged to design projects that would establish a collaborative effort within their communities as well as to design a project that would reach out to those not in your exam chair but to those who need your care.

Also discussed were the upcoming Healthy People 2020 initiatives, which will focus on risk factors and determinants of health. As well as secondary objectives that will focus on diseases and disorders.

New Mexico is very fortunate to have been selected for a second grant in two years. Our project "Healthy Eyes Awareness" is a collaborative project that will continue to service the citizens of New Mexico for many years to come. In January 2010, "Healthy Eyes Awareness" will be showcased at the Annual Eyewitness News 4 Health Fair by providing free vision screenings. This event is a collaborative effort between the New Mexico Optometric Association and Zeiss Meditec. The Eyewitness News 4 Annual Health fair is the largest and most comprehensive health fair in New Mexico and is statewide advertised by Eyewitness News 4 via all media outlets.

In January 2010, "Healthy Eyes Awareness" will be showcased at the Annual Eyewitness News 4 Health Fair by providing free vision screenings.

The vision screening would include visual acuity, stereo acuity, intraocular pressure, and digital retinal images as well as educational pamphlets on a variety of ocular health issues and refractive concerns. Carl Zeiss Meditec will be donating a retinal camera for on-site retinal examinations.

This project is a valuable service in reaching out to the citizenry of New Mexico, especially in these trying economic times.

This public event will provide an incredible opportunity for our association to provide an invaluable service to the citizens of New Mexico. With the intense visibility of this event, New Mexico Optometry will be showcased, so I look forward to seeing you there.

New Mexico is very fortunate to have been selected for a second grant in two years.

For more information on HEHP visit www.aoa.org and search for HEHP.

Healthy People 2010 is an initiative developed by the U.S. Department of Health and Human Services that established a 10 year goal to improve the health of Americans. The Health Eyes Healthy People program is an initiative led by the AOA in collaboration with the U.S. Department of Health and Human Services to work on specific objectives to improve the vision status of the American public. In 2002 AOA was only one of 7 national associations to have an Memorandum of Understanding (MOU) with DHHS and one of even few organizations to have the MOU renewed in June 2006 for three more years.

SPECIAL OLYMPICS New Mexico: Saturday, May 30, 2009

The Albuquerque NM 2009 Special Olympics Summer Games is scheduled for May 30, 2009 at the University of New Mexico Track stadium. As part of the Special Olympic Games Healthy Athletes venue we will again be offering the "Opening Eyes" *program. The "Opening Eyes" program provides a comprehensive eye and vision screening program to a group of athletes who seldom receive health care.



You are cordially invited to participate in the Special Olympics NM, Opening Eyes event on Saturday, May 30 2009, 10-3. Stay the entire 5 hours or 2-3 hour blocks. Lunch, drinks and T-shirts will be provided. Lions Club International members, Essilor and local opticians/technicians and others will be participating.



Join 100s of optometrists across the nation and the world in changing the lives of these remarkable Special Olympic Athletes by providing them eye and vision care.

Sign up for this community service event will start in May 2009. For more information or to participate, please contact Siu G. Wong, OD, MPH, at nationof-wong@comcast.net 505-293-7347

Farmington SO – August 1, 2009

contact Dr. Barbara Massey

Las Cruces SO – November 21, 2009

contact Dr. Adrian Tenorio

* This program is generously funded by a grant from Lions Club International. In-kind sponsors: Liberty, Essilor, Safilio, Lombart, Santinelli, Optos

To Those About to Rock!

Get ready for a Rockin' weekend of CE, hot button issues, THE best Silent Auction EVER, a fabulous Raffle, and an opportunity to express yourself! Sure, you can pull out those old rock band tee shirts, but why not join us in full costume for the Saturday Night Installation Dinner? Come as your favorite Male Artist, or don your Diva outfit. For you couples out there, go for Best Duo Imitation.

Don't forget the rockers from across the pond; get your Brit on! Or just go for Best Rock Hair & Makeup. Don't forget the Paras—dress up on Saturday for prizes during the Exhibit Hall function. Represent!

LARGE SCREEN TV, ANYONE?

This year we are having a Raffle to support the increased costs of our organization, and to raise money for JDRF. The Grand Prize is a Large Screen LCD TV, great for home or office use! You need not be present to win the Grand Prize, but please attend the Saturday Installation Dinner to win consolation prizes. To purchase tickets, see any officer, buy them when you get your CE stamps, or come by our booth in the Exhibit Hall. Thanks!

What is JDRF?

The Juvenile Diabetes Research Foundation International is the leading charitable funder and advocate of type I (juvenile) diabetes research worldwide. The mission of JDRF is to find a cure for diabetes and its complications through the support of research.

New Mexico Lions Operation KidSight (NMLOKS)

Our association has taken a major role in serving the children of New Mexico. Dr Jane Compton introduced the New Mexico Lions Operation KidSight (NMLOKS) eye screening program for children at the 2007 association. Dr. Andrea Bethel then secured a grant through the American Optometric Association toward additional eye screening equipment for NMLOKS.

We are pleased to report that our support, together with other foundations, has enabled NMLOKS to expand to screen and refer children for professional treatment in Lincoln, Otero, Taos, Santa Fe, Colfax, Rio Arriba, Curry, Eddy, San Miguel, Bernalillo and Luna counties with expansion to Lea and Grant counties beginning 7/01/09.

4500 children were screened in FYE 6/30/08 with a referral rate of 8.6 %. Approximately 7000 children have been screened to 12/31/08 with a similar referral rate.

Dr Andrea Bethel serves as a NMLOKS medical director. She seeks your participation in NMLOKS following protocol guidelines based on input from pediatric optometrists and ophthalmologists across the country. Enrollment forms will be available at the desk next to the convention registration booth.

Primary Goal of NM Lions Operation KidSight:

At a minimum, the primary goal of NM Lions Operation KidSight is to ensure that every Pre-K and K child (3-5 year old) in NM is screened annually. Children younger and older than this age range can be screened if a club has the equipment, financial, and personnel resources to do so. NMLOKS will also assist needy parents to fund their child's eye exam and treatment if there is no other source (e.g., Medicaid, state children's financial assistance program, etc.).

New Mexico Board of Examiners in Optometry Update By Richard Zobel, OD, NMBEO President

The NM Board of Examiners of Optometry will hold its next Board meeting on May 15, 2009. It will be held starting at 7:00 am at the Embassy Suites Hotel in Board room suite 210. There will be some discussion concerning the proposed Board Certification. The Board will discuss a possible position paper from our board. This is an open meeting, and we welcome comments from our fellow Optometrists.

We have invited Christina Sorenson OD, who is member of the Association of Regulatory Boards of Optometry (ARBO), to attend our meeting, and present some pertinent issues concerning Optometry on a national level. Some topics will be OE Tracker, COPE, and Board Certification. Again this will be open to our optometric colleagues.

The Board has set a date of August 8-9 for the NM Board examination.

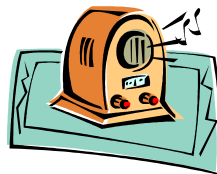
See you at the NMOA meeting

Coding and Billing Committee Update By Brent Shelley, OD

The Coding and Billing Committee has been hard at work this year fighting to ensure that NM optometrists are rightfully paid for the services we are legally authorized to perform. We have collected EOBs that decline these services and have taken our battle up the chain of command.

In February 2009 Drs. Thibodeaux and Botwin organized a well attended, and well-received Billing and Coding Seminar.

We ask that any member who has received a declination for any legally authorized service rendered to submit a redacted version of the EOB to Dr. Brent Shelley at fax 575.526.5367. As your Coding and Billing Committee, we will continue to assert ourselves for the good of the profession and for the equality which we are rightly deserved.



**Rock-and-Roll
(rāk'n roll') n.**

**First so used (1951) by Alan
Freed, Cleveland disc jockey,
taken from the song
"My Baby Rocks Me with a
Steady Roll"**

VSP Update By Richard Zobel, OD, NM State Professional Representative

As your State Professional Representative for New Mexico, I sometimes hear from our providers concerning VSP issues. Many of you say you feel pressured into the VSP plan to survive. We all know managed eyecare is not going to go away. What you may not know is that VSP is and has been an advocate for private-practice optometry.

Please take a moment to review the points below. I believe that it will help you understand how VSP is helping to support your success and growth and the future of private practice.

1. We market on your behalf: VSP Vision Care invests more than 693,500 hours a year marketing on your behalf and promoting your services to members, consumers, and clients. In fact, we market your services and practice to more than 29,000 clients and 55 million members – that's 1 in 6 Americans! And, we only market private-practice.
2. We develop programs that bring you patients who need eyecare: VSP's Eye Health Management Program® supports your patients' wellness and demonstrates the value of private-practice optometry. The program also helps increase patient retention. Here's how: When you submit VSP claims via Eyefinity's® eClaim, you provide information about your patients' health conditions. As a result, we've seen an increase of 11% in the number of people with diabetes returning for regular eyecare.
3. We create opportunities for you to grow your practice: VSP's Advancing Private Practice Initiative is all about promoting private-practice optometry, offering you creative solutions that foster your success and growth. Here are a few ways we're making it happen:
 - Thanks to expert advice from The Williams Group, you can learn how to grow and expand your practice—and uncover the secrets to maximizing your profits when you're ready to sell it. To learn more, visit Practice Transition Planning Seminars.
 - If you're looking to hire a new associate, or advertise opportunities, visit EyeSeek® on VSPOnline. It's free. It's easy. And it'll help you get results.
 - Through the Vision Loans® program, you can get financial started, call Vision One Credit Union at 800.327.2628

Education Committee Update by William Jones, OD

Remember that the Annual NMOA Convention now has 22 hours of CE. The Convention will start on Friday morning and end on Sunday afternoon. The program will have a variety of topics and speakers. We all have some differences in what we want to hear at the Convention, therefore, I have included many subject matters: contact lenses, pre and post op cataract and refractive surgery, legal aspects of Optometry (malpractice), coding and billing, age-related macular degeneration, pediatrics, ocular disease, and pain management.

Meet a Committee

Committee Name: Paraoptometric Committee

What are your committee goals: To continue to increase attendance of the CE Annual Convention.

How often do you meet & how: 1 time per year at the convention. 1 other time per year by e-mail

Hot topics under discussion: Membership dues. Having help on the Committee. Addressing the issue of the Chair giving more than 1000 hours in the past year. Other things we can do for members to make it worth while to become a member. The question of who will be willing to invest this kind of time as committee chair for free. The potential class size for this year is at about 250 person's. We made room for 140-160 per time slot. This is going to be way to much work for 1 individual little own 3. Addressing the Hall Monitor issue. I think it would be better to have paid hall monitors who are unbiased and would remain the entire day so we do not have to juggle over 14 volunteers.

Meet a NMOA Member

Name: Kirsten Dudeck, O.D.

Where do you live? I live in the NE Heights of Albuquerque.

Where did you grow up? Mostly in Albuquerque. We moved here as a sophomore in high school and prior to that we lived in Phoenix, AZ and Canoga Park, California. I graduated from Sandia High School.

Married/ kids: I am married with two amazing children! Liam is soon to be 14 and will be starting high school this next fall and Lexy just turned 4 and can't wait to go to school just like her brother.

Optometric memorable moment: On April Fool's Day about 10 years ago now, one of my staff members put black electrical tape on the eye pieces of my lensometer and slit lamp. I truly was baffled as to why my equipment was not working until I heard the giggling down the hallway. I have learned that payback on April Fool's day is so not worth it.

Hobbies: Hobbies with a teenager and toddler? I enjoy Yoga and working out, biking, hiking, photography, scrapbooking and Rock Band! Even my teenage son is impressed that I have progressed to a solid medium skill level on pretty much every song... Woo Hoo!

Professional Interests: I have been practicing with Eye Associates of New Mexico for almost 5 years now at our Promenade location. I really enjoy interacting with a lot of other Optometrists and Ophthalmologists and feel like I have learned a lot especially with the comanagement process. Prior to E.A. I was with the Presbyterian Medical Group for 9 years and therefore have a large Senior patient base. I am fortunate to have patients from 4 to 104 but I especially enjoy my senior population that I see year after year. My goals for this next year include getting more involved in the N.M.O.A. and continuing to grow our practice at the Promenade location.

Surprising Fact: I am a time traveler from another planet called Wanahockaluge. Ok so my teenage son dared me to put that in because it is a lot more interesting than reality ;) Here are a few that really are true...I am married to a man who is from a town in Iowa where all three barbers are named Bill. I have hiked the Havasupai canyon (part of the Grand Canyon... 13 miles down) three times.



New Mexico OptNet IPA Update

By Robert Ratzlaff, OptNet IPA President

"You can succeed best and quickest by helping other succeed."

As you know, the New Mexico OptNet IPA is dedicated to making your practice more successful. Part of that dedication ensures that you can receive discounts on eye care materials from vendors that you want to use because of their high quality products, excellent customer service and fast turn around.

But that's not all...

Every time you support a preferred vendor, you are funding your IPA to keep it "dues free" as well as supporting VISION CARE DIRECT to help increase reimbursements in the future! Your support provides funding for the IPA that helps to maintain operations and fund promotions.

To take advantage of the great discounts and support your IPA, you must sign up with your local reps for the OptNet IPA program.

The Supporting Vendors are:

Clearvision, Essilor, Hoya, Wilson Optical, A & A Optical, Aspex, Europa, Safilo, Signature, AVT Lenses

2009-2010 NMOA Diamond Sponsor Spotlight



#1-Stop Distributor & Buying Group

OOGP is one of the largest authorized distributors and buying groups in the nation, serving eye care practitioners.

OOGP is the #1-Stop Ophthalmic Distributor with three warehouses available for offering the most in eye care products including soft contact lenses, ocular pharmaceuticals, lens care products & etc. Our VIP Programs offer the members FREE shipping. Please refer to our eCatalog for further information.

OOGP Buying Group, featuring the Premium Vendor Programs representing ophthalmic & RGP laboratories and frame & accessory vendors, offers more membership discounts than any other buying group.

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 office for more information.

PO Box 724, 557 Westbrook Way, Grants Pass, OR 97528
800-654-3829 / 541-479-4743 / FAX 888-654-0618 / www.OOGP.com

Cataract Surgery and Custom IOL's By Timothy J. Johnson, OD, Director of Optometric Services, Eye Associates of New Mexico

With the recent advent of multifocal and toric intra-ocular lenses we now have the ability to render patients even more glasses independent than ever after cataract surgery. This new technology also brings challenges regarding patient selection, lens selection, and pre-operative counseling to give patients an optimal result with reasonable expectations. At Eye Associates of New Mexico we spend a significant amount of time educating patients about their various lens choices and we often use a patient questionnaire to help identify the patient's needs and desires regarding the intended surgical end result. This questionnaire is similar to one created by ophthalmologist Michael Dell, MD and attempts to determine if the patient is a reasonable candidate and helps identify which IOL would be most appropriate. You can see this questionnaire on our web site (www.eyenm.com) under the lens options link. Occupational concerns also play a significant role in patient selection. The following is a list of the most commonly used custom IOL's and their basic specifications along with some clinical pearls and post-op concerns.

AcrySof Toric IOL Cylinder Powers Available: -1.50, -2.25, -3.00, higher powers coming soon

- Ideal for 1D to 3D of regular corneal cylinder, not as good for irregular corneal cylinder (KCN) or post refractive patients.
- Limbal relaxing incisions (LRI's) can be used in conjunction with a toric IOL if needed. Maximum effect of LRI's is approximately 1.5 to 2.0D. Less effect on younger patients. Excellent results!

Bausch and Lomb Crystalens New Crystalens HD design

- Only FDA-approved accommodating IOL.
- Haptic design allows optic to bend forward with natural accommodative movement.
- Distance and intermediate VA usually good

Clinical Pearls: Lens works very good for distance and intermediate but not perfect for near.
Effective add about +1.50, often need reading glasses for small print and dim light.
Will often target end result of non-dominant eye at -0.50 to -1.00 to enhance near VA.

Post-op Care Patient needs to use readers for the first 2 weeks post-op to allow lens to adhere to bag in a posterior position.
Atropine often instilled after surgery to eliminate accommodation the first few post-op days.

AcrySof ReSTOR Multifocal IOL New ReSTOR IQ Design (+3.00 add), Effective add about +2.50.

- Optical design has propensity for post-op glare/halos at night in 24% of patients.
- Apodized diffractive optic splits light energy 50% distance and 50% near which can result in reduction in contrast sensitivity.

Clinical Pearls Near centered lens that is very pupil dependent, patients with large pupils will not have adequate near vision with this lens.
Rarely requires reading glasses in good light.
Often patients have problems with intermediate and computer vision which may require glasses for that distance.
Halos must be tolerated for patient to be happy. Halos often diminish over time.

Post-op Care May require yag capsulotomy sooner than other lenses since mild opacity can cause significant problems.

AMO ReZoom Multifocal ReZoom Multifocal

- Zonular refractive optic, 5 alternating optical zones, Center zone is distance-dominant.
- Effective add about +2.70.

Clinical Pearls Small pupils may not have adequate near vision. Better near VA in dim light than ReSTOR.
ReSTOR/ReZoom combo has worked well in some patients.
Halos must be tolerated for patient to be happy. Halos often diminish over time.

Post-op Care May require yag capsulotomy sooner than other lenses since mild opacity can cause significant problems.

New technology has much to offer many patients. As optometrists we are best equipped to help guide patients with their decisions about custom IOLs. By discussing the pros and cons regarding these lenses, patients can make an informed decision and have reasonable expectations. If you have any questions regarding the use of these lenses call our Dr2Dr service at 877-345-4433 or me directly at 505-670-8712.



Eye Associates has provided New Mexico with the highest quality, state-of-the-art, medical and surgical eye care since 1976.

Cataract Surgery

Anterior & Refractive Surgery

Retinal Disease & Surgery

Corneal Disease & Surgery

Glaucoma

Reconstructive /
Cosmetic Oculoplastics Surgery

Pediatric Ophthalmology

Doctor2Doctor | ABQ 505.345.4433
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Timothy J. Johnson, OD
Vicki Herrera, Manager of Referral Services

Lens Extraction for Glaucoma

By Brooks Aldredge, OD, PCLl—Albuquerque, NM

One of the most challenging clinical problems we face is acute primary angle closure. Patients are often in pain and difficult to examine, but they require swift action to prevent permanent vision loss. Once the emergency is under control, plans are considered for longer term treatment. And evidence is mounting that lens extraction may offer greater therapeutic benefits than laser peripheral iridotomy.

Traditional Care

The immediate medical treatment for an angle closure attack is well-known to all of us and has not changed for many years—administration of a combination of systemic and topical aqueous suppressants to reduce the intraocular pressure below 40 mm Hg. At this level, pilocarpine can break the attack by pulling the peripheral iris away from its contact with the trabecular meshwork. Once the attack is controlled, the classical treatment has been laser peripheral iridectomy (LPI), a treatment that has long been considered the cure. However, despite successful LPI, many patients continue to have persistent difficulties with ocular hypertension suggesting the development of combined mechanism glaucoma.

Lens Extraction Option

A recent study published in the journal *Ophthalmology* strongly suggests that lens extraction and IOL implantation can significantly reduce the incidence of future ocular hypertension. Of course, this option best serves angle closure patients with cataracts—even if they are early in formation.

Study Synopsis

LPI relieves relative pupillary block and iris bombe so that in most cases the angle opens enough to expose an adequate amount of TM to lower and then maintain the IOP at more normal levels.

LPI does not lessen the steep iris approach into the angle caused by the thickened crystalline lens.

After LPI, the peripheral iris remains close to the TM resulting in continued risk of iris-corneal adhesions and a less than normal area of available functioning TM.

Lens extraction deepens the central anterior chamber depth so that the angle is wider and therefore more open than with LPI, increasing the amount of available functioning TM.

Role of the Lens

Reviewing the role of the lens in angle closure helps explain what researchers observed in this study. Certain eyes, most often hyperopic eyes with shorter axial lengths, have a more anteriorly positioned iris root. With aging and cataract formation, the lens naturally thickens. In fact, an often overlooked risk factor for angle closure is a shallowing of the central anterior chamber.

Consensus at PCLl

This study supports the consensus among PCLl surgeons that lens extraction is the treatment of choice for patients with medically stabilized acute primary angle closure and cataracts. It may even be our preferred treatment for patients with mild to moderate cataracts and narrow angles.

At this point, insurance will probably not cover lens exchange surgery without the current visual criteria for cataract treatment being met. However, an argument could be made that lens exchange is not only justifiable but preferable—even in well-seeing eyes. The thickened crystalline lens is a primary cause of angle closure and its removal may significantly reduce the incidence of vision loss from future combined mechanism glaucoma.

Please Call

If you have questions or would like more information on this topic, or the management of angle closure in general, feel free to contact me or any of our optometric physicians.



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WORLD - CLASS EYE SURGERY

Legislative Committee Update By Bobby Jarrell, III, OD, Legislative Chair

I am going to be very up front here -we need Optometric Board Certification. This is my perspective on the issue as your embattled Legislative Chair and as someone who has traveled across the country defending our profession and coaching states on how to pass Scope-of-practice legislation. But to be sure, this is also my perspective as a private practicing OD who is forever trying to convince insurance companies that I should be paid the same as an MD for performing the same services; or trying to convince a pediatrician that I am just as qualified as an ophthalmologist (or another pediatrician, for that matter) to perform an eye examination on an infant; or even trying to convince a patient that I am just as capable as any other physician to treat glaucoma or examine their eyes for the effects of diabetes.

Proponents of Optometric Board Certification have articulated many excellent arguments in support of board certification but what it really comes down to is public perception and accountability. We are a profession that serves the public and we are going to have to face the reality that our fate, be it scope of practice, insurance parity, or professional referrals will often be decided in the court of public opinion. As we have observed from our legislative battles of years past, public opinion is all-too-often shaped by misinformation, lies, and illusions propagated by those outside optometry. When asked by lawmakers in committees if we had any process of ensuring continued competency in our profession we had no good answer. For me this was a hard pill to swallow every time the question came up.

Let's face it, folks - this is the age of accountability. Policy makers and the American people are demanding accountability in every profession from bankers, to executives of major corporations, to doctors. The AOA has taken the lead in providing for such accountability in optometry by developing a Board Certification process modeled after other physician certification programs. Is it a perfect system? Maybe, maybe not, but it has worked for the rest of Medicine for the past eighty years. If we cannot move forward soon in developing a system of ensuring continued competency in our own profession, I guarantee you that groups outside our profession will come up with something FOR US. Consider this - there is legislation that was just introduced in Colorado that would require all healthcare professionals to be Board Certified in order to maintain licensure. The bill further stipulates that members of a health care profession that do not have a Board Certification process in place (and OD's are the only ones) will be required to complete a program developed by the state's Department of Regulatory Agencies.

Optometrist should view the prospect of Optometric Board Certification as an opportunity to show lawmakers, insurance companies and our patients that every member of our profession is delivering the highest quality eye care possible. We should also feel fortunate that our own association is taking a proactive stand on this instead of leaving it up to a group or agency that may not have our best interests in mind...

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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 comanagement 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!

Op/Ed Section

I cannot support the current arguments for B.C. for Optometry. Anyone who has taken the time to peruse the blogsites, or read current optometric publications has seen long arguments pro/con this involved issue, so I will keep my comments short:

1. B.C. commonly takes place during the 1st years of practice, after the completion of residencies, and does not commonly require re-certification. M.O.C. requirements, which are becoming more common, have nothing to do with whether a practitioner is, or is not, 'Board Certified'.
2. Optometry is a legislated profession, in which one must meet the requirements of each state in which the optometrist has a license to practice. This is not so with medicine, which has more of an obligation to self-regulate.
3. As presented to date, the proposed certification process is not a level playing field, giving advantages to those who have completed residencies, or numerous other exclusions.
4. Those pushing hardest for B.C. have been doing so for many years, and their arguments change to meet the times. To date, none of the 'doomsday scenarios' have taken place.
5. In the 1970's the A.O.A., without grass-roots support, but with a positive vote at national, undertook a P.R. campaign deemed 'essential to survival', paid for by mandatory assessments. Many members were lost, and many of those who chose to remain did so out of loyalty to the profession, while opposing the program. At this time, B.C. appears to have the potential to create even more problems even if ultimately proven to be necessary.
6. The 'all the little problems will be addressed' argument scares the heck out of me...look how well that has been working within our Congress lately! Better to present a program for adoption and table for one year, in order to allow time for national, state, and local discussion and approval/denial.
7. In all the years I have worked to expand our scope of practice, our opponents have never used lack of board certification as a compelling argument, knowing that many M.D.'s are not; rather they argue against our general lack of appropriate training, etc. Being 'board certified' will do nothing to change this tactic, but a divided optometric community can and will be used against us.
8. We have no national standards of licensure, and B.C. will not change this fact, (although proponents say it 'might' in the future. N.M. has some of the highest clinical standards in the country-what happens when a 'board certified' O.D. fails our clinical exam and is denied a license, a scenario which could play out across many of the states?

We elect our officers to represent us, and the membership should not unnecessarily tie their hands. Hopefully, whatever vote is taken will reflect the best interests of us all, but in the final analysis, I would side with the best interests of those O.D.'s in N.M., Okla., and others who have been leaders in moving our profession forward in the 21st century. Regretfully, I do not believe this to be the case at this date and time.

Sincerely, Rev. Maurice Geldert, OD

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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 the all New Mexicans

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Op/Ed Section

Dear Fellow NMOA members,

I was contacted by the AOA to write an article for the AOA news that was published in April 27 issue of the AOA News. Like so many of you, I was initially opposed to the JBCPT proposal and the AOA's participation in the board certification process.

The reason I was contacted was because I took my questions and concerns straight to the very top echelons of AOA leadership. I spoke with President-elect Randy Brooks, Trustee David Cockrell, and President Peter Kehoe. I asked straight forward questions, most of which were answered to my satisfaction. Some of which were not. However, having asked those questions, I am confident that board certification is the next step in optometry's evolution.

Notice I said "optometry's evolution" and not "optometry's panacea." Healthcare is evolving. With the increase in the general population, the increased number of baby boomers, and medicine's reduction in ophthalmology residencies, optometry is uniquely positioned to become the gatekeeper to secondary and tertiary eye care.

Board Certification will not fix problems with expansion of scope legislation, nor will it remove the proverbial target on our backs. But it will position us to evolve with health care. The proposed certification process is very akin to that of Family Practice's board certification evolution in the 1960's.

Please spend this weekend educating yourself on the JBCPT and board certification. The following is the text of my editorial, if you did not have the opportunity to read it in the AOA News.

Sincerely, Brent E. Shelley, O.D.

April 14, 2009 Robert Foster, Editor AOA News, St Louis, MO

Dear Editor:

Like so many other doctors of optometry, I find myself embroiled in the hotly debated topic of board certification and the model presented by the JBCPT. We all know that the topic itself is not new to our profession after having been presented, and defeated, as ABOP.

In addition to being a private practitioner and 13 year AOA member, I am a trustee for the New Mexico Optometric Association [NMOA] and the Secretary for the Southwest Council of Optometry [SWCO]. As a leader in the profession, I must remember to represent the wishes of those who chose me to lead. As a private practitioner, I am very much in tune with the needs of my colleagues given today's economic climate.

As then-AOA Trustee and now AOA Secretary-Treasurer Dr. Carlson can attest, I was strongly opposed to board certification. In May 2008 Dr. Carlson attended the NMOA convention and discussed the issue with our board. I vocalized my opposition rather vociferously. In that vane, I maintained my opposition for many months to come.

My arguments against BC were the same as those I have heard from many colleagues. My concerns consisted of, but were not limited to:

1. There has never been a documented case of OD discrimination based solely upon a lack of board certification,
2. BC will not offer increased access to medical plans that disqualify us because of our professional credentials,
3. Lack of a required residency negates any potential professional gains that could possibly be made by the claim of being "Board Certified,

Op/Ed Section

4. BC will not raise our professional standing in the eyes of our adversaries, nor remove the proverbial targets on our backs. It will not increase our scope of practice, nor will expansion of scope be made any easier,

5. The current model is fabricated to be a voluntary venture. TPA/DPA privileges were voluntary, however VSP fired those senior docs that did not keep up with the times. How soon before this voluntary process results in the "firing" of senior docs?

I took these concerns directly to the AOA leadership and discussed them with Drs. Peter Kehoe, Randy Brooks, and David Cockrell. I found each doctor to be surprisingly candid. I would like to summarize the results that helped convert me to a proponent of board certification.

1. The AOA admits there are no documented cases of discrimination based solely on the purpose of BC. However, the Medicare Medical Home project expressly excludes any physician that is not board certified. This includes MDs and DOs. Some opponents to the BC process cite dentistry as an argument against BC. We must remember that while dentistry does have a voluntary board certification process, dentistry is not included in Medicare. To be fair and accurate, the Medical Home project specifically excluded specialties that could not in their capacity act as general practitioners. "Excluded specialties and subspecialties include radiology, pathology, anesthesiology, dermatology, ophthalmology, emergency medicine, chiropractic, psychiatry, and surgery." However, the exclusion of non-board certified MDs and DOs does establish a precedent, and one for which we must be prepared to defend against in future Medicare initiatives.

2. Changes in the healthcare arena are approaching rapidly. The Medicare PQRI and Pay-for-Performance initiatives to me are the writing on the wall. Optometry must position itself so that our profession can effectively evade any discrimination based solely upon the degree that hangs on our walls.

3. Family practice established a board certification process that initially consisted of a testing process akin to, but not entirely equal to, that presented by JBCPT. The process led to the development of family practice residencies.

4. The purpose of the task at hand is to protect our profession with the development of a defensible board certification process. The profession is still, and will remain, a legislated profession.

5. I do not believe that board certification will remain voluntary for an extended period of time. The profession is evolving, health care is evolving, and this is part of an evolutionary process. As the adage says, "the one constant is change."

The coup de grâce for my opposition to optometric board certification came in March 2009. The South Carolina Medical Association testified against South Carolina house bill 3303. In their testimony, numerous physicians stated that optometrists "are not board certified" and do not have a method in place for "maintenance of certification." These words still ring poignantly in my ears, and are the penultimate reason that I am a proponent for board certification. This was the first instance in which board certification had been an issue during expansion of scope legislation. The issue is out there now, and it must be dealt with.

The JBCPT model is not a panacea for our profession. [sentence deleted] I submit that while I agree to a host of issues facing our profession, with the current political climate it would be a grave mistake to not move forward with board certification.

Each and every one of us has a lot at stake at the 2009 House of Delegates. I encourage all optometrists, be they AOA members or not, to learn as much about the board certification model so that they can make a thoughtful and educated decision regarding the process. This is our profession and we own it. Please educate yourself entirely on the pros and cons of this hotly debated issue and discuss your concerns with the association's leadership. It was this openness of conversation that led to my conversion from opponent to proponent for BC.

Op/Ed Section

In the past, I felt Board Certification was redundant. But after seeing what medicine, dentistry, and other health professions are doing in continuing competency, I feel that today it is essential. It is for the good of your patients and your own self confidence in the care and treatment of conditions of the eye. I endorse Board Certification.

—Tony Q. Chan, OD, NMOA Member since 1959

Undecided: My Life On The Fence

Life on the fence is uncomfortable. Every time you touch down on one side, the other makes a good and valid point. Between the opinions of my valued colleagues both here and in other states, the presentations by the AOA, the discourse on ODwire.com, Art Epstein's articles in Optometric Physician, and the rapidly advancing healthcare reform in Washington, it's easy to get the spins up here!

Questions to consider:

Will the "stars align" and bring health care reform to the existing private sector and federally funded health insurance entities?

Will there be the creation of a public health insurance option?

Will BC/MOC be a necessary entity for all health care professions to demonstrate continued competency, which is viewed as a way to improve outcomes and control costs?

Definitions to ponder:

pro ac tive or pro-ac tive (pr - k t v) adj. : Acting in advance to deal with an expected difficulty; anticipatory

ret-ro ac tive (r t r - k t v) adj.: Influencing or applying to a period prior to enactment

As your delegates to the HOD this June for the NMOA, Mamie and I want to both represent the views of our fellow NM optometrists, as well as look to the future and consider what might be necessary for the profession. Therefore we've tried to stay open to the issue, and feel we must remain so until the June HOD final vote. Please feel free to approach us during the convention and express your views.

Whether we want to go down the path of BC/MOC or not, there are forces at work that fall out of the realm of our direct control. Do we meet them proactively, sometimes causing discord, or do we wait until everything is a known entity and risk the "too little, too late" scenario? We must do no harm, while continuing to maintain a vital profession for the next generation of optometrists.

As for me, I remain..... on the fence.

—Lynn Davis, OD

Interested in discussion Board Certification with your NMOA Colleagues?

- Go to <http://groups.google.com/group/nmoaboardcert>
- Click on "Sign on to Google Groups" with the e-mail you want to use.
- Type in your e-mail address & the password you want to use. Brent Shelley, the Group Owner, will confirm your e-mail within a few days. Then log-on again, type in a search for group name NMOABoardCert and you can start discussing!

* Group name: NMOABoardCert

* Group email address nmoaboardcert@googlegroups.com

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Paraoptometric Perspective By Fiona Ratzlaff, CPO

What is the Paraoptometric Committee?

There are several aspects that the committee addresses.

1. We are here to help direct office staff on how to become certified and who to speak with in their certification of choice.
2. The setting up of CE of the convention and any additional meeting that we may need with CE available at those meetings as well.
3. To be source for any questions that may come up regarding discount programs, any classes or training that may be provided by a vendor or a national training body like the AOA.
4. To be a source for Doctors to speak with regarding training, CE courses, vendor programs, and certification of staff.
5. Give people information from the newsletter as well as any additional programs, training or changes that have been made on a national level. Also to be aware of all guidelines from the AOA.

This is all in process. We need help to continue to develop this committee and therefore we will be looking for additional members. We will be discussing membership and the committee itself at the meeting on May 16th, 2009 from 11:00am to 12:00pm. There will be 1 hour of CPC credit given to anyone that is a member and participates in the meeting. The CE certification this covers is CPO, CPOA, CPOT. Come join us and see what you can do to help.

Any questions please feel free to contact Fiona Ratzlaff at
fionaratzlaff@qwest.net



Every person involved in a project makes it a success.

Enlightenment

Nothing great was ever
achieved without
enthusiasm.

Ralph Emerson

Giving thanks to Everyone that volunteered for the convention

We have two sections of people that volunteered for the convention.

There are a few people that volunteered from different offices to help with the convention and have given up class time to do this for us. Please thank them for all their time and effort to help this be the most successful convention yet.

We also need to thank all the vendors, lecturers and Doctors that have volunteered to put on our classes.

AVT—Keith Parker and Janine Bugno, Carl Zeiss—Sandi Sanchez, Dr. Dwight Thibodeaux, Aspex-Alan Lamb, Hoya—Eric Irons, Dr. Michael Seligson, EyeCor-Bob Robello & A&A—Brandon Moore.

We really appreciate all the effort you have put in to make this convention a success.

Thank you, Fiona Ratzlaff

NMOA Communications Committee:

Mamie Chan, OD,
Kirsten Dudeck, OD
Nate Roland, OD

Visit the **NMOA Website** at:

Member News

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NMOA Member Bobby Jarrell, III, OD, and his wife Robin are the proud parents of a new baby boy, Jackson Robert Jarrell was born March 11, 2009.



Rich Montoya
NMOA Executive Director
PMB #241
1108 Paseo del Pueblo Sur
Taos, NM 87571



NMOA Member David Babington, OD, and his wife Lindsay are the proud parents of a baby boy named David James Jr. born on Feb. 7, 2009.



**“Lessons learned from Rock ‘N’ Roll”
by Nate Roland, OD**



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10. Negotiating salaries or selling price: You Can't Always Get What You Want.
11. Practicing in a “recession”: Livin' On A Prayer.
12. An “easy”, end of day patient before your vacation starts: Dream On.
13. Opportunity inquiries from a newly minted OD: Smells Like Teen Spirit.
14. Watching as someone disparages our profession in the legislature: The Unforgiven.
15. Attending NMOA Conventions: Nothin' But A Good Time.