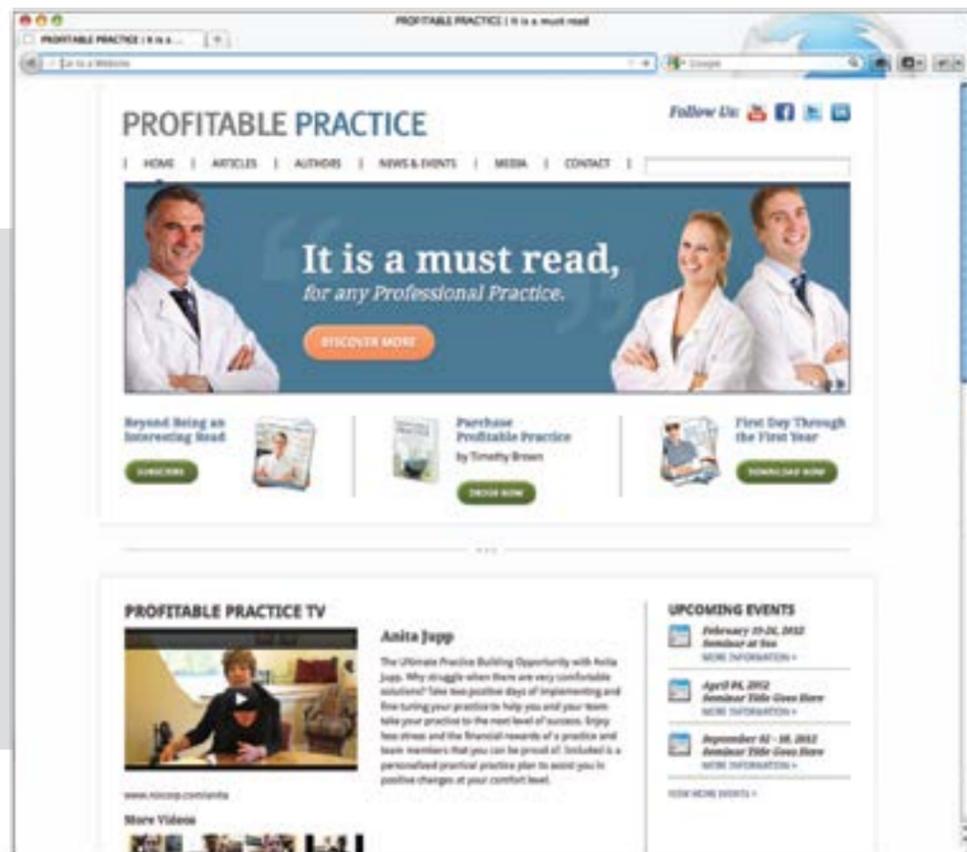


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FALL 2013

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FALL PRACTICE CHECKLIST

THE NEW CONDO MARKET

THE DO'S AND DON'T'S OF SELLING A PRACTICE

**FEATURE INTERVIEW
DR. BARBARA CAFFERY
DRY EYE SYNDROME**

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Creativity and Eye Care Professionals, Continuing To Give Back, Dry Eye And Content Notes

Benjamin Disraeli, a 19th century British Prime Minister once said, "Man is only great when he acts from passion."

Passion and creativity are keys to the success of every business. For eye care professionals, creativity plays a role in how you set up your reception area or display your selection of frames. For today's aspiring eye care entrepreneur, exploring avenues of creativity to find your passion is likely the quickest route to increase your chances of launching a successful business. Where to start? Entrepreneur.com suggests the five following exercises to help you uncover your creativity and your passion – whether you are just going into business or you are a seasoned professional who needs a little inspiration!

1. Revisit your childhood. What did you love to do? Connecting with your natural inclinations as a child can help you determine where your passion lies.

2. Make a "creativity board". Start by taking a large poster board, put the words "New Business" in the center and create a collage of images, sayings, articles, poems and other inspirations, suggests Michael Michalko, a creativity expert based in Rochester, N.Y., and Naples, Fla., and author of creativity books and tools, including ThinkPak (Ten Speed Press, 2006).

3. Make a list of people who are where you want to be. You don't have to reinvent the wheel. Study people who have been successful in the area you want to pursue.

4. Start doing what you love, even without a business plan. Those who wait too long hoping for investors risk losing their initiative; their ideas may never see the light of day.

5. Take a break from business thinking. Move away from a pure business model; indulge in something else you love that relaxes you and lets the creative juices flow.

EDITORIAL

A wonderful example of someone who let her creativity loose is **Wendy Buchanan**, who has founded a company called Perceptions Eyewear. Wendy started out as an image consultant and optician but saw a business opportunity when she realized that the people she met put a great deal of effort into their personal image through their clothing choices, but eyewear was not considered a part of the image.



Wendy Buchanan's Traveling Frame Case

Wendy has changed all that for her clients whom she personally visits for a one-on-one eyewear consultation. You will learn more about Wendy in an upcoming issue. By the way, she has a wardrobe of spectacular glasses!

Giving Back

As noted in our previous issue of *Profitable Practice*, we are continuing to document how eye care professionals give back to their communities. **Wendy Buchanan** is a professional who believes in giving back to her community; she supports the **Foundation Fighting Blindness**, profiled in our last issue.

ORBIS Canada (www.orbiscanada.ca) is the Toronto-based office of ORBIS International. ORBIS International is a nonprofit global development organization dedicated to saving sight worldwide. Their mission is to preserve and restore sight by strengthening the capacity of local institutions in their efforts to prevent and treat blindness.

Their goal is a world in which no one is needlessly blind, where quality eye care is available to everyone. Since 1982, ORBIS has treated and transformed the lives of more than 23.3 million people in 92 countries. ORBIS'S integrated approach is carried out by way of country programs, The Flying Eye Hospital, hospital-based training programs and fellowships and Cyber-Sight®, a cutting edge telemedicine initiative that uses the Internet to connect doctors throughout the world with ORBIS volunteer ophthalmologists like **Dr. Brian Leonard**, Professor of Ophthalmology & Founding Director, University of Ottawa Eye Institute. Please see photo.



Feature Interviews

I was delighted to meet **Dr. Barbara Caffery** who is a leader in the area of dry eye research and practice, a condition that is plaguing aging baby boomers like me. To keep their professional lives challenging and rewarding, she encourages her students to pick a topic they find interesting and follow it through in a small, personal way or work with others to explore it more thoroughly and publish the results. Dr. Caffery shares her expertise as a volunteer board member of the American Academy of Optometry.

John Omand has been a successful optician for 30 years and understands the value of customer service. He too gives back to his community...instead of charging customers a fee for adjustments and small repairs, he asks them make donations to the Canadian Cancer Society. He believes that it is through these small acts of kindness that a business will stand out from the rest.

Dry Eye

This past July CTV News did a health feature on a treatment for **dry eye**. **Thermal LipiFlow** has been around for several years; this treatment warms the eyes from the eye outwards rather than from outside the eye inwards to open up the oil glands. **eye LABS** in Brampton has combined LipiFlow with a complete evacuation of each gland not available by any conventional means... they consider theirs to be a ground breaking approach. The cost is \$750.00 per eye and not covered by OHIP. Possibly great news for the many aging Canadians who suffer from this debilitating condition.

Content Notes

In the first part of *How Do I Hemorrhage Thee...Let me Count the Ways*, **Mariana Bracic** honestly discusses a very sensitive topic for practitioners - employee compensation - and outlines how a practice can waste enormous sums of money...not to be missed!

Todd Slater counsels using common sense when considering investing in today's condominium market... a challenging and risky undertaking.

Timothy Brown, Jon Walton and Dr. Jeff Williams provide valuable common sense in *The Do's and Don'ts of Selling a Practice*; more solid practice management advice can be found in **Anita Hollands'** and **Lloyd Wright's** article featuring their ideas about a Fall Practice Checklist.

Technology plays an increasingly important role in independently owned businesses; we hope you enjoy the mobile apps we discovered that can help both professionals and patients.

As in the past, we like to finish off the issue with some lighthearted information about eye health that you can share with your patients.

Our thanks as always to the great team at Full Contact Marketing for their skill and advice.

Most importantly, we want to hear from you! What good business related books have you read lately? Send your comments, articles and stories you believe would be of interest to your peers to: editor@profitablepracticemagazine.com. We are here to inform and serve you.



Karen Henderson

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How Do I Hemorrhage Thee... Let Me Count The Ways

Part I of II

by Mariana Bracic



If you are a typical eye-care practice owner, you pay out approximately one-third of all your collections toward staff compensation. Payroll is likely your single-biggest expense. And if you are like many professionals when they first contact us, your expenditures on payroll have some element of economic irrationality. Here is what we mean by that: significant amounts of your money are being paid out with no or inadequate business results. Increasingly over the last few years, we encounter eye care practices that are actually hemorrhaging earnings through payroll.

In a well-run, maximally-*profitable practice*, the practitioner has attracted and retained high-quality employees who are worth every penny they are paid. An economically irrational approach to compensation will result in the opposite result: the

office will attract and retain low-performing staff who merely drift like dead wood. As a business owner myself who works hard to be a destination employer (MBC's superstar staff regularly tell us, for example, that we have spoiled them for any other law firm), I have distinct views on how to approach compensation to achieve the optimal business result. In my professional opinion, the goal is to pay as competitive an hourly rate as you possibly can (I like to pay well above market rates to attract and keep the very best people) and pay only when the employee is being productive. As human beings, we all generally respond to economic incentives and a wise business owner needs to consider that in approaching compensation policies.

There is a long list of ways in which a practice can waste enormous sums of money through payroll. In this first of a two-part series, we will address five of them, and the legal techniques we suggest to stop the bleeding.

Time records policy

We see a disturbing amount of time theft happening in the offices of practitioners who first come to us from across the country. When we prepare contracts and policies (a Practice Protection Package™) for them to help clean up their employment law affairs, what we generally recommend among the more important policies that we include is a Time Records Policy. The gist of the policy is to impress upon staff that they must be scrupulously careful and scrupulously honest in recording and reporting their time worked. A misrepresentation about hours worked, it is important to note, should be taken as the serious offence that it is: it is time theft. Having a clear policy on this has two important effects:

- (1) Practically, it deters the behaviour.
- (2) Legally, it improves the support that we can reasonably expect from a court in the event that we need to discipline or terminate an employee for a breach of the policy.

No unauthorized over-time

It is not uncommon for a disgruntled, former employee to make a claim to the Ministry of Labour for over-time pay that allegedly was not paid over many months (or years!). To protect against this, one of the standard terms in our Practice Protection Package™ stipulates that employees are not permitted to work overtime without express prior authorization. Similarly, we like to cap the maximum amount of time prior to the first patient arrival, and after the last patient departure, (typically 15 minutes) for which the practice is willing to pay an employee. Many of our practitioners report that, otherwise, an employee may come in far earlier, and stay far later, than she is reasonably required just because she “needs the money” despite the total lack of value to the practice.

Down time

We see the issue of paying for down time come up most frequently where a young professional has taken over a practice from an older one. Typically, the older practitioner was in a very different financial position and had been paying staff for down time for years. The young practitioner usually has little to no savings, an enormous amount of debt, and cannot afford to pay staff for down time. Irrespective of whether the owner can afford it or not, on principle, in my opinion it is intrinsically harmful to the practice to pay for down time as there is then no incentive for the employees to fill the schedule. If they are paid when the schedule is not full anyway, why would they fill it? In the end, it is

harmful to employees as well as they lose one of the most important elements of human happiness: the motivation to do satisfying work.

Office closing

A business that is optimally run should have the right to open and close the office according to business needs. We generally recommend that we contractually reserve for our clients the right to close the office and/or send staff home whenever required (because the owner is attending a course, because of patient cancellations, etc.). While there are certain constraints legally on our ability to do this, there is still an enormous amount that can be achieved.

Lay off policy

In the Great Recession, many business owners contacted us wishing to lay off some of their bloated and least productive staff. Those who already had well-drafted contracts in place were able to do so. This right is sometimes a life-saver to a business, as it permits the employer to send an employee home (in Ontario, for example, for up to 13 weeks) without notice or pay in lieu of notice. But it is important to understand that this right does not exist without a properly drafted contract. At common law (i.e. the law that prevails when your contracts with staff are unwritten) in Canada a lay off is a wrongful dismissal. (For a fuller discussion, and to see how dangerously misleading it can be to call your provincial Ministry of Labour, please see “The Law is an Ass” on the articles page of mbclegal.ca.)

In the next edition of *Profitable Practice*, we will finish this list of ways that payroll can hemorrhage your practice earnings, and the techniques that we suggest to stop the bleeding.

Bottom Line: This is the first part of a two part article that outlines five ways to stop wasting money on your practice's payroll.



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Mariana is proud of the dramatic benefits her completely unique, niche specialization (HR law + doctors) provides to her clients' wealth and happiness.

Feature Interview With Dr. Barbara Caffery

OD, PhD, FAAO



Dr. Barbara Caffery is a Toronto optometrist who has worked in a group practice since her 1977 graduation from the New England College of Optometry. She completed her Masters of Science degree in Nutrition in 1987 and her Diplomate in Cornea and Contact Lenses in 1993. She completed her PhD program in Vision Science at the University of Waterloo in 2009 upon defending her thesis entitled Sjogren's Syndrome: A Clinical and Biochemical Analysis. She is also a member of the Sjögren's Syndrome Clinic of the University Health Network, where rheumatology, dentistry, ophthalmology/optometry, ENT and pathology work together in the diagnosis and management of Sjogren's Syndrome..

How did you get into the field of optometry?

It's a serendipitous story! I was living in Boston and due to visa issues I could not work so I got a volunteer job in an optometrist's office and just fell in the love with the practice. I came to Toronto and started doing research, particularly in contact lens and dry eye and was just launched into a very interesting career. I worked with several different partners, opened my own practice and now work in a group practice in Toronto.

What is a typical day for you?

It's always busy! I book a year ahead so I am always booked up – which makes me very happy! I spend the majority of my time seeing problem patients with serious dry eye and autoimmune issues; I also work at the Sjogren's Syndrome clinic at Toronto Western Hospital and I do most of the follow up and maintenance of these patients in my private practice. I have a large referral base that sends me people with lupus, rheumatoid arthritis and other autoimmune diseases to help them with their dry eye problems. I do specialty contact lens work for those with corneal problems and keratoconus and fit high astigmatic contact lenses. I also see rigid contact lens wearers which almost no one else sees anymore.

But I still see young healthy people, often the grandchildren of long standing patients; I derive real joy from fitting these people with their first contact lenses and getting them out of glasses. I think you could safely say I have a very intense practice but I still have a lot of fun.

What is Sjogren's Syndrome (SS)?

SS is an autoimmune disease like rheumatoid arthritis but instead of having joint pain—although some do—patients have very dry eyes and mouths. The inflammation starts in the glands of the mouth and the lacrimal glands of the eyes and they dry out.

Believe it or not SS is as common as rheumatoid arthritis but very misunderstood and unknown by most health care professionals. I feel the reason for this is that it's a women's disease, often a post-menopausal disease. Women who present with symptoms of dry eyes are told they it's just their age, go get some drops and all will be well. There is no understanding of the very serious underlying autoimmune aspects of the disease which need to be monitored in a very particular way. So the eye care professional has to be able to listen to these dry eye problems and make sure that if the patient needs a workup for SS they get it. We are one of the common entry points for people to get a diagnosis... and they often wait eight years for this diagnosis. Why? Because health care providers ignore them and therefore they see doctor after doctor until someone takes the time to listen and think.

My goal is to educate optometrists to make them hyper aware of dry eye disease and the possible underlying systemic aspects. It's very important for us to pay attention to this possibility.

Are you seeing more people with dry eye because of the aging population?

Well, I'm going to say yes but I'm also going to say that's also because I am a referral for dry eye and it's what I see. But dry eye is more prevalent today.

What is your professional passion?

I think my passion is both dry eye and contact lens work. I did my PhD in dry eye which sounds absurd but I was really studying the mechanism of dry eye and its relationship to Sjogren's Syndrome.

Are you continuing to do research in the area?

Yes. I am on the Board of the American Academy of Optometry and my goal is to set up research groups of practitioners like me across North America who will, for example, follow SS patients over time to see how things change with the disease and how people adapt over time to the disease. This is not done very often; longitudinal studies are difficult and can be expensive. So the best way to do this is with registries so everyone uses the same criteria for including the patient. This has been done in England with SS and what happens is that patients get together and actually help the doctors understand their disease. This is the most important part of all. We can all talk about medications and what treatments people should receive who have the disease but it's the patients who understand the actual experience of the disease and that's what we need to understand better as health care providers. That's what I am trying to organize.

What do you think are the biggest challenges that optometrists face today?

What I see is not just an optometric problem but rather a health care provision problem. The most important point for me is that practitioners can lose their ability to deal with the human being. We are so enlightened from all our instrumentation and ultrasounds and the other things we can use to understand their eyes that sometimes we forget there is a person attached to those eyeballs who has very specific needs when it comes to what kind of vision they need and what kind of fears that they have regarding their eyes. Also we need to remember that the eyeballs are connected to a whole body and that body can sometimes show up in the eyes. So we have to be aware of the general well being of the patient.

I think that's a challenge at a very personal level. If you were to ask others what they think the challenges are,

they may say big box stores or having Walmart providing health care. Well, I'm OK with that as long as Walmart provides good health care! We need to understand that we are here at the grace of the patient; if there weren't patients who needed our help we would not have jobs. Therefore if you are patient-centric, everything seems to fall into place. I think my practice has been successful because I am patient-centric. That's what we have to remember as optometrists, really as any health care provider.

What's changed the most for you over your career?

I think the most change has come from the doors opened to me because of my involvement in the American Academy. It has opened research doors that I could never have imagined. It all started when I was going to school in Boston; the Academy is based in Boston. During school we were helpers; we would go to meetings and monitor rooms or hand out pamphlets. I started to see people at the Academy who had written my textbooks, real-life people who would talk to us and try to help us understand eye disease and where we were going with it. This inspired me...I thought maybe some day I could do this. So I became a Fellow and then I became a Diplomate; through this I met other researchers to work with. This allowed me to take myself out of what can be a hard day's grinding work without much inspiration to continual days with inspiration because I can look at a patient as part of an exciting research project. I always knew I could find something interesting to study and then share it so others could provide better care. This has allowed me to always remain excited by my work.

What do you love to do apart from your work?

I also love to read fiction. I take courses in writing and poetry. I enjoy the opera, the ballet and any sport you can name. My husband and I love going to the movies, going to Leaf games (mostly I like this, he is too discouraged), and seeing plays, especially Soulpepper productions. We live and work in the city so eating out is a skill set we are proud of.

What advice do you have for graduates starting out?

I actually teach dry eye to second year students at Waterloo; what I tell them all the time is that we live in a world of science that is so broad and so fascinating that you have every opportunity to make your life extraordinarily interesting in the health care world.

First of all, every day you can do something that helps people and not everyone can say that. Secondly, you can pick a topic you think is interesting and follow it through in a small, personal way, or make it larger working with others and publish papers which will always contribute to the health and well-being of the public you serve. This reality can make your life endlessly interesting and never boring. That is one of the problems in health care...the relentlessness of it. In my view you can find that spark that makes your life interesting so at the end of a hectic day you can say I did a great job and it was interesting!

Any final thought about the status and well being of optometry in Canada?

Yes! If we are to maintain and uphold our wide scope of practice and give access to the public what they really need, we must be diligent, hard-working, inspired practitioners and foster this in the students who follow us. We need to work with government to ensure that good eye care is provided to the public. That's our job and it's doable.

How would you work with government?

The Association works with government. Our scope of practice has increased dramatically. People with glaucoma no longer need to seek out a specialist; we can look after them. Diabetics are not getting enough care; the public needs to understand they are covered under our system and under the ophthalmic system. We need to also work with GPs to ensure the broad aspects are covered. We can do that and we can do it better.

Bottom Line: This interview features a passionate, committed practitioner and researcher who is making a difference in the challenging field of dry eye.



Dr. Barbara Caffery OD, PhD, FFAO

Dr. Caffery works in a practice in downtown Toronto. She has done several clinical trials in dry eye disease and has published widely in the areas of contact lenses, dry eye and Sjogren's Syndrome. She is considered a dry eye opinion leader within the eye care industry. You may contact her at dr.b.caffery@gmail.com.

The New Condo Market

By Todd C. Slater



PROFITABLE PRACTICE

Forget about those new fancy condos with rooftop bars and swimming pools and find the simple properties that everyone will rent and do not cost an arm and a leg.

At a recent professional development seminar, I got to talk to a number of health care professionals about their thoughts on recent developments in the condominium market in major Canadian urban centres. Many of the attendees were more willing to talk about their golf game and I learned that there is considerable confusion about what to think about condo real estate investment.

I started to wonder just exactly what it is I am trying to convey to you as eye care professionals and as investors. After all, your industry is full of successful individuals and organizations, so what can I possibly tell you that would be important to you?

How about the truth?

Many professionals share their real estate experiences with me and one very common theme was the concept of 'hands-off' investments. But since the stock market has become a roller coaster, some of you have been left feeling less than confident with this avenue of investment. Of course, investment real estate comes up and after all, it is one of my favourite topics to discuss! What did surprise me was how many of you believed that investing in the new condominium market is a good idea. I have to tell you that thankfully, there weren't that many. The word is out, so let me clarify.

The new condo market as of today is all show and no dough!

In fact, if all you are looking for is additional tax write-offs, then this market IS for you. Now, some of you may be saying, "Hey Todd, it can't be that bad...can it?" The truth is, depending on WHEN you purchased a new condo, it can be downright brutal. When the market started demanding over \$500 per square foot, it was game over for cash flow. Now with prices exceeding \$600 and even \$700 per square foot, you are officially a non-profit organization! Your cost of carrying the larger purchase price plus condo fees and taxes leaves you with negative cash flow. If you don't have positive cash flow, then you must be speculating that the values will increase substantially to offset this. The real question here is, how much can these properties go up? If your starting point is \$600-\$800 per square foot, it will take quite a while to see any appreciation at all.

The truth is, there is an answer but it is not sexy. You are not going to be able to discuss it for hours over a game of golf, and it will not make you rich over night! But over the long run, it has a visionary quality! (Sorry for that one, but it really does!). How about an investment property with a minimum 10-12% annual return - no matter what? The high end is a safe 22% return per year. That's right, a low of 10% and a conservative high of 22%! The numbers don't lie and the math is SIMPLE.

Where do you find such an investment property? Typically, in easy, smaller markets where the ratios to buy and rent are in line with solid returns. Forget about those new fancy condos with rooftop bars and swimming pools and find the simple properties that everyone will rent and do not cost an arm and a leg. There are plenty of options out there and we are always happy to discuss them with you.



Over the last few years, we have been able to help professionals like you invest into this kind of product, but I must warn you, it's BORING. I mean, really boring and it won't give you much to talk about during your golf game, but this is a good thing and you can concentrate on keeping your eye on the ball.

One last thing; in today's market never speculate on values going up more than 2% per year. This is a safe and conservative number, but one that can stand in the various markets over time.

Bottom Line: This article analyzes the new condo market for investment purposes.

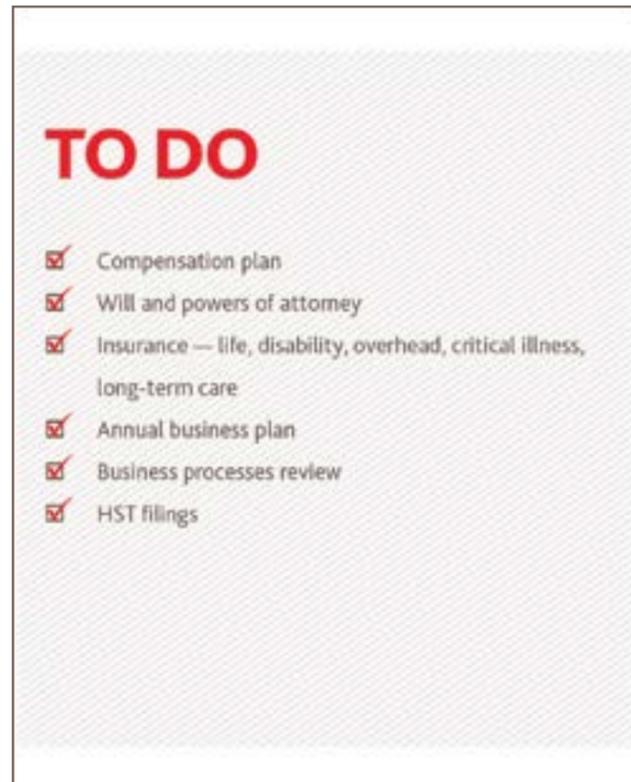


Todd C. Slater

Todd C. Slater is the President of The Simple Investor Real Estate Group Inc. Todd has been one of Canada's top realtors as well as host of Realty TV for 4 seasons. With his innovative approach to managed real estate investment properties, Todd educates and provides investors with solutions and opportunities for investment real estate. He can be reached at todd@thesimpleinvestor.com or visit www.thesimpleinvestor.com.

Fall Practice Checklist

by Anita Hollands and Lloyd Wright



Life can be demanding and our time is typically spent performing everyday tasks that cannot be put off. We rarely have the time to focus on the items that may not seem like priorities but are just as important, if not more so, than the everyday tasks we get caught up in.

Fall is the perfect time to catch up on all of those tasks that you set aside during the busier times of the year. We would like to share a checklist of some important “fall housekeeping” items that you should address annually, bi-annually or even just periodically depending on your circumstances.

Planning how you are paid

If your practice is incorporated, there are pros and cons to receiving compensation as dividends or a salary. Each person’s choice is different for a variety of reasons. The first step is to review the amount you and your family need to meet your everyday needs. Circumstances may change from year to year so the amounts you need and how you receive payment may change. For example, there may be reasons to choose to receive a salary instead of dividends that should be reviewed to determine if that choice still makes the most sense for your needs.

Wills/powers of attorney

More often than not, an individual or a couple prepares a will and powers of attorney, files it in the safe deposit box and never looks at it again. However, as personal, financial or family circumstances change, it is important to pull out those papers and make sure they still meet your needs. Are the guardians that were appointed for your children still appropriate? Are the executors of the will still the best choice? The details of the documents need to be reviewed and changed if they no longer make sense. It is important that you understand what your will actually says and that the terms of your will fulfill your legacy. There may be an opportunity to create trusts for your spouse and/or children in your will that could have both taxable and non-taxable benefits.

Insurance

As your personal life and your business changes over time, your insurance coverage needs to be reviewed to ensure that it meets your needs and goals. You should make sure that you have the types of insurance that make the most sense for you, your family and your business and that you have the proper levels of coverage. Check that the premiums are reasonable and that they are being deducted and owned in the right place, personally or in your corporation. Your accountant can help you to review these items.

Annual business plan

Once a year, you should take the time to look closely at your practice and prepare a business plan. A financial budget, marketing plans, human resources and long-term initiatives combine to form a plan that can keep you on-track in the coming year. The financial budget should show your projected income and expenses for the next year. You can review where you are spending your money and whether it makes sense for your practice. Determine what marketing you are going to do for the upcoming year, the timeline and the action steps to make it happen. Annual staff appraisals should be carried out as well as a review of any human resource issues. Anticipating human resource issues can help to keep the lines of communication open with staff members and create a positive working environment. Take the time to think about your long-term plans and what you need to do now in order to achieve those goals.

Business processes

Every business has processes and an optometrist practice is no different. When a customer enters a fast food drive-thru, the customer is put through a process from the time they place their order to the time they pay and receive their order. Companies spend countless hours refining their processes to ensure their customers are happy and become returning customers. An optometrist’s practice has unique processes from the time the patient walks in the door, to the forms they fill out, the examination process, being shown a selection of frames, to the time they leave and book their next appointment. Each step is very important and key to growing your practice. However, we sometimes don’t take the time to review these processes to see if they are the best for both patient and staff. If we periodically review these processes, changes can be made to improve efficiency and ensure customer satisfaction.

HST

Optometrists have more complex HST calculations to do than most other businesses. For HST purposes, optometrists usually have taxable sales, zero-rated sales and exempt sales. Input tax credits are calculated based on a pro-ration of expenses among the three sales categories. Most optometrist practices calculate a percentage to claim for their input tax credits and never change! However, if your taxable and zero-rated sales have increased, you may be missing out on some HST refunds if you don’t make sure the percentage for your practice still makes sense.

The final check

Each one of these checklist points is important to a successful practice. Being aware of these crucial tasks will ensure your practice is profitable and your personal goals can be met. Your professional services advisor can be the final check for your ideas and provide additional perspective to make sure you have a good solid footing moving forward.

Bottom Line: This article lays out the steps to take when reviewing your business in the fall.



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ORBIS Canada

A Long-term Commitment To Saving Sight Around The World



PROFITABLE PRACTICE

Blindness takes away so much more than vision. It can impede the ability to gain an education. It can prevent someone from finding employment. It can lead a family into a life of poverty. Eighty percent of the world's visually impaired suffer from conditions that are avoidable or curable but go untreated due to lack of access to care. An estimated 285 million people in the world are visually impaired, 246 million have low vision and 39 million of these people are blind. Given the magnitude of this problem around the world, the critical need is for capacity building to develop local eye care capacity. This is where the non-profit organization, ORBIS comes in. ORBIS Canada (www.orbiscanada.ca) is an affiliate of ORBIS International, a global nonprofit, humanitarian organization dedicated to saving sight worldwide. ORBIS works in developing countries to save sight by working with local partners to help them develop strong eye health

infrastructure and trained staff to provide sustainable quality eye care in their communities. "Over 90% of the world's visually impaired live in developing countries. ORBIS provides specialized training to eye care professionals with the goal of increasing local capacity to deliver high-quality service and treatment," says Dr. Brian Leonard, Chairman of the ORBIS Canada Board of Directors and an ORBIS Volunteer Faculty doctor. "Through our unique pool of highly specialized volunteer global clinicians, we are able to enhance the skills of health care professionals in developing countries and develop greater expertise in areas such as ophthalmology, anesthesiology, healthcare technology, nursing, biomedical engineering and surgery."

ORBIS programs are designed to work in partnership with local communities and institutions to build eye health infrastructure, train staff and provide resources to create sustainable, quality eye care. Together with partners ORBIS has trained over 92,000 doctors and 233,000 nurses and other eye care workers. As a result of ORBIS's work 23.3 million medical and optical treatments have been provided to adults and children.

ORBIS has implemented long-term projects in countries including India, Bangladesh, China, Ethiopia, Haiti, Nepal, Peru, South Africa, Vietnam and Zambia. These programs were designed to respond to the needs of individual ophthalmic communities and local eye care providers. Year-round, ORBIS conducts intensive training at local hospitals in developing countries for ophthalmologists, nurses, anesthesiologists and other eye care professionals. Programs include training in pediatric eye care; cataract, glaucoma, retina, oculoplastics, diabetic retinopathy, ophthalmic nursing and biomedical engineering that help maintain the eye care machinery that is critical to sight-saving work.

Through ORBIS's telemedicine initiative, Cyber-Sight®, local eye care professionals have also benefited. Cyber-Sight® establishes an "extended presence," enabling ORBIS to further transfer knowledge outside the parameters of the Flying Eye Hospital or hospital-based programs. ORBIS volunteer medical faculty offer online assistance to local doctors in diagnosing and treating patients, while giving them the opportunity to grow their skills and confidence.

ORBIS also has the world's only Flying Eye Hospital (FEH), a specially-designed and converted DC-10 aircraft—the world's only airborne ophthalmic training facility—that makes it possible for ORBIS to bring ophthalmic, hands-on training, as well as the latest medical knowledge directly to local eye care professionals.



ORBIS works with Volunteer Faculty, leading experts in the ophthalmology, nursing, anesthesiology, and other essential eye care professionals to provide informative hands-on skills building to local trainees within their own patient care.

ORBIS, the FEH and our partners have had a very powerful and lasting impact on treating avoidable blindness through skills transfer. Specifically, as of December 2012, the FEH has visited 78 countries, and conducted 287 training and service programs in 160 cities.

Through such innovative programs and partnerships, ORBIS and partners continue to actively work towards a long-term vision of saving sight around the world. It is through the implementation of these programs that ORBIS is able to provide the necessary tools and resources needed to create a strong and sustainable eye-care environment, so that individuals around the world do not needlessly go blind.

For more information about ORBIS or to find out how you can donate or help, please visit www.orbiscanada.ca.



ORBIS Canada

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The Do's And Don'ts Of Selling A Practice

by Timothy A. Brown, Jon J. Walton and Dr. Jeff Williams



Many clients ask what the steps to take are when selling a practice. Our experience suggests that a little planning will yield big results if the practice owner commits to the succession planning process.

When the correct steps are taken (even within a year or less of the anticipated sale) the result will be a higher sale price and a dramatically smoother transaction.

An eye care professional planning to sell his/her practice should seriously consider the following:

Do's

1. Consult with your accountant about incorporation.

The large majority of today's selling professionals have incorporated prior to sale. We are surprised that some clients still have not discussed incorporation with their trusted advisors. While brokers are familiar with the incorporation process, your accountant is the best person to assess your particular situation. Incorporation may provide substantial tax savings to a practice owner.

2. Prepare your financial records.

Most practices use computer software that tracks monthly business statistics. However, some of our clients are unfamiliar with their software and do not always have adequate reporting functions for income, hours worked and the various procedures performed or patients referred.

Buyers want to understand the unique nature of a practice they are buying. Often they ask to see a procedure analysis to determine if their skill set is compatible with that of the owner. If you do not have computerized records (about 20 per cent of offices are still using a written record system), then at least retain the day sheets for six months minimum to demonstrate your practice protocols and procedures.

3. Protect your practice from employee fraud.

Sadly, a growing trend in business is employee theft and the eye care industry is no exception to this problem. Increasingly staffs are discovering methods of exploiting the inherent weaknesses of practice management systems. Longstanding, trusted em-

ployees have been involved in reported cases of practice fraud, including partners! Employee fraud is very damaging to the value of your practice's goodwill. Here are a few ways to help 'fraud-proof' your practice:

- ⊙ Request a copy of each day-end report and examine the billings and deposits
- ⊙ Cross-check the daily billings with appointed patients indicated on the day-sheets
- ⊙ Examine the deposit book for cheques received and compare to the bank or computer deposit slips
- ⊙ Randomly examine patient charts and compare the procedures recorded with those found on the patient ledger
- ⊙ Day-end reports may be changed at any time — so crosscheck them with month-end reports to verify no backdating or reversals have been made
- ⊙ Keep track of your inventory! Many practices carry a variety of frames and accessories which can easily go missing if not properly monitored

Today's sophisticated software has accidentally provided a means to hide or erase data and make employee theft easier. Major software companies are diligently modifying their programs to prevent fraudulent changes to financial records.

To date no foolproof system has been developed and professionals who do not know how to use their software properly remain vulnerable. To protect your investment it may be necessary to hire a professional fraud examiner.

4. Review and update contracts and agreements.

Purchasers demand accurate details of the contracts you have in place. Ask your associate(s), partner(s), landlord and any other suppliers for a current version or copy of your agreement(s). We often receive copies of important contracts that are not signed, current dated or valid. Owners often enjoyed a positive working relationship with the other party or parties and no one thought to revisit the agreement(s) to be sure it accurately reflected the current relationship(s).

Lawyers, accountants and bankers have become more skeptical and thus more protective of their clients. A lack of up-to-date contracts may substantially reduce the sale price of a practice and even prevent a sale altogether.

5. Confirm your premise lease renewal option(s).

Most leases contain an option to renew once the current term expires. The tenant must confirm the presence of such an option or risk facing the following scenario.

In this example, the tenant failed to notice that the landlord had intentionally deleted the option to renew clause.

The office location was superb and moving it was not in the owner's best interest. The practice was put up for sale, but the owner had yet to approach the landlord to discuss the matter of the renewal option. When an offer was presented, the buyer insisted that the landlord confirm, in writing, that the lease could be renewed.

The buyer's demand was met but only after a long delay, increased costs and much frustration for all the parties involved. This situation could have been avoided if the tenant carefully reviewed the first lease he signed (five years earlier) — an easy and relatively inexpensive task. In the event the landlord was not as co-operative, this condition may not have been satisfied, resulting in a failed offer.

Today's buyers (or more often their bankers) demand the right to remain in the existing premises for a minimum of seven or eight years. Banks are reluctant to finance a sale if the office has to be moved on short notice.

If your lease does not include adequate renewal options, contact your landlord and request written confirmation that the lease will be able to be renewed upon the end of the term. You may want to consult with your appraiser or lawyer before doing so.

Don'ts

1. Don't load up on high technology and major equipment.

Since most business sellers are older than the buyers, sellers are advised to refrain from buying and installing expensive upgrades just prior to the sale of the practice. Buyers want systems in place and equipment that is fully integrated into the practice.

A new piece of technology might be 'de rigueur' in today's modern practice. However, if it was hastily purchased and ends up being under-utilized because the eye care professional, the staff and even the patients don't understand (or even accept) the benefits it can provide, then ... what is the point?

Further, the equipment may not be what the buyer would have chosen and purchased. Buyers may have used the money spent for an entirely different practice upgrade or improvement.

(continued on page 20)

Feature Interview With Dr. John Omand



John Omand is there to greet you with a smile at the door of his Newmarket optical establishment. Since 1980, John and his highly qualified team have worked hard to establish a reputation for excellence in both their products and services.

1. What is your official title?

I am a licensed Optician (C-1489) under the College of Opticians of Ontario. I am also the owner of Newmarket Optical. The most important thing that I do as an owner is to listen to my staff. The majority of the time, I do what they tell me to do. Keeping your staff happy is key to running a business. We encourage teamwork and teamwork is what has kept my business successfully running for over thirty years!

2. What path led you to become the owner of Newmarket Optical?

During the 70s I sold frames for two companies, one named Fashion Frames and the other Optic. My territory was from Thornhill north to Thunder Bay and west to London. I even found myself travelling to Ottawa and the Maritimes when the boss found it necessary. After a period of time, I got tired of travelling and was offered a position at

an optical store in Aurora. I worked on Mondays and enjoyed learning the retail side of the business. While working in Aurora, I ventured into an agreement with the owner to open up an optical lab. The lab would service not only the retail store I was currently working at, but also a variety of other retail stores. After a period of time, my accountant sparked my interest by saying to me "Have you ever been bankrupt"? From there, I proceeded to open up a retail operation in Newmarket and named it Newmarket Optical. That was July 1980, thirty-three years ago!

3. What about your chosen career brings you the most satisfaction?

I would have to say having a career that allows me to deal with people on a daily basis brings me the most satisfaction. I enjoy answering their questions regarding eyeglasses, sunglasses, and contact lenses. I believe that having a solid relationship with your customers is crucial to ensuring they return to your establishment.

4. In your opinion what is the biggest obstacle facing your industry today?

The Internet has greatly shaken up the optical industry. Consumers can now get whichever

products they desire just by typing it into the Google. Customers can also order lenses online without having to interact with a professional. This is something that has to scare every optician out there. The consumers are left on their own, with no one to help them if they have any questions or concerns – all because it is the 'right' price!

5. What major changes have you witnessed in the industry since 1980?

There has been a lot of vertical integration change to this industry. A few large international companies have literally gone out and bought whatever parts of the optical industry they desire at a price anyone would be crazy to refuse. The other big change I have noticed is that consumers are demanding a better price due to the information they get from the Internet or the media in general. What consumers do not realize is that built into price that we offer is service! If you have to sell your product at the same price as the Internet, you are only able to do just that, sell the product. This means you will only be able to hand over the product to the customer and send them on their way. I believe that this is why several optical retailers have lowered their service agreements to 30 days. Then, opticals try to provide service by offering to pay half.

6. Where do you see the industry going in the near future?

If I am right about OHIP and the changes that are on their way, we will not be able to afford the OHIP system in the future. I think we will begin to see the three "O"s coming together – opticians, optometrists and ophthalmologists. Whether it is three practices under one roof or one complete integrated service, they will combine to try to offer customers 24/7 service. I also believe we may see opticals limiting the number of services that they offer. They will do so by targeting the aspect of their company that is most profitable. We will begin to rely heavily on referrals, sending anyone that walks in the door with a difficult situation to someone else. I think we are going to see some big changes in the optical industry.

7. What do you do to unwind?

During my free time I enjoy skiing in the winter and playing squash all year round. I also try to pick up a few games of golf whenever I can. I like to keep active and to do so I just put an exercise pool in my house where I swim against the current every morning. I rely on my staff to keep me organized and tell me what I should be doing and when!

8. What three words describe you best?

I would say the three words that best describe me are sociable, honest, and compassionate. I also think that these are three important traits in any business owner. You have to be able to converse with every person that walks through your door. Also as part of the Advisory Committee for the Opticians Program at Georgian College for the past 24 years, I believe that it is important to be socially visible and show compassion within your community. Instead of charging customers a fee for adjustments and small repairs, I have them make donations to the Canadian Cancer Society. I believe that it is through these small acts of kindness that your business will stand out from the rest.

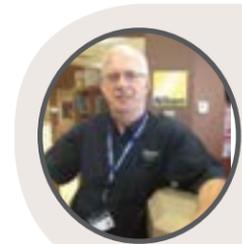
9. What are three things on your bucket list to do?

The first thing on my bucket list is to cat ski in the interior of British Columbia, another way for me to challenge myself when it comes to skiing. Secondly I would have to say that owning a green Mazda Miata sports car with beige interior is on my bucket list. Lastly I just want to stay as mentally and physically healthy for as long as I possibly can!

10. What advice would you give to someone contemplating opening an optical store today?

It is a tough industry. It helps to be related to an optometrist and an ophthalmologist or have a relative with lots of money! That way you can provide the array of services you need to provide to ensure your business is successful. Also make your business stand out; do not turn away small repairs or jobs and provide services to people at every socioeconomic level. If you offer a solution to everyone who comes in to your store, you will run into fewer problems. I would also recommend listening to your staff and working together as a team. A well-run business is one that works together from the bottom to the top. Last but not least, I would wish them good luck!

Bottom Line: This interview features an optician with over thirty years experience in the industry who describes his career path and shares his views on where the industry is going.



John Omand

John Omand is a licensed optician under the College of Opticians of Ontario and the owner of Newmarket Optical. He can be reached at 905.895.5584 or info@newmarketoptical.ca

Little Apps With Big Appeal

Some of these apps are free, while others cost a small amount. They are generally available for the iPhone, but also may work for the iPod Touch or the iPad. We recommend that you read the user reviews before you download.

Big Clock HD. Need a really big clock? This displays the time on your iPhone, iPod Touch or iPad. It also displays the date in the region format and language that your device is set to.

Big Clock (iOS). This is similar to Big Clock HD, but it also has a programmable timer-based alarm.

Braille Driller. You can learn the Braille alphabet with this app, which features proficiency tests that can be taken timed or untimed.

Color De Blind. This app is for people who are color deficient, as well as those who would like to see how color deficient people see the world. It uses the graphics processor within the iPhone, iPod Touch and iPad to run advanced color manipulation algorithms, to help people distinguish colors better.

The Eye Browser. This try-on app is a fun, convenient way to see how various styles of eyeglasses and sunglasses look on you. Just upload your photo and try on the eyewear. You can save your picks to a “wardrobe” and also locate them at an optical store or other retailer near you. The app is free and works for the iPhone, iPad and iPod Touch.

EyeDROPS. An eye medication reminder that offers a database of all eye medications, plus the ability to take a photo of each bottle, it can be used for eye nutrition supplements, too. Also available for Android.

Eye Makeup DIY. With this fun and creative app, you can drag various makeup styles onto your photograph to see how they look.



iRead. This magnifier app was designed by an ophthalmologist and includes the ability to light your reading material, such as a menu in a dim restaurant.

LensFacts. This app helps you to remember when to discard your contact lenses and change your lens case. It also stores your eye doctor’s contact details. Other features include Contacts 101 videos that provide information you should know about wearing contact lenses. By Opti-Free contact lens solution.

PackLists. This free app by The Vision Council helps you create a list of what you’ll need for a trip, including clothing items and sunglasses. It will also tell you whether UV levels will be high or low at your destination city.

RxmindMe Prescription Medicine Reminder and Pill Tracker. If you’re using glaucoma drops, eye drops for dry eyes, blood pressure medicine or indeed any other medication, this reminder app is designed to help you remember every dose throughout the day and evening. It has lots of great features, including access to the entire FDA Drug Database.

Source: allaboutvision.com

As great as these apps are, something else to remember....

Effects Of Technology On Our Eyes

A few things happen when you stare at a computer or iPad. When people do concentrated near work they tend to not blink as often as when they’re doing more active activities. Your eye is focused on one spot for a long time, and your eye muscle may fatigue and feel a sense of strain. Computer work [also] has you sitting up a little bit. When you’re looking up, your eyes are wider and there’s more evaporation of eye fluid, encouraging dry eye and eye strain.

Source: Huffington Post50 Canada

Top Six Nutrients For Vision Health

- ☉ Vitamin C because it helps the body absorb iron, which ocular blood vessels and other eye cells need. Citrus fruits, bananas, apples, kiwis, peaches, tomatoes, broccoli and spinach are good sources.
- ☉ Vitamin D to help maintain calcium and phosphorus levels (milk, fish, eggs).
- ☉ Vitamin E is good for cell membranes and DNA repair (salads, wheat germ, nuts, peanuts, sunflower seeds, sweet potatoes).
- ☉ Omega-3, DHA and EPA essential fatty acids are good for overall health (fish).
- ☉ Lutein and zeaxanthin are antioxidants that help the eyes absorb UV and blue light (leafy green vegetables, corn, green peas, eggs).
- ☉ Zinc helps move Vitamin A to the retina to help protect eye pigment. Low zinc levels are associated with cataracts and poor night vision (red meat, seafood, poultry and eggs, wheat germ, tofu).

For people unable to include all these items in their diet on a regular basis, supplements can help. The American Optometric Association (AOA, www.aoa.org) reports antioxidants can reduce the risk of macular degeneration by 25%.

Little changes in your diet can have a big impact. AOA suggests 500 mg a day of Vitamin C, 400 mg of Vitamin E, 500 mg of the fatty acids, 10 mg of lutein, 2 mg of zeaxanthin and from 40 to 80 mg of zinc (depending on risk and gender).

Source: VisionofChildren.org



New Legislation In Canada Expands Optometrists’ Scope Of Practice

July 16, 2013

New legislation passed in Manitoba, Canada, now allows optometrists there to prescribe and administer drugs to people with certain eye conditions, according to a Manitoba government press release.

“Until now, optometrists treating patients requiring medication had to refer them to ophthalmologists or other physicians,” Health Minister Theresa Oswald said in the release. “The amendments will improve access to eye care and reduce wait times for treatment for patients.”

According to Oswald, qualified optometrists will be able to prescribe and administer certain drugs to treat eye infections, glaucoma, uveitis, dry eye and ocular allergies. They will also now be able to work collaboratively with ophthalmologists in treatment of more serious eye disease, the release said.

The Optometry Amendment Act also expands scope of practice for optometrists so they may remove superficial foreign bodies from the eye and order and receive screening and diagnostic tests, according to the release.

Neil Campbell, OD, president of the Manitoba Association of Optometrists, commented: “Most of our members have been educated and trained to prescribe medications for years. We are pleased that the Manitoba government has made changes that will broaden access to medically necessary services across the province.”

(continued from page 15)

2. Don't subscribe to the kitchen and bathroom conspiracy theory.

When selling a residential property, vendors are frequently advised to make upgrades to these two areas of their homes – because that is what homebuyers deem to be important. However, no realtor will deny that there is very often much less than a 100 per cent 'return' on this investment.

Therefore, while you may decide to spend \$100,000 on new equipment and/or leasehold improvements, there may only be a corresponding increase in the appraised value of the practice in the order of only \$75,000.

And once again, the improvements or additions may not be what the buyer would have chosen.

3. Don't put your practice into debt.

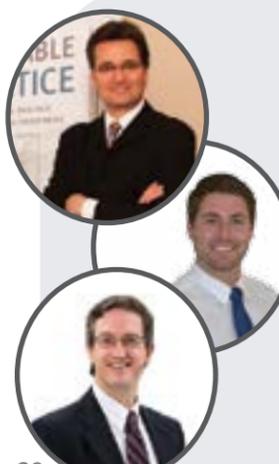
While there are proponents of 'equity take out' schemes (essentially entering into a reverse mortgage situation), there are risks to this strategy that also act as detractors to potential buyers. Essentially, in order to free up some cash from the practice, lenders (leasing companies and/or banks) will offer to lend you money against the equity built up in the business.

This is accomplished by promising to repay the borrowed money by means of an equipment lease. In support of these strategies, the advocates of such ideas will tell you that the resulting leases are transferable. However, not every buyer wants to be bound to the terms of an agreement made by someone else. Further, there can be unanticipated transfer fees and early pay-out penalties should the buyer not wish to take over the lease.

Besides, if money is needed a line of credit is often an easier and cheaper way to access funds.

Conclusion: Does a practice need to be prepared for sale? YES, absolutely.

Bottom Line: If the preceding low cost/high-effort advice is followed, eye care professionals will be rewarded with a smoother transaction and in most instances, an increased sale price of their practice.



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Device That Turns Sounds Into Images Offers New Alternative To Blind People

A device that trains the brain to turn sounds into images could be used as an alternative to invasive treatment for blind and partially-sighted people, researchers at the University of Bath have found.

The vOICe sensory substitution device is a revolutionary tool that helps blind people to use sounds to build an image in their minds of the things around them.

A research team, led by Dr. Michael Proulx, from the University's Department of Psychology, looked at how blindfolded sighted participants responded to an eye test using the device.

They were asked to perform a standard eye chart test called the Snellen Tumbling E test, which asked participants to view the letter E turned in four different directions and in various sizes. Normal, best-corrected visual acuity is considered 20/20, calculated in terms of the distance (in feet) and the size of the E on the eye chart.

The participants, even without any training in the use of the device, were able to perform the best performance possible, nearly 20/400. This limit appears to be the highest resolution currently possible with the ever-improving technology.

Dr. Michael Proulx said: "This level of visual performance exceeds that of the current invasive techniques for vision restoration, such as stem cell implants and retinal prostheses after extensive training.

"A recent study found successful vision at a level of 20/800 after the use of stem cells. Although this might improve with time and provide the literal sensation of sight, the affordable and non-invasive nature of The vOICe provides another option.

"Sensory substitution devices are not only an alternative, but might also be best employed in combination with such invasive techniques to train the brain to see again or for the first time."

Source: medicalnewstoday.com



Service Dogs – Four Legged Wonders

We at *Profitable Practice* are fascinated by these wonderful animals. They used to be called seeing eye dogs but are now called dog guides or service dogs because they are used in so many other ways to assist people. We will further research the history and benefit of service dogs but in the meantime we have learned the following:

- There are five dog training centres across Canada. In Canada, all provinces have adopted specific statutes to grant guide dog users the right of access. In most provinces, the statutes specifically state that no special conditions, terms, or fees can be imposed on a guide dog user because of the presence of a guide dog.
- Contrary to popular belief, guide dogs are not trained by the CNIB (formerly known as the Canadian National Institute for the Blind). Nothing could be further from the truth. The fact is that for many years, CNIB tried to discourage clients from applying to guide dog training centres. Now, however, they have realized that guide dogs are here to stay, and they allow their orientation and mobility instructors to prepare people for their month at the training centre, and to assist in dealing with problems that might arise during the course of the relationship between guide dog and handler.
- The most common breeds used in assisting the visually-impaired are Golden Retrievers, Labrador Retrievers, and German Shepherd Dogs. Their intelligence, size and temperament make them ideal guide dogs.
- It costs \$25,000 to train a service dog; this fee includes the client's transportation costs so they can participate in the final part of training, which lasts one to four weeks. The client, who gets the dog at no cost, learns to work with the animal as its allegiance passes from trainer to new master.
- It takes approximately four to six months to train a dog guide. Approximately 68% of foster puppies graduate as a dog guide. Dogs are disqualified based on temperament or health. Once disqualified, puppies are placed with suitable families.



He Is Your Dog

"He is your friend, your partner, your defender, your dog. You are his life, his love, his leader. He will be yours, faithful and true to the last beat of his heart. You owe it to him to be worthy of such devotion."

~ *Author Unknown*

Behind every great man is a woman rolling her eyes.

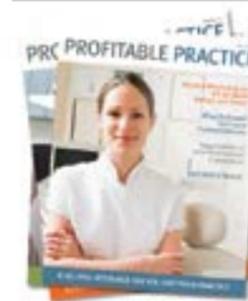
- *Jim Carrey*

When life gives you lemons, squirt someone in the eye.

- *Cathy Guisewite*

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