



TEXAS OPTOMETRY BOARD

NEWSLETTER

August 2015
VOL XXIII NO I

Texas Optometry Board, 333 Guadalupe St, Ste. 2-420, Austin, TX, 78701; 512-305-8500 (fax: 512-305-8501)

Impaired Optometrists

Health professionals, similar to other professionals, are subject to intense pressures in their practice. And like everyone, health professionals have personal and health issues outside of work that may result in an impairment of their professional responsibilities, either through mental health issues or the abuse of addictive substances. Unlike other professionals or the public at large, health professionals may have easier access to drugs that may impair the professionals' ability to practice safely.

Studies indicate that up to 15 Texas optometrists may be practicing impaired, yet the number participating in the Board's Peer Assistance Program is quite a bit lower.

Voluntary referral to the Peer Assistance Program may result in successful and confidential treatment.

Treatment which is the result of disciplinary action imposed by the Board is public information, which by law must be reported by the Board.

Students at optometry schools in the state may also use the program.

HELP impaired professional
drugs • alcohol • mental health
Peer Assistance Link

For additional information, click on "Help" button above.

New Board Members

The governor has appointed three new Board Members: Carey Patrick, O.D., of Allen, public member Rene Peña of El Paso, and Ron Hopping, O.D., of Houston. In addition, the governor appointed current Board Member John Coble, O.D., as chair of the Board.

The new Board Members replace D. Dixon Golden, O.D. (former chair of the Board), Randall Reichle, O.D. (former vice-chair), and public member Cynthia Jenkins, all whose term had expired.

The Board saw many accomplishments during the terms of Dr. Golden, Dr. Reichle and Ms. Jenkins, including the development of the Peer Assistance Program and Board Rule amendments to clarify the authority of students and externs. The Board streamlined the requirements to obtain an Optometric Glaucoma Specialist license such that an optometry school may certify instruction to exempt students from the additional thirty hour course. Also during their term the Professional Responsibility Course requirement was adopted, the NBEO was authorized to administer the Jurisprudence Exam on the Internet, and the Remedial Plan type of disciplinary action was implemented.

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Past Newsletters

The Newsletter and the website are the primary method of communication between the Board and licensees. Many questions can be answered on the "[Main Information](#)" page of the website, or by consulting past [Newsletters](#). For example:

- **Contact Lens Prescriptions:** Detailed information on duplicate prescriptions, verification requirements, limiting prescription period, required extension, etc.: [August 2014](#), [2011](#), and [2007](#)
- **Inspections of Offices:** The [August 2013 Newsletter](#) has a detailed article. See also: August 2012, 2010, and 2008
- **Professional Identification:** Correct form is set out in every newsletter, but the [February 2012 Newsletter](#) covers all identification and advertising issues.
- **Impaired Doctor:** The Peer Assistance Program has been discussed in every Newsletter since August 2009.
- **Continuing Education:** Discussed in each Newsletter, but complete information, including list of approved courses, is on the website: <http://www.tob.state.tx.us/tobcontinue.htm>
- **Control of Professional Practice by Optical:** Discussed in the detailed descriptions of disciplinary action appearing in almost every Newsletter. The [August 2014](#) and [2005](#) Newsletters contain articles regarding leased space from an optical. Control as it pertains to advertising matters is discussed in articles in the [February 2012](#) and July 2010 Newsletters.
- **Pain Management Drug Prescribing:** Required information is in the [August 2014](#) and [2011](#) Newsletters and at this link on the website: <http://www.tob.state.tx.us/SB144.htm>
- **Practicing w/ Expired License / Hiring Unlicensed Doctor:** See the [August 2012](#) and [2011](#) Newsletters
- **License Renewal:** Always in current Newsletter.
- **Disciplinary Action:** In each Newsletter. Frequently includes disciplinary action involving these topics: incorrect professional identification or none at all, allowing a leasing optical to control practice (office not separated from optical, optical provides business services, including advertising), and failure to properly complete required steps in an eye examination.

Controlled Substances Permits

Because of changes passed by the legislature (see below), the Department of Public Safety is extending the registration expiration date: "all active/current Controlled Substances Registrations (CSR) will automatically be renewed on Aug. 20, 2015, and will expire on Aug. 31, 2016. New certificates will not be mailed with automatic renewals." This applies only to registrations current as of August 1, 2015. See the [DPS website](#).

Frequent telephone calls show that there is some confusion about the need for the DEA registration. Please consider:

Therapeutic Optometrist: DEA Registration and a DPS Controlled Substances Registration are only required if a doctor administers or procures cocaine eye drops. There is no authority to prescribe topical controlled substances. A therapeutic optometrist may obtain DEA Registration even if the doctor does not plan to administer or procure a controlled substance. See [Rule 280.5](#) for requirements if DEA Registration is made.

Optometric Glaucoma Specialist: DEA Registration and a DPS CSR are only required if doctor prescribes or administers one three-day supply of an oral analgesic classified as a Schedule III, IV, or V controlled substance. DEA registration is not required to prescribe topical or oral drugs that are not classified as a controlled substance. Prescribing information provided by the manufacturer will identify whether the drug is a controlled substance. An Optometric Glaucoma Specialist may still obtain DEA Registration if the doctor does not prescribe controlled substances. See [Rule 280.10](#) for requirements if DEA Registration is made.

Hydrocodone Reminder: Hydrocodone has been moved to Schedule II. Optometric Glaucoma Specialists do not have authority to prescribe drugs listed in Schedule II.

See discussion of Senate Bill 195 on the next page which abolishes the requirement for the DPS CSR effective 9/1/2016. After that date, only a DEA Registration will be needed to prescribe Controlled Substances.

New Laws

Repeal of \$200 Professional Fee: Active licensees will no longer be charged the \$200 Professional Fee when the doctor renews his or her license. House Bill 7 eliminates the fee. The repeal also applies to the initial license fee which will be \$55.00 starting September 1, 2015.

New Fee for 2017 renewals for Optometric Glaucoma Specialists: Senate Bill 195 transferred the Prescription Drug Monitoring Program to the Texas Pharmacy Board, and allowed the Pharmacy Board to impose fees on health care professionals to fund the program. The Board plans to amend Rule 274.3 to increase the license renewal fee for Optometric Glaucoma Specialists by \$13.00 for a 2017 renewal.

However, since Senate Bill 195 repealed the state Controlled Substances Permit effective September 1, 2016, Optometric Glaucoma Specialists who paid to renew the Controlled Substances Permit will actually see a decrease in payments to the state.

Senate Bill 195 will allow Optometric Glaucoma Specialists to access the Prescription Drug Monitoring Program to see if a patient is "doctor shopping" for addictive amounts of pain medication. The abuse of prescription pain medication is a serious issue. See the August 2014 Newsletter.

Repeal of Contact Lens Dispensing Permit Program and Optician's Registry: Senate Bill 202, as a culmination of the Sunset Review of the State Department of Health Services, eliminates these two programs. As a result, contact lens dispensers are no longer required to obtain a permit to dispense contacts in Texas. In addition, the elimination of the program means that there is no longer a state agency specifically tasked with regulating the illegal dispensing of contact lenses.

The Contact Lens Prescription act remains in effect regarding the required release of contact lens prescriptions and verification requirements. Many of these requirements are also set in federal law.

Restrictions on Managed Care Plans: Senate Bill 684 amends the Insurance Code and requires preferred provider networks to include an optometrist if an optometrist joins practice of a preferred provider. The amended section of the Insurance Code prohibits control of an optometrist's practice, including restrictions on the optometrist's choice of suppliers, including optical labs. The amendments require an optometrist to notify a patient of any business interest in referred to out of network supplier or lab.

New Rule

The board adopted new Rule 280.6 this past year:

(a) Under the authority of §351.358 of the Act, a therapeutic optometrist may administer, perform, or prescribe ophthalmic devices, procedures, and appropriate medications administered by topical means, to diagnose or treat visual defects, abnormal conditions, or diseases of the human vision system, including the eye and adnexa.

(b) Pursuant to the limitations in subsection (a) of this title, a therapeutic optometrist may:

- (1) administer an amniotic membrane in a procedure that does not involve suturing; and
- (2) dispense and charge for therapeutic contact lenses in accordance with §551.004 of the Texas Pharmacy Act.

Office Practice Pointers

Legal Obligations of Practice

Deaf Patients. Staff answer several questions a month concerning the obligations of an optometrist toward a deaf patient who requests the optometrist to provide an interpreter under the ADA. An optometrist's office may be a "public accommodation" and therefore subject to the provisions of the Americans With Disability Act. As such, there may be a legal requirement to provide an interpreter for a deaf patient. On the Board's Website, click on the "[General Information](#)" link under the "For Optometrists" heading. Look for the D heading, and click on "Deaf Patient." This entry provides telephone numbers that can provide information.

In addition, there is a link to the Department of Justice's Website. On that website search for "deaf patient." The search will bring up helpful guides and a copy of a consent agreement between a physician's office and the DOJ regarding deaf patients and the alleged failure to provide legally required services.

Family Violence. Is a licensee who suspects that a patient is the subject of family violence required to notify law enforcement? Again, on the Board's Website, click on the "[General Information](#)" link under the "For Optometrists" heading. Next look for the F

heading and click on "Family Violence." The link in this entry is to Section 91.003 of the Texas Family Code. This state law sets out requirements for a medical professional (a licensed doctor, nurse, physician assistant, or emergency medical technician) who treats injuries that the medical professional has reason to believe were caused by family violence.

Child Abuse. An optometrist is required to report suspected child abuse or neglect within 48 hours of discovering the abuse. On the Board's Website, click on the "[General Information](#)" link under the "For Optometrists" heading. Next look for the C heading and click on "Child Abuse." The link in this entry is to Section 261.101 of the Family Code. The entry also provides a link to the Department of Family and Protective Services' website.

50 CLYDE HOUSTON, O.D.

My parents had a grade school education and never made more than \$250 month. Like my father, I worked in the oil fields, and I was able to use that money to attend Texas A & M. After graduation I did not have a career in mind, and while again working in the oil fields, happened to take my wife to an optometrist. After discussing with him the work of an optometrist and the requirements for optometry school, I decided the profession was much better than working outside in the oil field. My wife was a paralegal, and her earnings helped with optometry school.

After graduation I went to work for a doctor, but left to be closer to our families in East Texas where I was offered a position in a TSO office. I was later able to purchase the independent TSO practice, and my practices grew so that at one time I had 20 full-time and 3 part-time employees. I was able to send both my daughters to Texas A & M.

I retired to take care of my late wife's health issues, but I work several days a week in a practice. I still enjoy the interaction with patients and office staff.

The major difference between now and when I went to school is that students were not even allowed to talk about treating or diagnosing with drugs in school. I did keep up with advances in the scope of practice, taking the education required for a therapeutic and optometric glaucoma specialist license.

The prevalence of insurance has also been a major change in the practice of optometry. This makes it more difficult for a new optometrist to open his or her own practice because the margins are less, so I would advise a new graduate to look for employment with an established op-

tometrists with a pathway to take over that practice someday. This is what I did, but make sure that the path to ownership is clearly spelled out and honored by the employer.

Integrity is very important in the profession. I always worked hard to do a good job and was very successful in my practice.

Office Inspections

The Board has been conducting inspections of doctors' offices for over forty years. The number of inspections conducted is one of the required performance measures submitted to the Texas Legislature each year. Inspections are conducted under the authority of Optometry Act §[351.1575](#).

The Board investigator inspected offices in San Antonio this year. A good number of the offices were not in compliance with the requirements of state law. For some of the violations it is normal for the Board to impose an administrative penalty (fine), but some violations may require stronger disciplinary penalties.

Disciplinary Matters

Each newsletter contains a list of doctors issued fines for failing to use the proper professional identification. State law requires an optometrist to use one of the following:

- John Smith, O.D., or
- John Smith, Doctor of Optometry, or
- John Smith, Optometrist, or
- Dr. John Smith, Optometrist

A therapeutic optometrist must use one of the above identifications, or any of the following:

- Jane Smith, Therapeutic Optometrist, or
- Dr. Jane Smith, Therapeutic Optometrist

Letter Agreements

Two licensees attended an Informal Conference in Austin with three Board Members. After the conference and a vote of the Board, the licensees entered into a Letter Agreement.

Patient Records

The patient record prepared by the licensee allegedly did not provide sufficient information of the assessment of the patient's

condition, and did not provide sufficient information of treatment plan that a subsequent treating doctor would require to adequately treat the patient. The doctor, as part of the Letter Agreement with the Board, agreed to include in future patient records a full diagnosis or assessment of the patient's condition, including all tests performed and the number of times each test is performed. Respondent further agreed to include in all patient records a full description of the treatment plan, including information presented to the patient regarding the treatment plan and a listing of any follow-up visit required. Optometry Act §[351.501\(a\)](#) and [Board Rule 277.7](#).

The patient record, on a form provided by the employer, allegedly did not provide sufficient information such that another optometrist or therapeutic optometrist could identify the specific examination performed and the results obtained. Since the filing of the complaint, the doctor has developed his own form which he uses instead of any employer provided form. The doctor and the Board entered into a Letter Agreement, which obligated the doctor to maintain accurate patient records such that in each patient record the examination performed and results obtained and any diagnosis made may be determined with certainty, and to use a patient record format that insures all required examination findings are recorded. The doctor also agreed to provide copies of 10 patient records during each quarter for a period of one year. Optometry Act §[351.501\(a\)](#) and [Board Rule 277.7](#).

Administrative Penalties

Administrative penalties were issued in the following agreed settlements for alleged violations of the Texas Optometry Act and Board Rules.

Professional Identification

Several administrative penalties were issued for allegedly failing to comply with the professional identification requirements of the law (see above and the [February 2012 Newsletter](#)). Oc-

cupations Code §[104.003](#), [Board Rule 277.6](#).

Identification on Rx

Two doctors received administrative penalties for allegedly failing to identify themselves as optometrists on prescriptions written by the doctors.

Identification on Advertising

Three penalties were assessed because the doctors allegedly failed to correctly identify themselves on business cards. Administrative penalty of \$300 to \$900 depending on number of alleged violations.

No Identification on Office Door

Two doctors allegedly practiced in offices that did identify the doctors on signs prior to entry into the offices. Administrative penalty of \$500 for each doctor (additional violations alleged). Optometry Act §[351.362](#).

Misleading Application

Three applicants received an administrative penalty for allegedly submitting misleading applications. Two penalties were imposed for allegedly failing to disclose arrests or criminal convictions. The instructions for the application clearly spell out that all arrests and convictions must be reported. An applicant allegedly did not disclose an exam failure and irregularity on her application. Administrative penalties ranging from \$300 to \$1,000 depending on seriousness of information not disclosed. Optometry Act §[351.501\(a\)](#), [Board Rule 271.2](#).

Control by Optical; Advertising

Four doctors were assessed an administrative penalty for allegedly allowing a leasing optical to control the practice. The doctors allegedly placed the name of the leasing optical on the doctors' business card. Administrative penalties of \$300 to \$500.

Two doctors allegedly allowed the leasing optical to post signs in the optical advertising the doctors, and in addition to place

signs in the doctor's office. The Optometry Act in regulating the relationship of dispensing optician and an optometrist prohibits solicitation for one by the other. The Act also prohibits a lessee doctor from allowing an a lessor optical to provide advertising services. Administrative penalties of \$400 to \$900. Optometry Act §§[351.364](#), [351.408](#), [351.459](#) and [351.501\(a\)](#).

50 John Zunker, O.D.

I graduated from U. of Houston College of Optometry during the Vietnam War. Half of our graduating class joined the Army due to the Doctor's Draft. I took care of the vision of troops, dependents, and wounded warriors for 2 years. I settled in Luling, Texas after my tour of duty. After a few years, I joined my uncle, Dr. Edward Zunker, past president of TOA. In the late 1970's Dr. Tom Krohn joined our practice.

Optometry was growing in those days due to the efforts of our state and national associations. We were changing from "selling glasses" to vision professionals. The TOA, TAO and ophthalmologists were trying to out legislate each other in Austin. There were a lot of meetings with legislators.

In those days very few women were optometrists, a fact, to the improvement of optometry, has greatly changed. The use of meds and being recognized by insurance companies have all come about by the hard work of our state and national associations.

The emergence of all the different insurances with different agendas has brought a lot of extra work to our offices. Who would have thought we would have to have one or two employees just to work up and receive claims.

My advice to young optometrists is to treat your patients as you would like to be treated, with respect to their individual needs. Do not follow a regimented visual exam on every patient. Listen to their needs and actually talk to them and learn how to approach discussing their individual visual needs. Listen to your employees and have monthly meetings to discuss bettering office operations. Don't become an office dictator.

I sold my half of Zunker and Krohn to Dr. Bree Vickers five years ago. I see patients one to two days a week when I'm not fishing or visiting our two sons and their families (grandchildren 4 to 24 years). What a life for me and my lovely wife Lydia!

Continuing Education

Requirements:

- Detailed information on CE requirements is on website: www.tob.state.tx.us/cegeneral.htm

Submission to Board:

- Some, but definitely not all, courses provide an attendance list to the Board. Please do not assume that every course will do so. For all other courses, certificates can be mailed to the Board, faxed (512-305-8501), or e-mailed (e-mail address on home page of website).

Board Approval:

- CE hours are presented to the Optometry Board for approval at one of the four meetings of the Board (held in February, May, August and November). The [website](#) always contains a current list of Board approved courses.

Posting on Website:

- CE hours will not be posted on the website until the Optometry Board approves the course.

Professional Responsibility Courses:

- Because of school schedules, courses from the University of Houston and the Rosenberg School of Optometry (UIW) may not be readily available in late December. Please check the schools websites as early as possible. All active licensees must take this course (unless the licensee is exempt from CE requirements).

Penalty Fees for Late CE

- Penalties of \$312 will be imposed if all CE is not taken in 2015

Request for Health Exemption

- Exemption request must be submitted no later than 11/6/15

Doctors waiting until the last minute to take CE may find it very stressful to complete all requirements in a timely fashion

50 R DEAN BEDDOW, O.D.

I have been practicing optometry at Broome Optical in Amarillo for 50 years. When I started, I worked with one other optometrist in the practice. Today I work with 5 other optometrists. I would advise younger optometrists to be a part of a professional practice. The advantages of partners to lean on and learn from are too numerous to list.

I feel that the best changes that have occurred in my 50 years of practice have been drug certification and the ability to practice in the medical model.

My biggest challenge has been the "nightmare" of the transition to electronic medical records. I believe that this process has reduced the amount of personal care given to my patients. Currently the area of practice that presents the most frustration is the government direction and control of my practice.

My advice to young optometrists would be to find a good group of doctors to work with. That team can help ensure that your practice is aware of just what medical and vision plans truly benefit the practice and your patients.

I am happy to be in a thriving practice with cutting edge technology. I have enjoyed the first 50 years of practice and I have no immediate plans to retire.

Miscellaneous Matters

School Lectures

The executive director was invited by the two Texas optometry schools to speak to third year students about the licensing process as well as common practice issues. Dr. Sam Quinterro of the University of Houston College of Optometry and Dr. Sandra Fortenberry of the Rosenberg School of Optometry at the University of the Incarnate Word facilitated the lectures. This year marked the 15th year of the lectures at the University of Houston.

Sunset Review

All the health professional licensing boards, including the Optometry Board, will undergo Sunset Review in the period before the next legislative session in 2017.

Information for New Licensees (also a refresher for current licensees)

Suggestions from the Board:

- Read the Newsletter every year (the Board assumes that all licensees read the Newsletter). Important information regarding optometry practice, including new laws and rules, recent disciplinary actions, and common issues can be found in each [Newsletter](#).
- Telephone or e-mail the Board if you have a question (but check the website first -- the website might have just what you are looking for)
- Look first in the [Main INFORMATION Page](#)
 - You will find information on maintaining patient records, treating minors, responsibilities to deaf patients, disability license plates, controlled substances prescription requirements, and partnerships, for example. This page also links to pages that have links to Medicare, Medicaid and HIPAA resources.
- The [Texas Optometry Act](#) is on the website. A [PDF booklet](#) is also on the website which includes an index.
- All the [Board Rules](#) are also on the website. Again, a [PDF booklet](#) with index is available.
- Your license expires on January 1, 2016. No exceptions!
 - You will be mailed a postcard when it is time to renew (usually the first week in November), to the address on file with the Board (state law requires that this address be current). You must renew your license even if you do not receive the postcard.
 - Instructions for renewing will be on the website starting November 1. Almost all licensees renew on the Internet.
 - You are exempt from continuing education to renew for 2016 (if you were first eligible for a license in 2015).
- Optometric glaucoma specialist license details are on the [web-site](#) (many new licensees have already received the license).
- Drug prescribing authority: start with this [website](#) page.

License Renewal

Fee Changes:

- Active optometrist and therapeutic optometrist: **\$209** (was \$409) House Bill 7

See explanation in "New Laws" above. Basically, the \$200 Professional Fee was repealed for all professions.

Fees Not Changed:

The fee for inactive licensees remains the same.

Notice:

- Postcard mailed to address in database. Everyone must renew whether the postcard is received or not.

Start of Renewing Period:

- Instructions on website starting first week in November

Deadline:

- On-line renewal system allows a January 1, 2016, renewal without a late fee, *but only if system is operational on that day. The Board cannot guarantee that the on-line renewal system will be operational at all times*

Method to Renew:

- Same on-line renewal system used last year. Most doctors will not need to reregister to renew on-line – use password created last year

Doctors waiting until the last minute to renew may find it very stressful to complete all requirements in a timely fashion

All Licensees Must Renew:

Active or inactive, brand new or long time licensee

Letting License Expire

What Happens if I Allow My License to Expire?

The simple answer is that you will need to reapply and reexamine if you wish to practice in Texas again. The annual renewal of an inactive license (see [Rule 273.7](#)) prevents this scenario.

Several former licensees who allowed their license to expire have recently contacted the Board and were surprised that they

could not reactivate an expired license.

Renewal Possible Within One Year of Expiration

A licensee has one year to renew the license after the expiration date. For example, if a license expires on December 31, 2015, the licensee may renew that license anytime during 2016 (late penalties will apply). The license may not be renewed after December 31, 2016.

Practicing Out of State

The Optometry Act provides an exception - if the licensee moved out-of-state while licensed in Texas, the Texas license then expired, and the former licensee has been practicing the last two years in another state, the former license may be able to reactivate the license. The fees and requirements can be found in [Rule 273.8](#). There is also an exception for the retired charity care license. See [Rule 273.7](#).

Considerations Before Allowing License to Expire

- If you ever envision practicing again in Texas, consider the annual renewal of an inactive license. There is a fee, but no continuing education requirement. Holding an inactive license also allows a fairly quick change to active if the need arises.
- Laws change. Will the "practicing out-of-state" exemption be in effect if you let your license expire and then decide to come back to Texas in five years?
- If you are not planning to practice in another state, there will be no exception available.

50 HAROLD CODIANNE, O.D.

Dr. Codianne graduated in 1963 and took a job in Andrews having never been to West Texas. In a couple of years, and after consulting the Texas Almanac in the Andrews library in a sandstorm, Dr. Codianne decided that Plano would be a good place to fulfill his ambition to be his own boss. Unfortunately, the building in a shopping center he had leased went bankrupt, and he put his plans on hold for a few years working for an optometrist in Dallas. It was again time to move to Plano, and Dr. Codianne had made arrangements to lease space in a building being built by physicians he had met. Shortly before the building opened, Dr. Codianne learned that an optometrist who played golf with the physicians heard

about the space for an optometrist, and he asked to lease that space. So the search for office space in Plano met another roadblock, but this time Dr. Codianne obtained a lease from the landlord who had been leasing to the optometrist who played golf with the physicians. No written lease, just a promise from Dr. Codianne that he was honest.

It was very hard work the first few years with some days having only two or three patients that day. Dr. Codianne joined every social club, even joining the Fine Arts Society, in order to meet as many people as possible. He also practiced in nursing homes for several years, and used the profits from his practice to improve the practice. In a few years a move to West Plano, and the practice grew to include five doctors and twenty staff. Dr. Codianne was invited to travel due to the size of the practice and spoke mainly to vendors' executives wanting to know the secrets of building a successful practice. He sold the practice to the doctors at the practice about five years ago and now practices two to three days a week. He enjoys tennis and working out, and manages his investments.

Dr. Codianne would advise young doctors to work for a successful practice to learn about the business aspects of practicing optometry. Join clubs to meet people – patients will want an optometrist that they already know. Dr. Codianne believes that a great staff makes for a great practice. His office held weekly office meetings stressing treating our patients like family and providing motivation to staff. The office also had several staff functions outside the office each year that ended with a Christmas party for staff and family. Staff were encouraged to attend as many optometric seminars as possible. That encouraged longevity – the practice has several employees who have been with the practice over 20 years, and an office manager who retired after 30 years. Work hard – Dr. Codianne describes himself as a workaholic.

The best change in the profession is the ability to prescribe medications to treat disease. This has elevated the profession to be on par with the other health professions. On the other hand, the changes brought about by third party insurance have made it more difficult for young optometrists to start a viable practice.

50 Years of Practice

Doctors actively licensed for 50 years or more were invited to submit comments. This issue has the most recent comments. Comments have been edited by the editor due to space issues. Publication is not an endorsement of the comments.

Internet & Social Media

At the national meeting of optometry boards, several states reported issues with the Internet and social media. The Optometry Board has investigated the following complaints:

- an optometrist posting on a Internet review site alleged to have violated laws protecting identifiable patient health information
- a licensee described on a physician's website as practicing outside the scope of his optometry license
- licensees using the professional identification of a physician on the licensees' website
- an unlicensed individual advertising for temporary work as an optometrist on optometric discussion forums

Statements on the optometric office Facebook pages or websites must comply with the provisions in state law regarding advertising and professional designation. Violations may occur because the website developer is unfamiliar with state law. However the optometrist is legally responsible for the website. See the [February 2012 Newsletter](#).

If the posting on discussion forms or other forms of social media is the result of an emotional response, some studies have found that the normal inhibition to violate state or federal law may not be present when writing that post. One scenario might be an emotional response on-line or on social media to a complaint that the patient has placed on-line or on social media. One study found that health professionals have misrepresented their credentials when posting on-line.

Considerations

- Laws protecting confidential patient information can still be violated on discussion forums and social media that may not be available to the public at large, i.e., who has access?
- Off the cuff postings on social media or discussion forums may have a very long life span
- Office staff must also be aware of privacy and advertising restrictions regarding their use of social media
- Are issues of impropriety possible if a patient is allowed to friend a doctor on the doctor's personal Facebook page?