

# CORPORATE OPTOMETRIST™

The Voice of Corporate Optometry™

**Robert "Bob" Houghteling, OD, FAAO**  
AAO's New President

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- Dry Eye Technology to Improve Patient Care
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American Association of Corporate Optometrists™

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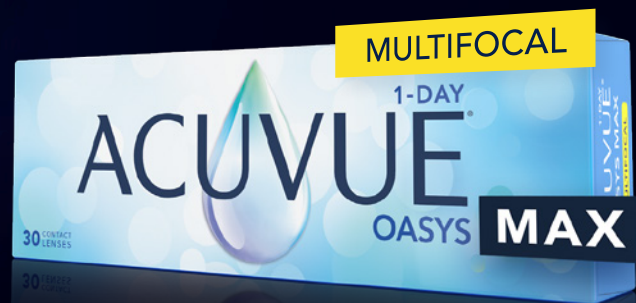
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‡ Versus publicly available information for standard daily use contact lenses as of July 2022.

1. JJV Data on File 2022. Subjective Stand-Alone Claims for ACUVUE® OASYS MAX 1-Day MULTIFOCAL Contact Lenses - Exploratory Meta-analysis.

2. JJV Data on file 2022. CSM - ACUVUE® PUPIL OPTIMIZED DESIGN Technology: JJVC contact lenses, design features, and associated benefits.

3. JJV Data on File 2022. TearStable™ Technology Definition.

4. JJV Data on File 2022. Effect on Tear Film and Evaluation of Visual Artifacts of ACUVUE® OASYS MAX 1-Day Family with TearStable™ Technology.

5. JJV Data on File 2022. Material Properties: 1-DAY ACUVUE® MOIST, 1-DAY ACUVUE® TruEye®, ACUVUE® OASYS 1-Day with HydraLuxe® Technology and ACUVUE® OASYS MAX 1-Day with TearStable™ Technology Brand Contact Lenses and other daily disposable contact lens brands.

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# ACUVUE®

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American Association of Corporate Optometrists™

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**Mission Statement:** To provide technical and professional education, practice resources, and tools for corporate-affiliated practitioners so they may provide the highest-quality care to their patients. Engagement. Inspiration. Education. Unity.

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# Practice GPS: How Do We Get to Where We Want to Be!

**It's hard to believe** how much has happened since the last issue of *Corporate Optometry* came out earlier this summer. I remember in late 2019, reading an article in a medical journal bemoaning the inconvenience of physical continuing education events and all the “hassle” of travel, with the author wishing they could take all their CE remotely. Well, I have to say that since the COVID quarantine, I and thousands of others remain happy for the opportunity to get out and “see the world.”

In August, AACO members gathered for the association's 2023 Annual Conference in Austin, TX. If you missed it, be sure to block time off next year for a trip to Amelia Island, FL (Aug. 23-24, 2024), and you'll see why this is such a valuable event to attend annually. In addition to exceptional education, you can't put a value on hearing from peers who practice in similar situations, learning about the methods they're using to excel in patient care, as well as the beneficial practice procedures they're implementing.

Since my last article, one of the first questions I often get from my peers is, “Did you get your car back?” Well, yes — and NO. It may have been *basically* intact, but the damage done by someone who had NO INTEREST in taking good care of my property is clearly evident. Some things are never the same after a theft, and that's typically why we get insurance protection — we rely on it to protect us from a loss and to attempt to rectify the damage.

Recently I've been thinking that, in many ways, our profession can also be damaged — not just based on personal triggers like malpractice, but more globally and from “outside sources” that can affect our scope of practice, our ability to bill for certain procedures, disparity in reimbursement policies and whether we're even permitted to call ourselves “doctors.” To fight against these types of harm to our profession, I see association membership and PAC contributions as two important types of “practice insurance” in which we can all invest. And if you align with the goals and work of the AACO, please consider joining. As Optometrists — in all practice modalities across the nation — we are all the same by education and license, and we are all charged with the same responsibility to our patient base.

At the American Optometric Association's June 2023 Optometry's Meeting in Washington, DC, Optometrists from all across the country took time to personally visit with legislators on Capitol Hill to stand up for our profession and protect the scope of Optometry

nationwide, in all practice modalities. Some gave of their time, some donated their money, and most gave both, along with hours of personal time preparing to understand and make known their concerns in local, state and national arenas. These noble efforts can have a profound and long-lasting impact on Optometry as a whole, and they are truly appreciated.

Along those lines, I've had some great discussions with peers recently about their desire for what might be best described as a “uniform practice act.” How nice would it be if an OD could practice the same in any and all states? Having just moved to New York from Oregon, I would agree, but the current reality is that we are all licensed in our respective states, with potentially great differences in scope of practice. We need to work together to support the growth of Optometry in many states and protect its practice in ALL states. If you have an interest in the political arena, reach out to your state association, as they are always in need of educated, courageous individuals to help communicate the importance of our profession to legislators. And if that isn't your particular area of “courage,” please at least work to remain educated about what's going on regarding our profession at the state and national levels, and consider lending your financial support to the greater cause.

Finally, I hope you find this issue of *Corporate Optometrist* fruitful for your practice and personal well-being as you work to care for the patients in your charge. In this edition, we look further into procedures that can help you improve patient care in several areas, including macular degeneration and dry eye disease, and how to properly educate patients about their eye health. Authored by your peers in the trenches who understand your needs in ways others might not, these insightful articles should help to enhance your overall practice.

As always, we appreciate and actively solicit your feedback. If there are any topics you would like to see addressed, or a unique process you have implemented that might be appreciated by your peers, please feel free to send along your thoughts and requests.



**Douglas C. Melzer,  
OD, Dipl. ABO**

# Make Your Voice Heard

Dear Members,

**AACO continues to be** the voice of corporate Optometry! This credible voice is made even stronger as we grow our membership and *Corporate Optometrist (CO)* magazine. We will continue to partner with industry giants like Johnson & Johnson Vision, Alcon, Bausch + Lomb, CooperVision, Allergan, Topcon, and Lombart Instruments to meet the needs of corporate Optometry with economical, pertinent continuing education and member benefits that provide savings to all of us.

The past year has seen a transition in the AACO executive director position to Peg Densmore. Her robust experience, organizational mindset, financial acumen and proactive spirit have AACO on an excellent trajectory. She is absolutely the right person for the job. Please reach out to her or any of our board members if you have questions or concerns about your organization.

I am very fortunate to be stepping in this year as your AACO president, following the sound and steady leadership of our immediate past president, Dr. Melonie Clemmons, who skillfully piloted AACO through COVID and beyond — while strengthening the association along the way. Her leadership has been infectious, and she assembled an accomplished board of directors who will continue to guide AACO in the coming years.

This edition of CO magazine is all about advanced instrumentation. Like many healthcare fields, Optometry has benefited from the technology boom, and our patients are receiving those benefits. Although this technology allows us to be better Optometrists, corporate offices are often limited in size, requiring many of us to prioritize choices concerning equipment purchases.

Enjoy this issue of CO magazine — and your AACO organization. Make us stronger by considering a board position or by volunteering to serve on one of the association's many committees. There is strength in numbers, and we are no exception!

Best wishes for continued success to all of you!

**Robert "Bob" Houghteling, OD, FFAO**  
*AACO President*



# The Seeds of Change

**August has been** a brutally hot month for me and others living in Central Texas. Our grass in Austin has turned into light-colored straw, our weeds are thirsty, and our lake levels have dipped below acceptable norms, causing boat launches to close early for the summer. Every year the summer turns into fall, however, which reminds us that all things have a season and that change is inevitable, regardless of the plans we make. Many of us reminisce about past seasons of our lives with fondness, and with emotions tied to the people and places we have encountered. Our memories serve to guide us with knowledge and the information we need to make our future selves better as we learn from our collective experiences.

This past year has been a time of growth and change for AACO, with our organization entering its 10th year of existence. Although AACO began as Energyeyes many years ago, it has since expanded its ranks to include Associate Optometrists, leaseholders and other allies, in all forms of corporate modalities within our profession. For the past two years, Melonie Clemmons, OD, has spearheaded AACO with her vision to position the association into a stronger, more inclusive organization — and one that is better equipped, after COVID pushed the winds of change into all our lives. We thank Melonie for her guidance, her steadfast leadership style and her commitment to AACO's principles.

As Melonie steps down from her term in office, the passing of the gavel is an exciting time for us. AACO is thrilled to have Robert "Bob" Houghteling, OD, FFAO, a retired colonel in the U.S. Air Force and a Pearle Vision leaseholder, step in as our next AACO president. Bob's military background, combined with his steady, straightforward demeanor, will help guide AACO into a period of increased strength, growth and prosperity. In one noteworthy development, be on the lookout for our new monthly newsletters, which will highlight AACO's upcoming events, news from our sponsors and industry updates.

We would also like to thank our sponsors, presenters and industry leaders for bringing their knowledge and know-how to our 10th annual Conference in Austin, held this past August 18-20. Our next regional CE Conference will take place in Chicago on November 5, 2023. These conferences are wonderful opportunities for not only everyone in AACO but also all ODs in general, so let's make a collective effort to spend more time with each other, learning and growing from the experiences we have in common. We look forward to seeing you and helping us grow our organization in 2024.



**Carla Gavilanes Gasparini, OD**

## Corporate Optometrist™ Magazine Advisory Board

The advisory board for *Corporate Optometrist* magazine is made up of clinicians in both private and corporate Optometry practices, as well as key decision-makers. The advisory board gives critical advice, analysis and support for AACO's ongoing efforts in broadening corporate Optometry's impact.



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# Making Beautiful Music with

## *My Maestro*

**The Topcon Maestro 2** has completely “leveled up my practice,” with a number of remarkable capabilities all in one machine. A robust and reliable instrument with the capability to effectively monitor and document both posterior and anterior segment conditions, the Maestro’s advanced technology and comprehensive features enable practitioners to accurately assess and track changes in the eye’s structures, providing valuable insights for diagnosis, treatment planning and ongoing patient care. With its versatility and high-quality imaging capabilities, the Maestro empowers clinicians to confidently address a wide range of ocular conditions across both the posterior and anterior segments.

The Maestro’s versatility and time-saving automation have revolutionized my workflow. The machine will autoalign, autofocus and autocapture, and then automatically move to the other eye. The techs love its autofocus feature, which requires fewer redos and very little training. Even if there is high staff turnover, training on this machine requires just five to 10 minutes. The Maestro also offers a Wellness Scan feature, which takes a picture of each eye and displays an image report along with optical coherence tomography (OCT) scans. I am amazed by its ability to capture stunning fundus photos while simultaneously scanning retinal structures, allowing me to document retinal lesions and monitor glaucomatous optic nerves with unmatched precision. The wide-field 12 mm x 9 mm single-scan OCT, which covers the



**Kim Raharja, OD**



disc and macula, is also a nice add-on for the annual exam.

The Maestro's optic nerve OCT feature has transformed the way I approach optic nerve pathology. I can now assess optic nerve structure, the retinal nerve fiber layer and ganglion cell layers with ease. The Maestro 2 also features the new Hood Report, so comparing OCTs from one visit to the next is very easy for both me and the patient to visualize.

Gone are the days of invasive techniques for assessing corneal thickness. With the Maestro's anterior segment OCT, pachymetry measurements have become simple, accurate and even billable procedures! Additionally, evaluating anterior chamber anatomy has become a breeze, benefiting both glaucoma patients and those with narrow angles.



One of the Maestro's most exciting aspects is its ability to assess the fit of scleral contact lenses. With its anterior segment capabilities, I can now determine central clearance and ensure satisfactory scleral landing zones. This has significantly improved my scleral lens fitting process, leading to fewer refits, as well as happier, more satisfied patients.

The Maestro 2 has elevated my practice to new heights, allowing me to provide exceptional care to my patients with confidence. This instrument is a true game-changer and has redefined the way I approach diagnostics and treatment.

**Dr. Raharja** practiced inside her Atlanta Walmart location for 15 years. She has been past president of the Greater Atlanta Optometric Association and past recipient of Georgia's Young OD of the Year.

An advertisement for AACO (American Association of Corporate Optometrists) is set against a yellow background. It features two magazine covers: 'Virtual Assistants — Legal, but Beware' and 'CORPORATE OPTOMETRIST: The Voice of Corporate Optometry'. The second cover is titled 'MY CORPORATE OPTOMETRY Journey' and features a photo of a man. A large red and white megaphone is positioned in the foreground, pointing towards the right. The AACO logo is at the bottom left.

# Call for Articles

*Would you like to be published in your profession's trade magazine?*

*Do you have information you'd like to share with your fellow corporate ODs?*

**An article in your profession's trade journal is a great marketing piece for your website or office wall.**

Your name, credentials, a short bio and photo will be included in the article.

*Not a great writer? Don't worry, we can provide a ghost writer.*

**If you have an article idea for Corporate Optometrist, please contact us at [managingeditor@aacoeyes.org](mailto:managingeditor@aacoeyes.org).**

# Dry Eye Technology to Improve Patient Care



**Eric Botts, OD**

**D**ry eye is the most common ocular disease I see in my practice currently, but that was not always the case. New improvements in laboratory tests and instrumentation have revolutionized how we diagnose and treat dry eye disease. In the Craig JP, et al., TFOS DEWS II Report Executive Summary, *The Ocular Surface* (2017), dry eye disease is defined as “a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.” Measuring tear osmolarity and ocular surface inflammation, which are key to diagnosing dry eye disease, are easy to perform in the office. Trukera offers a new device, the ScoutPro, which has replaced the TearLab for measuring tear osmolarity. And Quidel’s InflammDry provides the ability to measure inflammation by identifying the level of MMP-9, an inflammatory marker that is elevated in the tears of dry eye patients. Both of these laboratory tests are simple to use, so they can be performed by a technician before the doctor sees the patient. These tests improve patient compliance with treatment plans because they provide measurements to show your patients how effectively your treatment is minimizing their symptoms. When a patient understands that the treatment you’re providing is helping their symptoms, they will be more likely to continue your prescribed therapy for the long term, since most dry eye ocular disease is chronic and requires a long-term therapy regimen.

In addition to laboratory tests for diagnosing dry eye, it is also important to look at the ocular surface and evaluate the meibomian glands on both the inferior and superior lids, to better understand the type of dry eye disease the patient is experiencing. Meibomian gland structure evaluation consists of looking at gland dilation, symmetry and dropout. Several meibography instruments are available, including but not limited to the following:

- CA-800 Corneal Analyzer
- HD Analyzer
- IDRA Ocular Surface Analyzer
- Keratograph 5M
- LacryDiag
- LipiView II
- LipiScan
- Meibox
- MX2 External Ocular Camera



All the meibography testing may be performed by your staff, allowing for an efficient dry eye testing protocol in your office. When evaluating dry eye today, the doctor’s medical decision-making is focused primarily on reviewing the results of laboratory and instrumentation testing (performed by technicians) to determine the best therapeutic plan for treating the patient.

Treatment options for dry eye disease include thermal and expression instruments that heat the meibomian glands, followed by expression of the glands. Here is a short list of the available instruments:

- iLux
- Lipiflow
- MiBo Thermoflow
- TearCare

These thermal and expression instruments are especially effective in treating evaporative dry eye ocular disease and may require only a minimal amount of the doctor's time to perform the expression aspect of the procedure.

Intense pulsed light (IPL) therapy is another option for treating dry eye that involves applying infrared light directly to the adjacent area around the eyes. IPL is a proven therapy for meibomian gland dysfunction that can be performed in an optometric office. Instruments include:

- Optima IPL
- OptiLight by Lumenis

All the technology discussed here may be beneficial in diagnosing and treating dry eye disease. I recommend starting with laboratory tests and some form of meibography instrumentation, then adding treatment instrumentation such as thermal and expression or IPL, according to your comfort level and what your practice can afford.

Another treatment for more severe dry eye involves amniotic membrane insertion. There are two types of amniotic membranes, dehydrated and cryopreserved, each of which requires a different storage method but is equally effective in treating corneal damage

associated with dry eye disease. The following is a list of available amniotic membranes:

- Prokera
- AmbioDisk
- BioDOptix
- Adnexa Amnion
- Aril

Although not a first line of defense for dry eye treatment, amniotic membrane insertion is a useful tool for treating more advanced dry eye disease, as well as providing improved corneal healing in cases of cornea trauma or corneal ocular disease.

I encourage all doctors to evaluate how they diagnose and treat dry eye disease, as it can quickly become the most common ocular condition seen in the office. The first step to improving patient care is to invest in the best technology available that you can afford for your practice.

**Dr. Botts** started his first practice in a Walmart Vision Center and has since opened two additional offices. He uses an outsourced insurance billing and credentialing provider to help navigate the complexities of patient insurance transactions.

# AACO™

American Association of Corporate Optometrists™

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# SECO2024

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FEBRUARY 28 – MARCH 3, 2024

ATLANTA, GEORGIA

## SAVE THE DATE

REGISTRATION OPENS NOVEMBER 1<sup>ST</sup>



### ADVANCING EYE CARE WORLDWIDE

SECO International is dedicated to providing world-class educational opportunities to eye care professionals, helping them enhance their skills, expand their networks, and grow their practices. Experience the future of eye care at our flagship event - where groundbreaking technology meets leading-edge education.



### EMPOWERING EYE CARE PROFESSIONALS

SECO International is passionate about empowering eye care professionals through top-tier educational content and networking opportunities. Our flagship event, SECO 2024, will bring together the global optometry community, fostering collaboration, knowledge sharing, and the advancement of eye care.



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# How I Approach *My Patients* When It Comes to *Supplements*

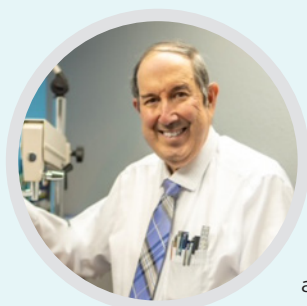


*For as far back as the release of the AREDS data, and even further, we have been encouraging patients to lead healthy lifestyles, follow proper diets and support their shortfalls with nutritional supplements — especially within the antioxidant family, given their impact on age-related macular degeneration (AMD). And it's not just AMD — we know that proper use of supplements can also help with other conditions, such as diabetes, glaucoma and hypertension.*

*But how often have you wished you could let your AMD patients know whether their supplements are yielding some measurable improvement? Many of us are likely unsure how to answer this question. In this article, Dr. Miles Press shares with us his brief approach to this subject, and how he works with his patients to assess their needs and determine whether supplements are actually improving their antioxidant levels.*

\*\*\*

When I see patients at my practice, I begin appointments by reviewing their medications to help determine their systemic problems. I then ask them if they're taking any supplements. If they say they are, I ask them if they know whether their supplements are actually working. The response I almost always receive is something along the lines of, "I don't know, but I think they're good for me." And, of course, some patients don't take supplements. That's when I tell them about a quick test to help determine whether the supplements they may be taking are working, and if they might be in need of nutritional improvements. I inform them about the Pharmanex BioPhotonic Scanner, which was developed from research funded by the National Institutes of Health to determine antioxidant levels in the body. The scanner is a noninvasive device that comes in contact with the patient's hand and measures carotenoid antioxidant levels in the skin within about 30 seconds, generating a Skin Carotenoid Score, an accurate and reliable biomarker of potential overall antioxidant health status.



**Miles Press, OD**

Why is this test so important to patient health? All of our bodies contain free radicals, which are unstable, free-floating molecules that can cause low-grade chronic inflammation and are linked to premature aging and numerous diseases. Increasing antioxidant levels within cells helps to reduce free radicals, so determining a patient's antioxidant levels is a key first step to making the appropriate supplement recommendations. There is a minimal one-time charge for the BioPhotonic test, which yields a score between 10,000 and 100,000 (a higher score indicates better overall antioxidant absorption). If the patient's score is low, either they aren't taking enough (or any) supplements, or most of their supplements are likely being excreted out of their body. In such cases, I can help them improve their overall health by recommending appropriate, effective supplement products.

Since the BioPhotonic Scanner is a proprietary product of the supplement company Pharmanex, I frequently use their products with my patients. If the patient's BioPhotonic score hasn't improved after 60 days of using the recommended supplements, Pharmanex will even issue the patient a refund for the purchase price of the supplements.

*Editorial note: Although I own a BioPhotonic S3 scanner, it is worth noting that other companies are now promoting their own devices for measuring cutaneous carotenoid levels. Regardless of which product you choose, this type of tool can be very helpful for you and your patients as you try to aid them in their fight against AMD.*

**Dr. Press** has been practicing for more than 50 years and still loves helping people see better. In 1980 he started his own contact lens company, CTL (which was sold to Revlon in 1986), and developed the first FDA-approved tinted soft contact lenses. He has gone on three medical missions to Peru as an Optometrist, working to get glasses to approximately 3,000 people and assisting many elderly patients with getting cataract surgery.

# Getting Off the Fence: From the Arctic Circle to Your Practice Essentials!

Although instrumentation has advanced significantly over the years, there are still occasions when we have to rely on the basics. More than a decade ago, I had the honor of participating in an Air Force Innovative Readiness Training Arctic Care Mission north of the Arctic Circle in Northern Alaska. Villages there were so remote that our Optometry team had to be flown in by helicopter and then transported onsite by a Sno-Go and sled. We had a deployable Optometry kit consisting of a retinoscope, ophthalmoscope, handheld slit lamp, Tono-Pen, phoropter with pole stand, spectacle-mounted BIO and various medications.



**Robert "Bob"  
Houghteling,  
OD, FAAO**





With those instruments on hand, our care of the sparse population was certainly comprehensive, but there is no doubt that having an OCT, Optos or other advanced instrumentation would have taken patient care to the next level. Our skills as clinicians are enhanced when we have access to all the benefits of technology, and we owe it to ourselves and our patients to prioritize technology purchases, as finances allow.

For quite a while, I had been on the fence about purchasing an Optos Daytona for my practice at Pearle Vision — until I had the opportunity to use the device. While on reserve duty for 40 days in the Optometry clinic at the 28th Medical Group at Ellsworth Air Force Base, which was equipped with an Optos Daytona, I was able to get acquainted with its outstanding capabilities. That experience pushed me off the fence and finally convinced me to make the purchase. In short, the Optos Daytona has been an absolute game-changer for me. Now one month post-purchase, I wanted to share my observations to help get you off the fence, too.

In a “carte blanche” practice world, I think we would all agree that an Optos device would be a must-have piece of equipment, due to the capabilities it brings to the exam room. The optomap ultra-widefield color image, providing a 200-degree fundus

“

**We owe it to ourselves and our patients to prioritize technology purchases, as finances allow.**



scan, can improve our ability to detect eye disorders and other systemic diseases. Impressively, in less than one half-second, the painless, noninvasive, low-intensity scanning laser captures 82% of the fundus — currently no other device on the market can duplicate that capability in a single scan.

Several Optos models are available, including the Silverstone, Monaco, California and Daytona. The Silverstone model, which sits at the top, enables optomap-guided OCT scanning across the retina and into the far periphery. Additionally, the Silverstone has color, sensory red-free, choroidal, autofluorescence, fluorescein angiography and indocyanine green angiography image modalities. The Monaco offers similar capabilities, without the fluorescein angiography and indocyanine green angiography image modalities. One other difference is that the OCT function on the Monaco covers the optic nerve and macula only, while the Silverstone covers the entire retina. The California model, the most popular Optos option, offers the Silverstone's capabilities minus the OCT function. The Daytona system is the most widely used true UWF imaging device, featuring color, sensory red-free, choroidal and autofluorescence image modalities. I selected this model, and it has delivered as promised.

Patients are very receptive to this technology, and they opt to have the scan more often than I originally expected. I offer this service at \$39.00, and more than 50% of my patients select this option — so the revenue generated more than covers the

cost of the device. Optos regularly offers finance options, and I was surprised to find their offers to be better than at my local bank or via local U.S. Small Business Administration finance offerings. Optos also offered delayed payments, which allowed for smooth implementation into the practice environment. The learning curve for doctors and technicians is small but easy, and patients find the device easy to use and are quick to find the fixation spot.

Delaying the Optos purchase was, for me, a subpar decision. Aside from increased revenue and improved patient care, I have even enjoyed Optometry more with the device. There is a level of comfort seeing the global retina in one image, and patients are very impressed with the level of technology. It has absolutely been a win-win for me and my patients, and I hope these observations have helped you get off the fence, too!



**Dr. Houghteling** is a 40-year resident of Camden County, GA, and is actively involved in the community. He is a member of the American Optometric Association and Georgia Optometric Association, a Fellow of the American Academy of Optometry, and incoming president of the American Association of Corporate Optometrists. Dr. Houghteling is a recently retired colonel in the United States Air Force Reserve and served as the IMA to the AF Optometry Corp Chief. He is a two-time Rotarian of the Year through the Rotary Club of Camden County. He and his wife, Valerie, have two sons, Drew and Cole.

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# RETeval: An Essential Tool for Glaucoma Care



**Andre Lenoir, OD**

**E**ach year I tell myself that *this* will be the year I get all my continuing education (CE) hours done early, without scrambling to look for credits toward the end of the year. And, of course, after managing the practice, attending kids' football games and doing everything else in between all year long, each December I inevitably end up desperately trying to find a CE conference to pack in the rest of my much-needed hours. Thankfully, though, with most major optometric conferences come opportunities to walk through the exhibit halls and check out the latest industry technologies.

Last year, during my usual mad dash to gather last-minute CE credits at a local conference, I stopped by the LKC RETeval booth, where the rep kindly showed me a demo of their electroretinography test (ERG). Considering it had been more than 20 years since I had thought about ERG tests, my initial thought was, why would I want or need one in my office? My last memory of an ERG, as a student, was that the device was about the size of the first Apple computer, was time-consuming and unreliable, and didn't work well on seniors. In any case, the rep took down my information. After his 20th follow-up call or so, for some reason I finally decided to look more into the product.

Much to my surprise, ERG technology has been completely revamped since my student days. Now lightweight, handheld and portable, the technology feels more like dealing with a modern streaming stick than an antiquated VHS tape. The test is also now quicker and noninvasive, featuring electrodes that are comfortable for the patient.

When I met with my soon-to-be rep, Todd, I asked, "So what is an ERG?" In a pretty thorough response, he explained: "An ERG uses light to assess the function of photoreceptor, bipolar and ganglion cells in the eye. In particular, it measures what's known as the photopic negative response. This response is specific to ganglion cells and can reflect the presence and severity of glaucoma. Historically, the test procedure has been lengthy and difficult to perform. That, combined with inconsistent results between tests, has limited the clinical use of ERG." And in that very moment, a flood of memories from my dreaded Visual Perception class in Optometry school came back to haunt me.

Fast forward a few months, and in a leap of faith I decided to purchase a RETeval.



My office was then performing ancillary tests such as fundus photos, OCT and visual fields, and I considered the RETeval to be a great addition to our current retinal protocols management. Training was quick and easy — maybe it was the tasty lunch the rep brought over, but all staff members were able to grasp the technique on their first try! Customer service from the company's home office team has been exceptional, as they regularly answer all our rookie questions quickly and professionally, rather than placing us on hold for an hour during a busy clinic day.

Currently the only FDA-approved handheld ERG for patient use in the United States, the RETeval does not require patients to spend time allowing their eyes to adjust to high- and low-light environments prior to testing. As well, dilation isn't required for the test, no speculums are used to hold the eyes open, and no electrodes are placed on the cornea itself. The RETeval test takes about three minutes to perform, versus about an hour for a traditional ERG, and the unit provides constant pupil tracking, which yields reliable, repeatable results. The stimuli change intensity according to the patient's pupil size, delivering constant retinal illuminance and reducing variability due to changes in pupil size.

As an added benefit, patient input is wholly unrequired — the test is completely objective, with sensors gathering information directly from stimuli. Results are not based on patient input or bias.

Coding is pretty straightforward, with more than 500 ICD-10 codes; we bill CPT code 92273, with an average reimbursement of \$128 per bilateral test.

Overall the RETeval has been a great addition to the practice and has led to quicker detection of retinal disorders. The test is now part of our routine protocol for all our patients with diabetes, high blood pressure and glaucoma. So the next time you're walking through an exhibit hall, stop by and check out the RETeval team (and if you see Todd, tell him Andre sent you). I'm confident you'll see great value in their product for your patients and practice.

**Dr. Lenoir** is a proud graduate of Southern College of Optometry. Early in his career, he was a leaseholder in several metro Atlanta Walmart locations. From there he launched a nonprofit pediatric clinic for low-income children, founded Atlanta Mobile Eyecare and started an Optometry medical billing company. He also served as a consultant and senior director of professional affairs for Walmart.

# The Face Behind the Corporate Optometry Facebook Group



Maria Sampalis, OD

**M** eet Dr. Maria Sampalis, practice owner, entrepreneur, change agent and influencer. Dr. Sampalis is the founder of the popular Facebook group Corporate Optometry, which has grown to 31,000 members over the past eight years. This online community has had a significant impact on the industry and has changed how the industry as a whole views corporate Optometry.



The Corporate Optometry Facebook group provides a platform for people to connect, engage and share information on wide range of topics in corporate Optometry. Before the group was created, there were virtually no online resources where ODs could find information and collaborate, but today this forum connects like-minded individuals and fosters a sense of belonging among corporate Optometrists. Members can use this knowledge exchange to seek advice, ask questions and receive support from other ODs, which helps with learning, problem-solving, best business practices and business development.

## Amplify the Cause

As the saying goes, “the group is only as good as its members,” and this Facebook group has been a great way to amplify issues corporate Optometrists face! It has also raised awareness of this sector of our industry and provided a platform for corporate Optometrists, creating positive change in the field. Dr. Sampalis recalls a defining moment for her: “I met one of the Facebook group members at a conference, and she thanked me for all the work I had put into it. She told me my group had changed perspectives regarding corporate Optometry within the industry, and she was proud to say she worked in corporate Optometry. It was a great moment in my career to know that I had made an impact! Those types of conversations empower me to continue to grow and build the platform.”

## The Evolution of the Concept

As an entrepreneur, Dr. Sampalis brought fresh new concepts and innovation to the Facebook group. Originally the group started as a social media channel and grew into a media company that now extends to other social media platforms like LinkedIn and Instagram. The group then expanded its reach to offer industry-related articles, podcasts and webinars. As well, the websites

corporateoptometry.com and corporateoptometrycareers.com were developed to provide ODs with resources such as contract reviews, salary comparisons, sublease availability and much more. A related practice management website also provides detailed how-to guides to ODs for every step of their practice journey.

## What does the Future Hold?

ODs can be catalysts for industry transformation, regardless of their practice setting, by challenging the status quo, inspiring change, and driving the adoption of new ideas and concepts — this is how the group has grown. Dr. Sampalis has also mentored young ODs over the years, which empowers younger industry professionals and fosters a culture of confidence — which, in turn, supports a vibrant industry with a constant stream of new ideas and innovations.

The group has also been involved in various projects to help grow the profession, advocating for all corporate ODs to join the American Optometric Association. “Now is the most critical time to join,” says Dr. Sampalis. “If corporate ODs don’t join and voice their challenges, we will be left behind.”

The future of the Corporate Optometry Facebook group holds both exciting opportunities and complex challenges. “I have really enjoyed the journey and am excited to see what else I can do to improve and impact other Optometrists and our industry,” adds Dr. Sampalis. “I am grateful for all the failures, setbacks and resistances I have experienced — they have truly shaped who I am today, and I wouldn’t have had the drive to continue to evolve this group without them. I have become more resilient and adaptable as a result, and I have learned how to adjust strategies and develop a growth mindset. All these traits have helped me grow my Optometry practice as well. I am excited to see what the future holds, and to execute my vision for what lies ahead.”

**Dr. Sampalis graduated from New England College of Optometry in 2007. She is the founder of Corporate Optometry on Facebook, which has more than 31,000 members. She has also founded Corporate Optometry and Corporate Optometry Careers. She was Young OD of the Year in Rhode Island in 2016, Vision Monday’s Influential Woman in Optometry in 2019 and World Council of Optometry Eye Care Hero 2020. Dr. Sampalis speaks nationally and writes for major Optometry publications. Her network has expanded to more than 65,000 eye care professionals. Dr. Sampalis practices in Rhode Island and has two subleases with Warby Parker.**

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# SB230:

## Why It Matters to Corporate-Affiliated Optometrists Everywhere



**Steve Lowinger, OD**

**As a corporate-affiliated** optometric physician (inside Costco) for more than 25 years, I have had many discussions and, frankly, disagreements with my private practice and state and national associations about their respective roles in helping those of us inside retail (even understanding our basic issues would have been a good step). The AACO came into fruition back in the day from a group of optometric physicians who were frustrated about the “blind spots” of the American Optometric Association (AOA) in talking to and understanding the challenges of corporate-affiliated optometric physicians. I was happy to be an AACO board member and, to a certain extent, NOT being a member of the Florida Optometric Association (FOA) or AOA.

There are still many issues that corporate-affiliated optometric physicians feel need to be addressed by both state and national associations.

Well, SB230 in Florida was a wake-up call for me — and hopefully for all of you out there, too. Optometry has long been under threat by those who wish to sideline or diminish us from our roles as primary care providers of eye care services. Many Ophthalmologists have seen the benefits of OD/ OMD coexistence, but sadly there are still some who simply want all the patients to themselves and who, through family and friends in the legislature, will continue to try to make us “not physicians” by marginalizing us with a definition of Optometry that, at best, belongs to 19th-century thinking. And this is not a Florida-only issue — many states have similar proposals on their agendas to attempt to claw back the advances we have made over the past 25 years, regardless of the harm it will do to our patients.

With that in mind, it’s time for all of us in the corporate-affiliated world to step up and join the AACO, which has many beneficial partnerships with the AOA, SECO and state associations. Being a member of your local and state societies is helpful as well, and it’s nice to see so many corporate-affiliated optometric physicians currently in leadership positions with those organizations. If those dues are a bit steep for you, either as a younger OD or someone trying to build a practice, the AOA and FOA political action committees (PACs) are independent of membership in those societies — so if you are on the fence about being a member, it’s still worthwhile to give to the PACs, as they are the lobbying arms of your state and national associations. While most of us aren’t fans of “donating” to lobbyists, try to think of such giving as more of an investment in your profession. The reality is that the political game is played by boots on the ground, phone calls, patient engagement to explain these issues, and, at the end of the day, money. The past president of the FOA shared with me that while optometric physicians banded together to help defeat SB230 by making phone calls and engaging in patient awareness and outreach, only about a quarter of Optometrists in Florida contributed to the FOA OD-EYEPAC.

Importantly, this fight is not over, as our next legislative session in Florida will have the same cast of characters, one of whom is still pretty upset that her passion project to downgrade our profession failed the last time around. Other states are looking at Florida and preparing their own bills as well.

There are still many issues that corporate-affiliated optometric physicians feel need to be addressed by both state and national associations. For instance, the AACO has had dialogues for years on getting more corporate-affiliated optometric physicians on podiums for national continuing education events and into state and national leadership positions. However, some have wondered, “Where are these optometric physicians when we need them?” It’s time for us, the corporate-affiliated optometric physicians and the doctors

within their practices, to make their voices — and, frankly, their checkbooks — heard.

In my discussions with other optometric physicians about the profession, I have consistently held that we are all Optometrists practicing to our fullest scope, regardless of venue or modality. I believe the time has come for those of us in the corporate modality to rise up to those who would threaten Optometry and say, “We stand together in this fight!” Remember, our Doctor of Optometry degrees are the same, no matter what modality we practice in. There are no subspecialties recognized in our practice act, so if a state legislature aims to change the practice of Optometry, those efforts affect all of us equally. We must remember that the practice of Optometry is a profession legislated by elected officials at the state and federal levels, and that those legislative efforts occur 12 months of the year — so our need to be engaged is required on a full-time basis. Fortunately, we have

a number of dedicated ODs who are willing to volunteer their time to serve our professional associations and engage with our legislators. And while this kind of work may not be for everyone, volunteers are always needed. And if you aren’t able to give your time to our professional associations, then give money to help the cause. There can’t be any free rides anymore — ours is one profession for all Optometrists.

Here is my call to action:

1. Give, whether to your state’s PAC, the AOA-PAC or the AACO (or all three!).
2. If you are willing to go further than a PAC contribution, join your local society.
3. Get involved: Local societies need people, as does the AACO.
4. Make a note of patients in your offices who can act as advocates. We make notes of other things (family history, profession, hobbies, etc.), so if someone might be a resource you can call on when these types of issues arise, know who they are.

I’ve been lucky to call myself an optometric physician for all of my 27 years in practice, and when I first learned that someone who has never seen a patient wanted to take that away from me, I got angry. And when I found out this was just the first round of this battle, I got out my checkbook — and I am now giving a monthly contribution to the FOA OD-EYEPAC. Even if you don’t want to join, give up the cost of one cup of coffee a week and send that to your state PAC.

Your profession needs your help!

**Dr. Lowinger** has been practicing as a corporate-affiliated Optometrist inside Costco Wholesale for 27 years. He has three locations in Miami-Dade County, FL.

# Essential Staff-Administered Tools for Your Infectious/Dry Eye Care



Shara Draper, OD

**F**or primary care Optometrists, each patient encounter is different and requires problem-solving to isolate and resolve an issue. The following tests can help guide treatment plans and provide quicker resolution for patients.

QuickVue Adnoviral Conjunctivitis test and InflammDry are two tests by Quidel that I use in my practice to help facilitate more accurate and focused outcomes. Both are small, easy to store, affordable, easy to administer, and have a support team with guidelines to help with coding and reimbursement. They are both CLIA-waived and take approximately five minutes to administer and 10 minutes to obtain results. They can be disposed of in the regular trash, and no other equipment is needed to administer or interpret results.

## QuickVue

QuickVue is a rapid, in-office test for all known serotypes of adenoviral conjunctivitis. As eye care practitioners, we know that adenovirus is a frequent cause of infectious conjunctivitis, which affects more than 6.9 million people in the United States each year. This test helps with identification of the serotypes that cause infectious conjunctivitis, which includes epidemic keratoconjunctivitis, pharyngeal conjunctivitis (most commonly affecting children) and nonspecific follicular conjunctivitis. QuickVue also aids in early diagnosis, which helps to manage contagious patients early on and prevent the spread of viral pink eye. As well, the test helps reduce unnecessary and inappropriate antibiotic use.

When a patient presents with a watery, red eye, it can be difficult to determine if the underlying cause is viral or bacterial — but this test is easily administered by technicians. Tears are gathered from one eye by dabbing the tip of the test device at multiple locations along the inside of the patient's lower eyelid (if any drops such as proparacaine or fluorescein have been used, wait five minutes before collecting tears). The test is then placed in a cassette body, and the buffer is applied. Test results are ready in 10 minutes (there is a control line, and a second line indicates positive results). Treatment can then be determined. If viral,



patients can be educated on why an antibiotic won't work and how to prevent the spread of the infection.

## InflammDry

InflammDry is another test I use routinely, both in my initial dry eye evaluation and then again during follow-up visits, if the initial result is positive. This tool works much the same way as QuickVue, although tears are gathered from both eyes for dry eye testing.

InflammDry detects MMP-9, an inflammatory marker that is consistently elevated in the tears of patients with dry eye disease. I include this test with my dry eye initial workup, which includes an Oculus keratograph; a slit-lamp exam; and a thorough history, including sleep habits, work conditions, medications and symptoms. The results of InflammDry help guide the treatment plan.

Dry eye can be a puzzle, and often the patient's signs and symptoms don't align with clinical findings. If InflammDry results are negative, I reassess to determine whether there are factors other than dry eye at play. This also helps alleviate the use of medications like cyclosporines that work on inflammation.

If results are positive, I begin treatment to reduce inflammation, which in turn helps stabilize the tear film, helping to stabilize the patient's vision and make them more comfortable. I repeat a positive InflammDry test at the one-month follow-up to see how effective treatment has been (this also provides a visible marker to show to patients and helps with compliance of daily drops like Xiidra and Restasis).

InflammDry also can be used prior to refractive surgery and/or cataract surgery.

Both QuickVue and InflammDry tests bring a higher level of technology to Optometry practices, help solidify treatment plans and provide visible markers to show patients — ultimately helping Optometrists better serve their patients.

**Dr. Draper** has practiced for more than 30 years in the Northwest Atlanta area, beginning as a leaseholder with LensCrafters and then with Walmart. She and her husband had a private practice for 15 years, which was recently acquired by MyEyeDr. Dr. Draper specializes in dry eye management.



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# Stock It, Sell It *and* SAVE VISION



**Kerry Gelb, OD**

Dr. Kerry Gelb Shares How He Has Implemented Nutrition into His Practice and Provides Tips on Finding Good Nutritional Resources

**Dr. Gelb prioritizes nutrition and the use of nutraceuticals in his practice due to the fact that so many eye conditions, such as age-related macular degeneration, diabetes and dry eye, are directly related to nutritional deficits. Experiencing this firsthand with his own health journey, he knows the value of nutrition to achieve longevity, an overall healthy body and lifestyle, and, of course, healthy eyes.**

Utilizing scribes in his office, Dr. Gelb shares how he presents the need for nutraceuticals and the importance of nutrition to his patients. During the exam, he states out loud, in front of the patient, his recommendations in the areas of macular support products, multivitamins,

omegas and so forth. He embraces several forms of technology in his office as well, including those that collect objective nutritional data. For example, he uses the BioPhotonic scanner from Pharmanex, which measures the absorption of carotenoids, and the MPOD instrument, which measures macular pigment density. After reviewing these results, which are very telling about the patient's overall ocular health, along with evaluating the patient's history, Dr. Gelb is able to make sound and strong recommendations.

As Dr. Gelb voices recommendations in front of the patient to his scribe, he also spends time educating the patient on the importance of why he is making these recommendations, the significance

of the patient's test scores and specific instructions on how he wants the patient to take the supplements. He also supplies his patients, especially those with poor test results, a printed handout that lists 50 different foods they should routinely rotate to achieve the





best exposure to a multi-blend of nutrients. After the exam is completed and it's time for checkout, the scribe then repeats Dr. Gelb's recommendations, out loud in front of the patient, to the front desk person, who pulls the recommended products from stock to present to the patient.

Dr. Gelb recommends stocking nutraceutical products to increase compliance and help ensure that the patient purchases a quality and accurate product. One of his picks is MacuHealth. He states that most of his patients will purchase the recommended supply during the checkout process, but a few won't, and he expects they may check prices elsewhere. Additionally, some patients may have good intentions but never follow through to make a purchase anywhere, even if they are given a code and an online link.

When asked how he ensures the data he receives and shares with his patients is sound and evidence-based, he shares some tips and insights. He feels most of the experts he studies and listens to, such as Dr. Gary Null, quote peer-reviewed studies that give credibility. He also states that the more knowledge a student of nutrition obtains over time will create enough background in this science to recognize when a source may be "off" or facilitated by a political agenda. Furthermore, once someone becomes involved in the field of nutrition, he or she will notice the same topics and research surface often. Subsequently, that information will become somewhat common knowledge over time.

Dr. Gelb advises that many experts, even if not intentionally, may have bias or an agenda. Using your own judgment is necessary. For example, if an expert is a vegan or vegetarian,



he or she may be more inclined to share more studies that highlight and support their beliefs. Additionally, there is not as much monetary support in the area of nutraceuticals, compared to pharmaceuticals, and that can compound bias — even what is sometimes printed in Wikipedia. He points out that it's not disclosed who writes the Wikipedia content, and therefore the possible bias of the author is unknown when evaluating experts in nutrition. Sometimes you can't accept everything you hear on this topic at 100% face value, whether on the internet or other places; however, most would say that is true of all disciplines, not just nutrition! Dr. Gelb states he is also a member of the Ocular Wellness Nutrition Society (OWNS) and attends many conferences on longevity and functional medicine.

Dr. Gelb is so passionate about spreading the knowledge of nutrition, he has published a documentary on the subject, currently has his own podcast, and serves as "The Health Guy" on a national radio station. More details can be found in his bio.

**Dr. Gelb** spent three years traveling the continent and Europe producing a feature-length documentary entitled "Open Your Eyes," it was released in 2020. Upon its release, he launched the "Open Your Eyes Podcast" that delivers weekly episodes focusing on all aspects of health. In 2022, "Open Your Eyes Radio" debuted on Salem Radio in Minneapolis and can be heard every Saturday at 10AM on 1280 The Patriot.

He has also been interviewed for radio and television on topics related to ocular health. Dr. Gelb practices Optometry in Woodbridge, NJ, for the past 23 years. He is also a member of the New Jersey Society of Optometric Physicians and the President of ALLDocs (the Association of LensCrafters Leaseholding Doctors).

# Evidence-Based Supplementation Strategies for Primary Care Optometry



**Christopher Putnam,  
OD, PhD, FAAO**

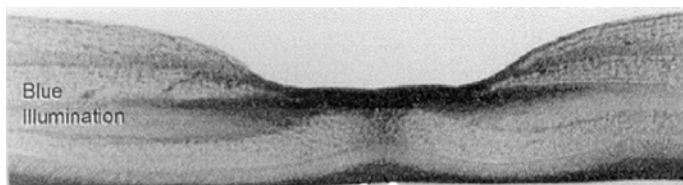
In the age of social media, health information and medical advice travel at the speed of a patient’s internet connection and, all too frequently, are not necessarily evidence-based or peer-reviewed. As a primary care Optometrist, your interaction and communication with the patient regarding nutraceuticals and supplementation for ocular conditions grow more important with each passing day.

## MacuHealth

Lutein (L), zeaxanthin (Z) and meso-zeaxanthin (MZ) are collectively known as xanthophyll carotenoids and compose the macular pigment (MP) within the eye. There exists a considerable amount of research regarding the role of L, Z and MZ in the mitigation of glare disability, photostress recovery and improved contrast sensitivity published in the peer-reviewed literature.<sup>1</sup> The key characteristic of MP that contributes to enhanced visual performance is the pre-receptor anatomical deposition within the retina across the central 5.5mm and the selective wavelength absorption of high-energy, visible light from ~400nm to 520nm, with a peak absorbance at 460nm.<sup>2</sup> MP preferential absorption of highly scattered, short-wavelength visible light leads to the glare reduction and reduced intraocular scatter patients experience in their daily environment. Figure 1 depicts a human fovea cross-section under blue light illumination. The Henle fiber layer and the photoreceptor axon layer demonstrate the highest levels of MP, showing a peak concentration at the foveola and an exponential decrease in density with eccentricity.

Perhaps more importantly, these xanthophylls embed within the retina at the Henle fiber layer, photoreceptor axons and Mueller glial cells, leading to enhanced structural integrity, decreased oxidative stress and reduced metabolic vandalism associated with maculopathy and retinal disease. The key

Figure 1



physiologic characteristic of xanthophylls is their ability to quench reactive oxygen species (e.g., hydroxyls, peroxy, superoxides) that lead to lipid membrane peroxidation without being consumed.<sup>3</sup> In other words, xanthophylls absorb and release excited energy as heat without causing chemical degradation.

Naturally occurring L and Z can be found in a number of food sources (Figure 2); however, recent research indicates at least 20mg of L daily is necessary to achieve maximum visual benefits. Given the 20mg target, typical American diets require a supplement to reach that level.

Figure 2\*

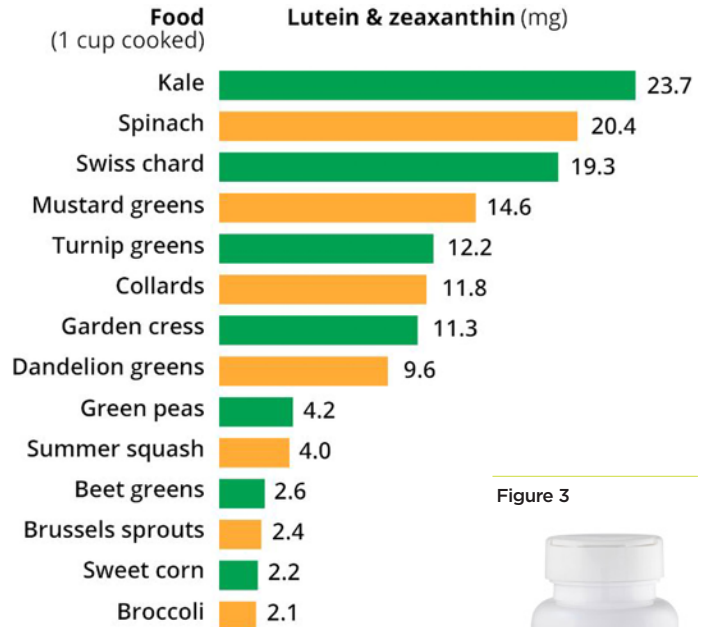


Figure 3



MacuHealth’s triple carotenoid formula (10mg L, 10mg MZ, 2mg Z) (Figure 3), along with its patented micro-micelle delivery, shows clinically validated improvements to macular pigment. Where Does Telemedicine Fit in Your Practice? by more than 30 peer-reviewed publications.

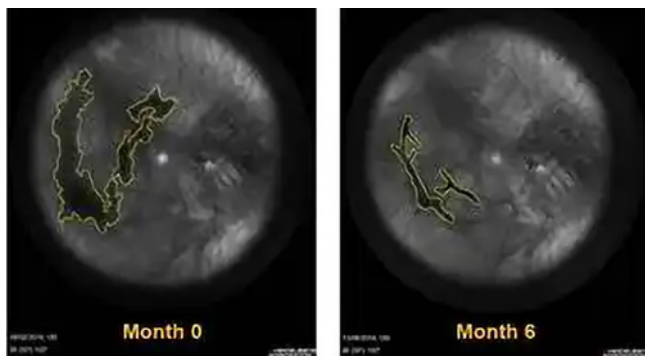
## VitreousHealth

Virtually every single clinical Optometrist has encountered a patient presenting with moderate visual disturbances associated with vitreal degeneration or syneresis in the absence of retinal pathology. A healthy vitreous chamber is filled with two principal components, hyaluronan and collagen, synergistically integrated into a transparent gel. Age-related vitreal degeneration involves two inter-related processes: liquefaction (synchysis senilis) and vitreo-retinal dehiscence. Vitreal liquefaction is a degenerative physiologic process that stems from dissociation of hyaluronic acid from the collagen fibrils and the formation of lacunae, characterized by collagen-free spaces filled with liquid that are frequently perceived by the patient as “floaters.”

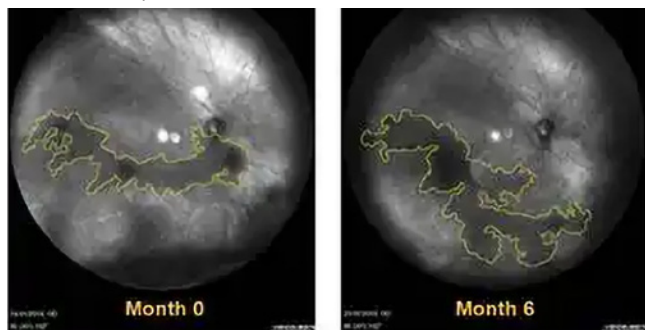
Previous management techniques have involved conservative approaches, including routine monitoring, to more invasive approaches, including Nd:YAG vitreolysis or pars plana vitrectomy. New research has identified a potential new approach to vitreous degeneration through an oral supplement that targets the principal components of healthy vitreous humor. VitreousHealth is a proprietary blend of pharmaceutical-grade antioxidants that reduces collagen aggregation and mitigates the oxidative stress that leads to liquefaction. A recent double-blind, placebo-controlled study demonstrated patient improvement in visual symptoms in nearly 67% of patients receiving VitreousHealth, with a concurrent decrease in vitreous floater size and number, as measured by SD-OCT (REF). Figure 4 shows a SD-OCT vitreous scan of a treatment subject (left) and a control subject (right).

Figure 4

Active Group (mean decrease of 22%)



Placebo Group (mean increase of 24%)



Patients have become savvy consumers of medical care, and with the increasing reach and impact of social media, the clinical Optometrist has a critical role to play. Evidence-based clinical care is a mainstay of our profession, and supplementation clinical trials of products such as MacuHealth and VitreousHealth are essential tools in our optometric skill set. As the old saying goes, an ounce of prevention is worth a pound of cure, and comprehensive supplementation strategies tailored to each patient's clinical picture should be a standard feature of primary care Optometry.

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**Dr. Putnam** earned a Bachelor of Science degree in Biology from South Dakota State University in 2001 and a Doctorate in Optometry from Pacific University in 2005. He was commissioned in 2004 as part of the Health Professions Scholarship Program, completed the United States Air Force Optometry Residency Program at Wilford Hall Medical Center and was awarded board certification in 2009. Dr. Putnam was competitively selected in 2011 to attend the Air Force Institute of Technology Civilian Institution Program to pursue a PhD in Vision Science, completing the accelerated program in three years and winning three Graduate Research Fellowship awards. Currently he is the Medical Education Training Campus department chair for diagnostic and public health services, overseeing nine programs across radiology, laboratory, public health and behavioral health technician training.



# Where Does Telemedicine Fit in Your Practice?



**Chad Overman, OD**

**A**sk 10 patients what they think a telemedicine eye exam might look like to them, and you'll likely get 10 different responses. Likewise, if you ask 10 Optometrists, you'll also probably receive 10 different reactions. As an exercise before you read the rest of this article, I'd like to ask you to pause now and recognize your own visceral response to the question, then record a voice memo with your perceptions.

Here are a couple of potential (quite divergent) responses:

- "The eyes are complex, so Optometry can't utilize at-home telemedicine like some other specialties."
- "Remote eye exams are highly developed, telemedicine-based eye exams that expand care."

20/20NOW has developed the country's most comprehensive telehealth eye exam to be performed by remote Optometrists. The technology doesn't replace an Optometrist-led eye

exam — it expands upon it to dramatically increase the corporate Optometrist's ability to provide vision exams and screenings without compromising quality. From the remote Optometrist's perspective, patient care is the same — only the manner in which comprehensive exams are delivered is altered. During a remote eye exam, the doctor gathers background health information, assesses the patient's current eye health through a variety of pretesting data, and builds a relationship as the patient's primary eye care provider via real-time conversations and counseling.

Now let's take a step back to review the process of a remote

eye exam. The 20/20NOW remote eye exam includes four main components: medical history intake, on-site pretesting, remote refraction by JCAHPO-certified technicians, and real-time review and discussion of eye health between the remote Optometrist and the



in-store patient. From the patient's perspective, the experience is equivalent to a quality comprehensive eye exam: They arrive at the doctor's office, have their eyes measured by a variety of advanced equipment, decide if they like "one or two" better, and have a conversation with the Optometrist on the best treatment plan.

Practices with one location can utilize the 20/20NOW team of Optometrists to fill in on days and at times when the in-person Optometrist is out of the office. For example, a recent solo independent corporate Optometrist in Lincoln, NE, was working six days a week and saw she was heading toward burnout. By hiring the 20/20NOW remote Optometrists to see routine eye exams 1.5 days a week, she continued to serve her patient volume while reducing her workweek to a manageable 4.5 days. She was also able to keep her full-time staff on board without reducing their hours and possibly losing them to other opportunities. As well, she diverted some of her routine care to 20/20NOW doctors, which enabled her to focus her schedule on higher-reimbursement medical visits.

Telemedicine-based remote eye exams are also key to expanding your practice footprint without stretching your startup budget. After all, slow startup volume for satellite locations can strain income and time — not to mention sanity — for Optometrists. In another example, an established corporate Optometrist in California wanted to build a second location but was unable to find a local Optometrist to staff the location. He knew the satellite location had the potential for a full-time Optometrist but did not have the capital to support the expected six months of full-time salary with only part-time volume while the practice was building its patient base. Since he could not be in two places at once to see the new patients himself, his solution was to bring in 20/20NOW to the satellite location to see patients five days a week and work there himself one day a week to build visibility. 20/20NOW's pay-per-exam fee structure provided a more affordable alternative — compared to a daily Optometrist salary of \$500-\$700 — while the business was growing.

Did you notice in the paragraph above where it said that Optometrists can't be in two places at once? That's not exactly true for Dr. "W" in Oklahoma, who found a way to seemingly bend the spacetime continuum to see patients in his two

locations simultaneously. Or, rather, he utilizes 20/20NOW technology to see three patients per hour in person at the first corporate location while seeing two patients per hour remotely at the second location. Thus, he essentially sees 10 days' worth of patients in five days. Staffing requirements at each location are the same, so staffing costs aren't wasted on days with no income.

Despite their numerous benefits, however, remote eye exams aren't necessarily for every Optometrist or corporate practice. Over the past eight years, indisputable patterns have emerged on the practices best suited to utilize this approach successfully. As it turns out, the No. 1 predictor of

success is YOU. As the leader of your business, the acceptance and enthusiasm for the technology exuding outward to your staff and patients are paramount. If you have not

communicated to your staff the "why" and "how" of the technology, as well as why you have invested in its success, it will turn into another task they must perform. And if your patients feel that you, their doctor, believe this type of exam will be a hindrance to their care, they will not embrace the technology. Continual training, staff meetings with honest feedback and guidance, and clear communication on set goals help to create a successful environment. You hold the power for the successful launch of telemedicine-based remote eye exams.

Remember that voice memo you recorded at the beginning of the article? Replay it to see how your original perceptions of remote eye exams seem now, given what you've learned by reading this article. How close or far off were you on the capabilities and benefits of remote eye exams? We hope your imagination has been activated with fresh ideas for growing your practice without sacrificing your work-life balance or profit margins.

**Dr. Overman** graduated from Southern College of Optometry in 1995, after which he started his practice within a Walmart Vision Center in Fremont, NE. After 12 years practicing in various Walmart locations, Dr. Overman joined the corporate side of Walmart for nine years, starting on the recruiting team and then serving as director of professional relations for five years — during which time he also helped start the group currently known as AACO. Since leaving Walmart eight years ago, he has worked as a consultant with dozens of industry groups to help improve our profession.



# Medical or Vision Insurance?



Eric Botts, OD

**W**elcome to my new column on helping you solve your coding conundrums. This is the first in a series of articles I will share in the magazine to assist you with maintaining a consistent cycle of full reimbursement for your optometric services. As health care providers, we are all well educated on how to be excellent clinicians, but how many of you feel like you are experts at documenting and coding exams? Or, even more importantly, how many of you feel like you are receiving full reimbursement for your medical services? If your confidence is waning in these clinical conundrums — which we all experience every day of every week of every year — then you're in the right place. Beginning with this article, my goal is to educate you and elevate your confidence, helping to ensure that you make the

right decisions with regard to ethically documenting and coding your examinations for maximum reimbursement.

I want to start with a question I have been asked on numerous occasions by experienced optometrists and new grads alike: ***What do I do when a new patient with diabetes schedules an appointment and wants to use their routine insurance?***

The first step is to set your office policy defining routine versus medical eye examinations. I define a routine exam as any office visit performed to measure vision, screen for eye disease and update glasses and/or a contact lens prescription. A medical exam, on the other hand, typically includes a diagnosis







for a medical ocular condition excluding refractive diagnosis. (As a side note, be sure to read your vision plan contracts to understand if there are any requirements to report a medical diagnosis for diabetes to the vision plan.)

Another important step should take place when scheduling exams. Take this opportunity to triage over the phone by asking patients if they have previously been diagnosed with diabetes; if so, you can then educate the patient on the risks of diabetic ocular disease and the importance of obtaining a baseline medical ocular exam to assess for the presence of diabetic retinopathy. If the patient insists on only using their vision plan insurance, you should only perform a routine exam that screens for ocular disease but does not include a treatment plan for any identified ocular disease. If the patient agrees to a medical exam, however, you can perform all tests necessary to diagnose and treat any diabetic ocular disease, including retinopathy. Such tests may include fundus photos, OCT, threshold visual field, gonioscopy, full-field electroretinogram and dry eye workup.

Also remember that diabetes may cause ocular surface disease, resulting in dry eye — and diagnosing and treating dry eye

is only performed as part of a medical examination. Therefore, if patients insist on using their routine vision benefits, I will advise them on the risks associated with diabetes and encourage them to return for follow-up at a later date to evaluate for possible abnormal ocular conditions associated with their diabetes. Depending on the severity of a patient's diabetic disease, I may see them multiple times over the course of a year, which may include a routine examination that utilizes their vision plan benefits to obtain refractive correction for glasses and/or contact lenses.

In general, I approach every optometric exam as a medical exam until proven otherwise. However, it's crucial to explain to patients the difference between medical and routine care, as well as what their insurance benefits will cover. In the end, the patient's chief complaint and reason for their visit will determine what procedures are done and which insurance is the appropriate one to bill. Hopefully, with some proper patient education, you can direct patient care in a manner that will help you avoid costly coding issues and ensure maximum reimbursement for your services.

**Do you have a coding question for Dr. Botts? If so, send an email to [editor@aacoeyes.org](mailto:editor@aacoeyes.org), and your question may be used in an upcoming issue of *Corporate Optometrist* magazine!**

**Dr. Botts** started his first practice in a Walmart Vision Center and has since opened two additional offices. He uses an outsourced insurance billing and credentialing provider to help navigate the complexities of patient insurance transactions.

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To contact your corporate chair, please email them at [info@aacoeyes.org](mailto:info@aacoeyes.org)

# Give Me Some of That Peace of Mind, Please!



Melonie Clemmons, OD

## A Protocol for Preventing Visual Acuity Loss in **AMD** Patients

If I were asked to describe my current age-related macular degeneration (AMD) protocol for prevention and treatment in one word or phrase, it would be “peace of mind.” I feel I can offer my patients better protection from bad outcomes with the new technologies we’ve adopted in our practice over the last year. The good news is that many of these options are available without large financial investments in advanced instrumentation, and with little chair time from the doctor.

Our office protocol starts with our intake forms, which prompt patients to mark the AMD symptoms that apply to them. If the patient is over 50 years of age or has responded “yes” to any of the symptoms, they are informed they will be taking a dark adaptation screening test, which gives us information on whether they do in fact have AMD. They can opt out, but we don’t ask them if they would *like* the additional testing — instead, we inform them that we feel they *need* it. Most comply and are thankful for the technology.

We use the AdaptDx Pro in our office to evaluate dark adaptation. If the patient has any symptoms of night blindness, we are able to bill the patient’s medical insurance for the test, which makes this technology more affordable. If the patient passes the dark adaptation test and has no symptoms of night blindness, we tell them we will repeat it in one year. However, if they are symptomatic for night blindness, we recommend the supplement MacuHealth, which has been shown to help with photo stress recovery and glare, leading to improved nighttime driving visibility. We ask them to return in six months.

It has been demonstrated that 20% of the population lacks the ability to convert lutein into meso-zeaxanthin, a key carotenoid (MacuHealth contains meso-zeaxanthin, which should thus



increase absorption of the supplement, and its soft gel is specially formulated to prevent oxidation of its key ingredients). Meso-zeaxanthin has the highest antioxidant power out of the three carotenoids frequently used for AMD patients.

If the patient fails the dark adaptation test, they are asked to return within three months for an advanced dark adaptation test that will provide us with a rod intercept (RI) score to determine their AMD stage (e.g., mild, moderate or severe). We also recommend they start an AREDS 2 formula containing meso-zeaxanthin, such as the MacuHealth formula or the MacuHealth Plus formula (meso-zeaxanthin added to the AREDS 2 formulation), and ask them to follow up in six months.

During the pretest, we also perform a “vitamin scan.” This is by far our most enjoyable instrument, and patients love it! We also discuss this screening on the patient intake forms and inform them they will be having this test at every annual eye exam, unless they opt out. We use the Pharmanex BioPhotonic



## our biggest weapon is prevention.

Scanner to measure the skin's carotenoid levels, which are related to the body's overall antioxidant activity, absorption and protection. The test is noninvasive and very affordable. The instrument provides a numeric score, which enables us to ensure that they are improving as they start to utilize supplements and make dietary and lifestyle changes.

For our mild and low-risk AMD patients, we stress the importance of utilizing the home Amsler Grid, and I ask them to look at it every day when they take their vitamins or medications, and to call immediately if they detect changes.

However, if the patient has moderate AMD, we are able to offer a remote monitoring service provided by the Notal Vision Monitoring Center called ForeseeHome, which includes an artificial intelligence-enabled device patients use at home. This technology has been a game changer! The program is usually covered by patient insurance and requires very little of my chair time or my staff's resources. As the patient's insurance is charged for the monthly service fee, the program doesn't cost my practice anything. I simply refer the patient and fill out a small form, and then the Notal Vision Monitoring Center calls the patient and takes care of the rest! Each patient is assigned a clinical partner who walks them through setup of the at-home monitoring device and checks on them periodically — especially if they are not testing as often as they should.

Patient outcomes with ForeseeHome are amazing. Studies demonstrate that more than 80% of ForeseeHome users maintain 20/40 vision or better if they are diagnosed with a conversion to wet AMD and receive treatments — far better than those without the technology. All the patient's information is easily accessible on the patient portal, and if the patient has an alert of a possible conversion, the doctor is notified. The test takes a couple of minutes per eye and is recommended to be performed daily.

This last step in our protocol with ForeseeHome is what gives me the greatest peace of mind. Since I can't realistically check patients at high risk for a conversion every week,

ForeseeHome helps ensure me that early detection will occur outside of regularly scheduled exams. It's also wise to have what I call a "retina specialist buddy" who understands the ForeseeHome alert and protocol system, so you're able to see a patient quickly when needed.

Lastly, our biggest weapon is prevention. We spend a lot of time educating our patients on the foods and lifestyle choices that reduce the risk of AMD, and every patient receives a handout with this information. OCT scans and sometimes macular visual fields are utilized as well, and can be billed medically.

I'll never be able to count the number of AMD cases our office has prevented, or prevent every conversion, but it feels good to know that we are providing our patients with resources to avoid the biggest risk to their vision over age 65. It gives me some of that peace of mind!

**Dr. Clemmons** practices at Ellijay Eye Care and Ocular Wellness Center in the North Georgia mountains. She has been affiliated with Walmart for more than 20 years and has served on the Walmart Advisory Panel. She has a passion for promoting corporate Optometry and sharing information in the areas of practice management, ocular nutrition and ocular disease prevention.

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# NAD<sup>+</sup>:

## The Cellular Superhero for Aging Gracefully and a Potential Treatment for *Glaucoma*



**H. Anthony Kwong,  
OD, FAAO, Dipl. ABO**

**E**ver wondered what keeps our bodies youthful and our eyes sparkling with clarity over the years? The answer lies within our cells, where a tiny yet mighty coenzyme called nicotinamide adenine dinucleotide (NAD<sup>+</sup>) plays a crucial role in supporting both aging gracefully and maintaining optimal eye health.

A vital molecule found in all living cells, NAD<sup>+</sup> plays a key part in various cellular processes — particularly in producing energy, combating oxidative stress and repairing DNA.

Currently there are several ways we can maintain adequate NAD<sup>+</sup> levels, including a balanced diet rich in niacin (a vitamin B3 precursor to NAD<sup>+</sup>), regular exercise and NAD<sup>+</sup> supplements.

As we age, however, NAD<sup>+</sup> levels tend to drop, leading to a decline in cellular health and function that has been associated with various age-related diseases, including glaucoma.

One of the most exciting aspects of NAD<sup>+</sup> is its potential neuroprotective properties. Research has suggested that NAD<sup>+</sup> may help protect nerve cells, including the optic nerve, from damage caused by various factors, such as oxidative stress and inflammation. By preserving the health of these cells, NAD<sup>+</sup> could potentially slow down the progression of glaucoma and prevent further vision loss.

While research on NAD<sup>+</sup> and glaucoma is still in its early stages, some promising findings have already emerged. Several studies conducted on animal models have shown that boosting NAD<sup>+</sup> levels can protect retinal ganglion cells,



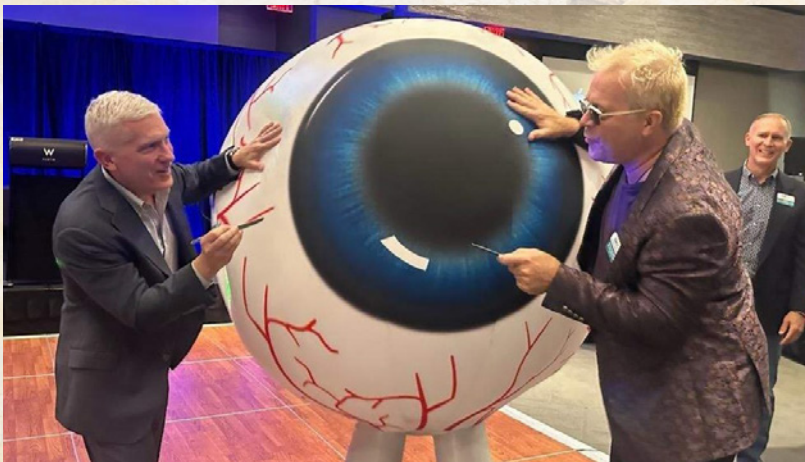
the neurons that make up the optic nerve, from degeneration. Furthermore, NAD<sup>+</sup> has been shown to reduce inflammation in the eye, a crucial factor in glaucoma development. While current treatment methods focus on reducing intraocular pressure, the potential of NAD<sup>+</sup> in preserving optic nerve health and protecting nerve cells offers a beacon of hope for glaucoma patients.

**Dr. Kwong** was born and raised in New York City. He earned a Bachelor of Arts degree in Biology from New York University and received his Doctor of Optometry degree at SUNY College of Optometry, where he also completed his fellowship in corneal and contact lenses. A board-certified Optometrist, Dr. Kwong has been practicing in Georgia since 2002, partnering with Sam's Club in Snellville during that time. He is a fellow of the American Academy of Optometry and a member of the American Optometric Association.



# AACO 2023 ANNUAL CONFERENCE

## 10th Anniversary A TEXAS-SIZE SUCCESS



Maurice Wilson, OD — Conference Presenter & Douglas Melzer (AACO CO Editor-in-Chief)



Chad Hoisek, Michael Cautero, & Kelli Katzman — J&J Vision



**Corporate Optometrists** from all over the United States converged on Austin, TX, on Aug. 18-20, 2023, to celebrate AACO's 10-year anniversary and participate in AACO's Annual Conference! Keynote speaker Dr. Paul Karpecki kicked off the conference with a pair of two-hour sessions: "The 7 Habits of Highly Successful Anterior Uveitis Management" and "What's New in Ocular Surface Disease." The day continued with presentations from Dr. Christopher Putnam and Dr. Eric Botts, and concluded with presentations from a few of AACO's own board members: Dr. Melonie Clemmons, Dr. Frank LaRussa, Dr. Naheed Ahmad and Dr. Lauren Waldron.

Dr. Joe Deloach opened the Saturday morning sessions, followed by a couple of two-hour presentations from Dr. Jeffrey Gerson. The afternoon session began with Dr. Andrew Plummer of Westlake Eye Specialists, followed by a punctal plug presentation and a wet lab, which was led by Dr. Eric Brooker and sponsored by Lacrivera.

Saturday evening's events included an AACO 10-year anniversary celebration and gala, featuring a three-course meal, an awards ceremony, dancing and a Western-themed photo booth.





Dr. Carla Gasparini started off Sunday morning with a contact lens presentation, which was followed by sessions from Dr. Eric Botts and Dr. Maurice Wilson. Dr. Alex Kabiri and Dr. Michael Johnson presented on “Amniotic Membrane in Routine Optometric Practice” and conducted an impromptu amniotic membrane live demonstration. Dr. Joe DeLoach concluded the conference with the Texas Professional Responsibility course, which is required for Texas ODs.

In addition to the exceptional continuing education conducted by the nation’s top Optometrists, the AACO exhibit hall was bustling, having been completely sold out six weeks in advance.



**Megan Blemker, OD (Notal/Foresee Homes), Jennifer Bodley, OD (AACO BOD), Naheed Ahmad, OD (AACO Past President)**





Andrew Plummer, MD (Westlake Eye Specialists) — Conference Presenter



Eric Botts, OD (AAO Past President) — Conference Presenter



Joe DeLoach, OD — Conference Presenter



The AACO Board of Directors poses with the AACO mascot.



Paul Karpecki, OD — Conference Presenter



Tenesha Bazemore, OD — Award Winner



Swearing in of AACO 2023-2024 Board of Directors





Peg Densmore (AACO ED) & Eric Botts, OD — Award Winner



Daniel Wetherell & Gregg Seacrist (Liquid EHR)



Christi Richter (MacuHealth)



Jeffrey Gerson, OD — Conference Presenter



Matt Swartz (MyEyeDr) & Dmitry Gutkovich, OD (AACO Sponsorship Committee)



Christopher Putnam, OD — Conference Presenter



Exhibit Hall



Naheed Ahmad, Douglas Melzer & Nhung Brandenburg (AOA)



Lucy Frazee & Mike Frazee (Alcon)



Lauren Waldron, OD — Award Winner



Bob Houghteling, OD (incoming AACO President) presents Melonie Clemmons, OD (outgoing AACO President) with the Presidential Appreciation Award.

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# Welcome to the Peg Board!



**Peg Densmore, Ed.S**

## What an amazing annual conference –

awesome time had by all!! I would like to give a huge SHOUT OUT to all of our attendees, corporate sponsors, exhibitors and phenomenal presenters, as well as the AACO Board of Directors, AACO conference staff and the W Hotel!! The conference would not have been such a huge success without each one of you!

I had three days of R&R after my return from Texas, and then I and our new AACO president, Robert “Bob” Houghteling, OD, FAAO, traveled to Amelia Island, FL, for a site visit to the Omni Hotel & Resorts – Amelia Island, which will be the site for our 2024 Annual Conference, August 23-24, 2024. Make your plans NOW to join us at this magnificent facility, where EVERY hotel room has a beach view! It is absolutely breathtaking!

Now, on to our upcoming Northeast Regional Conference, a one-day gathering to be held at the amazing Maggiano’s Little Italy (1901 E. Woodfield Road., Schaumburg, IL) on November 5, 2023. You can register NOW by going to our website or by scanning the QR code in the Northeast Regional Conference ad

on page 18 of this magazine! AACO will be offering seven hours of COPE CE (pending approval) and, as usual, our presenters will be the best of the best! Hope to see everyone in the Windy City!

Lastly, since I became executive director of AACO in October 2022, I have had the pleasure of meeting many AACO members at our past three conferences. It has also been a wonderful experience getting to work with the amazing AACO Board of Directors. I want to let all of our members know that I am available to each of you, so please don’t hesitate to let me know if you have any questions and/or comments. AACO was established to help and support YOU, the corporate Optometrist! Please reach out to us and let us know what you need from us!

**Ms. Densmore** is in her first year as executive director of AACO. She has 20 years of experience as an educator, coach, athletic director and assistant principal. She is a member of the Ellijay Lions Club and currently resides in Ellijay, GA, the “Apple Capital of Georgia.” When not working at AACO, Peg enjoys gardening and spending time on the Cartecay River with her family and friends. She is a “Dog Mom” to Sassy and Ollie.

# AACO BOARD OF DIRECTORS 2023



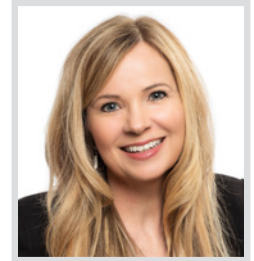
**Robert Houghteling, OD, FAAO**  
*President*



**Carla Gavilanes Gasparini, OD**  
*Vice President*



**Lauren Waldron, OD**  
*Treasurer*

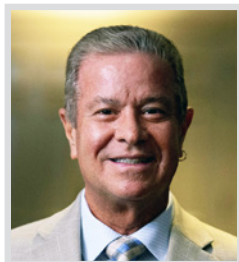


**Melonie Clemmons, OD**  
*Immediate Past President*

## Directors at Large



**Mark Jackson, OD,  
Dipl. ABO**  
*Director at Large*



**Gordon Penn, OD**  
*Director at Large*



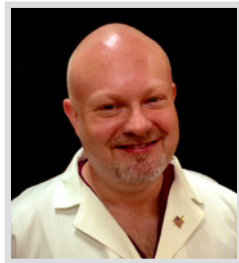
**Jennifer Bodley, OD**  
*Director at Large*



**Frank LaRussa, OD**  
*Director at Large*



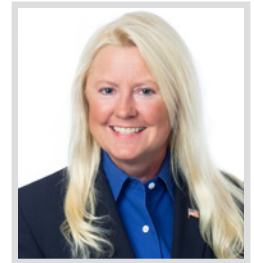
**Andre Lenoir, OD**  
*Director at Large*



**Kevin Neal, OD**  
*Director at Large*



**John Womack, OD**  
*Director at Large*



**Peg Densmore, Ed.S.**  
*Executive Director*

# Save the Dates

AACO  
FUTURE  
EVENTS



## Northeast Regional Conference

Chicago, IL

November 5, 2023

Maggiano's Little Italy - Schaumburg, IL

## AACO Southeast Regional Conference

Atlanta, GA

March 3, 2024

Maggiano's Little Italy - Buckhead, GA



## AACO Annual Conference

Amelia Island, FL

August 23-24, 2024

The Omni Hotel

## West Regional Conference

Denver, CO

November 2, 2024

Maggiano's Little Italy - Denver, CO



# 2023 AACO Award Winners

AACO recently announced its 2023 award winners during the AACO Annual Conference held in Austin, TX.

The night's first award, the **AACO Corporate Leadership Award**, went to **Michael "Mike" Frazee**, the National Account Director with Alcon. A corporate leader who has long gone above and beyond to support the AACO Board of Directors and the association's mission, Frazee went to great lengths this year with his "out-of-the-box" thinking. AACO presented him with the Leadership Award with great thanks and appreciation for all his efforts.



**Michael "Mike" Frazee and his daughter Lucy**

The second award presented, the **AACO Member of the Year Award**, went to **Dr. Lauren Waldron**, who has contributed an extraordinary amount of time and resources to advance AACO's mission and support the AACO Board. Often the first to volunteer for any project, Dr. Waldron gave many hours of her time this year to accomplish numerous vital tasks, including helping to secure the W Hotel for the 2023 Annual Conference.



**Dr. Lauren Waldron**

AACO's highest honor, the **Larry J. Alexander Award**, pays tribute to the year's most influential hero and trailblazer in assisting the upward mobility of, and helping to change negative opinions toward, Corporate Optometrists. Typically the awardee is someone who

has taken innovative actions to create opportunities or solve a problem for Corporate-Affiliated Optometrists. This year's recipient, **Dr. Eric Botts**, has a love for and commitment to the profession of Optometry that is clearly evident in both his words and actions. Dr. Botts has done much in his community, as well as on the state and national levels, to better Optometry — particularly in the area of promoting a new level of medical billing in the profession. A former president of AACO, he has also served as president of the Illinois Optometric Association and on numerous committees within the American Optometric Association and AACO.



**Dr. Eric Botts**

The final award presented at the 2023 AACO Annual Conference was the **Johnson & Johnson Vision Diversity, Equity and Inclusion Award**. This year's recipient,

**Dr. Tenisha Bazemore**, has been actively championing health care equity, and diversity and inclusion initiatives in the field of Optometry, leading by example within her own practice and community, and in her interactions with underserved populations.

In practice since graduating from Pennsylvania College of Optometry (Now Salus University) in 1995,

Dr. Bazemore has provided eye exams to needy populations on mission trips to Haiti, even making time during visits there to provide yoga sessions for other providers on the trip. Yes, she is also a yoga instructor, in addition to running two successful Walmart locations, which

focus on diverse, underserved populations in southern Virginia.

Dr. Bazemore has also gone the extra mile to help advance the knowledge of a student from a local technical school, with the hope of offering such students a chance to experience a thriving optometric practice. A big proponent of teaching her patients about their eye health, she is eager to incorporate these students into that model. In addition, she currently serves as vice president of the Tidewater Optometric Association (a local branch of the AOA). With unparalleled professionalism, compassion and dedication Dr. Bazemore is truly deserving of this award.



**Dr. Tenisha Bazemore**