



"Where words are restrained, the eyes often talk a great deal." - Samuel Richardson



Walton Lighthouse structure progression: box light in 1964, cylinder in 1996, pipe in 1999, and the current form in 2002.

Auroral Announcements

The Santa Cruz / Watsonville Adult School is looking for an optometrist or optician to teach the next ABO and NCLE exam courses for opticians. Ruby Garcia can train you to be an instructor to teach along with her using the existing course outline. You would then hopefully take the lead in the class so she can open other optician programs. The class will start in February and run through the first week of April. It is online, on Mondays from noon to 2pm and/or evenings, although the school is willing to accommodate other dates and times. If you are interested, please contact Ruby Garcia at california.society.opticians@gmail.com or 805-263-9765.

Medications recently approved by the FDA:

Vuity (pilocarpine 1.25%) eye drops by Allergan for presbyopia on 10/29/11 (approximately \$100 on GoodRx).

Tyrvaya (varenicline solution) nasal spray for dry eyes on 10/18/21 (approximately \$700 on GoodRx).

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Candent Community Calendar

Feb 26-27: [Clam Chowder Cook-Off](#), Santa Cruz

Mar 11-27: [Noises Off at Western Stage](#), Salinas

Mar 19-20: [12th Annual Whalefest](#), Monterey

Opalescent Optometry Occasions

Mar 20: [OptoWest](#), online

Apr 10: [OptoWest](#), Sacramento

Apr 24-25: [AOA on Capitol Hill](#), Washington, DC

"It was still early, and the sun's lower limb was just free of the hill; his rays, ungenial and peering, addressed the eye rather than the touch as yet." - Thomas Hardy

FORWARD FOCUS: New President's Message

Hello everyone! Happy new year! Can you believe it's already 2022? I surely can't! For those of you I haven't had the pleasure of meeting, my name is Kasey Nakajima. I am a third-generation optometrist and your MBOS President for 2022. I currently work at Monterey Bay Eye Center and provide primary and post-operative care.

This year for MBOS, my fellow board members and I plan to host in person meetings (local guidelines / advisories permitting). I am extremely excited to announce that we are also planning a hands-on scleral lens fitting workshop with Valley Contax this spring as well! I know there has been ongoing interest in this topic and thought it would be a wonderful opportunity to bring in some experts on the subject. Be on the lookout for an invitation in the next month!

As a side note, something I'd like to implement this year is wearing name tags to our meetings. Being a new OD sometimes makes it intimidating to approach other members, especially if we haven't been formally introduced! I know there are a few new doctors in the area who are hoping to join our society, so let's welcome them and make it easier to introduce ourselves.



Thank you so much for being a part of MBOS!
I can't wait to see you all again soon.

Kasey Nakajima, OD

EDUCATION EMANATION: Ways to Obtain CE

In California, optometrists are required to complete a set number of continuing education hours every two years. Non-TPA licenses require 40 hours; TPA requires 50. For TPA, 35 of those must be in diagnosis / treatment / management of ocular diseases, and for TPG or TLG, 10 hours of glaucoma are required as a part of those 35 hours. You are able to complete 20 of these hours as self-study / correspondence / online. Interactive online courses now count as live, a permanent change. For more information, visit <https://www.optometry.ca.gov/optometrist/contedu.shtml>

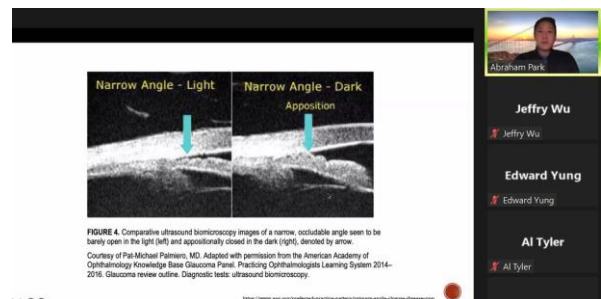
One of my personal favorite annual virtual events is CEWire, which has 60 COPE approved credits for \$189. There is a huge variety of topics, and while not all lectures will count for credit in California (mostly the practice management ones), it is still a great deal. There are three weekends where you can watch the lectures in real-time, which counts as live, or you can watch them at any other time, which counts as online / self-study. <https://www.cewire2022.com/>

Both AOA and COA offer free online CE to members and can be found at <https://AOA.org/eyelearn> and <https://sites.google.com/coaboard.org/coace/ce-x-coa>

January CE x COA on anterior uveitis and SLT for glaucoma.

COA also hosts quarterly OptoWest events, this year starting virtual and hopefully becoming in-person.

COA also provides a list of local society CE events. While some charge a bit for non-society members, there are often some very interesting topics: <https://sites.google.com/coaboard.org/odguide/my-coa/local-societies>



January Inland Empire Optometric Society CE on angle closure.

Many optometry schools also offer CE, and now with so much being virtual, you could likely obtain it from almost every one in the country. I'm not going to list all of the approximately 20 schools, but the California ones can be found at https://optometry.berkeley.edu/continuing-education/online_ce/, <https://www.ketchum.edu/continuing-education>, and <https://ce-optometry.westernu.edu/>

CE has largely been online the past few years, but we're starting to see a return to live events.

Review of Optometry has their annual Conference Planner, which lists larger events across the country and even the world in a calendar format. These could be a great way to combine a vacation and education. <https://www.reviewofoptometry.com/publications/2022-conference-planner>

I would assume some of the local ophthalmology practices also host CE events for optometrists. Although I haven't been to any in the Monterey Bay area, I used to go to a great deal of these around Los Angeles. It might be worth reaching out to the offices you refer to and asking about them.

And, of course, there's MBOS! We were hoping to get back to in-person meetings sooner rather than later (I personally love chatting with everyone and seeing how their practices and families are doing), but as COVID still seems to be prevalent, the current plan is something virtual first, and then hopefully live later in the year. We are still in the planning stages, but we should have more information for you soon.

LEGISLATION LAMP: New Laws in 2022

Uff da (shout out to any other Midwesterners), there are a lot of optometric, medical, and general business changes this year.

The optometry scope of practice expansion (AB 407) and required e-prescribing (AB 2789) are major ones.

You cannot sell medication directly to patients per B&P 3041 (h), and AB 1534 deals with retail optical.

Don't forget to post your sign about glasses and contacts prescriptions and how patients can file a complaint with the State Board of Optometry: <https://www.optometry.ca.gov/formspubs/consumer-notice.pdf>

The State Public Health Officer Order of 12/22/21 issued by the California Department of Public Health, which initially required all individuals working in health care facilities to have a COVID-19 booster shot by 2/1/22, has extended the deadline to 3/1/22.

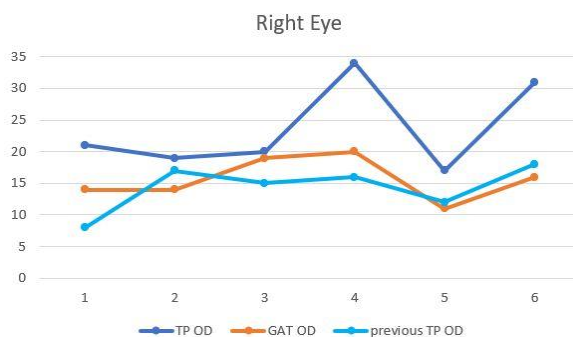
You have a bit of time to deal with the CalSavers Trust Retirement Savings Act. By June 2022, all employers with more than five employees must offer a qualified retirement plan (basically, a 401(k)) or register with the state option.

And then there's the huge piece of legislation affecting not just optometry but all of medicine, The No Surprises Act, which went into effect 1/1/22. In short, you must provide an itemized good-faith estimate of prices to uninsured / self-pay patients when they schedule their appointment and also send them a written estimate within 1-3 business days depending on how many days in the future their appointment is. There are a ton of details on this and many are still being figured out as we go, but if you're an AOA member, there is an excellent webinar on it: <https://www.aoa.org/covid-19/askaoa-webinar-series>

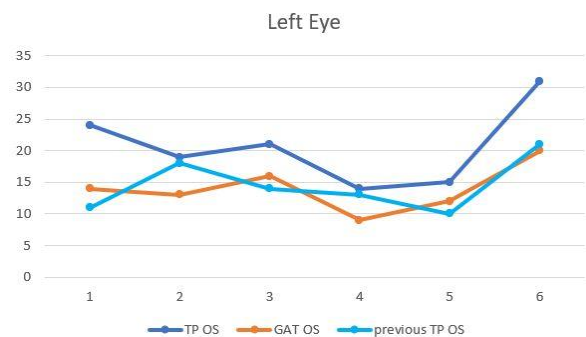
If you haven't heard about any of these laws, please take the time to research them.

REFLECTIVE RESEARCH: Tono-Pen Repair Required

I noticed the Tono-Pen seemed to be reading rather high, so I checked six patients with it while at the same time performing Goldmann applanation tonometry. I also compared the results to Tono-Pen results for the patients from previous exams.

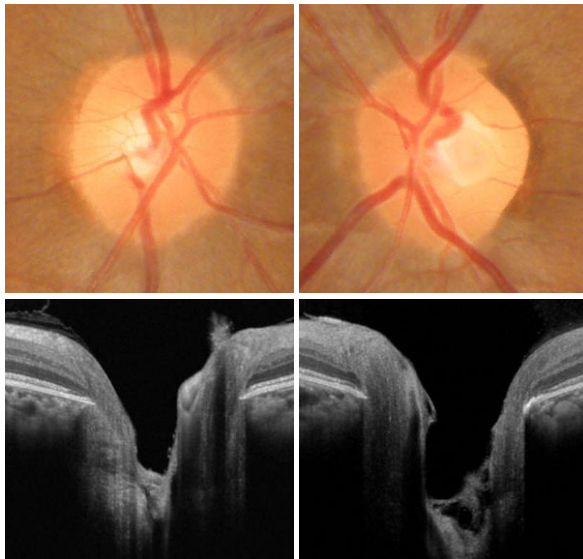


Sure enough, while at times similar, most of the IOPs were much higher with the Tono-Pen, up to 18 mmHg difference, with an average difference of 7.5 mmHg higher. After sending the Tono-Pen in to be repaired, it was back to being much more accurate.

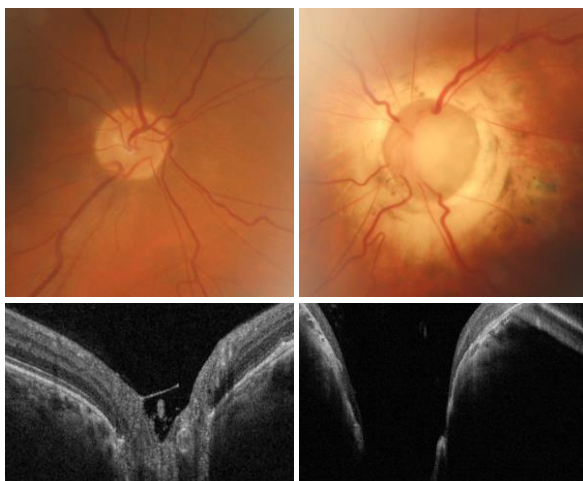


ILLUMINATING INSTANCES: Optic Disc Colobomas

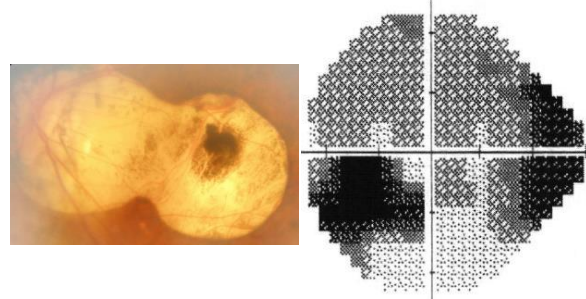
Optic disc colobomas result from incomplete optic fissure closure. If small, their visual effects can be non-existent, as is the case with this patient with a temporal optic disc coloboma in his left eye, who had 20/20 VA OD and OS and no visual field loss.



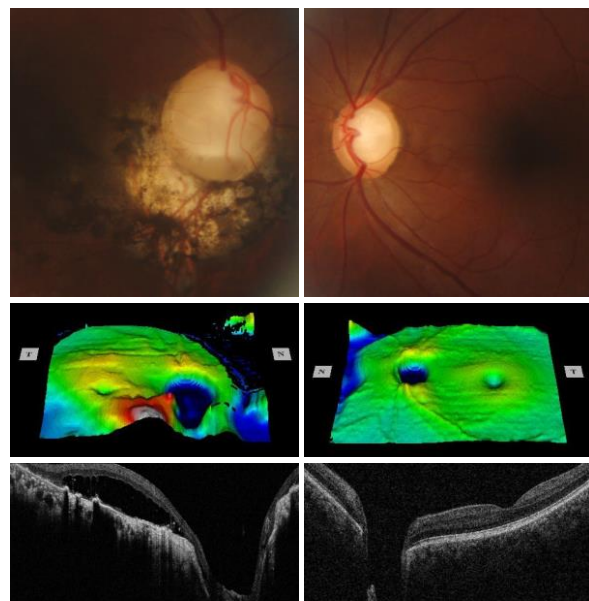
Large optic disc colobomas can cause severe vision loss. This patient was 20/20 in his right eye but 20/400 in his left. Note that large optic disc colobomas can be mistaken for morning glory syndrome; the latter will have a central cluster of glial tissue resembling the central white color of the eponymous flower; a coloboma will not.



The coloboma is not always confined to the disc, as in this patient, who has a coloboma from his disc to his macula, with a visual acuity of light perception in the left eye and corresponding visual field loss.



While the coloboma itself is stable throughout life, you should monitor patients for a macular serous retinal detachment. The source of the fluid is still unknown, but it can occur spontaneously at any time. Unfortunately, it rarely self-resolves, and therefore if detected, a patient should be referred emergently to a retinal specialist. Possible treatments include laser photocoagulation, gas tamponade, and macular buckling, although the current treatment of choice is pars plana vitrectomy, as it seems to offer the greatest VA improvement and fluid resolution. Unfortunately for this patient, the laser scars inferior temporal to the right disc failed to eliminate the fluid:



LUMINOUS LOCATIONS: Monarchs

There are two locations to see large groups of monarch butterflies nearby, Natural Bridges Monarch Trail and the Pacific Grove Monarch Sanctuary.

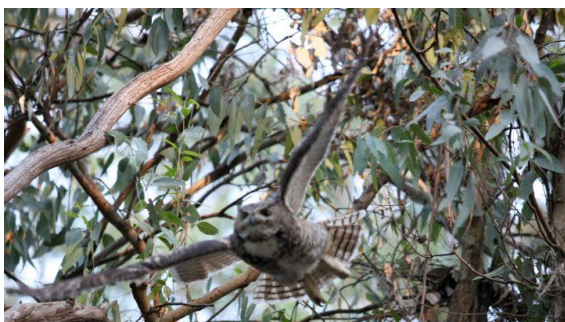
They are quite distinct. Natural Bridges has a raised wooden walkway which leads to a viewing area surrounded by trees with monarchs in them.



When we were there recently, there were only a few big groups of monarchs on a single tree, although there were a number of more solitary butterflies spread out on a few other trees.



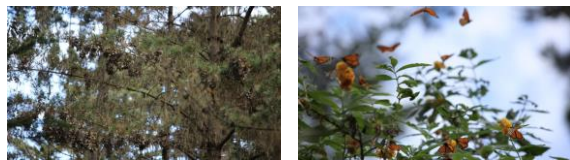
There was also a pair of male and female owls. During the day, they mostly sleep, but right before sunset, they start hooting at each other. When we were there, the male flew over to the female for a few moments before flying off to go hunting for food.



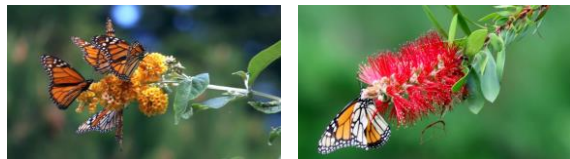
Pacific Grove has a pathway around a larger grove of trees with butterflies spread throughout.



There are more large groups of monarchs here, along with more smaller groups and flying butterflies.



The small groups or individuals are also much closer, so you can get a better look at them on flowers.



Both locations are quite nice. Natural Bridges has fewer butterflies but more other activities there, including a visitor center, beach, and tide pools.

Pacific Grove has more butterflies but not much else right at that location. However, there are often deer that wander around the area. Now is an optimal time to go to either location as the number of butterflies is peaking, even many more than a month or two ago.



PHOSPHORESCENT POINT: State Board Probation

I would like to summarize what I did and what I have been through for the past 6 years.

I saw my 92-year-old mother for a full eye exam around Thanksgiving 2015. She called me from her home in So. California around February 2016 saying she had run out of her Vicodin which she had been on for a few years for her osteoporosis, and especially for her pain and discomfort around her eyes from her squinting. She has advanced Macular degeneration. Her doctor was out of town for a month and there was no one in the office to give her a refill.

So, I told her that I would check to see if I could get her a refill. I researched our website and saw that yes, I could prescribe the medication. It might have been there, but I did not see anywhere where it said I could only prescribe only so much with no refills. I asked her to send me a copy of her doctor's last Rx and I basically just copied it giving her enough to get by for a month.

She filled it and when she went back for a refill a couple of weeks later the Pharmacist said she could not refill it. I assume that is when the Pharmacy reported it to Board or DEA or both? It would have been nice if they had just called me and told me I couldn't do that.

According to what I have recently learned, as I understand it, if the Pharmacist believes that a doctor wrote an incorrect Prescription, he is supposed to call the doctor to let him know. If they had done that, I would have stopped the Rx and this would never have happened. I like to add that after studying for the CLRE Test I saw that what I had done should have been considered a Bona Fide Mistake. In other words, If I had found out that I had written an incorrect prescription, and changed the prescription quickly, I would not have been penalized.

I did not know I had made any mistakes until an Attorney from Board came to my office six months later. After talking with her for a while, said she did not believe there would be further discussion but would call me if she had any further questions.

A year later, in December 2017 I received a letter of Accusation from the Board of Optometry. This is almost 2 years from the date of the incident.

It took another year+ to have a Hearing. After an all-day Hearing, the Judge in the Hearing ruled in my favor. She did not feel there should be any penalties involved. However, 3 months later the Board revoked her decision and placed me on Probation Oct.17, 2019. By the way, this was decided upon by Carter Ott, the Deputy Attorney General of California who was the prosecuting attorney for the Board at the Hearing.

Since this began, I have followed all the rules of the Probation including checking in every morning to see if lab testing was required. That has been a real problem because trying to get in for testing when I was working was very inconvenient. And why did I have to do drug testing when I had no problems with drugs or alcohol. I had to do Community Service, have a complete psychiatric examination, which was all normal and made monthly and quarterly reports and payments to the Board on time every month. I did take the CLRE Test last December but unfortunately failed by two questions. Because of that, my license was suspended for 6 months. After 6 months I retook the test and passed with flying colors, however my employer would not rehire me.

This experience has cost me over \$25,000 in legal fees, \$3300 in lab testing, about \$80,000 in lost wages and Probation fees of \$1300.

(continued on next page)

PHOSPHORESCENT POINT: ...continued

So, overall, this one incident out of 43 years of Practicing Optometry has cost me almost \$100,000.

I petitioned the Board again last year and asked to be removed from Probation. I did submit several letters from friends and colleagues and my 97-year-old mother. After another hearing, the new Deputy Attorney General, who represented the Board, was on my side this time and the Probation was removed.

I would like to mention that I have been a member of the AOA, COA and local Societies for 44 years. I have also been on the local Boards several times. I went back to work and was seeing my 7000 patients which I have had for the last 20 years. I really did not want to end my career with this hanging over my head. However, I did. I retired about a year ago and even though everything was cleared up, I still think about it all the time.

This penalty has been Very Excessive for what I did. First time offense, Bona Fide Mistake and trying to help my mother. I am not an Alcohol or Drug User, have had a clean optometric record for 43 years, done volunteer work like the Flying Sams for several years and wanted to end my career nicely. Oh well, I hope you all see that you must keep your eyes and ears open and pay attention. I also feel that the California Board of Optometry went way overboard on how they handled this.

I wish you all the best in your careers. It's been fun knowing most of you and getting together at our dinner meetings.

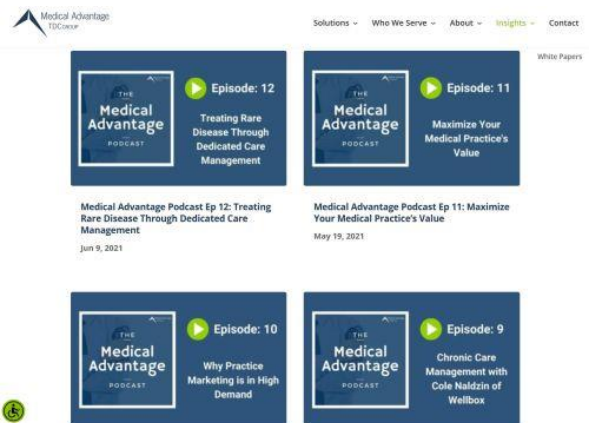
Ted A. Bailey, OD

"I had a dream about you last night. I was alone on a dark night and you came to me as a firefly. I knew it was you because you were the brightest." - Crystal Hudson

INTERNET INCANDESCENCE: Medical Advantage

Last newsletter had the Practice Advantage Podcast, which focused on optometry practice management. This newsletter has the Medical Advantage Podcast, which is geared more towards MDs, but has a number of episodes which can be useful for optometry, including optimizing your EHR for FQHC, optimizing risk adjustment, maximizing your practice's value, MIPS changes, and patient engagement.

As with all podcasts, exactly how you listen to the installments varies, from your favorite podcast player to your internet browser, so use whatever is most convenient for you.



VESPERTINE VENERATION: Drs. Kim and Irv Hartford



Back when we graduated from UCB School of Optometry in 1982, our primary goal was to establish a private practice, or two, so that we could practice optometry in a professional, independent way that would best benefit the patient and also supply a good income. The idea was that if you kept the patient's needs foremost in mind, treated them like friends and family, gave them a very good comprehensive exam and explained the results in words they could understand, then they would return year after year and tell others about what a great experience they had.

When we arrived on the Monterey Peninsula, we had a Ford Mustang with a huge dent on the back left side, and \$1,000. We miraculously got a loan from National Bank of Carmel and opened up our office in Mid Carmel Valley in 1983. How did we survive? We worked in optometry offices in Hollister (Dr. Koleszar), Watsonville (Dr. Cabrera), and Salinas (Drs. Flickner and Honors). We opened up a branch office in Soledad in 1985. Irv worked as the optometrist at Soledad State Prison (CTF) for 10 years. And, after 12 years, and many working hours, we finally owned and operated 2 private practice optometry offices.

How was optometry different than it is today?

Well, we have all kinds of new instruments — new autorefractors, autolensometers, corneal topographers, retinal cameras, OCTs, Optomap imaging, scleral topographers, pachymeters, Visual Field instruments that can perform many different types of analyses — and this is all good and helpful — but the most important component, of course, is always the clinician. There is no substitute for the smart and savvy optometrist. People come to optometrists with their vision problems and fears about losing their sight and we are in the important position of figuring it out and doing whatever is necessary to solve their problems.

Ophthalmologists are great, but our training and expertise is different and every bit as necessary as theirs. My advice is to learn as much as you can about eyes and vision and become excellent in your clinical skills, contact lens fitting skills, pre and post-op skills, and your ability to figure out what your patients actually need. If you want the respect of ophthalmologists and other medical doctors in our area, find important signs of ocular and systemic disease and write them a report, (not a form letter from your EHR), about their condition and why you thought it was necessary to inform them. Your personal letter is the only thing they have to judge you by, so write an intelligent and informative letter.

We have a very important job! Realize ophthalmologists are good at what they have been trained to do - solve medical problems - but you are good at what you do too. And remember, no one is perfect. We ALL make mistakes, even those who went to Harvard, Duke and Stanford. Know your stuff. Learn more all the time. Be confident in what you know, and most of all, do the very best you can for your patients, even if it takes longer than the allotted time scheduled for their appointment.

Kim and Irv Hartford, ODs

"To shine your brightest light is to be who you truly are." - Roy T. Bennett

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We're still waiting on sponsors for 2022 until we get back to having in-person meetings. Hopefully fairly soon! Stay tuned.