TODAY – I am the luckiest optometrist in America. You have honored me by allowing me to spend the next year doing what I do best – being a cheerleader for our profession, and the patients we serve. And we have a lot to cheer about!

Last week I did an interview with a freelance careers reporter who was researching “optometry as a career” for her syndicated newspaper column. Like many Americans, (and possibly many of our patients) she had little understanding of the role optometry plays each day in the health care system. Her perceptions of our profession were couched by the retail advertisements in the newspapers and on television that focus on correcting vision and her limited knowledge of our eye health expertise, because as she said: “I came from a MEDICAL family.” Based on her article, I believe I was successful in giving this person with the power of the pen – a little better understanding of what optometry is all about in the year 2008.
One of her most interesting questions to me was: “why do people choose optometry over ophthalmology?” That question caused me to pause for just a few seconds as I thought about the reasons potential students give when they are interviewed or write essays as requirements for entrance to optometry school. And then it reminded me of why I chose optometry. At the truly gut level – don’t we all chose optometry - to make a difference in peoples lives?

The reporter then asked again – why chose optometry rather than ophthalmology? and I shared that optometry is considered the “family eye doctor” similar to the family practice physician or pediatrician. If you think for just a moment, nearly every day as an optometrist we make a significant contribution to our patient’s lives. Whether it be the first pair of glasses for a child struggling in school or first able to see leaves on a tree; or counseling a patient with diabetes about why they need to maintain better blood sugar control; or seeing the shy teenage girl light up when she first puts in her new contact lenses;
or helping a macular degeneration patient see the photos of their grandchildren through the use of low vision aids; or taking out the “bolder” from someone’s eye who didn’t think it could happen to them; or helping a forty-something understand how to succeed with presbyopia; or how about the optometrist in Arizona, who during his very first InfantSEE® exam, discovered retinoblastoma, and as Stacie Zellers says: “saved my daughter’s life.”

We all have stories, because we all take pride in our profession and we all want to make a difference in our patients’ lives everyday – and as I told the reporter, the outlook for optometry is VERY strong. With us baby-boomers aging, the National Eye Institute is projecting that Macular Degeneration, which currently affects 1.8 million Americans (and another 7.3 million at significant risk of vision loss) will increase to 2.9 million by the year 2020. Glaucoma will rise from 2.2 million to 3.3 million by 2020 and with the epidemic in diabetes, Retinopathy will increase from 4.1 million today to 7.2 million by the year 2020.
Optometry is positioned to make a significant impact for these millions of patients. You’re AOA, and the leaders before me, have shaped optometry into THE primary health care profession we are today. With the upcoming presidential election and the talk on Capitol Hill of reforming health care – we need EVERY optometrist to become fully engaged in the process to insure that our patients have the opportunity to see their family eye doctor for their care. You can be sure that the AOA volunteers and staff will do our best to position optometry as THE primary eye care provider in whatever the new health care system will look like, but we can’t do it alone.

We need every optometrist, in every practice setting to take pride in the knowledge and expertise that we bring into the exam room with each patient. And to value the care we deliver to our patients as highly as our patients’ value their sight.
A recent study in the United Kingdom suggested that nine out of ten people fear losing their sight more than any other sense. And an American study suggested that over 50% of American’s over age 45 fear losing their sight more than other physical impairments. Does the public know the role that we as optometrists can play in preventing and limiting vision loss for our patients? Is the public like the reporter, unaware of what optometry in 2008 looks like? Can the AOA educate the public and really make a difference? Will our public affairs campaign make a difference on Monday when we go back to our offices?
We believe that our efforts have been, and will continue to be effective, but as the head cheerleader for optometry and the AOA for the next year, I challenge every member of our association to become a cheerleader for optometry, everyday, with every patient – that translates to the OPPORTUNITY to educate over 50 million Americans per year about their vision, their eye health, the role that you as their optometrist can play in preventing their vision loss and in enhancing their lives through your knowledge and expertise. Take 30 seconds at the end of each exam and educate every patient; they will appreciate it – and you will play a part in raising the public’s awareness of the role optometry plays in our health care system, and that will be PRICELESS for our patients and our profession!
And speaking of PRICELESS, I would regret not taking this opportunity to promote the program championed by optometry that, like the eradication of polio in the 20th century – could eliminate amblyopia in the 21st century. Just think, no more 8, 9 or 10 year olds coming in for their first exam and you having to tell mom that “it’s too late” to fix the bad eye. If all 3+ million babies born in America each year saw their optometrist for their InfantSEE® assessment in their first year of life, and then again at 3 years old; and again before starting school as the AOA clinical practice guidelines suggest, amblyopia could be effectively eliminated for generations of American’s in the future. And optometry would be the hero in the lives of the hundred’s of thousands of children and adults whose opportunities are limited because of their amblyopia or other correctable conditions.
Of course the bonus of providing an InfantSEE®
assessment is the time you spend with mom, educating her
on a life-time of healthy vision for the entire family. As we
all know, moms are usually the health care decision maker
in the family; and like the 50+ million opportunities to
educate – these 3 million moms per year could
exponentially change the perception of the value optometry
plays in the entire health care system and the lives of our
patients. As an AOA member, sign up to provide
InfantSEE® assessments and actively promote the program
that can save sight and save lives!

InfantSEE® is only one example of the many programs
that are championed by the members of the American
Optometric Association that can change the lives of our
patients – young and old.
The question asked by almost every reporter, as well as anyone interested in our profession is: “where do you see optometry in the future?” To answer that question requires us to not just look at our profession, but also how our profession fits into the healthcare puzzle from the multiple entities that influence the patients we see, the scope of practice we can provide; as well as the reimbursement or payment we can expect. These influencers can be state or federal governments like Medicare and Medicaid, to private health insurers to managed vision care organizations. And most importantly, the patients we serve.

The buzz word in health care today is value-driven healthcare. State, federal and private insurers will demand a system that allows the patient to choose their providers based on the quality of care provided and the cost to provide that care. In the end, each of these “decision-makers” will influence our profession significantly.
The success of our profession in the future requires a team effort on all of our parts, as well as an understanding that as a profession and as an individual optometrist, standing still in the rapidly changing healthcare environment will not serve optometry or our patients’ best interests. As leaders of our profession, it is our jobs to look into the future and help each of our members understand the changes we must make to stay competitive as a profession and as an individual.

The Optometry 2020 Summits included all organizations within the optometric family including our significant industry partners. Their collective wisdom, insight and expertise helped build a roadmap to the optometric future. This roadmap will help our doctors and profession provide the highest quality of care in a cost-effective, value-driven manner. It is these futures, and the foundation of the AOA – our long-range strategic plan, that guides me as your president, and our board we make decisions for our association and our profession.
I’d like to take a few moments to highlight a few of my personal favorites of preferred futures, strategies and tactics that will help you understand how decisions are made by your board and our association.

As a professional we owe it to our patients and our profession to stay current with the latest in eye care delivery including examination techniques, diagnosis and treatment of disease, counseling for our patients overall health, as well as recommending and prescribing the most appropriate contact lenses or eyewear to solve their visual needs. Our patients assume that we all are “up to date”, yet Optometry is the only doctoral level prescribing profession that doesn’t have a process to assess whether as a 1984 graduate I have kept up with the changes in our profession over the last 24 years. While this change in the future may not be what WE would prefer, we must remember that our patients, and the payors in our health care system are increasingly demanding a process that proves our continued competence beyond initial licensure.
The AOA Mission statement reads: “Advocate for the profession and serve optometrists in meeting the eye care needs of the public.” If the public and the gatekeepers to our health care system require optometry to embrace changes, then as leaders, we must all do our part to help all of our members understand the need so our patients have full access to optometry, and our members have full reimbursement in a value-driven healthcare model – ALL so we can meet the eye care needs of the public.

In a high-quality, value-driven healthcare system, the use of highly trained and skilled members of our optometric team will be critical. The summits identified the use of paraoptometric personnel as an expanding area of our profession. As a profession, we need to encourage and support our paraoptometric professionals to enhance their skills and prove their competence through the Commission on Paraoptometric Certification.
Our patients expect all of our staff to be highly trained, and we must realize that with certified and trained staff, the level of care can be raised, and the perception of our profession will be enhanced in the eyes of our patients.

While the economics of an optometric practice were not specifically addressed in the summits or in our strategic plan, the ultimate viability of our profession requires all doctors to have a better understanding of the economics of their particular practice. As the number of managed health and managed vision contracts increase; often our members are making significant business decisions for their practice based on the fear of losing patients, rather than understanding the full economic impact on their practice. The AOA feels an obligation, and will develop tools, to help every member better understand the dollars and cents of their practice, as well as the details of those contracts, so the next time they make a decision to accept or reject a managed vision or health plan – it will be based on solid economic data – rather than fear.
The last area I’d like to address is the importance of intra-optometry referrals. To raise the public and other health professions perception of optometry requires us all to recognize that while we may not offer a particular area of practice expertise in our office, we owe it to our patients to make appropriate referrals whenever possible to enhance the quality of their lives. Optometry is arguably - THE EXPERTS in the areas of low vision rehabilitation, sports vision enhancement, specialty contact lenses and vision therapy. We need to identify our patients that will benefit from the services of our colleagues and make the appropriate referrals. But we must not stop at those obvious optometric referrals. As an example - If your area of interest or practice setting limits your ability to fully manage glaucoma patients, find an optometric colleague that DOES actively manage glaucoma patients and make the referral. Your patients will be the winner in that relationship – and optometry will win in the eyes of our patients.
Colleagues, you have my commitment to continue to be your cheerleader for the AOA and optometry for the next year and beyond. I ask all of you to make the commitment to be an optometric cheerleader with our patients, the public, elected officials, optometric students and potential optometric students. We are part of the optometric family, and as part of a family we all encourage each other to strive for more, to jump higher - and to be the best we can be. It’s what we must demand from ourselves, it’s what our patients deserve…

I’d like to close with a quote from my good friend and mentor from Illinois, Dr. Tom Lawless who coined the phrase: “The future of optometry is in our hands……..grab hold!”

THANK YOU!