

A Milestone Year

From the President's Desk

By Tony Tran, OD, FAAO

As an extremely successful year for DCOS draws to a close, I think about how proud and honored I am to have served the members of such an outstanding organization. I cannot believe how quickly my two years as president have passed, and what an amazing experience it has been!

Looking back at 2007, there are significant milestones that we, as an organization, have

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Ferris wheel at Sandy Lake Amusement Park, the site of our last DCOS social event.

Upcoming Events

Next year's CE meeting:
1/8/08

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Sandy Lake Picnic Recap

By Sumant Malhotra, OD

The first social event of the year was held at Sandy Lake Amusement Park on September 23rd. Families attended on a beautiful afternoon to enjoy good music, catered barbeque, and amusement rides. Members displayed their accuracy skills playing horseshoes. The picnic was a success with everyone having a great time. Stay tuned for updates on future events and the opportunity to socialize with colleagues.

Pathology Corner

By Jonathan Cargo, OD

A 28-year-old Hispanic male presented to my office on an urgent basis for a new patient evaluation complaining of persistent red and watery eyes that started 10 days ago. He was seen by his primary care provider and was prescribed TobraDex (dexamethasone/tobramycin, Alcon) ophthalmic suspension QID OU for the last 7 days. The patient reported limited improvement with the medication and reports that the presentation has changed to include eye lid swelling and peri-orbital skin lesions around his right eye and the presence of white hazy plaques on his corneas. His entering corrected visual acuity was 20/30 OD, OS. The patient had significant lid edema on his inferior right lid

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The Dallas County Insight

Official Newsletter of the
Dallas County Optometric Society

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DCOS members enjoying the fun at the Sandy Lake Picnic.

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243 N. Lindbergh Blvd.
St. Louis, Missouri 63141
800-365-2219
www.aoa.org



Billing and coding experts Kim Castleberry, OD, Craig Thomas, OD, and Joe DeLoach, OD, FAAO (from left to right).

Billing and Coding Panel Discussion Review

The first ever panel discussion for DCOS held at the last October CE went off with great success. It included billing and coding experts Kim Castleberry, OD, Craig Thomas, OD and Joe DeLoach, OD, FAAO. This Q & A style meeting gave many practitioners the opportunity to finally resolve many of billing and coding myths that exist. The TOA's goal is to make a taped version of the meeting available online via a webinar for other societies throughout the state to benefit from.

Next Meeting— Jan. 8th, 2008

The first meeting next year will be sponsored by Zeiss Humphrey at the Presbyterian Hospital with dinner provided.

Evaluation, Diagnosis, Coding and Reimbursement associated with Medical Vitreo-Retinal Conditions (2 hrs CE)

Presented by:
Kim Castleberry, OD

TOWN Meetings at Work

The inception of the Texas Optometric Women's Network (TOWN) meetings has come to fruition. This group was conceived by the TOA in an effort to provide women an opportunity to discuss their views and concerns on the

profession and their ever-growing role in it. These meetings have occurred in Dallas, Austin, and Houston.

Specifically in Dallas, women came together to share their thoughts on how to become more involved in the profession. While some became motivated to get more involved in the TOA, others were inspired by each other's life stories. Sharing personal stories gave renewed hope to younger ODs that owning a practice after having children is possible. Smaller group meetings have spawned off to continue to foster the bonds established there.

While the future of these meetings hasn't been decided, a TOWN meeting get-together is set to happen at the next TOA convention.

Treasurer Report

By Jonathan Cargo, OD

As another fiscal year comes to an end, DCOS continues to be in a strong financial condition. Our membership has grown to 156 members this year. The annual membership dues from our member account for more than 75% of our operational budget. This stresses the importance of prompt payment of your annual dues to maintain the stability of our organization. One of our largest expenses this year was philanthropic, with \$2200 going to student scholarships, \$2000 going to the TOA defense fund, and \$2000 going to the UHCO building fund. We also had honorariums, meeting space, and basic organizational costs. We ended our year with a small profit to help put us in a good position next year to continue to offer the continuing education, exchange of ideas, and camaraderie that makes DCOS a great value. I hope that 2008 brings continued growth and improvement to our society, and encourage each of you to pay your annual dues on or before our first meeting.

A Milestone Year

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achieved. First of all, our membership is at an all-time high with over 150 members and still growing! Next, the overall quality of our continuing education has improved to a new level. In addition to the wider range of topics covered throughout the year, the caliber of speakers has risen to the likes of Dr. Gary Gerber and Drs. Melton and Thomas. But we cannot be complete without our local experts as well. Drs. Kim Castleberry, Joe DeLoach, and Craig Thomas shared their valuable knowledge in medical billing and coding in our first-ever panel discussion. Other important firsts include the publishing of the membership directory and, of course, this newsletter.

As much as we have accomplished this year, I believe we have only scratched the surface of what we can achieve at our fullest potential. As an extension of the TOA and AOA, we are continuing to work on new ways to relay important information and programs from the state and national levels, and likewise communicate our information and ideas back to them. It is crucial for us to coordinate and unify our efforts so that we may continue to progress as a profession. Through our survey, many of you requested organized community service opportunities. Providing eye exams and glasses for the Prisoner Entrepreneurship Program detailed in another section of this newsletter is one simple way for us to give back. There are many more wonderful goals and ideas that have been presented that are very attainable as well.

As our membership continues to grow, so does leadership involvement. I cannot thank our executive officers—Thomas Vielma (vice-president), Jon Cargo (treasurer), and Sadaf Razi (secretary)—enough for what they have contributed to this organization. We established various committees this year, and I want to extend my sincere appreciation to the chairpersons—Marcus Gonzales, David Frazee, and Sumant Malhotra—for stepping up and assuming these new positions so well. Our society is only as successful as our membership,

so I would like to personally invite each of you to become involved in whatever capacity you can.

Thanks to all of you, our valuable members, for allowing me to serve as president. You have supported me in so many ways, and I will always remember the great friendships that began since I became involved with DCOS.

I hope all of you have a wonderful holiday season.

Warmest regards,
Tony Tran, OD, FAAO

Letter to the Editor

In response to the last letter to the editor, "Do we charge what we deserve?"

I especially appreciated and agreed with the letter that Dr. Rang wrote about what OD's charge. I have been charging \$350/day in the 6 to 7 years I've been in practice and I have had a hard time getting doctors to pay me even \$375/day in a very busy practice. Fees that we charge patients have stagnated but gasoline was \$1/gallon 5 years ago and now it's \$3/gallon, and electricity is at least 3 times what it was 5 years ago. I am seeing more patients than ever before and the pay has stayed the same. The cost of living rises all the time but our compensation has not. It is perplexing why we don't stand up for ourselves and charge what we all deserve, as private, corporate and relief doctors. I know I'm basically repeating what Dr. Rang wrote but I find it to be something that I'm really concerned about since I do relief work.

Thank you,
Anonymous OD

To submit a letter to the editor, please email doctorgonzales@gmail.com.

Community Service Opportunity

By Tony Tran, OD, FAAO

Started by former venture capitalist Catherine Rohr in 2004, Prisoner Entrepreneurship Program (PEP) is a nonprofit organization based in Bryan, Texas, that helps prepare prison inmates, upon their release, to join the regular workforce and apply their innate entrepreneurial talents toward legal, upfront, start-up businesses. Most inmates in this program were previously leaders of drug rings and gangs who have committed to positive life transformation by first undergoing a rigorous interview and examination process to gain admission into PEP. Once accepted, participants undergo a four-month-long series of classes with about 150 executives and MBAs, where they learn to transfer their skills in illicit cash flow and marketing into legitimate business endeavors. Once they leave prison, a second-phase 20-week program provides further business education with mentorship.

Aside from the educational preparation, PEP assists with reentry into society by providing services such as job placement and small business financing. Among other things, each graduate of the program receives a business suit, a personal computer, and, if required in order to pass their drivers license examination, a voucher for an eye exam and glasses. Currently, Dr. Michael Reade in Houston is the only provider of these vouchers through his multiple TSO locations. As the approximately 60 PEP graduates are released to either Dallas or Houston every four months, there are currently no providers of eye exams and glasses in the Dallas area. Any graduate needing this service in Dallas must go to Dr. Reade in Houston.

This is obviously where DCOS can help. Whether it's one eye exam or dozens of exams and glasses, this is an excellent opportunity for us to give back to society. If you want to donate more than just eye exams and glasses to this program, there are many other ways to help PEP as well.

If you are interested in contributing to this program, please contact Tony Tran at atranod@yahoo.com for more details. For more information on PEP, please visit www.pep.org.

Classified Ads

Classified Ads are provided as a free service to DCOS members. To place an ad, send it to atranod@yahoo.com as plain text, exactly as you would like it to appear, inside an e-mail (please do not send attachments).

Relief doctor needed for the 15th of Dec Saturday. Please call at 214 893-5881 or e-mail at alliedeye@sbcglobal.net

DENTON, TX - Exciting opportunity with new, growing optical franchise. Office located inside the University of North Texas campus. Please call (678) 438-5400 for more details.

Therapeutic OD available for full/part time/relief in DFW starting Oct 28th,2007. Please respond by email to shawn_rouhani@yahoo.com

OD Needed - F/T or P/T
Growing Optometry practice has full-time (4-5 days) or part-time (2-3 days) positions available in the Dallas/Fort Worth area. We offer excellent compensation, established patient base and a Flexible schedule. If interested, please call Maria 877-724-4410

For more listings, please visit the "Classified Ads" section of the website at www.dcos.org.

UIW Moving Forward

As you may already know, the University of the Incarnate Word is striving forward to meet their fall 2009 enrollment deadline, graduating their first class in 2013. Many questions and rumors have been raised regarding a new optometry school in Texas. University Provost, Terry L. Dicianna, Ph.D., has answered many of these questions as to the foundation, funding, and direction of this new school.

The UIW is a faith-based institution dedicated to creating a quality optometric program geared toward independent, private practice. While the university draws from the idea that there is a need for more optometrists, especially in the number of minority ODs and those willing to practice in large minority populations and/or economically challenged populations, the university's goal is to prepare them for wherever they choose to practice. The Provost flat out denies any funding or backing from the "big box" corporations. The first two to three years of the program will begin with seed money and a building generously donated by OPM or "other people's money."

When asked specifically what the school would do if it doesn't end up providing good career opportunities for their graduates, Dr. Dicianna had this to say:

Having a successful Optometry program is like other UIW programs; students vote with their feet. If no one enrolls, the program closes itself. We expect and plan for our Optometry program to be of quality and excellence, which insures its own success.

Want to Become Involved?

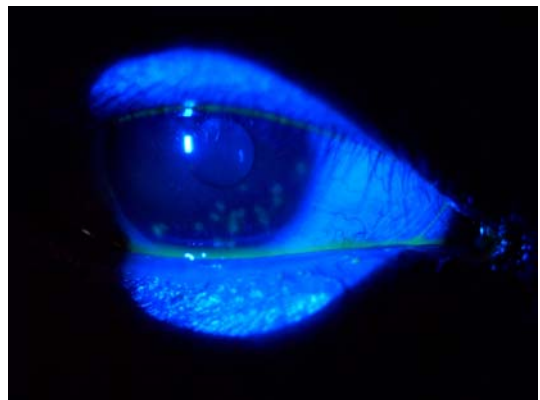
If you are interested in becoming involved with DCOS in any way, please join one or more of our committees: Continuing Education, Communications, TOA liaison, Legislative, Membership, and Social. Please email atranod@yahoo.com for more information.

Pathology Corner

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and multiple skin vesicles. He had 3+ bulbar injection OU and numerous ulcerated infiltrates on the right inferior cornea and one infiltrate on the superior left cornea. The infiltrates had a mild dendritic appearance and did stain with rose Bengal. Using a cotton wisp test the patient also had a decrease in corneal sensation OD>OS.



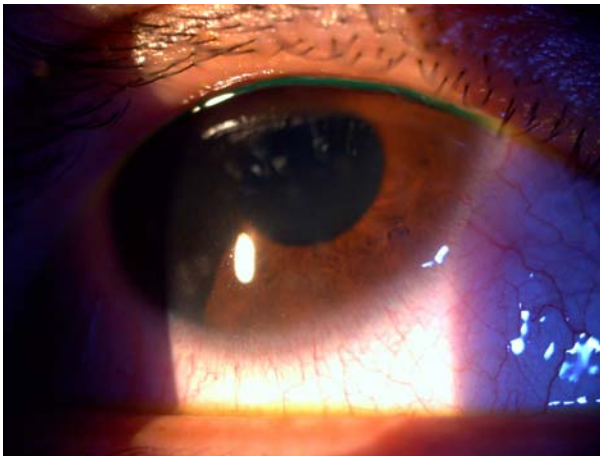
This patient was diagnosed having bilateral herpes simplex keratitis with skin involvement. I had the patient discontinue the TobraDex and start topical Viroptic (trifluridine, Monarch Pharmaceutical) 9 times/ day for 14 days in both eyes. Since there was also skin involvement, I consulted with his family physician and had him call in a prescription for acyclovir 400 mg P.O. 5 times/day for 10 days. I elected not to debride the infiltrates since they were scattered and not very elevated, and informed the patient that the pharmacy may have to order the Viroptic eye drops since they are not commonly prescribed. I also educated him on

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the importance of compliance with the anti-viral medication to ensure eradication of the infectious agent. I knew this may be a challenge given the frequency of dosing and the duration. I instructed the patient to return to my office in 3 days to monitor his progress with instructions to call me if his condition worsened between our office visits.

The patient failed to return for his 3 day follow up but after numerous phone calls I saw him back 10 days later. He reported that he was doing much better and completed the oral doses of medication. He also indicated that it took 2 days for the pharmacy to provide him with the Viroptic eye drops and he had discontinued them about 2 days ago. His corrected visual acuity was 20/25 OD, OS and his skin lesions had resolved. He had minimal lid edema and mild conjunctiva hyperemia with 2+ papillae. The corneal infiltrates had resolved bilaterally leaving some interstitial haze in their place in the periphery.



I recommended that the patient continue the Viroptic drops for the next 4 days and planned to see him back at the completion of this treatment. I discussed with him the possible need to start a topical steroid treatment to resolve the remaining edema. The patient was then lost to follow up.

(Wang) HSV is a DNA virus that commonly infects humans. Infection is spread by direct contact of infectious secretions with epidermis or mucous membrane. HSV type 1 (HSV-1) is primarily responsible for orofacial and ocular

infections, and HSV type 2 (HSV-2) generally is transmitted sexually and causes genital infections. HSV-2 may rarely infect the eye by means of direct contact with infectious genital secretions and occasionally is transmitted to neonates as they pass through the birth canal of a mother with genital HSV-2 infection.

Primary HSV-1 infection occurs most commonly in the mucocutaneous distribution of the trigeminal nerve. After the primary infection, the virus spreads from the infected epithelial cells to nearby sensory nerve endings and is transported along the nerve axon to the cell body located in the trigeminal ganglion. Then, the virus genome enters the nucleus of a neuron, where it persists indefinitely in a latent state. Primary infection of any of the 3 branches (ie, ophthalmic, maxillary, mandibular) of cranial nerve V can lead to latent infection of nerve cells in the trigeminal ganglion. Interneuronal spread of HSV within the ganglion allows patients to develop ocular disease without ever having had primary ocular HSV infection.

Recurrent HSV infection traditionally has been thought of as reactivation of virus in the sensory ganglion, which migrates down the nerve axon to produce a lytic infection in ocular tissue. Recent evidence suggests that the virus may subsist latently within corneal tissue, serving as a potential source of recurrent disease and also donor-derived HSV in transplanted corneas.

Since most cases of HSV epithelial keratitis resolve spontaneously within 3 weeks, the rationale for treatment is to minimize stromal damage and scarring. Gentle epithelial debridement may be performed to remove infectious virus and viral antigens that may induce stromal keratitis.

Antiviral therapy, oral or topical, is an effective treatment of epithelial herpes infection. Either topical trifluridine 1% solution 9 times daily or vidarabine 3% ointment 5 times daily has equal efficacy in treating a dendritic ulcer; however, trifluridine is more effective than vidarabine for treatment of a geographic ulcer. Response to topical therapy usually occurs in 2-5 days, with complete resolution in 2 weeks. Corneal

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toxicity is a frequent adverse effect of topical antiviral agents. Topical therapy should be tapered rapidly after initial response and then discontinued after complete healing.

Oral acyclovir at a dose of 2 g per day for 10 days has been reported to be as effective as topical therapy for epithelial keratitis and may be a better alternative for patients with preexisting ocular surface disease and who are at high risk for toxicity from topical medications.

Stromal keratitis and endotheliitis are treated with combined corticosteroid and antiviral therapy. Frequent topical steroid therapy is initially prescribed. The dose is subsequently titrated, based on clinical response, to the lowest dosage necessary to control inflammation. Concurrent antiviral medication is also recommended to prevent or limit lytic epithelial keratitis. The optimal dose and the route of administration have not been determined. Oral acyclovir in moderate doses (200-400 mg 5 times/d) achieves therapeutic concentrations in the aqueous humor and may be more effective than topical agents in treating HSV keratouveitis. Topical antibiotics are frequently given prophylactically as an adjunct to steroid therapy.

Neurotrophic keratopathy are managed with nonpreserved lubricants, eyelid patching, and bandage contact lenses. Potentially epithelial toxic medications should be discontinued. Ulcers that fail to respond to the above measures may heal with a tarsorrhaphy. Stromal thinning and perforation may necessitate surgical intervention.

Patients with frequent recurrences of ocular HSV may be placed on a long-term regimen of oral antiviral medication at the prophylactic maintenance dose.

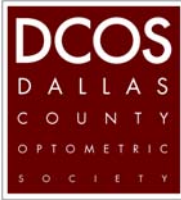
Jim C Wang, MD, Department of Ophthalmology, Kaiser Permanente Fontana Medical Center, Keratitis, Herpes Simplex.

<http://www.emedicine.com/oph/topic100.htm>

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Dallas County Optometric Society

2008 Membership Application / Renewal

New Member

Current / Previous Member

Name: _____
Last First M.I. Designation (OD, FAAO, etc.)

PRIMARY WORK LOCATION Preferred Mailing Address

Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email: _____

HOME ADDRESS Preferred Mailing Address

Street Address: _____
City: _____ State: _____ Zip Code: _____

PROFESSIONAL DATA

TX License #: _____ Date Licensed: _____
Other State License(s): _____ License #(s): _____

COMMITTEE INVOLVEMENT

I am interested in joining the following committee(s):
 Communications Continuing Education Membership Social

I hereby apply for membership to the Dallas County Optometric Society. If elected, I will abide by its bylaws, Code of Ethics as outlined by the American Optometric Association, and agree to pay all dues and assessments promptly.

Signature: _____ Date: _____

Please submit completed form along with a check for \$100 (made payable to Dallas County Optometric Society or DCOS), which will cover your membership for the calendar year, to:

Dallas County Optometric Society
P.O. Box 600349
Dallas, TX 75360-0349