Number of POA members giving to POPAC up 27% in 2009


To those doctors who supported POPAC in 2009, THANK YOU!

To those doctors who didn’t support POPAC in 2009, why not kick off the New Year with a donation? To make a secure one-time or recurring online donation via PayPal, or to download a printable form, visit the POPAC page in the Doctor’s Center at www.poaeyes.org.

Kids Welcome Here® materials and presentation CD

POA has available a CD containing four presentations on children’s vision and POA’s efforts to ensure that all children receive comprehensive eye examinations.

To order a CD or Kids Welcome Here brochures for your office, contact Deb@poaeyes.org. Don’t forget that Kids Welcome Here materials are FREE to POA members.

Diabetes education ... or the lack thereof

By Paul B. Freeman, O.D., Editor, Journal of the American Optometric Association; Member, POA’s Low Vision Rehabilitation Committee

In September, I had the opportunity to participate in a Diabetes Expo in Pittsburgh, Pennsylvania, along with a few of my optometric colleagues. We were staffing a booth for the PA Diabetic Eye Health Alliance and charged with answering any questions, in a general way, about eye care, vision, and diabetes, as well as to hand out informational literature on diabetes and the eyes. Of course there was ample opportunity to educate attendees about what optometrists do and their role as members of the diabetes management team. Because this was the first time I had ever experienced being on the business side of a booth, I was left with some impressions and want to share some observations. First, I have a new appreciation of and respect for those who work such a booth and who have to deal with the “optometric public” at the conferences we all attend!

The questions that were asked by many of the attendees suggested that optometry, ophthalmology, and the general medical community may still be dropping the ball on fully explaining and impressing upon patients the potentially devastating consequences of diabetes and the effects this chronic disease can have on the eyes and visual system. Despite the fact that diabetes “is the leading cause of new cases of blindness among adults aged 20-74 years” according to the 2007 National Diabetes Fact Sheet, it was bewildering to hear from a number of the attendees who reported that they were diabetic, have not had their eyes examined, and were in no hurry to do so. Surprisingly, one participant even asked, “How will I know if diabetes has affected my eyes?” Others suggested that they were never told about the need to get their eyes examined by their primary care doctors or diabetologists. Many of those who felt that diabetes might be affecting their eyes, especially at near, were struggling to read their programs. Comments such as “I never needed glasses before, but now these ‘cheaters’ seem to help” verified that they were, in fact, well into what appeared to be the normal presbyopic age. Very few of those people reported that they had been to see an eye doctor.

Another remarkable aspect was the confusion about eye health versus vision coverage and what benefits should be used when monitoring the ocular health of someone with diabetes. A number of the participants reported that their insurance would only allow them one examination a year. This suggested a lack of patient education concerning insurance coverage, ostensibly because they were either not told about the differences between medical and vision coverage, or were told and did not understand.

Amazingly, no one ever asked about (severe) vision loss and eye care. Unfortunately, this seems consistent with a poll that was done by the American Diabetes Association reported in Diabetes Forecast in October 2002, which revealed that only 65% of those polled with diabetes reported blindness as a serious complication of diabetes. In fact, one participant at this Expo who said her eyes were “getting bad,” despite the fact that we encouraged her to see someone locally, said she would wait because she was “going back to Florida in a month or so and will see someone there.”

Interestingly, it appeared that few people even had a handle on some of the basics of general diabetic monitoring. Asking questions such as “Do you know what your A1C is?” often was met by comments like, “I don’t know,” “it is good,” or “my doctor knows.” To address those concerns, the American Optometric Association has an excellent Healthy Eyes Healthy People handout, in the form of a card, which reviews a number of important pieces of information that anyone with diabetes should know. To help “sell” the need for continued vigilance, we presented this checklist for diabetic maintenance by using the analogy of a car maintenance schedule. Most who heard this explanation seemed to connect with the analogy.

As one of my epidemiologic mentors would explain to me about my observations, this was not necessarily a sampling of all people with diabetes but simply a sampling of the people who attended this conference. Given that caveat, however, I must reiterate the need for all health care providers to emphasize continual and close monitoring of eye health for all people with diabetes, as well as to underscore the importance of all of the factors (blood pressure, cholesterol, triglycerides, etc.)
President’s editorial

Getting credit where credit is due

By Gregory A. Caldwell, O.D., F.A.A.O.

Though your POA leadership talks about it frequently, the concept of optometry receiving proper recognition, or credit, for what we do – and why it is important – is challenging to comprehend and explain. The bottom line is it is indeed important for optometry to get credit for what we are doing. Do you truly believe that only 5% of the optometrists are writing 90% of the optometric prescriptions? Me neither, but that’s what some of the reported numbers show.

Have you ever asked yourself, “Why can’t I get a pharmaceutical representative in my office?” In light of the hot topic of health care reform, which doctors should be included to care for the chronic care patient? (For those not familiar with the term chronic care patient, a few examples that pertain to optometry would be those patients suffering from glaucoma, macular degeneration, diabetes or hypertension – in other words, our patients.) Which health care providers should be included in the medical home model? These questions help illustrate why it is important for optometry to receive credit for what we do.

If you want to help your state and national optometric associations win the battle for inclusion and non-discrimination, then help your profession by being counted as a doctor of optometry caring and prescribing for these patients.

POA has received questions from members over the past several months that relate directly to this issue of being recognized. For example, we often hear, “Should I get a Drug Enforcement Administration (DEA) number or not?” In a perfect world, a DEA number would only be used for controlled narcotics. However, we all know it’s not a perfect world; third party payers, at times, use a provider’s DEA number for tracking and credentialing. If you write for therapeutics (anti-infective, allergy, anti-inflammatory or glaucoma) and do not have a DEA number, you – and optometry – are not getting credit for the prescriptions you write. I realize you do not need a DEA number to write for these agents, but this practice keeps doctors without DEA numbers from showing up on the health care radar screen. Without DEA numbers, these prescriptions cannot be tracked, therefore optometry cannot get full credit for the work we do.

National Provider Identification (NPI) numbers may help solve this in the future, but for now the DEA number will be the measure used to determine what optometry is doing.

Members also often ask about appropriate billing of vision plans versus medical plans. Admittedly, this topic can be a more inflammatory discussion in comparison to obtaining a DEA number, but nevertheless it needs to be discussed. I have heard optometrists explain that they bill the vision plan benefit because there is a lower co-pay versus the higher medical benefit co-pay for a diabetic eye examination.

In most cases, billing the vision plan benefit is not the proper choice, particularly if optometry wants to be credited for seeing chronic care patients. Understanding the many facets of this issue takes a considerable amount of time. The bottom line is that at one time, optometrists were not able to bill medical services to third party payers. Fortunately, organized optometry worked to eradicate that barrier. Now, third party payers have a better understanding of and appreciation for the breadth and depth of optometric services. This recognition is reinforced during our Optometric Advisory Committee meetings with the quality management departments of the third party payers. During these meetings, third party payers typically request that we bill the medical benefit of the chronic care patient; this is true even when they are vertically aligned with a vision benefit plan. After many years of advocacy, optometry as a profession is now at the table; no one in our profession should want optometry to go from being at the table to being on the menu.

If every optometrist who writes a therapeutic prescription would get a DEA number and make every effort to appropriately bill the medical benefit of a patient’s insurance plan, optometry would be more accurately represented to federal payers like Medicare and other third party payers for the care we are truly providing. This would ultimately result in continued inclusion in medical third party payer panels. Optometry would have a better chance of being included in the home medical models, health care reform changes, and it would make it easier to obtain non-discrimination language.

The good news is that optometry is increasingly seeing, treating and caring for chronic care patients. Unfortunately, we are not being completely recognized by the current accounting processes – like them or not. Be assured that the POA will continue to monitor these processes and alert the members if there are changes. Practice management courses are being considered for 2010 to help the members of the association sort through the anxieties, confusion and concerns associated with this topic.

During 2010, the POA will be celebrating 114 years of existence. Previous POA leaders fought and obtained the privileges for Pennsylvania optometrists to apply for DEA numbers; other states wish they had this ability. Previous administrations suc-
When most optometrists think of their diabetic patient population that requires yearly dilated eye exams, we tend to think of the stereotypical overweight, sedentary adult or someone with a strong family history of the disease. We tend to forget about all the children with insulin-dependent Type I disease, no less the rising epidemic of childhood obesity that has caused an increase in school-age children with Type II diabetes.

As of February 2009, 186,300 or 0.2% of all people under 20 years of age have diabetes. The incidence of Type II in adolescents has increased 10 times over the last decade and now constitutes just under one third of new pediatric diabetes cases (it was 2% 20 years ago).

What do we need to do as eye care providers?
- Encourage yearly dilated eye exams for diabetic children and teens.
- Get to know your local pediatricians and pediatric endocrinologists – make sure they receive a summary report after each yearly dilated eye exam.
- Ask parents about their child’s most recent HgA1c or fasting blood sugar.
- Educate children about how diabetes can affect their eyes and vision.
- As part of their health care team, we need to encourage healthy lifestyle changes.

Continued from page 2

cessfully obtained access to the medical benefit of the third party payers. The ultimate recognition of their efforts would be for all eligible Pennsylvania optometrists to make use of the privileges they secured for us.

Being a member of the POA comes with many benefits, the most important one being advocacy. All member benefits are seamlessly executed with integrity by the POA staff, Board and committees. Be assured that during 2010 the POA will continue to deliver for its members. In return, I am encouraging each member to support and deliver for the POA, by further embracing the medical model through the appropriate billing of medical insurance and applying for your DEA number. Even if you never write one controlled substance prescription, by having a DEA number you would be helping paint a more accurate picture of your profession. The cost of a DEA number is a small contribution to help ensure that optometry is recognized for the healthcare services it provides; the availability of accurate information enhances the POA’s effectiveness on your behalf.

POA gratefully acknowledges our 2010 Business Partners

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The Keystoner is published by the Pennsylvania Optometric Association (POA). POA is the professional association for doctors of optometry in Pennsylvania, providing continuing education, public information materials, government relations and membership benefits. Direct inquiries to the Keystone, 218 North Street, Harrisburg, PA 17101. Phone: (717) 233-6455. Fax: (717) 233-6833. E-mail: Deb@poaeyes.org. Web site: www.poaeyes.org. Executive Director: Charles J. Stuckey, Jr., O.D. Editor: Deborah S. Blanchard. The Keystoner is partially underwritten by USI Affinity.
News you can use

PECOS update: Phase 2 implementation delayed until April 5, 2010

The Centers for Medicare & Medicaid Services (CMS) will delay, until April 5, 2010, the implementation of Phase 2 of Change Request (CR) 6417 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)) and CR 6421 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs)). CRs 6417 and 6421 are applicable to Part B claims only.

CMS’s decision to delay the implementation of Phase 2 is a direct result of AOA advocacy, including a letter AOA drafted that was endorsed by more than 50 other medical associations. AOA still has concerns that Medicare contractors will not be able to successfully process the high volume of re-enrollment applications, and therefore is continuing to monitor the situation and will push for a longer delay if needed.

The delay in implementing Phase 2 of these CRs will give physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in Medicare. A current enrollment record is one that is available on the CMS Web site at [pecos.cms.hhs.gov/pecos/login](https://pecos.cms.hhs.gov/pecos/login). Under Phase 2 of the above referenced CRs, a physician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished the ordered or referred item or service to be rejected.

CMS continues to urge physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now. If these physicians and non-physician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application, which will establish a current enrollment record in PECOS.

For physicians and non-physician practitioners who order or refer:

- If you are not enrolled in the Medicare program, or if you enrolled more than 6 years ago and have not submitted any updates or changes to your enrollment information in more than 6 years, you do not have an enrollment record in PECOS. In order to continue to order or refer items or services for Medicare beneficiaries, you will have to submit an initial enrollment application.

- If you are already enrolled in Medicare, make sure you have a current enrollment record. You can find out if you have an enrollment record in PECOS by calling your designated carrier or A/B MAC or by going on-line, using Internet-based PECOS, to view your enrollment record.

- If you are a physician with a specialty such as a pediatrics who is eligible to order or refer items or services for Medicare beneficiaries but have not enrolled in Medicare because the services you provide are not covered by Medicare or you treat few Medicare beneficiaries, you need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries.

- If you are a resident who has a medical license but have not enrolled in Medicare because you would not be paid by Medicare for your services, you need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries.

- If you are a resident who has a medical license but have not enrolled in Medicare because you would not be paid by Medicare for your services, you do not need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries.

According to CMS, physicians can use [https://pecos.cms.hhs.gov/pecos/login](https://pecos.cms.hhs.gov/pecos/login) to check whether they are in PECOS. Before using Internet-based PECOS, optometrists should read the educational material about Internet-based PECOS in the “downloads” section that is available on the CMS Web site at [www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp](https://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp).
A milestone to celebrate reached …

Thank you C&E Vision Buying Group! During the years of POA’s endorsement of this buying group, POA has received over $1 million for dues credits and non-dues income from C&E. And this doesn’t include the additional support that C&E has given to POA in the form of sponsorships for various activities throughout the years. C&E also provides the funding for the Resource Guide for New Licensees given to all PCO graduates and other new practitioners in PA graduating from other schools.

Close to $700,000 has been credited to members’ POA and AOA dues with a few members each year receiving enough credits to pay their POA/AOA dues in full. In addition, another almost $400,000 has been utilized by the POA budget to support its full slate of activities. Almost $170,000 of the non-dues income has been paid to VCI for optometric public relations activities in Pennsylvania. Of the amount paid to VCI, approximately $60,000 has been utilized by VCI areas for local society public relations activities.

It’s never too late to begin accruing these benefits. Start now and earn credits … the benefit year has just begun to earn credits toward your 2011 POA/AOA dues. The materials that you purchase every day at a discounted price all come on just one monthly bill.

Check out the C&E Vision Buying Group at www.cevision.com or contact them at (800) 346-2626.

POA extends it deep gratitude to the C&E Vision Buying Group for its support of POA, and to the members who are able to utilize this member benefit program to generate this income for POA and themselves. We hope you’ll take a moment out of your busy day to say “thank you” to C&E.

POA is pleased to announce its February 21, 2010 Age-Related Macular Degeneration Update presented by Joseph Pizzimenti, O.D., and Carlo Pelino, O.D., to be held at the Hotel Hershey in Hershey, PA.

**Course Descriptions**

**Age-Related Macular Degeneration: The Burden of the Disease**

The world’s population is aging. The increase in life expectancy, coupled with an increase in the rate of vision impairment with age, will lead to a predictable growth in visual impairment worldwide. AMD is the leading cause of legal blindness in people over the age of 65. This lecture reviews the epidemiology, natural history, symptoms, signs, and clinical features of AMD. It outlines proper diagnostic workup and describes the optometrist’s role in caring for patients living with this condition.

**Insights on Pathogenesis, Structure and Function in AMD**

Vision loss from advanced Age-Related Macular Degeneration (AMD) is one of the most important unmet needs in eye care. This course presents new insights on the pathogenesis of and risk factors for AMD, as well as the relationship between structure and function in both prevention and assessment. New technologies designed to detect progression and early choroidal neovascularization (CNV) are discussed. Case examples are used to illustrate the clinical application of these technologies.

**Contemporary Management of Age-Related Macular Degeneration**

Using case examples, this course presents contemporary treatment and management strategies for the AMD patient. Nutritional management and lifestyle modification are discussed, as well as improved pharmacologic and other therapies for wet AMD. A low vision strategy is outlined for those patients that progress to severe vision loss.

Information has been mailed to members and is available at www.poaeyes.org. Please note the January 20 cut-off for our special room rate at the Hotel Hershey.
**Classified Ads**

**Optometrist wanted**

Pittsburgh. Great opportunity for growth and earnings available in our downtown Pittsburgh optical. We need an energetic optometrist looking for full-time employment. Base pay plus incentives. Don’t wait until tomorrow, e-mail your current resume and references to gatewayeyehr@cypressmail.com.

**Optometrist wanted**

Lehigh Valley. Immediate opening for part-time optometrist 2-3 days per week in primary care practice. Possibility of future full-time. E-mail eyedoc@aol.com or call (610) 481-9200.

**Optometrist wanted**

Lancaster. Optometrist wanted for vacation coverage in a private professional office for the month of February 2010. Full-time or part-time position with the opportunity for future association. If interested please e-mail Loxenberg@comcast.net or contact Dr. Larry Oxenberg at (717) 898-8798.

**Optometrist wanted**

Greensburg. Full-time or part-time position available with private professional office. High volume office using the latest equipment and technology. Great opportunity for growth and earning potential. Multiple optometrists employed to care for extensive patient base. E-mail resumes and inquiries to eyedrs@choiceonemail.com.

**Optometrist wanted/ Practice for sale**

Northwestern PA. Continued success can be yours! Immediate opening. Do you, or do you know someone who wants this truly exceptional opportunity? Two private practices in wonderful recreation area. Three lakes, National Forest, State Forest, enjoy world class fishing, hunting, skiing and cultural events less than one hour away. Doctor wants to turn over these well-equipped, well-staffed, exceptional practices, 35 miles apart to ambitious candidate.

Doctor’s home or an apartment also available. Great setting to raise a family, Bradford and Warren, PA. Contact fehc2@verizon.net or visit our website www.eyecarecoda.com, or call (814) 368-6333.

**Optometrist wanted**

Pennsburg/Emmaus. Full time position for an optometrist has become available at Eyecare of the Valley in Pennsburg and Emmaus. Private practice setting with high percentage of medical optometry. TPA required. If interested e-mail eyecareofthevalley@verizon.net or call Mary Ann at (215) 679-3500.

**Optometrist wanted**

Pottstown office at (610) 326-2754.

**Equipment for sale**

Humphrey Acuitis Autorefractor-Keratometer; powers up, needs service; perhaps can be repaired or used for parts; $1,000, OBO. AO projector with wall mount; 4 different slides included; $550. If interested, contact: collette.quinten@comcast.net or (724) 274-8383.

AO chart projector; model 1217; used, good condition; extra slides and cover included; $100, OBO. Holga locking file cabinets for patient records; used, very good condition, locks work; two cabinets, 2 tier and 6 tier, both with posting shelves and 36” wide; $1,000, OBO for both; 6 tier only, $900; 2 tier only, $300. For all inquiries or to see pictures of items, call (717) 564-5211 or e-mail peasesieber@comcast.net.

**Equipment for sale**

Accura Briot CX edger, $2,000 OBO. Call (724) 433-8966 for more information.

**Equipment for sale**

B&L Keratometer, $100; Sonogauge Pachometer, 65654KGHH, $1,100. AO Cambell Slit Lamp, $300. AO Radioscope, $300. Nikon Lensometer, $100. AO Project-O-Chart with several slides, $100. B&L instrument stand with 3 Arms, $500. B&L electric chair (both light blue), $500. Please call Dr. Thayne W. Maurer O.D., at phone (724) 532-6038.

**Advertise in the Keystoner**

Free of charge to members; $1 per word, minimum $25, for non-members. Ads must be submitted in writing via e-mail to Deb@poaeyes.org or via fax at (717) 233-6833. Please indicate the number of months you want your ad to run, up to a maximum of three months. The deadline to submit classified ads is the 1st of the month preceding publication. POA/C&E members can also post classified ads at www.cevision.com.
Worth noting

POA Awards Program deadline is February 1

Optometrist of the Year
Young Optometrist of the Year
Van Essen Award

Local society nominations for POA’s Awards Program are due to the POA office by February 1, 2010. Nomination forms can be downloaded from POA’s Web site at www.poaeyes.org in the About POA section. Questions about POA’s Awards Program can be e-mailed to Deb@poaeyes.org.

Nominations for AOA para awards due February 1

Nominations for Paraoptometric of the Year and Community Service award are now being accepted for 2010. Submissions for paraoptometric staff should be sent to PS@aoa.org by February 1, 2010. Please contact PS@aoa.org for criteria and nomination forms.

NEPOS donates VCI money to community organizations

The Northeastern Pennsylvania Optometric Society has used its VCI funds to make donations to the Lions Club leader dog program and the Pawability 4-H puppy club. The organizations help raise and train future seeing eye dogs and help needy recipients attain dogs. NEPOS donated $250 to each program in 2009 and $500 to each in 2008, and plans to continue making yearly donations.

Keystone Country magazine newest POA member benefit

Beginning 2010, the Pennsylvania Farm Bureau has graciously offered to provide a complimentary waiting room copy of its magazine, Keystone Country, to each member practice.

For a number of years, POA members have also been receiving a complimentary professional copy of Pennsylvania Magazine for their waiting rooms.

We have received numerous comments from members about their patients’ enjoyment of Pennsylvania Magazine. We are most appreciative of these organizations’ contributions to your patient literature and hope your patients will also enjoy Keystone Country.

Deadline for ORA program is March 31

Paperwork for AOA’s 2010 Optometric Recognition Award program must be received in the AOA St. Louis office no later than March 31, 2010. Please note that continuing education hours credited for the 2010 Award must be earned in the 2009 calendar year.

Additional information and forms for the ORA program can be found on the AOA Web site at http://www.aoa.org/x8223.xml, or you can e-mail ORA@aoa.org.

VOSH/DeLVal announces 2010 missions

The 2010 missions of the Volunteer Optometric Service to Humanity/Delaware Valley Chapter are February 17-21 to Cap Haitien, Haiti, May 23-30 to Milot, Haiti, and August 22-29 to Milot, Haiti. All missions are in the Cap Haitien area of Haiti, where the student chapter from Salus (SOSH) traveled from its inception in 1968 until 1986, and also traveled to last year.

Volunteers are needed and no experience is necessary; just a desire to help the poorest population in the Western hemisphere. There is no cost for food and lodging, just for airfare. This is a very safe area of Haiti and one that VOSH/DeLVal and other medical teams from around the world have been going to for many years. Please call Drs. Christine Smith or Dave McPhillips for details at (215) 675-2404, or visit the VOSH/DeLVal Web site at www.voshdelval.org for more info about these and upcoming trips or to make a donation to this charitable optometric organization. All donations are tax deductible.

Dr. Christine Smith recently became a Fellow of VOSH International. She is the newest of only 10 optometrists in the country to have passed rigorous testing in international eyecare to become a Fellow. Dr. David McPhillips was elected as the newest board member of VOSH International.

Calendar

February 21, 2010
Age-Related Macular Degeneration Update. Hotel Hershey, Hershey, PA. Featuring Carlo Pelino, O.D. and Joseph Pizzi-menti, O.D. Detailed information and registration brochure available soon.

May 21-23, 2010
POA’s Spring Congress. Seven Springs Mountain Resort, Seven Springs, PA. Save the date!

October 24, 2010
NEPOS First Annual CE Event. Hilton Conference Center, Scranton, PA. Save the date!

November 7, 2010
POA Continuing Education Program. Hershey Lodge, Hershey, PA. Save the date!

POA’s Electronic Claims Service

We make your PQRI coding simple

You provide a health care service and you deserve to be compensated for all the procedures you perform.

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Call Joanne Cope
Claims Administrator
(717) 234-2119

Want to receive your Keystoner via e-mail?
Please e-mail
Deb@poaeyes.org
**New members**

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

- Kelly M. Donlan, O.D. (WPOS)
- Maura E. Massucci, O.D. (WPOS)
- Shaelan McCormick, O.D. (LVOS)
- Michele L. Schraeder, O.D. (WPOS)
- Christine M. Weld, O.D. (CPOS)

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**Happy New Year**

*from your POA staff*

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**ARE YOU SHARING THIS NEWS WITH YOUR STAFF?**

Most of the information in the Keystoner is not only valuable for you, but also for your staff. We encourage you to share your Keystoner with your office manager, paraoptometrics and other staff.

**OFFICE ROUTING FORM**

- Doctor
- Office Manager
- Para
- Para
- Para
- Para
- Para
- Para
- Para
- Para

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**AGE-RELATED MACULAR DEGENERATION UPDATE**

FEBRUARY 21, 2010

Hotel Hershey

For details, visit

www.poaeyes.org