N M O A N E W S L E T T E R

NMOA

2015 NMOA Annual Convention Newsletter

You CAN Teach an Old Dog New Tricks

President's Message

This past legislative session was a learning experience. Among those who worked to pass Senate Bill 367 – our lobbyist, Executive Director, NMOA leadership, PAC volunteers, grassroots key people – there are well over hundreds of years of combined experience navigating the politics in Santa Fe. Yet in 2015 each of us learned quite a bit about the political process. With this one "in the bag," perhaps now is the best time to circle the wagons and get everyone up to speed on the fundamentals of passing legislation. For the new generation who may or may not have been involved in this latest endeavor, here are some common myths regarding politics. It should be noted that even the "old-timers" should be reminded of these things from time to time as well.

Myth 1: It takes a little money to pass legislation.
Fact 1: It takes a LOT of money to pass legislation. Now let me be clear – we have never, and will never buy a vote at any point in the legislative process. The fact remains, however, that those voting on our bills must first be elected. To get elected one must run an effective political campaign. To run an effective political campaign one must have money, and most good politicians are not using their own money to do this. All the money for election campaigns is donated, and the more money a candidate has, the more likely he or she is to win an election. Period. You may like it or you may hate it, but it is a fact in America. If you stop reading this article right here you have made it through my single most important point.

Myth 2: We know who our friends are.
Fact 2: We THINK we know who our friends are, and for the most part we do. However the nuances of politics and the dynamics that take place during a legislative session in which 1,600 bills are introduced tend to make for fickle allegiances. Going into any session we do the best we can to count our votes prior to the first committee meeting, but things change. The best way to remove some of this uncertainty is to refer to Fact #1.

Myth 3: Our bill is important
Fact 3: Our bill is important…to us. In most legislative sessions our lawmakers are debating issues that are far more important than ours: how to spend billions of our taxpayer dollars, prison terms for convicted criminals, the death penalty, immigration, school programs that affect hundreds of thousands of children, protecting the environment and endangered species, creating jobs, growing the economy, etc. Often this means our bill takes a back seat to other priorities. Other times it means our bill may become a pawn in a larger game. Our bill will have much greater importance if we have deeply considered Fact #1.

Myth 4: Politicians are corrupt
Fact 4: Politicians are regular people who put their pants on one leg a time. By and large there is actually very (and I mean VERY) little corruption in politics. Our lawmakers in New Mexico are part-time. Most have jobs and families like the rest of us, facing the same day-to-day struggles as we do. Each has chosen to serve their communities with the intent of making a positive difference and a majority of the time their intentions are good. None that I have met can be bought, although Fact #1 is still important.

Myth 5: This is our bill
Fact 5: Once a bill is drafted it belongs to the sponsor. He or she can amend it, fight for it, let it die, or use it to get something else done that may or may not have anything to do with us. Until now we have always been wise in choosing a sponsor who will fight for our bill and come to us for guidance when problems arise. As a bill makes its way through committees and floor votes there is a lot that can happen which is beyond our control. Without a strong sponsor and a good lobbyist things can quickly get ugly. We have always been fortunate to have good sponsors and the best lobbyist. It also helps to have paid close attention to Fact #1.

I point out these "myths" because there are many misconceptions about how we pass a bill like SB 367. To many of you it may have seemed easy. To you I say it was not. Others may have been surprised at how difficult it was. To you I say it was not supposed to be this hard. In the end, though, we achieved our goal.

We now move forward with an aggressive legislative agenda in attempting to pass bills regulating insurance plans. I anticipate much success as long as this membership is willing to make the sacrifices we have made in the generations that came before us…and as long as we're willing to learn something along the way.

Bobby Jarrell, OD - NMOA President

NMOA Convention Update

Dr. William Jones has once again assembled an outstanding schedule of 22 hours of Optometric Continuing Education and the Paraoptometric Commitee has also assembled a full day of quality Continuing Education for the Paraoptometrics.

As aways, everyone will leave the weekend well educated!

The Convention started on Thursday evening with a Wine Tasting event lead by Lucas Otero. This event was well attended and a great way to kick-off the "Grape Expectations" weekend.

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

Once again our Exhibit Hall is filled 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 2014-2015 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

OOGP

Our Silver Level Sponsor is:

Coleman Vision

Our Bronze Level Sponsors are:

ABB Optical Group

High Country, Macula, Retina & Vitreous

VSP

Our Turquoise Level Sponsors are is:

Essilor Labs

OptNet IPA

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: Melinda Cano Howes OD

2. Where do you live? We have lived in Los Lunas for the last 12 years. We have 4 acres (1 acre of fruit trees) adjoining my sisters' 3 acres. It is home to several dogs that live in doggie heaven!

3. Are you married? Yes, Ron and I celebrate our 30th anniversary this year!

4. Do you have children? My husband Ron had a 5 year old son when we met. He has grown into a wonderful young man, with a PhD in Hydrology, Civil Engineering. Dan and his wife Amy have blessed us with 2 grandchildren and live in beautiful San Luis Obispo, CA

5. An Optometric Memorable moment? Graduating from UC Berkeley Class of 1999! I had a patient about 7 years old excited about his new glasses ask me if he could wear his glasses when he slept "so he could see his dreams"

6. Hobbies? I do beading with an emphasis on wire wrap and have a small business called Silver Crane Jewelry and Works. I started by learning to repair my own jewelry and found I could create some nice things for friends and me. I also love yoga and need to spend more time enjoying it.

7. Professional interests? I have been invited to join many different civic organizations but chose to expend efforts to work with optometry through NMOA. I have a special interest in membership with the belief all OD's should be members of their professional organization.

8. A surprising fact (something others may not know about you)? Ron and I planted 314 wine grape vines in 2009. Silver Crane Vineyard has furnished grapes to Camino Real Winery (Tome) and Jaramillo Winery (Belen). We grow zinfandel, cabernet sauvignon, viognier and sauvignon blanc grapes. We are active in the NM Vine and Wine Society and help with the NM State Fair Wine judging each year.

9. Why did you want to become NMOA president? I have always been interested in the politics behind the legislation of our profession. I am still learning by being active and serving on the NMOA board, first as membership chair then on for the last 8 years. Now I am lucky to be at this point.

BIG 'MO!

By Dr. Lynn Davis, PAC Chairperson

Fresh off our recent victory at the Round House, it's time to press forward with our momentum and look to the future. And the future is *now*. What issue do we want to tackle next? How can we take our profession to the next level? These questions are for us as caretakers of our profession to decide. But one thing is a clear and consistent requirement:

WE NEED MONEY!

And by "WE" I mean the NM-PAC and YOU the benefactor of the PAC's activities. We cannot take our profession to the next level with our current level of PAC support. There is a core group of our fellow professionals who have had the foresight to commit and give to the PAC on a monthly or annual basis. But to take things farther, we need YOU!

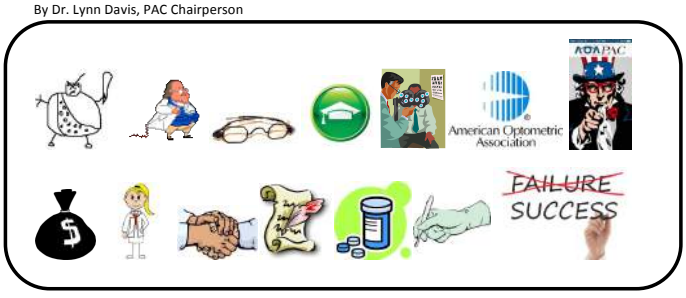
So here's the deal: there will be a PAC Fundraising Raffle at this year's NMOA convention. Tickets will be a mere $10 each! It's open to para's, vendors, docs, and anyone who is interested in promoting our profession. Prizes will include a Wine Dual Zone Refrigerator (Grand Prize, see below*), Wine, Wine Accessories, and anything else I can get my hands on. Need not be present to win, but why not join us for the fun at the drawing to be held at the Saturday evening dinner? The Grand Prize will be open only to those who commit to monthly credit card auto-withdrawals, one ticket each if giving a minimum of $100 per month.

The PAC will have a booth in the exhibit hall – stop by during the exhibit hours to make your contributions and purchase your raffle tickets.

So let's ride Big 'Mo and take it to the next level!

THIS IS MY AOA PAC ARTICLE: WHERE DO YOU FIT IN?

By Dr. Lynn Davis, PAC Chairperson



Albuquerque Special Olympics 2015 Vision Screening - Volunteers Needed

May 30, 2015 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 2014, the ABQ competition screened 155 athletes, provided 61 prescription glasses,10 prescription sport glasses, 41 sunglasses and referred 36 athletes. We had 56 volunteers participate including technicians, student technicians, opticians, optometry residents, Lions Club members, nurses, non- clinical volunteers and optometrists.

We need your help this year!! The ABQ competition is May 30, 2014, 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.

Eye Associates of New Mexico

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

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- Anterior & Refractive Surgery
- Retinal Disease & Surgery
- Corneal Disease & Surgery
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Timothy J. Johnson, OD
Vicki Herrera, Manager of Referral Services

"Spring is the time of year when it is summer in the sun and winter in the shade."

From Great Expectations a Charles Dickens novel written in 1860. It is the story of Pip, a young orphan and his many adventures of personal growth and development with triumph of good over evil. Not unlike the changes NMOA has gone thru for the last 100 years.

This year began with President Council in COLD, St. Louis in early Jan. It was a chance to meet and learn about issues of concern to each state and hear from AOA leadership. Shortly after returning the legislative committee started work on introduction and pursuit of passage of Senate Bill 367. SB 367 as you know was passed unanimously by the NM House and Senate and is currently on the Governor's desk awaiting her signature.

April 12-14 we will be attending 2015 Congressional Advocacy Conference in Washington DC. Both the US Senate and House of Representatives will be in session. We will be visiting the NM legislators to discuss issues including expanded patient access to eye health care. AOA is vigorously making sure ODs are fully recognized as physicians to improve payment and delivery reforms, and working toward extending Children's Health Ins Programs as well as other programs.

The last 2 years showed optometric expansion in 10 states with scope of practice wins in Louisiana, Arizona, Nebraska and Tennessee. There are moves in several states requiring vision plans to treat OD's more fairly with language prohibiting vision plans from forcing OD's to offer discounts for which they are not reimbursed and requiring objectionable contract terms to gain provider acceptance onto medical panels as well as requiring ODs to use only vision plan labs. There are plenty of issues we must address to continue the growth of our profession.

Today as I took a walk thru the vineyard, pruned roses, tried to kill some dandelions, enjoyed the blooming fruit trees and abundant sunshine I look forward to a year of recognition and respect for all the ODs who have continued to make optometry the profession it is.

Thanks to everyone who spent time, made calls, wrote letters to get SB 367 to this point. We will continue to steward and protect NMOA

Melinda Cano Howes OD, President Elect NMOA

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Frame Thieves - A Common Occurrence

by Jennifer Planitz, OD

There seems to be such a common thread with stolen frames. It doesn't cost that much to convert your frame boards to locking bar systems. Fashion Optical will do this for you, as will probably most other manufacturers. We have had locking frame boards since we first opened our new office, and we would never go back. This is simply not a problem for us. We know that we have been "cased" many times, but it must just look like too much trouble because the individuals in question do not return. Any docs who are interested in looking at our system are more than welcome to visit our office in Rio Rancho.

GWCO Congress 2015

September 10-13 ♦ Portland, Oregon

Conference Highlights:

- **What's New in 2015:**
  - -Registration Fees Lowered
  - -Discount if you attend Optometry's Meeting
  - -$50 Coupon if Registered by June 30, 2015
  - -Discount if you attended the last five GWCO Meetings
- **Host Hotel:**
  - We are back at the DoubleTree Hilton.
- **OCC Location:**
  - GWCO will be in the Exhibit Hall C area of the OCC
- **Continuing Education:**
  - -90+ Hrs of Cutting Edge CE
  - -COPE, ABO, NCLE, & CPC Accreditation
  - -Pacific University CE Bus Tour
  - -Certified Paroptometric Test Review Course

2015 Faculty:

Mile Brujic, OD, FAAO
Sharon Carter
Douglas Devries, OD
Diane Drake, LDO, ABOM,FCLSA
Juli DeWalt
Ken Eakland, OD
Stephen Farebrother
Dawne Griffith, OD
Milton Hom, OD, FAAO, FACAAI
Alan Homestead, OD
April Jasper, OD, FAAO
Gordon Johns, MD
Paul Karpecki, OD, FAAO
Kelly Kerksick, OD
John Lahr, OD, FAAO
Lynn Lawrence, CPOT, ABOC, COA
Blair Lonsberry, MS, OD, MEd
Jill Luebbert, CPOT, ABOC
Ron Melton, OD
Kelly Rouse, DO
Randall Thomas, OD, MPH
Stanley Teplick, MD
William Townsend, OD, FAAO
Phernell Walker, BSB, ABOM

Registration Opens May, 2015

Visit www.GWCO.org for More Information

Great Western Council of Optometry • gwco@gwco.org • Phone: 503-654-1062

"A great time was had by all on the first '*Opto Gal's Night Out*' at Kelly Jo's Design by Wine. Drs Davis, Chan, Giron, Cano-Howes, Bethel, and Nancy Montoya tried their hand at Van Gogh's Starry Night!"

Great Western Council of Optometry

GWCO Minute

By Nate Roland, OD

While many may be aware that the Great Western Council of Optometry (GWCO) provides a common voice for the 13 Western-most states in the US. You may not be aware of its mission to provide training & leadership development in this region. Recently, GWCO has begun a dialogue with regard to improving the diversity of representation in our profession.

We firmly believe that it is time that the leadership of our profession reflects the modern realities of practice & the composition of the profession. Our future leaders will need to come from a variety of practice backgrounds (private, commercial, academia, military, etc.). This change is not cosmetic; it is necessary.

Think of New Mexico. When we look at our State, for example, our practitioners are able to coalesce with a much greater degree of ease than many other states. There are many facets to this cohesiveness. Yet, we have had a diversity of age, experience & practice modalities within our leadership structure for quite some time. It may be on a subconscious level, but hopefully, you have noticed this about the NMOA.

Perhaps, we are so used to this that we have never asked the question, but why shouldn't the national organizations be similar to us? Even if we aren't the ones asking this question, it is being asked elsewhere. Thankfully, we are a part of shaping this discussion.

Feel free to share your opinions with me during the convention. Thanks.

In 2014, the GWCO provided the NMOA with $4,193 in non-dues revenue!

If you are look for a good reason to visit the Pacific Northwest in September please consider the GWCO CE event!

Pacific Cataract and Laser Institute - 2015-2016 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:
* Retinal Disease * Corneal Disease * Cataract Surgery * LASIK Eye Surgery
* Glaucoma * Oculoplastics * Pediatric Ophthalmology * Neuro-Ophthalmology

OOGP - 2015-2016 NMOA Diamond Sponsor Spotlight

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 and 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 for more information.

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800-654-3829 / 541-479-4743 / FAX 888-654-0618 / www.OOGP.com

Coleman Vision - 2015-2016 NMOA Silver Sponsor Spotlight

COLEMAN VISION
www.colemanvision.com

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 - 2015-2016 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 or visit our website www.abboptical.com

High Country Macula, Retina & Vitreous - 2015-2016 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 Fluoroscein 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 - 2015-2016 NMOA Bronze Sponsor Spotlight

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In 1955, a small group of optometrists had a vision to provide affordable, accessible, high-quality eye care to the world. They formed the first prepaid, not-for-profit vision benefits company, VSP® Vision Care. That vision has evolved into VSP Global, with five complementary businesses that combine high-quality eye care insurance, high-fashion eyewear, customized lenses, ophthalmic technology and retail solutions to help people see around the globe.

See what's possible at **vspglobal.com**

MEET A NEW NMOA MEMBER

1. **Name:** Carla Wendler, OD

2. **Where do you live?** I live in Las Cruces, New Mexico.

3. **Where did you grow up?** I grew up in Canutillo, Texas - about 5 miles from the New Mexico border.

4. **Are you married?** I'm married, my husband's name is Imanol Arevalo

5. **Do you have Children?** I have three children - ages 4,6,& 9

6. **An Optometric Memorable moment**: Passing NM boards! (the hardest of the four state boards I've taken)

7. **Hobbies**: Laughing with my kids/family and exercise.

8. **Professional Interests**: I worked with pediatric ophthalmology for about 7 years and enjoy seeing kids - most of the time. I also enjoyed mission trips I participated in

9. **A surprising fact (something others in the group may not know about you)**: I met my husband while on a SVOSH trip to Honduras

NMOA Doctors Serving on AOA Committees

American Optometric Association

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 Research and Information Center Executive Committee.

We know you will represent New Mexico well!

VISUALLY IMPAIRED VETERANS RECEIVE BLIND REHABILITATION SERVICES AT THE VA

Over 400 visually impaired Veteran's are benefitting from Blind Rehabilitation Services at the Raymond G. Murphy VA Medical Center.

The Visual Impairment Services Team (VIST) provides Blind Rehabilitation Services to Legally blind Veterans or Veterans with excessive functional disability due to visual impairment.

Veterans can be referred to the VIST Program by a VA Provider, Community Provider or make a self referral. The Visual Impairment Services provide Veterans with local blind rehabilitation training, training at one of the 13 Blind Rehabilitation Centers across the country, assistive equipment and case management. Not only do Veterans benefit from the training and assistive equipment available they are able to participate in a monthly support group and weekly Tai Chi Group designed specifically for the visually impaired.

Participation in the VIST Program improves self confidence, maximizes the Veteran's level of independence, increases socialization and improves quality of life.

If you have questions or would like to refer a veteran to the VIST Program, please contact Trudi Valdez, Visual Impairment Service Team Coordinator (VIST) at (505)256-2774.

AZOOR WHAT IS THAT!!! - A ZEBRA??

Submitted by: Deborah Moy, OD

AZOOR is the acronym for Acute Zonal Occult Outer Retinopathy. You may ask yourself, I never have heard about this retinopathy; well I asked the same question to a retinal specialist that I had the pleasure of meeting when I was in his exam room at the Kellogg Eye Institute in Ann Arbor Michigan. Yes, I was the patient and not the doctor; yes I was the mystery case AKA "A ZEBRA". I went to all of my colleagues here in Albuquerque and they ordered specific blood tests, MRI, CT scans, FA, OCT, VF, ERG and Fundus Photography with auto fluorescence to eliminate any of the serious pathology that would cause a significant change visual field loss, decrease VA'S and CME with significant central vision distortion. All of my blood work was normal, negative for retinal antibodies, MRI and CT scans showed no tumors in the brain and no cancerous tumors of the organs. There were several key symptoms that I was experiencing, blue flashing lights in the shape of a C, significant visual field loss temporally greater than 30 degrees and approximately a 10 degree central field open OU as indicated by the Humphrey perimeter, significant decrease of VA OU with central distortion, most likely CME and a very abnormal ERG. All of my colleagues knew that I had a rare form of retinopathy, but no one could make a definitive diagnosis, which was extremely frustrating to me as a patient. After some extensive research on the internet and a shout out to Dr. Steven Charles in Memphis, TN, we found a retinal dystrophy specialist, Dr. John Heckenlively in Ann Arbor, MI. After finishing all of the diagnostic testing that Dr. Heckenlively ordered, I had an intensive consult with him and he knew what my diagnosis was before I had an opportunity to even ask any questions. He diagnosed me with AZOOR, which I replied, what is that? To my surprise, he explained and described the disease to me very plainly as he has seen this rare auto immune retinopathy before and has treated approximately 450 cases. It was that day that I became a patient in his clinical study, lucky me, and of course I was just thrilled that I finally found a retinal specialist that could understand my symptoms and could provide treatment and management to hopefully stabilize the disease and my central vision.

If you are still curious on the subject you may want to Google it, what you will discover is that it is AIR (auto immune retinopathy) / AZOOR is an extremely rare eye disease that is not well published. You might ask why do we as Optometrists need to discuss these types of rare retinopathies. Well, because you could have a patient that presents weird and strange symptom; AKA the "ZEBRA", and have performed every diagnostic test you can think of and have confusing results just as in my case history. This "ZEBRA" patient will be seeking answers as to the cause of his/her eye condition. For the "ZEBRA" patient, not knowing whether or not you are going to lose your vision is stressful and frightening. This issue was my worst nightmare as it is for every patient that has any pathology that can result in permanent vision loss. This was my reason for writing this article is to raise awareness about this rare AIR. I was diagnosed with this disease in June 2014 by a Retinal Dystrophy Specialist at the Kellogg Eye Institute, University of Michigan Ann Arbor. I had to make some rough decisions on what to do with my career and my practice plus cope with the extreme changes in lifestyle, mainly the acceptance of being visually impaired. These are life time adjustments that many patients with visual impairment have to cope with on a daily basis. My journey through this change has been significant and ironic. Practicing Optometry for the past 30 years and suddenly having to retire due to a rare eye disease. What are the odds on that?! Just FYI being sighted for most of your life and suddenly becoming legally blind is a LIFE CHANGING moment. I can attest to that, my white cane trainer is totally blind and I am currently learning how to manage my environment with a white cane. The white cane is my friend and used as a tool allow me to move around with confidence. Optometrist should not be afraid to recommend low vision aides and or a white cane to improve the patient's lifestyle. These services are provided by the State of New Mexico Commission for the Blind. I had to find out on my own that with my visual impairment I qualified for services from this state organization. My message to you is that it essential for you to listen to the symptoms that your patient is expressing to you, because you the doctor could be the hero that can save your patients vision. Educating your patient on visual loss is crucial especially if there is any chance for retinal damage. So when I discovered that this AIR disease results in permanent visual field loss in the periphery mainly all of the rods, but typically spares the central vision, I felt the need to share this rare disease with you. These were the symptoms that I experienced. Generally this disease occurs in females with high myopia, poor night vision, constricted visual fields, can be unilateral or bilateral, photopsia very common, systemic autoimmune disease is not always a major factor, CME (in my case it was) could be present, significant change of VA, OCT indicates abnormal swelling of the optic nerve fiber tissue (not in my case due to extreme optic nerve tilt), Western Blot Test shows positive for retinal antibodies. Consulting with a retinal specialist that has experience with this disease is crucial to the patient's outcome. The latest article on this disease will be published sometime this year by Dr. John Heckenlively, since he is one of the few retinal dystrophy specialists conducting a clinical study on AIR. If you want more information about this disease you can do a Google search and you will find a few excellent articles. I hope that this article was helpful to many of you. If you have any questions, please do not hesitate to ask me about my experience with this disease. Thanks, AKA THE "ZEBRA"

Opto-Geek Trivia:
Laboratory and Imaging Studies

By Sarah E. Bortz, OD, FAAO
Diplomate, American Board of Optometry
Pacific Cataract and Laser Institute

1. A 45 year old black female presents with bilateral eye pain and decreased vision and reports recent episodes of shortness of breath. Anterior segment evaluation reveals mutton-fat keratic precipitates and iris nodules. Which of the following underlying systemic etiologies is the most likely cause?
   a. Systemic lupus erythematous
   b. Sarcoidosis
   c. Diabetes mellitus
   d. Ankylosing spondylitis
2. What would be an appropriate laboratory test to order for the above patient?
   a. HLA-B27
   b. FTA-ABS
   c. ESR with CRP
   d. ACE
3. What would be an appropriate imaging test to order for the above patient?
   a. MRI with contrast
   b. MRI without contrast
   c. Chest x-ray
   d. CT scan of orbit
4. Syphilis, the great masquerader, can present with ophthalmic manifestations of any part of the eye. Patchy hyperemia of the iris with fleshy, pink nodules is pathognomonic of syphilis. If you were suspicious of syphilis in a patient, what laboratory test would you order to tell you both, if your patient currently has disease or has ever had it in the past?
   a. FTA-ABS
   b. RPR
   c. VDRL
   d. CRP
5. A 27 year old white male presents to your office for the third time this year with unilateral iritis. He reports a recent history of lower back pain. Which of the following underlying systemic etiologies is the most likely cause?
   a. Diabetes mellitus
   b. Toxoplasmosis
   c. Tuberculosis
   d. Ankylosing spondylitis
6. What would be appropriate laboratory tests to order for the above patient?
   a. CBC with differential
   b. HLA-B27 and ESR
   c. Thyroid panel
   d. FTA-ABS
7. Which of the following causes of anterior uveitis is not associated with HLA-B27?
   a. Behcet disease
   b. Crohn disease
   c. Reactive arthritis
   d. Psoriatic arthritis
8. A 44 year old white male has just returned from a three week hunting trip. He reports decreased vision, fatigue and a mild headache. He also shows you a small “bulls-eye” rash on his left arm. What would be the most appropriate laboratory test to order for this patient?
   a. Screening assay and western blot for B. burgdorferi
   b. Thyroid panel
   c. ESR
   d. PPD
9. A 36 year old Hispanic female presents with complaint of “droopy eyelids” that worsen as the day goes on. On examination, it is noted that the ptosis worsens with sustained up gaze. Which of the following underlying systemic etiologies is the most likely cause?
   a. Toxocariasis
   b. Cushing syndrome
   c. Myasthenia gravis
   d. Multiple sclosis
10. What would be an appropriate laboratory test to order for the above patient?
    a. ANA
    b. Rheumatoid factor
    c. Anti-acetycholine receptor antibody
    d. ESR

See Last Page for Answers

SGR UPDATE

Submitted by Mamie Chan, OD

****Note, this was written before the Senate returns from their 2-week Congressional break. It is anticipated that the Senate will act immediately upon their return on April 13th.**

On March 28, the US House of Representatives voted overwhelmingly (392-37) in favor of permanently scrapping Medicare's broken SGR formula. The bill, H.R. 2 – the Medicare Access and CHIP Reauthorization Act, now goes to the Senate for consideration. With a two week congressional recess until April 13th, the senators were unable to act before the March 31 deadline in order to avert a scheduled 21 percent Medicare pay cut. Although, having already gone beyond past deadlines, lawmakers may be relying on CMS' ability to hold claims to provide them with needed time to complete action on the bill.

Overall, H.R. 2 permanently repeals the SGR, provides an annual update of 0.5 percent in each of the years 2015 through 2019, and then consolidates and expands the three existing incentive programs - PQRS, Value-Based Modifier, and EHR MU – into a new program to be called the Merit-Based Incentive Payment System (MIPS). Starting in 2019, MIPS could earn physicians as much as 12 percent in the first year and 27 percent by 2022. From 2018, physicians could earn an additional annual bonus of 5 percent for participating in an alternative payment model, such as an ACO. Doctors of optometry are fully recognized as physicians under this major portion that encompasses much of the bill.

The legislation would also extend for two-years the Children's Health Insurance Program and fund the nation's community health centers through 2017. H.R. 2 also includes an extension of the work Geographic Practice Cost Index floor, an extension of the therapy cap exceptions, and language that would hold Medicare administrative contractors more accountable. Additionally, the bill's sweeping quality-improvement section heavily focuses on the use of clinical data registries – like AOA's MORE (Measures and Outcomes Registry for Eyecare). The $210 billon bill is partially paid-for, with Medigap first-dollar coverage changes, and means-testing for premiums paid by wealthier Medicare beneficiaries.

Recognized as physicians for the major quality-improvement and payment and delivery reforms, the changes that AOA secured over the past year prevented a two-tiered pay system and will help ensure that optometry will be a key player as sweeping changes to Medicare are made. And while we've won these major changes, we still want more. As the bill currently stands, for optometry and others the bill would delay for one-year the start of a resource use measurement effort (largely aimed at services provided under Part A) and would restrict who can bill Medicare for comprehensive care management services of patients with complex chronic conditions (chronic care management).

While the Senate may act swiftly (as soon as they return April 11th week), many think that senators may take advantage of the ability of CMS to hold claims for two weeks. When doctors bill claims to Medicare, contractors by law must wait 2 weeks before paying (4 weeks if the claims are submitted on paper instead of electronically). Clean claims must be paid within 30 days or contractors will owe interest. Thus, Medicare can hold claim payments for nearly a month without negative consequences to the program.

Remember that most insurers base their payments on the Medicare rates, so payments by other payers might be affected, too. So even if you don't see Medicare patients but take insurance of any kind, your payments could possibly be affected. Also, practices may face accounting challenges if an initial Medicare payment is made at the reduced rates, and a second payment is made weeks later.

Therefore, the AOA recommends that doctors consider holding April claims as long as practical to reduce or eliminate the harm of drastically reduced payments, and to avoid retroactive accounting of Medicare payments and patient obligations. CMS has indicated that it will provide an update to providers by April 11. Meanwhile, claims submitted for Medicare services provided March 31 or earlier should be processed, and paid without delay.

What is the Medicare Sustainable Growth Rate?

Put in place through the Balanced Budget Act of 1997, the SGR is a system designed to control the costs of Medicare payments for physicians. The SGR formula was aimed at limiting the annual increase in cost per Medicare beneficiary to the growth in the national economy. The SGR is layered on top of a system for paying physicians known as a "physician fee schedule," which pays physicians for delivering a number of individual Medicare services ("volume"), rather than for quality or keeping people healthy ("value").

Under the SGR formula, if overall physician costs exceed target expenditures, this triggers an across-the-board reduction in payments. The target is based on spending growth in the economy – that's where the "sustainable" part of the name comes from – but is not tied to quality or access to care. This year, since Congress (the House but not the Senate) did not act by March 31, then payments to Medicare physicians are reduced by 21.2 percent. However, since 2002, Congress has stepped in with short-term legislation (often referred to as the "doc fix") to avert the payment reduction. These patches have kept increases in physician payments below inflation over time, and have also resulted in a huge divergence between the actual level of Medicare physician-related spending and the target in the SGR formula. Consequently, the budgetary cost of permanently fixing the SGR now runs over a hundred billion dollars. For years it has been clear that both the SGR and physician payment system urgently need attention and is broken.

Ready resources for the ICD-10 rollout

There are six months left for optometrists to prepare to adopt new coding guidelines—and the AOA is at the ready to provide guidance and support.

"We have invested in a lot of resources, and we certainly want our members to realize that we're here for them."

In the spring of 2014, federal regulators pushed back the compliance deadline for the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) to October 1, 2015. Once in effect, this will serve as the new system for reporting medical conditions on insurance claims and in patient records.

For optometry, the additional year to prepare "was a blessing in disguise," says AOA Trustee Gregory Caldwell, O.D. Providers have had extra time to address some of the barriers to ICD-10 that existed last year, such as figuring out the right codes for the right patients and payers. In addition, information technology vendors have fixed some glitches in getting the proper upgrades required of electronic health records (EHRs).

Having the right EHR in place is critical. Dr. Caldwell says his office's EHR has proved invaluable. The software his office uses allows him to type in an ICD-9 code, and it will provide the equivalent ICD-10 code he's looking for.

ICD-10 will be offering at least 70,000 potential choices for coding diagnoses and causes of medical conditions. Only half may apply to ODs, yet at this time, everyone in the profession should be working to prepare for this major code change.

AOA offers several ICD-10 resources

Dr. Caldwell emphasizes that the AOA is available to support members through this transition. "This is something the AOA is not taking lightly. We have invested in a lot of resources, and we certainly want our members to realize that we're here for them."

Resources include:

1. The AOA's Third Party Center Coding Experts, who are available to answer questions about ICD-10 and other coding topics at askthecodingexperts@aoa.org.

2. A 10-part ICD-10 webinar series developed by AOA's Coding Experts. The webinar series is available exclusively to members at aoa.org/coding.

3. Kara Webb, the AOA's associate director for coding and regulatory policy, is also available to answer questions about ICD-10 and related topics at KCWebb@aoa.org.

4. AOACodingToday.com, a no-cost, members-only, online resource that offers CPT/ICD-9/ICD-10 information.

5. The 2015 Coding Bundle, which includes the *2015 AOA ICD-10 Codes for Optometry Book*, *2015 AMA Professional Edition CPT Book* and AOA Express Mapping Card. A digital download version of the *Codes for Optometry Book* is also available, at aoa.org/marketplace.

How the AOA Coding Experts are preparing

One of AOA's three Coding Experts, Dr. Harvey Richman, O.D., says to prepare for the transition, he and his staff first looked at the primary diagnoses that the office uses, then purchased the 2014 and 2015 AOA ICD-10 Codes for Optometry Book and Express Mapping Card for reference. In addition, AOACodingToday.com provides all coding information an OD needs in a digital format, as well as a handy code lookup feature, Dr. Richman says.

His practice's EHR vendor advised office staff that it would be ready to roll out the latest version of the ICD-10 software sometime this year. In addition, "our claims clearinghouse has confirmed that they have completed testing, so now all we have to do is make sure that the payers are ready," Dr. Richman says. Members should check with their EHR vendor and claims clearinghouse.

Another Coding Expert, Doug Morrow, O.D., says his office has just begun training on ICD-10. In addition to the AOA codes and mapping card and using AOACodingToday.com, the office has looked to the AOA webinars.

What the FLAKC?

Submitted by Jennifer Planitz, OD

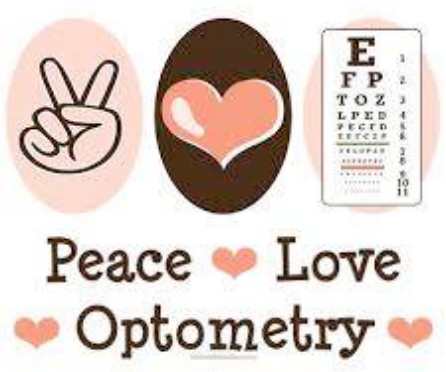
Guess how many AOA committees there are… go on guess! If you guessed 37 committees with 258 volunteers, you are correct! Of the 37 committees, 5 fall under the Advocacy umbrella. Those are Federal Relations Committee (FRC), State Government Relations (SGRC), Third Party Committee (TPC), Political Action Committee (PAC), and Federal Legislative Action and Keyperson Committee (FLAKC). We are an overly-acronymed society to be sure! My job as FLAKC chair is to assemble committee members from across the country to align an optometric Keyperson with every member of Congress (that's 545 Keypeople if you're keeping score) and to raise money for optometry only fundraisers for optometry friendly federal candidates. Let's start by taking a look at the Keyperson vacancies this year.

Some of you may have noticed we had a little turnover in Congress this year. The good ol' US of A elected 67 brand new members of Congress! Couple that with the 10 we didn't have covered last year, and if higher math serves that's 77 members of Congress who still need an optometric Keyperson. Good news is we are 85% covered… and we still have another 15% across the country who could use some optometric guidance. We are working on it! Our ambitious goal as a committee is to have 100% coverage (which has never been done, BTW) by Optometry's Meeting in June.

Next we have the fundraising arm of FLAKC. We do two optometry only fundraisers per year, swinging both ways (one D, one R, *ALL Optocratic*) to support federal candidates who support optometry. The timing for this could not be more critical. With ACO's controlling patients and hospitals controlling ACO's, patient access is the new currency in the health care arena. A portion of the money collected for an optometry only fundraiser comes from AOA PAC. But any federal PAC maxes out at $10,000.00 per election cycle per candidate. And the groups we are up against are raising much, much more, having "Hospital Only Fundraisers" and "Ophthalmology Only Fundraisers" for these candidates. Just to give you some insight into what we're up against, The Hospital Association raised 42 million in PAC contributions last year. Ever wondered why a Tylenol in the hospital costs you $22.00 a pill when you can buy a bottle of 100 at Target for $2.99? There is a reason for everything in this world… Just for comparison sake, I'll list a few others: Health Insurers came in at 13 M, Nurses came in at 3.3 M, Opthalmology at 3.4 M, the AMA at 2.3 M, Dentists at 2.6M, and AOA PAC at 1.9 M. That's right, the dentists and the nurses raised more money on a national level than we did (when did they even become politically active???) If every OD would just give $100.00 a year to AOA PAC, we could be the best funded provider lobby on the Hill. In a third world country, the side with the most guns wins. In our country, the side with the most money wins. So yes, we need you to give to NMOA *AND* AOA PAC, support your local state elected officials, and that's why we occasionally call on you for more financial support for optometry friendly federal candidates. If you volunteer your time, thank you very much. AND, we need your Claude (Monet), your Benjamins, your "notes in the key of G" too.

Jennifer Planitz, OD

Chair Federal Legislative Action and Keyperson Committee



OPTO-GEEK TRIVIA

by Dr. Kelly Cyr, O.D., F.A.A.O.
Eye Associates of NM

1. **What is the leading cause of blindness in adults aged 20 to 74?**
    a. Cataracts
    b. Age-related macular degeneration
    c. Diabetic retinopathy
    d. Glaucoma

2. **Which of the following is <u>NOT</u> one of the criteria for classification of clinically significant macular edema (CSME)?**
    a. An area of retinal thickening at least one disc diameter in size which is located within one disc diameter from the foveal center
    b. Hard exudates within one disc diameter from the fovea associated with adjacent retinal thickening
    c. Retinal thickening within 500 microns from the fovea
    d. Hard exudates within 500 microns from the fovea associated with adjacent retinal thickening

3. **What contributes to the development of diabetic macular edema?**
    a. The reduction of supportive pericytes lining retinal blood vessels
    b. Increased production of growth factors, such as vascular endothelial growth factor (VEGF)
    c. Chronic low-grade inflammation causing increased vascular dysfunction
    d. All of the above

4. **True or False: Laser photocoagulation is no longer considered in the treatment of diabetic macular edema (DME)**
    a. True
    b. False

5. **In the recent clinical trial (Protocol T) by the Diabetic Retinopathy Clinical Research Network, which of the drugs below demonstrated the most improvement in vision in those patients with initial visual acuity of 20/50 or worse?**
    a. Bevacizumab (Avastin)
    b. Ranibizumab (Lucentis)
    c. Aflibercept (Eylea)
    d. Triamcinolone (Triesence)

ANSWERS ON LAST PAGE

Thank You Dr. William Jones for your service as the Continuing Education Chair of the NMOA since 2004

Thanks to Dr. Jones, the NMOA has become accustomed to top notch Continuing Education! Dr. Jones has always made sure there was a broad range of subject matter and speakers! Dr. Jones' shoes will be hard to fill but we have a new CE Committee that is up to the task. Dr. David Magnus will Chair the committee and Drs. Sarah Bortz and Nate Roland will serve on the committee.

If you have any suggestions for future OD or PARA CE topics please let us know. Send an email message to the NMOA office with "Future CE" in the subject line and let us know what interests you! Email your suggestions to: newmexicooptometry@gmail.com

Please take time to meet and welcome the newest members of our organization:

Active Members
Ellen Beebe, OD - Albuquerque, NM
Amanda Colburn, OD - Farmington, NM
Jennifer Murray, OD - Las Cruces, NM
Teri Oneby, OD - Taos, NM
Brian Petracca, OD - Las Cruces, NM
Chad Schobert, OD - Albuquerque, NM
Carla Wendler, OD - Las Cruces, NM

Congressional Advocacy Conference 2015

Submitted by Mamie Chan, OD

Over 300 doctors of optometry converged on to Washington DC to educate our legislators on the top priorities facing our profession. Representing New Mexico were NMOA President Elect Dr. Melinda Cano-Howes, Dr. Dwight Thibidoux, Dr. Jennifer Planitz, and Dr. Mamie Chan. The were the issues that our members took to our New Mexico legislators on the Hill were:

EXPAND ACCESS TO ESSENTIAL EYE CARE OF AMERICA'S VETERANS: HR 1688

VA Optometry Residency Slots –Rep. Jeff Denham (R-CA) introduced legislation (HR 1688) that would set aside 20 residency slots in the VA specifically for optometry. The bill would amend sweeping VA legislation approved last year – *Veterans Access, Choice and Accountability Act of 2014* (Public Law 113-175) that provided funding to increase the number of providers on staff at VA hospitals and clinics– to specifically carve these slots out for optometry out of the 1,500 new slots created by the law. While no other slots are currently set aside for a specific profession under the new law, some of the most in-demand services are those provided by doctors of optometry.

Although VA Optometrists provided comprehensive eye exams and other essential care to more than 1.2 million veterans last year, the need for eye health and vision care is expected to grow further in 2015 and for years to come. In fact, serious eye trauma is the second most common injury among those who served in Iraq and Afghanistan, with 16 percent of all wounded service members experiencing problems ranging from distorted vision to blindness, according to the Armed Forces Health Surveillance Center. Additionally, the joint Department of Defense / Department of Veterans Affairs Vision Center of Excellence has reported that up to 75 percent of all traumatic brain injury patients experience vision problems.

HR 1688 will decrease wait times for the essential eye care veterans need by directing the VA to increase the number of optometry residency positions by about 10% over the next five years. The bill is cost-neutral; as each of the 20 new slots would be filled under the medical residency expansion program Congress authorized in 2014.

NATIONAL HEALTH SERVICE CORP IMPROVEMENT ACT: HR 1312

Introduced by Reps. Cathy McMorris Rodgers (R-WA) and Kathy Castor (D-FL), HR 1312 will bring optometrists into more underserved communities by ending the misguided exclusion of doctors of optometry from the National Health Service Corps student loan repayment and scholarship programs.

Only 11% of community health centers nationwide have full-time eye care professionals on staff and less than one-third (30%) even offer any on-site vision services, according to a 2009 report by the George Washington University School of Public Health and Health Services. The GWU study recognizes the lack of access to eye care services through community health centers in rural and low-income communities as "a major public health crisis in America."

HR 1312 will not expand any Federal program or authorize any new Federal funding. It seeks only to allow optometrists to compete for loan repayment and scholarship support on a level playing field under existing requirements. In a time of difficult choices, this legislation represents a responsible and effective way to make access to essential vision and eye health care services in underserved areas a greater priority.

MEDICARE PAYMENT AND DELIVERY REFORM, REPEAL AND REPLACE SGR: HR 2

While the House has approved legislation that would permanently repeal and replace SGR (H.R. 2 - the Medicare Access and CHIP Reauthorization Act), we educated the senators on the bill, including full physician recognition for optometry for major payment and delivery reforms, as well as the need to urge their senators to work with AOA to make needed improvements. We made clear of optometry's inclusion under the bill, such as potential incentive payments as well as the bill's focus on registries. (SEE SGR UPDATE article for more details).

InfantSEE:

We educated our legislators on our program, InfantSEE, which that helps ensure early identification and treatment of potential vision problems in babies. It is a volunteer, no-cost public health and education campaign developed to encourage and provide professional eye and vision services for infants nationwide. Through InfantSEE, local doctors of optometry provide a one-time, comprehensive vision and eye health assessment to infants between the ages of 6 and 12 months, offering early detection of potential eye and vision problems at no-cost, regardless of income, or insurance coverage.

NON-COVERED SERVICES AND MATERIALS:

The AOA has been working closely with the American Dental Association to develop federal non-covered services and materials legislation. While that process took months, the AOA and ADA has found common ground and are working to get this legislation introduced. We are currently working with champions in both the House and Senate and are optimistic that this legislation will be introduced soon. The language has yet to be finalized, currently there is language for tying panels but not Lab Choice but the final draft of the bill has not been dropped. The AOA is optimistic that we have champions to sponsor the bill in both the House and Senate, so we will keep you posted when the bill is introduced. The legislation will complement but not supercede those stats that already have language for non-covered services. This will be a challenging battle but the AOA already has several congressional support and is also working with the dentists.

Drs. Yvonne Alomia and Paul Gomez were featured Las Cruces Sun in the article below:

Six tips to save your vision, care for your eyes

By Alexia Severson - Las Cruces Sun - March 2, 2015

In recognition of Save Your Vision month, here are six simple tips that can help you maintain healthy eyesight long into the future:

1. Get regular eye exams

Paul Gomez, doctor of optometry at Mesa Eyecare, 2100 S. Triviz Drive, Ste. A, said he suggests getting an eye exam once a year, even if you don't think anything is wrong with your eyes. "Regular eye exams are important because there are several eye conditions that can develop in the eye that have no symptoms," he said. These eye conditions include optic nerve atrophy, which can be caused by poor blood flow, eye diseases such as glaucoma or a stroke. Symptoms include reduced field of vision and faded or dimmed vision, according to the National Institutes of Health.

2. Wear sunglasses

"Some people think sunglasses are for looks, but they're not," said Yvonne Alomia, also a doctor of optometry at Mesa Eyecare. "I would recommend that they always wear sunglasses because the sun is very damaging where we live." According to the Skin Cancer Foundation, too much sunlight can cause eye cancers, such as intraocular melanoma — the most common eye cancer in adults. Excessive exposure to sun's rays may also cause macular degeneration, one of the major causes of vision loss in the U.S., or cataracts, the most common cause of treatable blindness worldwide. When shopping for shades, the Centers for Disease Control and Prevention recommends buying a pair that blocks out 99 to 100 percent of both UV-A and UV-B radiation.

3. Be mindful of what you eat

What you eat can also affect your vision, said Alomia, who suggests sticking to a diet high in antioxidants and omega-3 fatty acids.According to the CDC, eating fruits and veggies like spinach, kale and collard greens can help keep eyes healthy. Sources of omega-3 fatty acids include salmon, tuna and halibut.

4. Watch your weight

Being overweight can put you at a higher risk for certain diseases that can affect your sight, like diabetic eye disease or glaucoma, according to CDC. "Diabetes is prevalent here." Alomia said. "If (a person's) blood sugar is not controlled, they're going to start losing vision because it damages the retina." Being overweight can also put you at risk of developing pseudotumor cerebri, Alomia said, which can cause you to lose vision temporarily, or blurred vision, according to NIH.

5. Practice good contact lens hygiene

Have a habit of falling asleep with your contact lenses in? Alomia said leaving your contacts in overnight can cause a lack of oxygen, which can ruin the cornea, the eye's outermost layer. All contact lenses also need to be prescribed by a doctor, Alomia said. People who wear contact lenses should also make sure to wash their hands before taking out or putting in their contact lenses and use only the contact lens solution recommended by their doctor, according to CDC.

6. Give your eyes a break

If your job requires you to spend a lot of time looking at a computer or focusing on one thing, CDC recommends following the 20-20-20 rule. Every 20 minutes, look away about 20 feet in front of you for 20 seconds to help reduce eyestrain.

Alexia Severson may be reached at 575-541-5462.

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The new "OD Crossfire Series," modeled after the popular CNN show, will use an open format to debate, challenge and engage issues from anterior segment to glaucoma. Join us and have your assumptions challenged in a spirited exchange.

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"As a practicing optometrist, Optometry's Meeting is an event that I try to never miss. It offers a wonderful opportunity to combine first-class CE with the latest advances in the profession. The House of Delegates, the exhibit hall and the CE combine to invigorate my dedication to optometry for the betterment of my patients."— Dennis H. Lyons, O.D., F.A.A.O., of Brick, New Jersey

Join us for a collective celebration of optometry.

Optometry's Meeting is the event of the year in optometry. Don't miss this year in Seattle, or you'll have to enjoy it vicariously when you listen to all the fun stories and view all the pictures and videos your peers are posting.

See you in scenic Seattle, Washington, June 24-28, 2015.

From the AOA News:

AOA steps up fight against 1-800 Contacts anti-patient legislation

In its ongoing fight against 1-800 Contacts' efforts that interfere with critical patient safety and public health safeguards while maligning individual optometrists and the wider profession, the AOA is stepping up its call to action among state affiliates.

"Together, we can fight back and win for our patients, our practices and our profession."
Utah-based 1-800 Contacts has proposed legislation in at least 14 states to prohibit unilateral pricing policies (UPP) for contact lenses by downplaying serious patient safety and public health concerns and negatively painting optometry and the care that ODs provide to patients. As a result, the AOA and state affiliates are opposing this legislation, noting that it fails to combat rampant problems within the online contact lens industry and does not adequately address public health and patient safety concerns.

On top of collaborating with and updating state affiliates on the situation, the AOA has also been quick to respond to attacks on optometry from 1-800 Contacts. At a recent hearing held by Washington state lawmakers, representatives from 1-800 Contacts called concerns about serious health risks "bogus" and implied that doctors of optometry were engaging in unethical or even illegal activity.

"There's been a long history in our industry of contact lens manufacturers trying to financially induce, some might say bribe, optometrists to prescribe their brand of contact lenses by promising to shield them from retail competition by discounters," said Garth Vincent, general counsel for 1-800 Contacts. These include "bogus claims of health risks, that there was somehow a danger in buying from discounters for which it turned out there was no valid scientific or clinical support," Vincent said.

After 30 years in practice, AOA President David A. Cockrell, O.D., sees these attacks on optometry's professional ethics, judgment and dignity "as the most serious threat ever to the bond we've established with our patients and the public perception of optometric care. Together, we can fight back and win for our patients, our practices and our profession."

Patient safety is a top priority
At the 2015 Volunteer Meeting in early February, AOA leaders reassured members that they would be working with state affiliates to confront this issue head-on. They also provided advice and encouragement to affiliates as they continue to fight back against attacks on the profession.

Ensuring patient safety is a top priority, said Deanna Alexander, O.D., State Government Relations Committee (SGRC) chair. She is spearheading her volunteer committee's efforts to inform state leaders and help doctors connect with their legislators in each of the states 1-800 Contacts is now targeting.

"Like so many of my colleagues, I've seen how contact lens abuses can harm patients. These are stories that need to be told now so that the problem doesn't get worse," Dr. Alexander said. "The doctor-patient relationship must be protected, and that's why these anti-optometry bills must be defeated."

State affiliates fight back
AOA affiliates in several states where such legislation has been introduced are fighting back. In Arizona, ODs are concerned "that the contact lens prescriptions they write get dispensed accurately to the patient from wherever the purchase is made," says Annette Hanian, O.D., legislation chair of the Arizona Optometric Association (AZOA).

"We don't want to see medical devices being treated solely as a commodity in the marketplace," she says. "Our concern at the legislature, as it is in our offices, is with patient safety."

She adds that it's the job of the AZOA to educate state representatives about the nature of contact lenses and the fitting process, "so that they can make an informed decision about UPP and how it could affect Arizonans."

"We cannot stand by and let big businesses put corporate profits ahead of our patients' visual health," says Paul Zerbinopoulos, O.D., past president of the Rhode Island Optometric Association and a member of SGRC. Studies have shown that contact lens wearers who purchase lenses from online retailers "are less likely to follow federally recognized hygiene standards, and more likely to develop corneal complications," Dr. Zerbinopoulos says.

Dr. Weslie Hamada, Johnson & Johnson Vision Care, will be available to discuss their stance on UPP and to answer any questions you may have. Feel free to stop by their booth for more information or to ask questions.

DR. BORTZ OPTO - GEEK TRIVIA ANSWERS

1-B, 2-D, 3-C, 4-A, 5-D, 6-B, 7-A, 8-A, 9-C, 10-C

DR. CYR OPTO - GEEK TRIVIA ANSWERS

1. **c.** *Diabetic retinopathy has been estimated to cause 12,000 to 24,000 new cases of blindness annually in the United States*
2. **b.** *All other answers are included in the criteria for CSME*
3. **d.** *All of the above*
4. **False** *Laser photocoagulation is still used as a treatment for diabetic macular edema but is not the primary treatment of choice in most patients*
5. **c.** *Aflibercept (Eylea) – see explanation below*

DISCUSSION

The systemic and ophthalmic complications of diabetes mellitus represent a serious threat to public health in the United States. It was estimated that in 2012, 9.3% of the U.S. population carried the diagnosis of diabetes. The complications from diabetes mellitus are the leading cause of blindness in adults aged 20-74.

One of the more common causes of vision loss from diabetes is diabetic macular edema (DME). Diabetics who develop DME usually have a painless loss of central acuity. Patients may be asymptomatic or have profound vision loss. DME refers to retinal thickening involving or adjacent to the foveal center and may or may not be accompanied by hard exudates.

Hyperglycemia results in chronic effects on the blood vessels in the body leading to vascular dysfunction and hypoxia. When local hypoxia develops, there is an increased production of growth factors (for example, vascular endothelial growth factor or VEGF). VEGF increases the risk of neovascularization and also increases vascular permeability leading to increased leakage from retinal blood vessels.

In the past, the clinical classification of DME was defined by the Early Treatment for Diabetic Retinopathy Study (ETDRS). CSME exists if any of the following criteria are met: 1) retinal thickening within 500 microns of the foveal center; 2)hard exudates within 500 microns from the fovea center with associated retinal thickening; or 3) an area of retinal thickening 1 disc diameter (DD) in size located within 1DD from the foveal center.

Ideally, the best treatment for DME is primary prevention with strict blood glucose and blood pressure control. In the past, laser photocoagulation was the primary treatment of choice for DME; however, due to complications that can occur (i.e., paracentral scotomas, creep of juxtafoveal scars into the fovea, subretinal fibrosis or the development of choroidal neovascularization in areas of laser scarring) and the introduction of intravitreal medications, laser photocoagulation is used less frequently than in previous years.

Corticosteroids, such as triamcinolone acetonide, have been used with good results in decreasing DME; however, they tend to be avoided due to their safety profile and due to a shift towards the use of anti-VEGF agents.

The current anti-VEGF agents available include Avastin (bevacizumab), Lucentis (ranibizumab), and Eylea (aflibercept). A recent trial (Protocol T) conducted by the Diabetic Retinopathy Clinical Research Network, demonstrated that Eylea was superior to Lucentis or Avastin in patients with initial visual acuity of 20/50 or worse. Patients with 20/32-20/40 vision showed similar improvement for each of the three medications.