

Niche by Niche, Optometry Is Expanding

Many ODs Are Now Eager to Specialize



Image Credit: Getty Images/Vladimir Kononok

BY VM STAFF

NEW YORK—Optometry has seen significant gains in the widening of its practice scope across most states in the U.S. and primary eyecare remains the focus of many practitioners. However, specialization, or the adoption of ‘subspecialties’, driven by new clinical and treatment options, the advent of innovative technologies and, importantly, changing priorities among new generations of ODs for how they want to build their experience and service as optometrists, have been driving a growing interest in specialties.

More ODs are seeking to add a new dimension to traditional primary care practice, and practitioners are seeking to differentiate their vision care practice by specializing in certain sectors. As the profession looks to advance a broader recognition in delivering medical eyecare, the trend is gaining ground.

Some sub-specialties, like pediatric care, contact lenses and low vision or vision therapy have been active for a while. Others that are seeing new participants include sports vision, neuro-optometry, senior care, dry eye, aesthetics and myopia management.

In this special feature, *VM*’s contributor, Julie Bos, shares how some individual optometrists view the commitment to specialties in their practices to serve patients.

And Jack Persico, editor-in-chief of *Review of Optometry*, a sister publication of *Vision Monday*, dives deep into just-released exclusive Jobson research exploring optometrists’ and optometry students’ current attitudes towards sub-specialties to offer fresh and important perspective on this fast-moving topic.

– VM Editors

Explores Optometrists’ Views Towards Subspecialties

A new and exclusive survey polls optometrists and optometry students to gauge their current interest in optometric and eyecare subspecialties. The study, just released this month during the Academy of Optometry meeting, was conducted by Jobson Optical Research. It was fielded in August 2023 to optometrists and students, who represent a mix of professional settings and experiences. The report examines the type, breadth and mix of subspecialties being practiced, attitudes about those specialties and how those skills were learned and acquired, referral practices, professional pathways, and opinions towards potential credentialing and more. The survey reports 28.3 percent of respondents identify as “primary care providers with specialty skills” (26.1 percent) or simply as specialists (2.2 percent) and publicly list their subspecialties. Seventeen percent are members of specialty-oriented organizations. The full report is available now at no charge for download at <https://www.surveygizmo.com/s3/7547851/Subspecialty-Report>.



Subspecialization in Optometry

Optometrists Ready to Step Up to Subspecialization

New survey finds enthusiasm for recognizing ODs who wish to concentrate on particular aspects of care within the broader swath of the profession's services.

BY JACK PERSICO / EDITOR-IN-CHIEF, REVIEW OF OPTOMETRY

A majority of optometrists are content to describe themselves as primary eye-care providers, but over one quarter feel they also possess “subspecialty skills” in one or more specific niches—and they would like such capabilities to be recognized by others, too. Doing so would bolster referrals to ODs and could allow greater integration of optometry into the wider healthcare infrastructure. Enthusiasm for subspecialization is strongest among the younger members of the profession, but even most senior ODs see it as valuable, while still expressing some wariness over an as-yet-undefined credentialing process. Still, ODs seem ready to hash out the details.

Those are some of the key findings from a new survey on optometric sentiment toward optometric subspecialization. Conducted by Jobson Optical Research in August 2023, this survey received input from 506 practicing ODs and 95 optometry students.

The research is being released during this year's Academy of Optometry annual meeting in hopes of stimulating discussion among various stakeholders. The full report will be available for download from Jobson Optical Research. Below, we share highlights of some of the major trends and discuss how they might inform a profession-wide discussion about efforts to formally credential ODs in various subspecialties.

“It would reassure patients that they are seeing a provider who understands their individual condition thoroughly,” wrote an optometrist from Cincinnati in response to the survey. “It would also serve as a way for eye care providers to refer patients to each other in a meaningful and more purposeful way if we knew each other's clinical interests.”

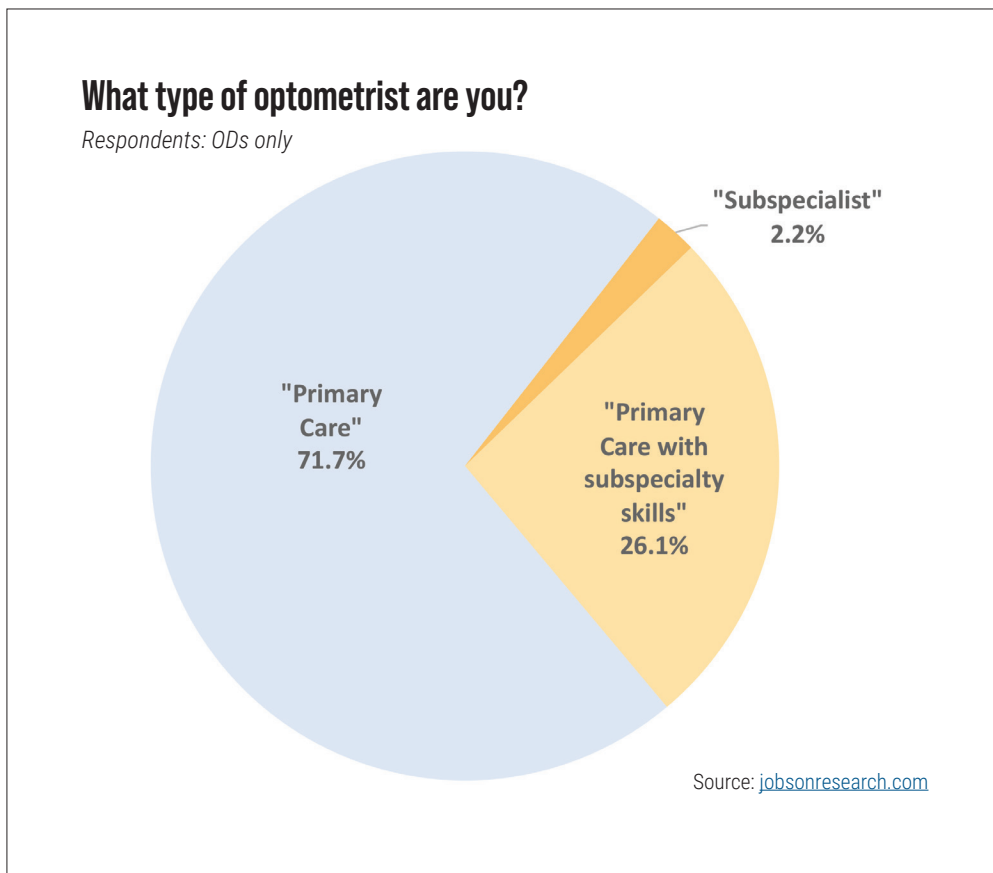


Fig. 1. Primary eye care remains the chief responsibility of optometrists, but over one-quarter say they possess an additional layer of skills in one or more specific disciplines.

Subspecialties Taking Shape

Among ODs who responded to the survey (i.e., excluding students), 41.5% have been practicing for over 20 years and 62.7% are in private practice settings. As *Figure 1* shows, primary eye care is the domain of virtually all respondents but, importantly, 26.1% say they also have additional expertise above and beyond that level and 2.2% call themselves subspecialists outright.

In the survey, 86% of those who lay claim to subspecialty skills point toward the clinical experi-

ence they developed over the span of their careers (*Figure 2*). Peer-to-peer training via continuing education was called out by 69.9% and optometric residency training came in at a healthy 36.4% of respondents.

Still, formalized processes to define, train and credential subspecialists are needed for any such effort to take off.

“Subspecialization permeates the entire healthcare system,” says David Heath, OD, president of SUNY College of Optometry and a longtime propo-

nent of subspecialization within optometry. “Pretty much every doctoral-level health profession has subspecialties and there are guidelines, rules and paradigms that are applied. As subspecialties emerge in the optometric profession, we should be in compliance with reasonable and standard structures within the healthcare delivery system.”

Lack of consistent nomenclature is one problem. “What defines a pediatric optometrist, for instance?” asks Dr. Heath. “Is that centered on developmental issues or more medical ones?”

Survey respondents cited a wide range of areas they see as their strengths (*Figure 2*). Some map onto ophthalmology subspecialization categories like glaucoma and retina, others comprise uniquely optometric services (e.g., contact lenses, vision therapy, low vision) and at least one—“ocular disease”—seems an artifact of a previous generation’s effort to evolve optometric care. Educational curricula and advanced training or experience in a focused medical environment that emphasized ocular disease broadened optometry’s mandate beyond refraction and corrective lenses years ago. That may be a point of pride for many ODs—51.7% point to their skills in ocular disease management, second only to contact lenses—but its clinical footprint is too broad to claim as a subspecialty.

“Having a common understanding of what a subspecialty is—which we don’t currently have—can only make referrals and collaboration among optometrists all that much stronger and better,” says Dr. Heath, “and it’s something that ODs themselves are saying they would embrace.”

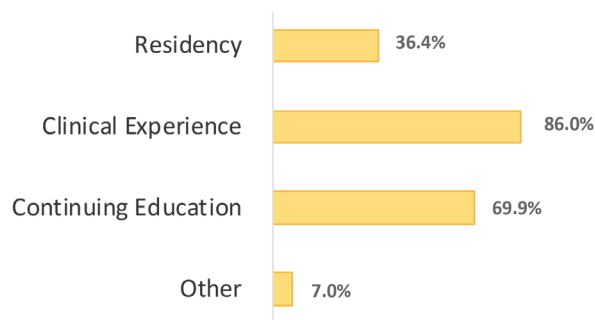
That’s borne out by the survey data. Even though only 28.3% of survey respondents consider their own skills to include elements of specialized care, a healthy majority do believe there should be subspecialties within optometry and that, moreover, there already are. *Figure 3* shows the sentiment on

This story and others are posted in the Oct. 15, 2023 issue of Review of Optometry (<https://bt.e-ditionsbyfrv.com/publication/?m=22430&i=803791&p=46&ver=html5>)

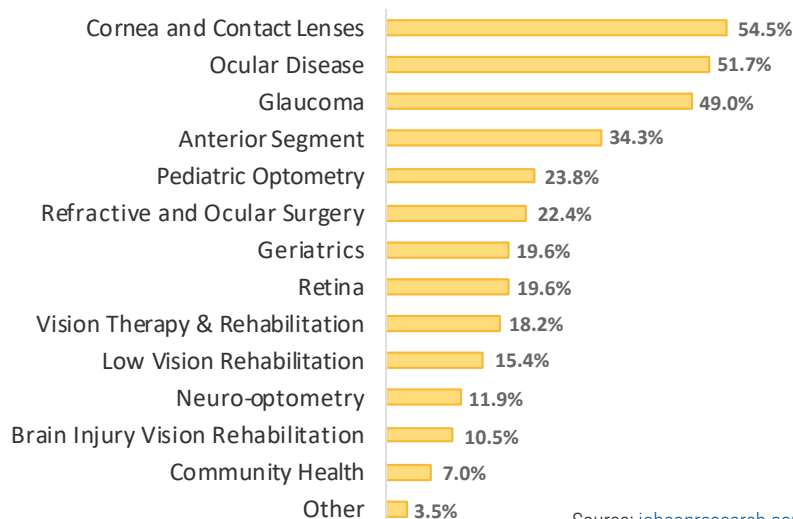
If “Subspecialist” or “Primary Care with subspecialty skills”:

Respondents: ODs only

How did you acquire your specialized skills? (Check all that apply)



Which subspecialty areas? (Check all that apply)



Source: jobsonresearch.com

Fig. 2. Through a combination of residency training, CE and ample clinical experience, optometrists feel they have developed specialized skills, chiefly in optometric strongholds.

these questions by age bracket. Current students and those ODs who have practiced five years or less are most bullish on both matters: 82.4% say there should be optometric subspecialties while 85.6% say these already exist.

“I believe a formal credential would allow you to state your specialty with defined support from

somewhere,” wrote a student at Pacific University College of Optometry. “It’s not just saying, ‘I’m really good at this’—it proves that you have met a level of standard. It would feel better and easier to promote yourself and your specialty.”

Optometrists practicing 21 or more years were

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Subspecialization's Appeal Grows Among Optometrists

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a bit more measured in their support but still endorsed both ideas, with 70.0% and 74.7% expressing agreement, respectively. "It would increase patient access for those who are having long waits for ophthalmology specialists," an OD from Chicago suggested. "At the same time, optometrists would have closer partnerships with PCPs."

OD-to-OD Networks

The topic of intraprofessional referrals is another area where formal subspecialization would be advantageous. Although the survey found that 70.8% of optometrists already refer to other ODs in some fashion (Figure 4), many cited a desire for greater clarity about who's on the other end of that relationship.

"I think formal credentialing coupled with a directory of said specialty would make it much easier to refer to colleagues for these specialties," another survey respondent pointed out. "As it stands, everything seems to be by word of mouth."

Indeed, 82.4% of respondents said they would be more inclined to refer to another optometrist if that individual had formal training validated by a

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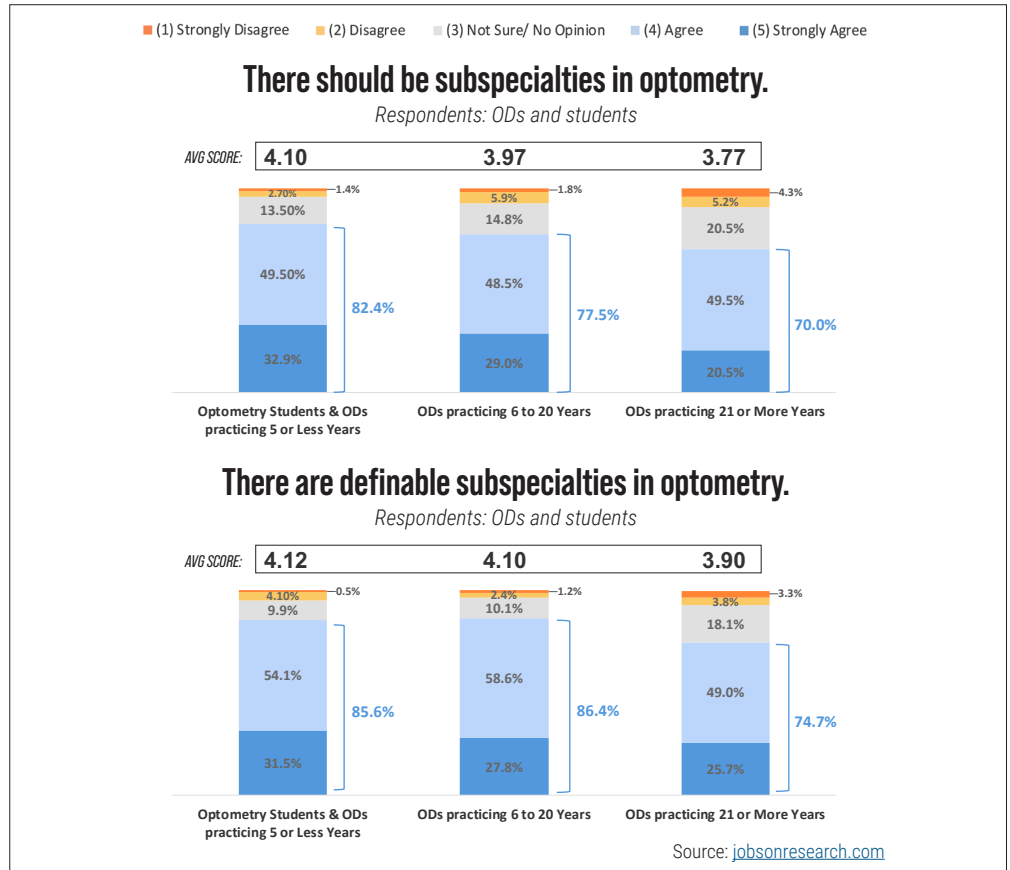


Fig. 3. Respondents endorsed the idea of optometric subspecialties with healthy majorities.

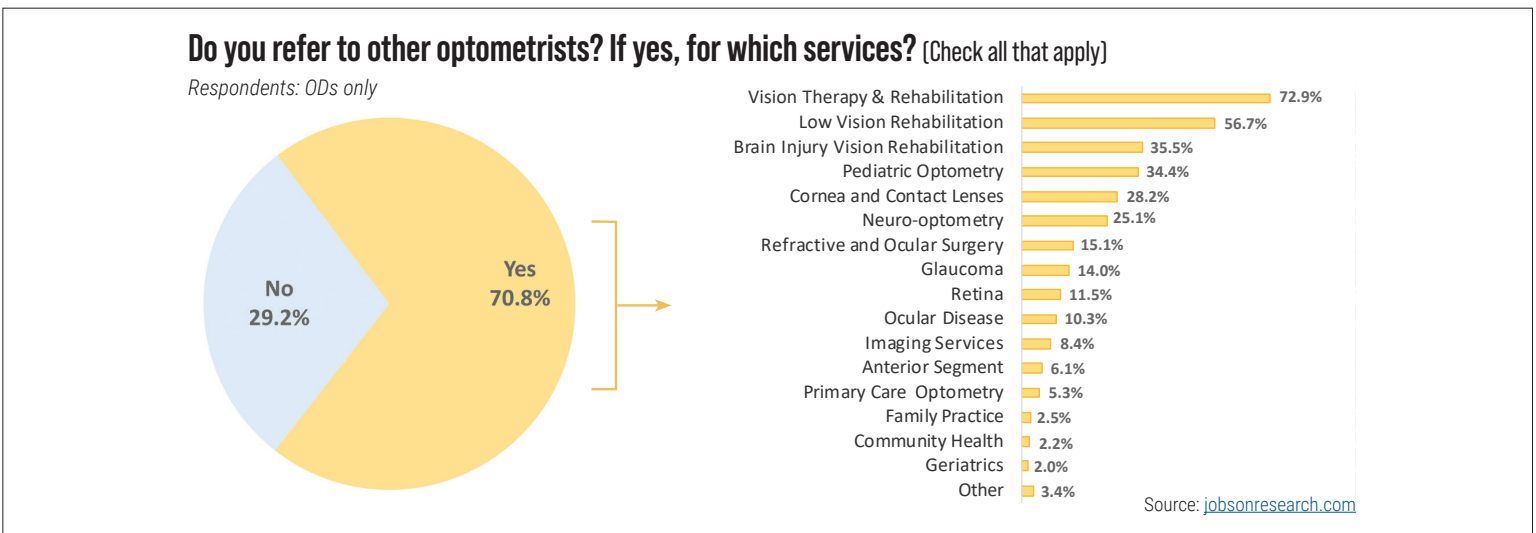


Fig. 4. OD-to-OD referral is surprisingly robust among survey respondents and heavily concentrated on traditional areas of optometric expertise.

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Subspecialization Can Boost Referrals, ODs Say

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community of their peers (Figure 5).

Some areas are quite far along in the process. “Low vision has already defined itself,” explains Dr. Heath. “That community has a set of approximately 20 advanced competency statements that really identify the knowledge and skills required. Other areas we may consider discrete disciplines within optometry still need to undergo a process of establishing broad-based community agreement on what comprises their core competencies,” Dr. Heath notes.

A Group Effort

Dr. Heath believes the momentum, and most of the heavy lifting, will happen at the level of the societies. “In every health profession, the formalization of subspecialties occurred through grassroots activities,” explains Dr. Heath. “You really need the community that views themselves as either subspecialists or primary care docs with subspecialty skills to be developing the advanced competencies that define the area. They can’t be developed from

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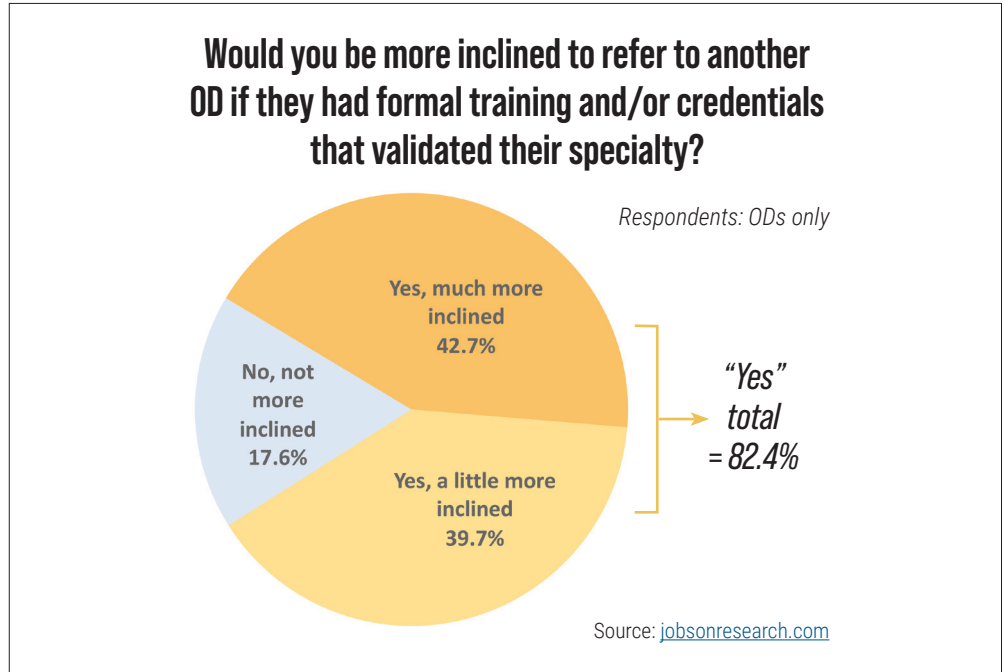


Fig. 5. “There should be less stigma about OD-to-OD referrals,” wrote an OD from Minnesota. “Subspecialization would allow a practitioner to become phenomenal in one area and provide the absolute best care possible to each patient.”

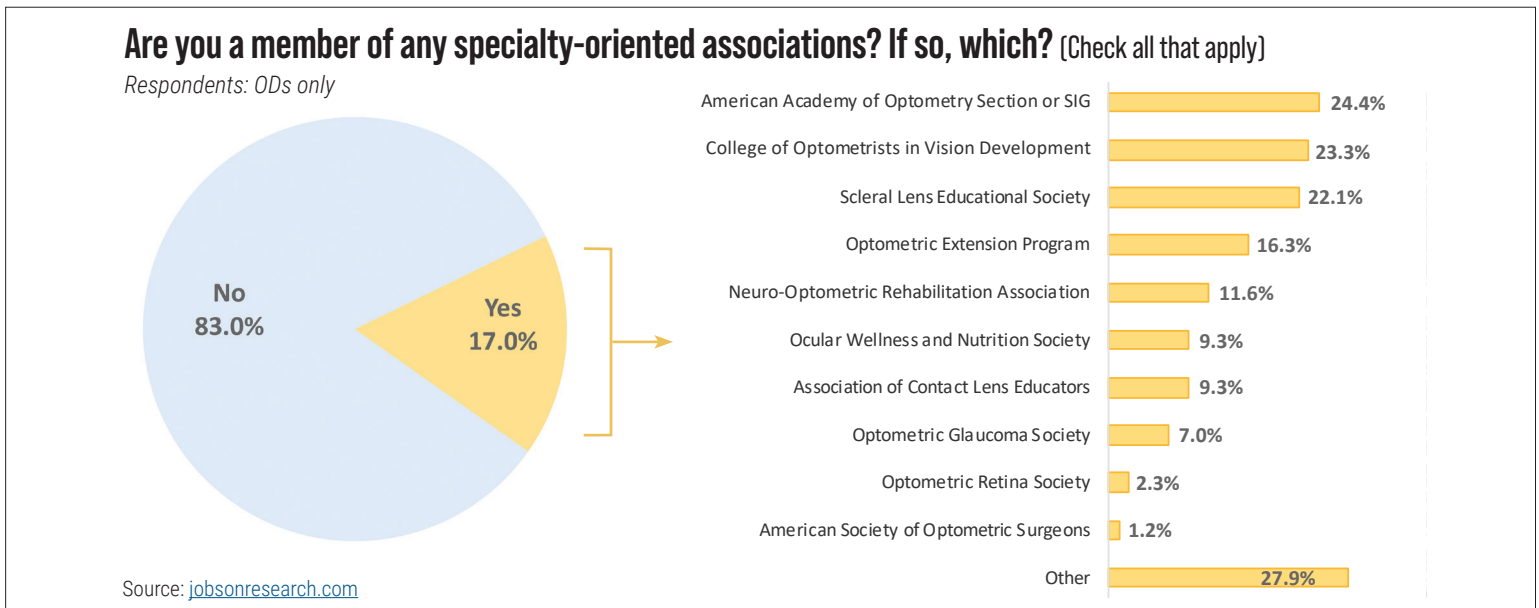


Fig. 6. A relatively easy way to begin developing specialized expertise is through the mentorship to be found in professional societies. Only about one-sixth of survey respondents reported having taken such a step, however.

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above. It has to come from the bottom up.”

Professional organizations ranging from ASCO and the Academy down to the many area-specific societies that help foster subspecialty expertise can play a role in moving the conversation forward, he suggests. Some may be looking at ways to credential their members, he says, while many others may simply want to get together to talk about their shared interests and expertise. “But any credentialing process has to be built atop the cumulative knowledge of those practitioners operating at the ground level,” Dr. Heath emphasizes.

Membership in professional societies that prioritize advanced training provides a chance for mentoring and greater access to expertise. Nearly one quarter of respondents (24.4%) with such an affiliation say they belong to a Special Interest Group or Section of the Academy of Optometry (Figure 6). Among single-discipline organizations,

the most populous in the survey seem to be the College of Optometrists in Vision Development (COVD) at 23.3% and the Scleral Lens Education Society, which garnered a 22.1% response. However, it’s worth noting that specialty organization membership as a whole only represented 17% of the entire sample studied.

Devil’s in the Details

If there’s one area where optometrists—established ones in particular—may express some trepidation, it’s in the prospects for credentialing.

Figure 7 shows that a slim majority of 51.9% of ODs with 21 years or more under their belts agree there should be a definable process for recognizing optometric subspecialists. Younger optometrists and students were a bit more open to the idea, however (61.7% agreed).

“When we ask whether there should be a formal process of credentialing,” says Dr. Heath, “there’s a tendency to quickly jump to concerns

about undergoing more exams and possibly more exclusionary behaviors that could ensue.” Older ODs who remember the acrimony over board certification are in no mood for a repeat performance.

“I’m an evolutionist—let’s take small steps,” offers Dr. Heath. “There’s no reason to jump to a model another profession may have developed over a span of decades. Allowing the organic development of subspecialties is really critical.”

Again, it’s already well underway, notes Dr. Heath. “COVD has a board certification credential for their fellows, and the diplomate processes of the Academy are relatively sophisticated and involve multiple kinds of assessment. Optometry residency education, much like in all other health professions, requires a demonstration of advanced competencies.” As well, VA optometrists use the Advanced Competence in Medical Optometry exam as a way to achieve formal recognition, and the American Board of Optometry is piloting a Certifi-

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MODDO

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cate of Added Qualification over and above one’s status as board certified.

“What we can do as a profession is highlight the principles and guidelines that underpin subspecialties and ensure that development is in concert with health care as a whole,” says Dr. Heath.

Value Added

Encouragingly, 70% of ODs and 92% of students said they would welcome the chance to earn a subspecialty credential (Figure 8). This is a surprisingly can-do attitude when you recall that just 28.3% said they consider themselves to be currently skilled in something that might be called a subspecialty.

As always, students will be the agents of change. “It would add value to one’s expertise on the topic as well as inspire patient confidence in your skills and education,” summed up a current Nova Southeastern student. At the same time, noted a Canadian optometrist in the survey, “optometry is a profession of generality, and that really should not be lost.” ■

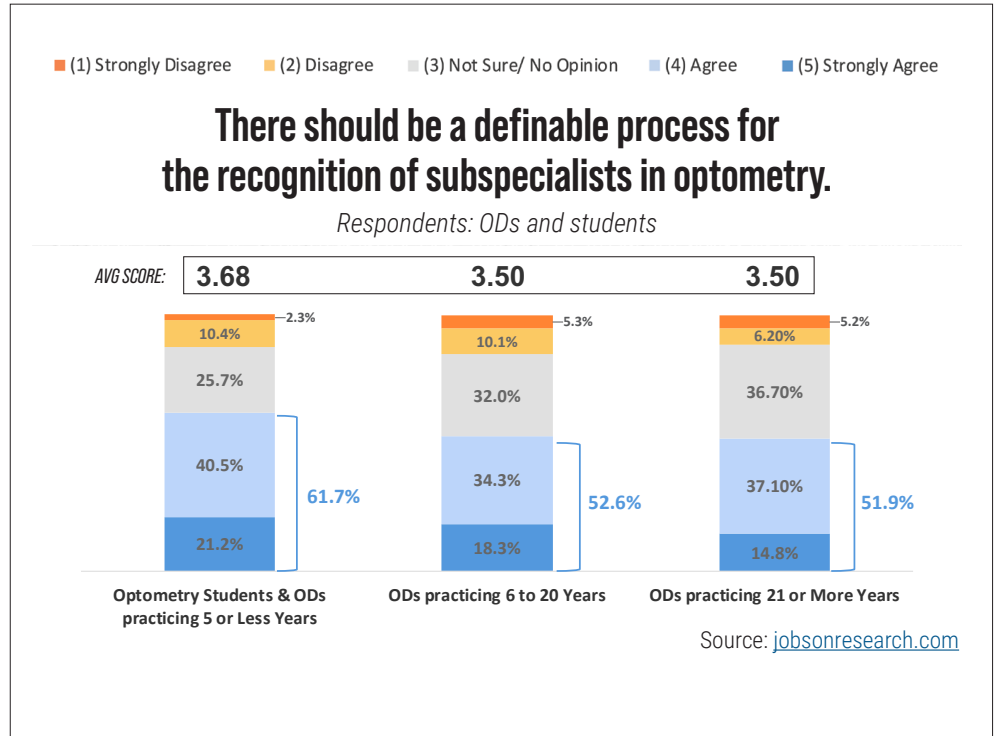


Fig. 7. Optometrists with an established patient base, reputation and referral network may worry about as-yet-unknown mechanisms to codify optometric subspecialties.

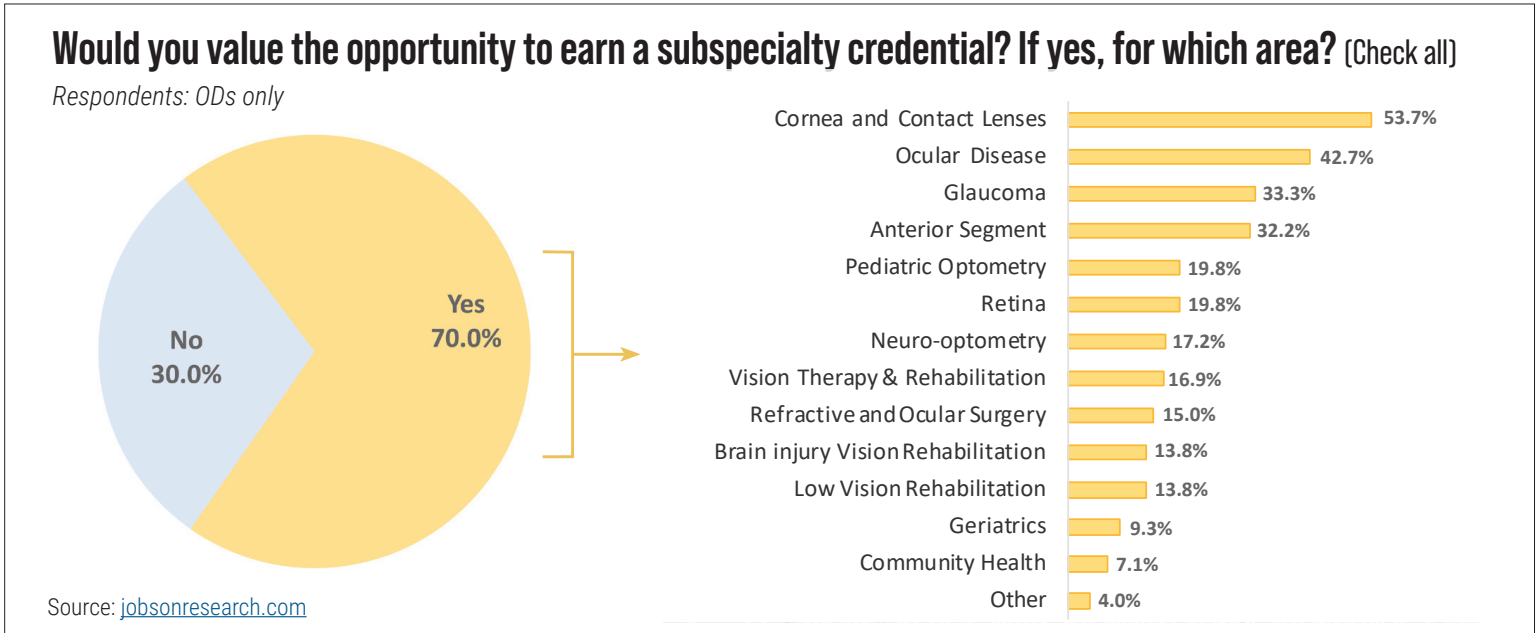


Fig. 8. A robust 70% of ODs say they appreciate the opportunity to pursue a credential of some sort, especially in specialty contact lenses.

More →

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The OD Perspective: The People, Perks and Rewards

How Five Doctors Achieved Differentiation, Growth and Heightened Satisfaction

BY JULIE BOS / CONTRIBUTING EDITOR

Growth strategies are often counterintuitive. For many optometrists, throwing a wide net to catch as many patients as possible may seem like the wisest idea, but there are plenty of specialized practices today that beg to differ.

More and more practices now strive to be the “big fish in a small pond” through specialization. By narrowing their focus and honing their niche, doctors are doing more than setting themselves up for impressive growth—they’re also doing work they are passionate about.

Five optometrists shared their stories and how specializing has been key to practice expansion, patient base growth, heightened revenue and personal fulfillment.

Aesthetics/Beauty

Optometrists that specialize in ocular aesthetics focus on treatment options that protect and improve the appearance of the eyes and surrounding skin. Treatments include eyecare safe products and in-office skin care procedures.

Helping People Look and Feel Better While Tripling Revenue per Patient

Margaret Foley, OD

Owner, Foley Vision Center

Eugene, Oregon

Other Specialties: Dry Eye



Dr. Foley’s path to practice specialization started early. “I got out of school immediately knowing that I didn’t want to do plain optometry and move dials all day—the disease aspect was always more challenging and interesting to me,” she said.

When she launched her career, Dr. Foley started in neuro rehabilitation, which led her to a special-



A patient receives IPL to treat OSD and improve cosmesis.

ization in Ocular Surface Disease (OSD). As she got deeper into OSD treatments, she quickly learned the limitations of pharmaceuticals and gravitated to energy treatments. After acquiring a radio frequency platform, Dr. Foley was very impressed by the treatment’s multi-faceted benefits, which sparked a whole new business trajectory.

“The upside of radio frequency treatments is profound—not only do people feel better, they also start looking better because we’re improving the collagen and elastin around the eyes,” she explained. “Once I saw that patients kept coming back for these treatments, the light bulb went on. I realized that this is the future.”

Dr. Foley started doing research and attending aesthetic-only meetings, where she was the only eye doctor in the room for at least six years. “I realized that this was an untapped market that could really benefit our long-term strategy.”

Once the decision was made, finding patients proved easy.

“We’ve been in this location for 18 years and have a very loyal following of OSD patients,” said Dr. Foley. “We focus on female heads of household and when I prescribe OSD treatments, I mention that they will also see a reduction in fine lines and wrinkles, along with improvement in collagen and

elastin, which makes many people excited to learn more. Then we talk about their cosmetics and skin care, and we guide them to things that are healthier and safer than injections. That leads naturally into conversations about aesthetic treatments.”

For additional marketing, the practice hosts monthly lunch-time webinars, covering different topics of eye beauty. Those webinars have grown to be well attended. Plus, they post regular content on Facebook, Instagram and Tik Tok.

This strategy has proven very effective. “Before we brought on aesthetics, our average revenue per patient was around \$400, but now it’s between \$1,200 and \$2,000 per patient,” she said. “Many patients also buy treatment packages ranging anywhere from \$1,500 to \$7,000, which is impressive considering it’s all private-pay.”

Another perk is limited competition. No other local ODs have the same instruments—only one plastic surgeon has something similar, but he uses it for a different purpose. Therefore, Dr. Foley often gets referrals from other MDs and ODs in the area.

Today, Foley Vision Center is proud to specialize in both OSD and aesthetics/beauty, with services including radio frequency, micro needling, Platelet-Rich Plasma (PRP), Intense Pulsed Light (IPL) and fractional laser treatments. The practice also has its own skin care line and cosmetics—providing a one-stop-shop for patients who want to look and feel their best.

Dry Eye

Optometrists who specialize in Ocular Surface Disease (or dry eye) focus on managing the symptoms associated with one of the most common ocular diseases—the inability to produce sufficient quality tears to maintain proper ocular surface lubrication. This condition may be caused by allergies, contact lens wear, systemic conditions and the presence of contributory ocular diseases.

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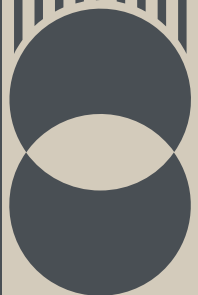
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Bringing Professional Fulfillment and Financial Rewards

Shane Swatts, OD

Co-owner, Eastern Virginia Eye Associates
Chesapeake, Virginia

Other Specialties: Facial Aesthetics



Although Dr. Swatts has always considered his practice to be a dry eye practice, he and co-owner Dr. Leah Ramos officially opened their Dry Eye Specialty Clinic just two and a half years ago. Their practice is broken down into two sections—one for primary care and medical eyecare, and the other being a MedSpa where they provide advanced treatment of Ocular Surface Disease (OSD) and wellness aesthetics.

According to Dr. Swatts, they don't need to look far to find patients—they are already sitting in their chairs. With an estimate 49 million Americans suffering with dry eye disease, there's no lack of patients in need of care.

"Initially, we were concerned that there may be some pushback from other healthcare professionals providing similar services, such as ophthalmology, dermatology and aesthetic practices," he said. "However, rather than push back, we have developed a collaborative relationship with these providers. Surprisingly, these have become primary referral sources for our Dry Eye Specialty Clinic. Optometrists have taken the lead and are now seen as the 'go-to' providers for dry eye disease."

Since specializing, profitability has also seen a hike. "We're all aware of the frustrations involved with managed care and vision care plans," he said. "Introducing a cash-based model into our dry eye clinic has resulted in significant financial growth. While the treatments themselves are financially rewarding, it's the packaging of those treatments and structuring ongoing maintenance models that have yielded the greatest financial rewards and elevated patient outcomes."

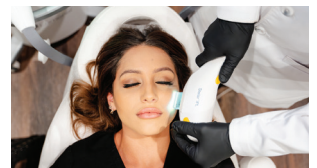
Dr. Swatts has found specialization highly satisfying, too. After 15 years in primary care optometry, he started to feel burned out—he felt like he wasn't truly making a difference. After taking some time to step back, he decided to narrow



Dr. Swatts performs Radiofrequency (RF) treatment.



Dr. Swatts with his team.



Intense Pulsed Light (IPL) treatment.

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his focus and specialize in one area. Focusing on OSD became not only personally and professionally fulfilling, but with ongoing innovations in treatments, an exciting option as well.

After bringing in one of the first IPL units in the region, the practice hit ROI in approximately five months. Since then, they've never looked back.

"Bringing in this advanced technology not only invigorated and energized our team, but truly transformed our practice," said Dr. Swatts. "Once we started doing procedures that also provide aesthetic benefits, patients quickly realized the benefits and began asking, 'What else do you offer?' This was the impetus for us adding treatments such as hydrfacial, oxygeneo, neurotoxins and dermal fillers, which have provided revenue streams that we never imagined."

Sports Vision

Sports vision optometry is the practice of examining a patient's visual system and ensuring that it is maximized for performance in the athletic arena. This includes advising athletes on the most appropriate method of refractive correction for their sports, discussing ocular health and safety, and measuring ocular strengths and weaknesses in the context of the sports they play (such as visual reaction time) and prescribing training to improve on any weaknesses in visual skills.

Specialization Helps Take Business to the Next Level

Jarrold Davies, OD, FCOVD

Owner, Utah Vision Development Center
Riverton, Utah

Specializations: Vision Therapy, Neuro-Optometric Rehabilitation and Sports Vision



Over the past 10 years, Dr. Davies' practice scope has expanded greatly due to specialization. It's grown in the area of rehabilitation and training, as the optometric community becomes more involved in concussion and brain injury treatment. It's also provided more opportunities to work with professional athletes to help them understand the unique visual demands of sports.

That growth has only escalated as more people began to recognize the practice's expertise and unique offerings. Today, Dr. Davies gets a lot of

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referrals from concussion specialists to perform vision rehabilitation services. And he's also worked with a wide range of athletes—from professional shooters, badminton professionals, pickleball professionals, the U.S. Ski Team, Major League Baseball, athletes from the NFL, hockey and countless other sports.



(Top) Dr. Davies with Team USA Para Hockey goalie (and patient), who brought in her gold medal to show and share with the team. (Bottom) Member of the U.S. ski team working on a peripheral vision task to speed decisions and response time.

"We offer so many services that others don't have," explained Dr. Davies. "By practicing in this specialty, we've become known for our expertise and unique approach to vision."

"I've had opportunities to work with professional athletes, assess vision for the U.S. Ski Team, travel to spring training for Major League Baseball teams, and be on the golf course discussing vision and putting with very talented golfers. I've also had the great privilege of helping individuals with brain trauma or stroke to recover visual function and return to normal activities. This has opened opportunities to travel internationally—to date, I've now

lectured in seven different countries."

To grow the practice even more, Dr. Davies does web-based marketing and social media, and he regularly approaches teams and local schools to give seminars on sports vision. He also educates his referral sources by giving in-service trainings to other professionals and their office staff.

Not surprisingly, his practice has experienced exciting revenue growth. "Because we offer services that enhance vision, it has greatly grown our private pay services," he said. "We've also grown in medical billing due to offering rehabilitation that's covered by some medical insurance. The growth has allowed us to expand twice in the last seven years. We recently moved to a much larger location to be able to provide these services."

Neuro-Vision

The Neuro-Optometric Rehabilitation Association (NORA) defines neuro-optometry as a customized treatment regimen for patients with visual deficits caused by physical disabilities, traumatic brain injury (TBI) and other neurological problems. It's a part of the rehabilitation process for visual/perceptual/motor disorders like acquired strabismus, diplopia, binocular dysfunction, convergence and/or accommodation paresis/paralysis, oculomotor dysfunction, visual-spatial dysfunction, visual perceptual and cognitive deficits, and traumatic visual acuity loss.

Accelerating Growth from Vision Rehabilitation and Binocular Vision Care

Amy Pruzenski, OD, FCOVD

Visual Victory Training

Portsmouth, New Hampshire



As a child, Dr. Pruzenski had exotropia with severe strabismic amblyopia, and she suffered horribly with 24/7 patching. Fortunately, her optometrist knew about vision therapy and taught her

mom how to get her eyes working together after the visual acuity had improved through patching. She was motivated to learn everything she could about the eye-brain connection and how vision occurs and develops.

Dr. Pruzenski earned her bachelor's degree in Brain and Cognitive Science, which sparked her love of the eye-brain connection. Rather than pursuing a PhD in Cognitive Science, she chose to get her Doctor of Optometry degree because it was more flexible—allowing her to teach, see patients and/or do research.



Dr. Pruzenski (right) performs a trial of therapeutic lenses to move light on the retina for better spatial localization and reduction of headache and light sensitivity.

After feeling constrained by primary eyecare in corporate practice (at Sears and LensCrafters), Dr. Pruzenski was excited to offer binocular vision care services in her first private practice, Harbor Eyecare Center, which opened in 1998. Happily, many people showed great improvements and her practice was built mostly by word-of-mouth recommendations.

"I felt the need to marry my vision science background with my optometric education as a way to 'pay it forward' and help others get their visual systems working better, too," she said. "Once my first practice was up and running, the reputation of 'Dr. Amy' or 'The Eyeball Coach' grew as we got increasingly better results for children with learning-related vision issues."

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As the vision therapy aspect of her practice grew and hit critical mass, it was clear there weren't enough doctors in the area who were doing this kind of work. Dr. Pruszenski decided to split the vision therapy part of Harbor Eyecare Center off from the primary care aspect of the practice, partially because of the lack of coverage by third-party payors. Due to these issues, her vision therapy practice, Visual Victory Training, is self-pay only.

"There are so few optometrists doing neuro-developmental optometry in my area of the country," she said. "It's hard to stay on top of the research in every area of optometry, and many colleagues are happy that I have a passion for this work. They often continue to provide their patients' eye health maintenance, while I address their functional issues."

Today, Dr. Pruszenski proudly offers tertiary care for developmental and learning-related vision is-

suues (including binocular vision care services) and applies neuroscience and vision rehabilitation to aid recovery after brain injury.

"Nothing makes me happier than helping a person of any age seek their highest potential because their vision issues no longer hold them back," she said.

Pediatric Myopia

Optometrists that specialize in myopia management prescribe proven ways to slow down the progression of nearsightedness in children. Addressing myopia in children is a specialty area that's gaining popularity because of the tight correlation between vision and learning. According to the Centers for Disease Control and Prevention, fewer than 15 percent of preschool children receive an eye exam by a professional,

making this specialty an exciting and ripe place for growth.

Finding the Niche that Helped One Practice Double in Size

Brianna Rhue, OD, FAAO, FSLC

Owner, West Broward Eyecare Associates,
Co-founder, Dr. Contact Lens
Tamarac, Florida

Other Specialties: Contact Lenses



For Dr. Rhue, the seeds toward specialization were planted in school, where she was taught to find her niche and discover the kind of patients she loves to see. Only then would her practice and herself truly thrive.

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Subspecialization in Optometry

The OD Perspective: The People, Perks and Rewards

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After starting her career at West Broward Eyecare Associates in 2010, after completing her residency, she hadn't yet found her niche. That changed in 2015 when she attended the Vision By Design Conference and learned how far behind the U.S. was compared to the rest of the world when it came to managing childhood myopia.



Dr. Rhue measuring her son's axial length.

"As I was building the clinic, I knew that I loved seeing kids; I'm good at talking to parents; and after becoming a mom myself, I realized that a pediatric myopia management specialty was right for me," she said. "I also liked the idea of getting paid for my unique expertise."

The practice was originally focused on primary care and specialty contact lenses. Since adding myopia management as another specialization in 2015, Dr. Rhue said her practice changed in exciting ways for her, her team and her patients.

MyEyeDr. to Grow Dry Eye Centers Nationwide

The concept of specialization is also taking hold in large networks. After much work and study, MyEyeDr. has begun an aggressive initiative to set up Dry Eye Centers in many of their locations across the nation. The first 15 offices went online in Summer 2023, with the goal to have up to 60 additional locations by the end of year and to the larger organization to include most (if not all) 850 locations in 2024.

The program starts with a proprietary screening process when a patient comes into the office. In lieu of waiting for a patient to mention dry eye (one of the most frequent complaints across their practices), the team proactive probes to see if they've noticed symptoms. Combined with their

own findings, doctors then prescribe a consistent treatment regimen that includes specially curated products, simplified treatment options



Artis Beatty, OD

and educational materials—all of which gives doctors an easier way to identify and direct patients through their journey.

"It's still early in the process, however the feedback has been very positive," said Dr. Artis Beatty, OD, chief medical officer of MyEyeDr., one of the country's largest eyecare groups.

"From the doctor side, treating dry eye is not new, but being able to offer different options, readily available products, and having their skill-set marketed has been great. Patients have been thrilled to learn more about their symptoms, and to be offered new treatment options." ■

"We are seeing fewer patients, but are more profitable because we're making more per patient and we're seeing more of the patients we want to see," she said. "We still have a large primary care base—that's what feeds the clinic—but we no longer have to jam our schedule so full. Seventy percent of our patients are already myopic, so we can carve out more time for myopia management. And over time, we're starting to get a lot of referrals for kids from parents looking into this for their own children as major companies get FDA approval for their treatments."

Since 2015, the practice has doubled in size, increased revenue by about 20 percent and has become more profitable since myopia management patients are all private pay and refer their friends.

"Specializing has enabled our practice to flourish, and it only required about \$30,000 in new technology—a relatively small investment," said Dr. Rhue. "Throughout optometry, we've all seen a huge race to the bottom, but I'm not on that train. I want to be a destination practice where people feel cared for, where they invest in us, and we invest in them." ■

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