If you haven’t done so already, it’s time to think about the actions you’ll take this year to move your practice to the next level of performance. As I contemplate the challenges that many of you face, my thoughts turn to something I call “CEO Think.”

Most optometrists have never been trained as a business leader. It just came with the territory. And as your practice grows, your thinking about leadership will mature. Please allow me to share with you some things I’ve learned over the past 30 years about leadership (and I’m still learning).

Be decisive: Your team is looking for decisions, so make them. A bad decision is better than no decision.

Take a leap of faith. What if you don’t try it? Sometimes you’ve got to build the parachute on the way down.

It’s about ROI: A CEO is an investor. Many ODs have a “cost” mentality. You’ll never grow and achieve your goals if you don’t think more about “return on investment.” Your question shouldn’t be “how much,” but “what are the expected results?”

Focus: You simply can’t do everything or be everything. Decide on your market and how you’ll do it. As an added benefit, a DMERC representative will present coding and billing information.

Your primary job (and that of your team) is to replace yourself. You cannot grow if you hold on to yesterday’s duties. Hire good people; get out of their way; let their success be yours.

Listen: Don’t be afraid to say, “I don’t know.” Keep an open mind. Ask questions. Study others. Open your eyes and ears…opportunity will fall at your feet.

Hold yourself and your team accountable: Do what you say you’ll do. Expect the same from others. Stop blaming the people and look to the system.

Take time to sharpen the saw: Precisely because you’re running faster and faster, you have to step off the treadmill occasionally; to get perspective; to remind yourself why you’re in the business you’re in; and to get new ideas.

Your role as CEO (leader) is significantly different from your role as a medical professional (technician). Learn to switch hats. Learn to work “on the business” vs. “in the business.” Above all, do what’s right for the team and for the long haul.

The speed of the leader is the speed of the pack: If you’re laid back and slow to act, your team will follow your lead. If you’re frenetic and unorganized, don’t expect your team to cover your rear.

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Your role as CEO (leader) is significantly different from your role as a medical professional (technician). Learn to switch hats. Learn to work “on the business” vs. “in the business.” Above all, do what’s right for the team and for the long haul.
Optometrists are, by nature, independent. The ability to work independently was, for most of us, one of the items in the “plus column” when the idea of becoming an optometrist entered our minds way back when.

Many of us enjoy the freedom that comes with solo practice. Others have joined up with partners for a slightly different set of freedoms. Nonetheless, the ability to work without a “boss” just seems liberating.

Still others prefer the larger setting of a group practice, institution or corporation. No matter which setting you have chosen, I bet that your ability to practice optometry freely and independently, in other words free from restrictions on how you practice, is important to you.

We each want to do our examination in a manner that we feel serves the needs of our patient best. Our examination procedures have evolved as our experience has increased as has the technology we use. We have an extremely diverse profession and there are many, many ways to “do” optometry. In fact, when asked for a definition of optometry perhaps the best answer is: “Optometry is what optometrists do.” So no one should be able to tell you to do or not do this or that test. You should be free and independent to practice your profession as you see fit. Yes, there are standards of care and clinical practice guidelines that we should all follow, but exactly how we execute those standards should be at the discretion of the individual doctor. That is the definition of freedom and a sign of a truly independent profession.

But all is not free and independent in our profession. Some states have compromised freedom and independence to allow for expansion of scope of practice. Certain states have required its optometrists to be supervised by ophthalmologists prior to granting TPA licensure. Others have had to share so many glaucoma cases with OMDs prior to glaucoma privileges. And there are other examples of oversight of our profession by another profession. When temporary, this oversight can be thought of as a necessary compromise to advance our profession. But we cannot settle for any form of permanent loss of independence for our profession, ever!

In Pennsylvania, there are clear examples of how we have accepted a loss of independence in how we practice our profession. These compromises were made out of necessity at the time, due to the political forces at work in our state. We have been forced to prove ourselves to other professions and legislative bodies before we can ask to have removed the bonds that restrict our freedom to practice in the manner that serves our patients best. A clear case of this inequity is when a new, more efficacious and/or safe medication is introduced to eyecare. Unlike most other states, and all other professions, we are not free to begin using that drug, although it may be in a class of drugs we presently use, without first requesting permission from the Pennsylvania Secretary of Health. This delay in our ability to utilize the newest and best therapeutic medications negatively impacts the quality of Pennsylvania optometric care. This monitoring and control of our profession by a non-optometric political entity speaks volumes about how others do not want us to be free and independent.

Help me and future POA presidents advance our fine profession to the level of professionalism that we have earned and rightly deserve. The benefits of Pennsylvania optometry becoming a truly independent profession will be felt most by the patients we serve.

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Integrating Vision Therapy and New Technologies into a Primary Care Practice
Saturday, April 2
7:00 - 9:00 PM
Radisson Penn Harris
Camp Hill

Paul A. Harris, OD, FCOVD
Internationally renowned speaker

Come in the night before POA’s Business of Eye Care Forum for this special course sponsored by POA’s new Vision and Learning Task Force

Registration: $50 (AOA members)

Call POA at (717) 233-6455 for a registration form or visit the Education & Events section of www.poaeyes.org
InfantSEE™ update

More doctors needed

Thank you to all doctors who have signed up to participate in InfantSEE™. We are well on our way to our enrollment goals.

All volunteers should have received a Support Kit from AOA that includes copies of the Infant Case History Form and the InfantSEE™ Assessment Form. If you have already received this enrollment packet, please remember to sign and return the letter of agreement for participation.

If POA enrolls 40% of its Active members by April 30, 2005, POA will receive AOA’s Exceptional Enrollment Grant, which provides $20 per enrolled doctor to further promote InfantSEE™ in Pennsylvania. If 155 more doctors sign up by April 30, POA could gain $7,360 in non-dues income. We need just 63 more doctors to reach our minimum goal of 30%.

POA will present AOA’s four hour InfantSEE™ course during our Spring Educational Conference June 11-12, 2005, at the Radisson Penn Harris in Camp Hill. Information will be made available on POA’s web site as well as mailed directly to members.

AOA plans to formally launch InfantSEE™ at Optometry’s Meeting in June 2005. We need to have our participating doctors in place before then. If you haven’t signed up, now is the time. Thanks for your support of optometry!

Mark your calendar

Four hours of InfantSEE CE

CSI: Common Strategies for the Infant

Glen Steele, O.D.

During POA’s Spring Educational Conference
June 12, 2005
Radisson, Camp Hill, PA

100-hour
Ocular Therapy Course
June 5-15, 2005

Sponsored by PCO
Elkins Park Campus

Registration Fee: $2,775
Deadline for registration is
May 6, 2005

For additional information or to register, visit the Education & Events page of POA’s web site at www.poaeyes.org or visit www.pco.edu

Sign up for
InfantSEE

POA-Member Doctor(s) ____________________________

Practice ________________________

Address ____________________________

E-mail ____________________________

Phone ____________________________

Please return this form to Deb Blanchard at the POA office
FAX (717) 233-6833

Or e-mail the above information to Deb@poaeyes.org

Your name(s) will be passed on to the American Optometric Association to be entered into the database. Additional information will be provided to participants as it becomes available.
News you can use

The Optometric Practice as a Small Business: Strategy and Leadership

By Charles J. Stuckey, Jr., O.D., Executive Director

Several issues from previous years will emerge into trends during the second half of this decade. I expect that the following trends will affect your optometric practice in 2005 and beyond.

1. Consumer driven health insurance products, such as health savings accounts, will be offered by more and larger health insurance companies.
2. An increase in the penetration of the vision care market by vision benefit companies.
3. A consolidation of the vision care market by vertically integrated retail companies – companies with manufacturing (frames/lenses/contact lenses), distribution (provider sites) and finance (third party payment) functions all under the same corporate umbrella.
4. The continuing consolidation of healthcare providers through mergers and practice alliances.

In the face of all this change and development, the POA member optometrist must be able and willing to think strategically and subsequently develop strategies as part of their business planning process in accordance with their leadership style.

Strategic Thinking and Strategy Development

Strategic thinking is a process whereby you learn how to make your practice vision a reality by developing your abilities in problem solving and critical thinking. It is also a tool to help you confront, plan for and make transitions.

Strategic thinking requires you to envision what you want your ideal outcome to be for your practice; for example, limiting your optometric practice to the specialty of children’s vision.

Strategy development is the process of assessing resource availability, making decisions, formulating a plan and implementing actions to accomplish planned objectives and realize a goal based on your strategic thinking. Strategy development is the road map to the practice’s future.

The most important tangible outcome of the strategy development process is the optometric practice business plan. The optometric practice business plan communicates the practice’s objectives and means for achieving those objectives to its stakeholders such as the practice employees.

Leadership

To effectively lead, you must first determine who you are and define your leadership style. Identifying your unique leadership style will help you recognize your most effective means for maximizing employee performance within your practice environment.

The second step of becoming an effective leader is to know and understand your employees. You should develop a comprehension for who they are on a personal level. You must understand what motivates them to achieve a goal or to perform beyond their normal level of production.

Once you identify your leadership style and understand what inspires employees, you must seek a method for moving your practice toward a shared goal. The most common technique is transformational leadership – a transformational leader inspires involvement in a mission and allows employees to participate in strategy development.

The last ingredient of successful leadership is understanding your practice’s environment and nature. There is a direct relationship between the leadership you provide and the type of practice you shape.

Throughout 2005, I will continue to write articles on the strategic development process and its relevance to the development of an optometric practice business plan in this Practice Resource Center section of the Keystoner. Please feel free to contact me at Charlie@poaeyes.org with your comments and suggestions.

FY 2005 CPT ophthalmic code changes

Ophthalmic echography coding was affected by the recent 2005 CPT updates. Effective January 1, 2005, the AMA added CPT code 76510 and revised the definitions of CPT codes 76511 and 76512.

- **76510** Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
- **76511** Quantitative A-scan only
- **76512** B-scan (with or without superimposed non-quantitative A-scan)

As a result of these changes, HGS Administrators, the Medicare Part B carrier in Pennsylvania, has updated

See Codes on page 5
HIPAA update

Security Regulation compliance deadline is April 21, 2005

By Angela Zaydon, J.D., Coordinator of Keyperson and Fundraising Programs

The deadline for compliance with the fourth major section of the Health Insurance Portability and Accountability Act (HIPAA) is coming upon. Optometric practices covered under the rule have until April 21, 2005 to comply. The HIPAA Security Regulation requires measures to ensure the safety and confidentiality of health care information that is stored or transferred electronically. The good news is the Security Rule should be the least difficult of the HIPAA rules to implement, involving mostly common sense measures that many optometrists are already taking to protect patient information. In addition, the rule is meant to be flexible, allowing optometrists to implement security measures that are appropriate for their individual practices.

The Security Rule applies to any health care provider who, even once, has either directly or indirectly (through a contracted organization like a billing company) accomplished health care financial or administrative transactions using electronic media. Health care financial or administrative transactions are defined to include: health care claims or equivalent encounter information, health care payment and remittance advice, coordination of benefits, health care claim status, enrollment and disenrollment in a health plan, eligibility and remittance advice, coordination of benefits, health care claim status, enrollment and disenrollment in a health plan, eligibility for a health plan, health plan premium payments, referral certification and authorization, first report of injury and health claims attachments.

The HIPAA Security Rule requires all health care providers who are subject to HIPAA to develop safeguards to protect the “integrity, confidentiality, and availability” of all patient information that is stored or transmitted in electronic form. Optometrists are required to adopt policies and procedures, erect physical barriers, and install computer hardware and software to reasonably prevent electronic data from being compromised in storage or during transmission.

Keep in mind that the HIPAA Security Rule applies only to electronic data. Electronic data under the rule is “electronic protected health care data” and referred to as “ePHI.” Unlike the HIPAA privacy rule, which applies to individually identifiable health information in any form, the Security Rule only applies to electronic data. The Security Rule allows Optometrists to use whatever hardware and software they wish. The Rule also allows other flexibility. While every optometrist must comply with a set of broad security standards outlined in the rule, the test is a “reasonable and appropriate” standard. This in no way means that a practice does not have to conform to the rule; it just means that it is somewhat flexible.

There are four general requirements that the Security Rule imposes.

1. Practices must safeguard all electronic protected health information they create, receive, maintain, or transmit.
2. Practices must protect against any reasonably anticipated threat or hazard to the security or integrity of such information.
3. Practices must protect against any reasonably anticipated uses or disclosures of electronic protected information that are not permitted under the HIPAA Privacy Rules.
4. Practices must ensure compliance with the security rule by their employees.

The rule requires administrative, physical, and technical safeguards to ensure the confidentiality, integrity and availability of e- PHI. This can better be understood by spelling out each section of the rule.

The rule requires administrative safeguards (addressing the administrative requirements for an information security program), physical safeguards (addressing the security of the physical facility in which equipment and data are stored and the hardware used to process, maintain, and transmit e- PHI), and technical safeguards (addressing the securing of protected data) to ensure the confidentiality (meaning assurance that electronic patient information is not made available or disclosed to unauthorized persons), integrity (meaning assurance that electronic patient information has not been modified or destroyed without authorization) and availability (meaning accessibility and usability of electronic patient information on demand by an authorized person).

OK – now is the time to take a deep breath and relax. I know it sounds complicated, but just remember the reason behind the rule, to protect electronic information, and then look around your practice. You have probably already taken many of the steps necessary to comply. Do you lock your office door when you leave at night? Of course you do. That is one of the security rule requirements that you have already complied with.

The AOA is developing model security policies and procedures, along with a checklist, based on elements outlined in the final HIPAA Security Regulation, which will be available shortly. Please watch all publications and information from the AOA as well as the POA to keep you and your practice informed and up to date.

Codes

Continued from page 4

Local Coverage Determination (LCD) X-7, “Ophthalmic Echography and Biometry,” by making the following changes:

- Added CPT code 76510 to the “CPT/HCPCS Codes” section,
- Changed the definitions of CPT codes 7651I and 76512 in the “CPT/HCPCS Codes” section, and
- Added CPT code 76510 in all three listings of eligible ICD-9 codes in the “ICD-9 Codes that Support Medical Necessity” section.

In addition, HGSA’s update to LCD X-7 deleted the requirement that physicians submit documentation with claims covered by this policy. Please note that the supporting documentation must, as with any claim, be readily available, if requested by HGSA or the CERT carrier, AdvanceMed.

It is also important to note that these CPT code changes did not result in a revision to the associated Billing and Coding Guideline, A20067.

LCD X-7E and the associated Billing and Coding Guideline, A20067, are available for review on HGSA’s web site at http://www.hgsa.com/professionals/lcd.shtml
Federal contact lens law update

Two methods to file complaints

The POA has received many complaints from optometrists and their staff regarding contact lens sellers and their methods of verification of a contact lens prescription. It is very important that every doctor file a complaint EVERY TIME a contact lens seller violates the rule. The FTC reviews the complaints regarding the rule and uses those complaints to determine whether or not the rule is working and whether the rule needs to be altered or changed. The FTC has no reason to change the rule if they receive no complaints from optometrists.

There are two ways to file a complaint, either via the Internet or phone call. For Internet complaints, log onto www.ftc.gov. On the first page click on “File a Complaint” at the top. A screen pops up that asks “How Do We Reach You.” This is where the doctor fills in information regarding the doctor’s name, practice, address, phone, etc. It will then ask you to “Tell us your complaint.” On the “Subject of Your Complaint” line, use the drop down box and select “Health.” It will then ask several questions related to the company about which you are filing the complaint. If you know the information, fill it in. If you do not know an answer, type “unknown” for each answer that you do not know or that does not apply. Then it will ask you to type your complaint. **File a separate complaint for each occurrence in your office and do not put personal patient information in the complaint.**

To contact the FTC by phone, dial 1-877-382-4357. You will be prompted by an automated system. Use the prompts for “filing a complaint.” You will then get a live person, called a consumer counselor. **They will take the information and give you a confirmation number. You can keep a list of the confirmation numbers in your office and you can document the patients file, if you wish.** You will also receive a different confirmation number for each complaint you file with that consumer counselor. **As always, do not give the consumer counselor personal patient information.**
Classified Ads

Practice for Sale/Optometrist Wanted
Northwestern PA. Optometrist wanted for great recreational location. Great staff, great full-scope primary care equipment and facilities. Newly equipped full-service lab. Established over 25 years and still growing. Doctor wishes to spend more time enjoying family, snow skiing, flying, hunting, fishing and boating. Three large lakes all within one hour. Associates welcome or outright sale to well-qualified practitioner. If interested, contact coda@westpa.net or call (814) 368-7090.

Practice for Sale/Optometrist Wanted
Pittsburgh PA. Great start-up or satellite practice. Gross $200K working 2 days per week and two Saturdays (mornings only) per month. Turnkey with great growth potential. If interested, call (724) 869-1870 or fax (724) 869-8113.

Optometrist wanted
Lehigh Valley. Part-time optometrist wanted. Interested doctors should fax resume to (610) 760-1901 or call Dr. Werner at (610) 767-1555.

Optometrist wanted

Equipment for sale
Rota-Table, the most impressive instrument: instruments go around, patient goes up. A real winner with adults as well as kids! Six foot diameter. Cost $5,600, sell for $1,000 (6 foot diameter). B&L cream with black standard electric chair, $300. B&L chair and three arm instrument stand. This chair flattens to a completely flat operating chair. The best of B&L’s chairs. $450. Call Dr. Herbert Fingles at (610) 667-5051.

Equipment for sale
Volk Supervitreo fundus lens with case. Like new condition. Original cost, $235. Sale price, $150. Call (610) 647-6550 or e-mail c.griffen@erols.com.

Equipment for sale
Mark V edger, Oxford blocker, and Groover for sale. All in good working condition. If interested, make offer to Walt at (814) 838-0550.

Equipment for sale
Optical Dynamic casting system that has had little use. Also a large supply of monomer would go with the system. Call Strohecker Vision Care at (570) 662-3891.

Equipment for sale
Seven custom made lighted frame boards with Fashion Optical inserts, medium oak color, holds 468 frames. Also has 2 matching dispensing tables, 1 corner display table, and 3 wall mirrors. Very good condition. Make me an offer: Dr. Stephen J. Drabick, (610) 769-4000.

Equipment for sale
AIT 630 Speede Blocker, AIT/OPTI-VUE speede adhesive layout blocker, $420. Novamatic P-5 Pattern Maker, automatic pattern maker with accessories and pattern blanks, $600. Novamatic Groovemaster Autogroover, all material automatic lens goover with accessories, $600. AIT Grande Mark AME Edger, fully automatic, all material bevel edger, complete with Leap adaptor, electric lens chucking, bevel only cycle, high power submersible coolant system and accessories, $3,400. All equipment is barely used and in excellent condition. Call (570) 451-2020 for more details.

Equipment for sale
AO ophthalmic stand, model 14207, 3-arm beige, very clean, $950. AO ophthalmic chair, model 14200, beige, very clean, $950. Marco phoropter, model RT-1 minus cylinder, excellent condition, $1,800. AO 1217 projectort wrinkle black with screen, excellent condition, $400. Marco full trial set with trial frame, in case, excellent condition, $500. AO NCT II with dedicated table, $1,200. AO NCT I with dedicated table, $1,000. If interested, call Dr. Walter Drill at (215) 855-4549.

Equipment for sale
Complete finishing lab. Santinelli LE-7070M edger with tanks, cuts plastic, poly and glass. AIT blocker, model #630. Santinelli hand edger: All recently refurbished. If interested, call (724) 852-2200.

Equipped for Sale
**New Members**

We are pleased to announce the following new POA members. Please welcome these members to their professional association.

- Robert J. Bastaich, O.D. (WPOS)
- Megan Buliano, O.D. (BMOS)
- Steven Paley, O.D. (WPOS)
- Rebecca L. Schoonover, O.D. (NEOS)
- Thanh-Thao T. Thieu, O.D. (BMOS)
- Brendon J. Weaver, O.D. (BCOS)

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**DEA number renewal change**

Doctors applying for renewals of their DEA numbers will see a change in the way their numbers have been issued.

When the Philadelphia office began issuing DEA numbers five years ago, it was issuing numbers for Schedules III, IV and V. However, apparently only Schedules III and IV were approved by the Washington, DC office. It appears an internal communications error at the DEA office lead to the improper issuance.

Optometrists should be issued DEA registrations for Schedules III and IV.

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**Worth Noting**

**Loaner Library**

Two new issues of *Better Buys for Business*, "The Color Laser Printer & Business Ink Jet Printer Guides" and "The Color Copier Guide" are available for members through POA's Loaner Library. Members can borrow items by e-mailing mail@poaeyes.org or calling (717) 233-6455.

**POA Award Nominations Deadline**

The deadline for local societies to submit their nominations for Optometrist of the Year, Young Optometrist of the Year and William Van Essen Award is **Friday, April 1, 2005**.

Nomination packets have been mailed to all local society presidents. If you need another nomination packet, please e-mail Deb@poaeyes.org or call (717) 233-6455.

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**In Memoriam**

We extend our sympathy and prayers to the family of

**L. David Cruse, O.D.**