Optometric Employment
(Non - Governmental)

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The number of Optometrists practicing in settings other than private practice is on the rise. Recent figures indicate that more than 20% of all practicing OD's are employed by others; moreover, 50% of all newer practitioners (under the age of 30) are employed.[1] The reasons an Optometrist may consider employment are numerous. Because of the high cost of education, most of today's graduates leave school significantly in debt and the majority do not possess the capital to finance the opening of a solo practice. Working professionally for someone else guarentees a steady income and freedom from the financial responsibilities of running your own practice. It gives the new OD time to sharpen their skills and obtain on the job training in the workings of a practice in the "real world". Most recent graduates have very little office management and business skills and can benefit by working for someone who has a better idea of what really makes a practice run.

Employment offers the added bonus of more free time after office hours. There is no need to put those extra hours in at the end of the day required to balance the books, pay the bills, check inventory, and tidy up loose ends. There is no loss of mobility, you aren't forced to remain in a city or town which you don't like just because you have heavily invested in a practice there.

There are disadvantages inherent to working for someone else. The major one, in my opinion, is the fact that you are

not your own boss and may not have much input into what happens in the office. You may not be allowed to provide the quality of care that you feel the patient deserves. Finally, your earning porential may not be as good in the long run as it could have been in your own private or group practice.

Types of employment modes to be discussed in this paper are as follows: working for an O.D., working for an M.D., working in an HMO, teaching, residencies, and employment in a corperation.

Employment by Other Optometrists

Many new graduates begin their professional careers by first working for another Optometrist. This arrangement has the advantage of offering the new O.D. a chance to learn the fine points of private practice without financial responsibilities or restricted mobility. The graduate can gain valuable information on patient management, business management, dealing with salesmen, staff relations, and what to look for in a staff.

There are also advantages in the arrangement for the employer. There should be an increase in patient load along with growth of the practice and its income. The older Optometrist may take more vacation time if they choose. Having another OD present assures continual patient care and office coverage for sick days, continuing education or vacation. The scope of patient care can increase because of the new OD's knowledge of the newest procedures and techniques.

Disadvantages of working for another Optomentrist may be:

a lack of trust on the part of the older O.D. in your handling of the patients, their lack of interest in new techniques or ideas, little say in office policy, and lack of recognition as a collegue.

Optometric Management offered this advice to new graduates seeking employment with other O.D.'s. Discuss and have put in writing the following: salary, work schedule (hours, vacation time, continuing education leave, sick leave, holidays, sabbaticals), who is to pay the professional dues and subscription to professional journals, disability pay and when it would be effective, life insurance, pension, dissolution agreement, future plans - what happens at the end of the trial period (contract renewal, rebargaining, associateship, partnership) office responsibilities, expected patient load, and scope of your practice ability in that office. Also, don't expect a huge starting salary and do not try to take over and correct things in the office routine immediately.

To make the transition to having another OD in the office easier the new practitioner's name should be included on the shingle, door, stationairy, envelopes, perscription pads, appointment and reminder cards, bills and receipts. The new OD's name should also be included in the opening phone salutation.

The best sources for finding optometrists who wish to hire another OD are the classified adds of the optometric journals and the AOA newspaper. Sales representatives from various optical companies often know of OD's in their sales region who are

looking for additional optometric help. The AOA placement service can also be of great assistance and information can be obtained by writing: AOA/AOSA Placement Service
American Optometric Association
243 N. Lindbergh Blvd.
St. Louis, Missouri 63141
(314) 991-4100

Employment by M.D.'s

Working for an Opthomologist can be a valuable experience for the new optometrist. It offers exposure to a wide variety of pahologies and a chance to learn how these are medically monitored and managed. The OD may have the chance to acquire new skills and become proficient in the techniques of : flourescien angrography, fundus photography, gonioscopy, pachometry and laser treatment. There is an increased exposure to diagnostic and theraputic agents and the freedom to treat and manage conditions using these drugs. Working with an MD may help improve interprofessional relations because the OD can give the Opthomologist a true understanding of the scope of our education and knowledge.

As in any job situation there may be disadvantages. The Opthomologist may only want a refractionist and dispenser and therefore treat you like a technician instead of an educated collegue. The M.D. may not believe in vision therapy and thus limit the scope of your practice in that office. It is therefore important to find out how the Opthomologist views Optometry,

what his previous experience with OD's has been, and wether they are aware of the extent of our training.

As with working for an O.D., your contract should specify: salary, hours to be worked, continuing education stipend and days off to attend, sick days, vacation time, types of insurance provided, expected patient volume, procedures you are not allowed to perform, time frame for raises, evaluation criterion for raises, who is to pay for professional publications and dues, and other benefits you feel appropriate. It should be made clear that the office staff is to recognize you as a professional. Your name should be included on the shingle, on all office stationairy and forms which are given to the patients, and in the phone salutation.

The best source for information on job availability is journals and newsletters, optical sales representatives and the AOA placement service.

Employment in an HMO

An HMO provides a system for delivering a broad scope of specified comprehensive health care services to its members for a fixed, prenegotiated fee, 24 hours a day, 7 days a week. The

emphasis is on outpatient and preventative care to decrease the need for hospitalization. 1980 data shows 51 federally approved HMOs with a total membership of 3,860,591. Membership is increasing at a rate of 356 members per HMO per month with the average cost to each adult member of $19-$25 monthly.

To be federally qualified the HMO must provide: physician services, outpatient services and inpatient hospital services, medically necessary emergency health services, short-term mental health services, medical treatment and referral services for abuse of or addiction to alcohol or drugs, diagnostic laboratory and diagnostic and theraputic radiological services, home health services, and preventative health services. Medical care, including medical eye care is mandated as a basic health service and must be provided on a pre-paid contractual basis. So too must ocular diagnosis, medical eye care and ocular surgery. Federal law mandates that children's (17 years old or younger) eye exams must be conducted to determine if there is a need for a visual correction. This only requires a screening test, not a full refraction. "An HMO may offer supplemental benefits such as intermediate and long-term care and vision, dental and mental health services beyond those required as basic services."[2]

As a review, the three organizational modes for a health maintainence organization are:[3]

1. Staff HMO- an HMO that delivers services through its own physicians who are paid employees (staff) of the HMO.

2. Group Practice or Closed Panel- An HMO that contracts with a medical group, partnership, or corporation of health professionals. In a group practice arrangement, all physicians are usually located in one facility and are compensated on a salaried or capitation basis.

3. Individual Practice Association (IPA) or Foundation Model- An HMO that contacts with a partnership, corporation, or association whose major objective is to enter into contractual arrangements with health professionals for the delivery of health services. The IPA allows physicians to work directly from their own offices and compensates them on a fee-for-service arrangement.

With regards to vision care, an HMO can: 1) elect to exclude this entirely 2) include it in the basic coverage 3) make it available at an additional charge. 90% of the prepaid health care plans offer vision services. An HMO can utilize an Optometrist, within the scope of their state license, to provide "physician services". HMOs find it more cost efficient to use an O.D. as a primary health care professional and refer to an Opthqmologist for secondary and tertiary care. Examples of vision care services provided by the O.D. include: routine adult

eye exams, opthalmic services (eyeglasses, contact lenses), visual training, and subnormal vision care.

Two examples of how Optometrist function in HMOs are provided by the Group Health Corporation (GHC) of Puget Sound and the Kaiser Group. Advantages to working for GHC are: the OD is a primary entry point for patient care, a full staff member, a full partner, salaried, has a retirement plan, vacation pay, sick leave, disability, 15 days every three years for post-graduate education with money for travel and tuition, life insurance, access to a professional library which carries professional journals, and monthly staff educational meetings. Facilities and staff include: an optical lab, optical dispensary with two licensed opticians, and an office assistant to take appointments and run preliminary tests. There are 15 O.D.'s for 180,000 members and each Optometrist sees 14 patients a day. They may see enrolled members or nonmembers who pay a set rate. This gives the OD an opportunity to build and maintain a practice similar to a private practice. They are also allowed the freedom to orient their practice toward any specialty they desire.

The Kaiser group is a closed panel of M.D.'s who do not work anywhere else. They share in the profit and risk of the

group. The Optometrist is used solely to provide routine vision exams, any pathology is managed by an Opthomologist. The O.D. is salaried with paid health care, sick leave, vacation time with pay, continuing education expenses and a pension plan. The Optometrists have no voting rights nor are they included in the profit sharing.

The reasons why more Optometrists are working for HMOs are:

1. HMO's are seen as a viable solution to commercialism.
2. Paid to provide Optometric services - not Rx's.
3. No more dispensing - deal strictly with exams.
4. Seen as a good opportunity to consult with physicians and make quick referrals.
5. There is a more complete patient file and medical history available.
6. Lack of overhead expenses.
7. Freedom to set own schedule.
8. Know what's expected of you and what your limitations are.

The AOA advocates the use of Optometric services in all organized health systems. The following are the results of the 1983/84 AOA/Multidisciplinary Practice Section Survey to Optometrists working for other O.D.'s, M.D.'s, and HMOs.

For O.D.'s in HMOs

EMPLOYMENT IN YEARS	NO. ODs	MEAN SALARY	MEDIAN SALARY	RANGE
1 - 2	6	$35,933	$36,800	$28,000-45,000
3 - 4	2	38,900	38,900	36,800-41,000
5 - 6	9	52,900	45,000	36,200-90,000
7 - 8	4	44,175	44,500	35,100-52,400
over 9	3	53,666	54,000	47,000-60,000

Table I: AVERAGE CE DAYS AND STIPEND (CE/STIPEND) BY YEARS EMPLOYED

	HMO	MD/OD
First year	5.8 days/$897	7.5 days/$1,420
Second year	6.2 days/$972	6.6 days/$1,503
Third year	6.3 days/$1,032	8.5 days/$1,587
Fifth year	6.3 days/$1,050	10 days/$1,600
Maximum	6.6 days/$1,190	14 days/$1,600

Table II: AVERAGE VACATION AND SICK DAYS (VACATION/SICK) BY YEARS EMPLOYED

	HMO	MD/OD*
First year	2.8 wk./15.8 days	2.5 wk./3.3 days
Second year	3.0 wk/16.4 days	2.7 wk./5.0 days
Third year	3.4 wk/16.7 days	3.1 wk./5.0 days
Fifth year	3.7 wk/13.6 days	3.9 wk./insuff. data
Maximum	4.3 wk/ 20.6 days	4.3 wk./insuff. data

Table III: BENEFITS PROVIDED FOR EACH OF THREE PRACTICE MODES

	HMO	MD/OD	GOVERNMENT
Medical Insurance	96%	82%	94%
Dental Insurance	58%	09%	65%
Life Insurance	100%	73%	88%
Disability Insurance	96%	64%	75%
Malpractice Insurance	96%	91%	94%
Retirement Fund	96%	73%	100%
Professional Dues	76%	82%	0
State License	37%	82%	0

Table IV: PERCENTAGE OF ODS PERFORMING VARIOUS PROCEDURES AND OTHER CHARACTERISTICS OF A MULTIDISCIPLINARY PRACTICE

	HMO	MD/OD	GOVERNMENT
Remove foreign bodies	48%	18%	86%
Culture red eye	36%	09%	67%
Treat red eye	52%	45%	73%
Treat blepharitis	68%	64%	87%
Treat glaucoma	07%	18%	36%
Assist surgery	0%	44%	14%
Observe surgery	44%	73%	40%
Fluor. angiograms	04%	36%	40%
Ultra sonography	04%	36%	13%
Prov. tests for glaucoma	28%	45%	27%
Reg. vision screening program	20%	27%	40%
Glasses dispensed in office	68%	27%	81%
Hospital affiliation	32%	18%	87%
Outside Employment allowed	36%	45%	40%

When asked if your diagnosis or treatment was supervised by an opthalmologist, the following responses were given.

	HMO	MD/OD	GOVERNMENT
No supervision	17	5	7
Yes, only on request	5	4	4
Yes, some cases*	3	2	4
Yes, majority of cases	0	0	1

*Types of cases which were supervised by an ophthalmologist included foreign body removal, glaucoma treatment, therapeutic drug use, and ocular disease diagnosis.

Teaching

There is not a great deal of information available on teaching. The best sources of information concerning teaching positions are the AOA News and the Journal of Optometric Education. Some positions require advanced degrees while others require only and O.D. degree. The responsibilities of various positions vary and may include teaching, research, clinical instruction, administrative tasks or any combination of the above.

The benefits of remaining in the educational sector could be: professional stimulation and enhancement derived from working and teaching with your collegues, continuous exposure to the newest optometric information and techniques thereby making it easier to stay current in the field, access to research facilities and possible liberal vacation and time off. (depending on the institution). Disadvantages may lie in having to adhere to administrative policies, not having your "own" patient population, not following the same patients yearly, and increased paperwork generated by "the system".

Through the Assistant Dean's Office I obtained some information on salary and benefits for the FSC Optometry faculty for the 1983-84 year. It is as follows: a mean salary of $39,555 with a range of $28,000 - $44,000, full medical coverage, 50-50 dental coverage, $30,000 life insurance, 20 days paid vacation, permanent disability, and free courses at FSC, if a passing grade is received. FSC does not pay for professional

journals, professional dues, or continuing education. However, most professional societies charge faculty half their regular membership rate.

A more complete understanding of the benefits and drawbacks to teaching could best be ascertained from talking to a member of our faculty.

Residency Programs

"A residency is an academic post-graduate program of prescribed length and content, usually in an area of specialization, which is available to fully qualified clinical practitioners. A residency program is clinical in content, and has as its goal the development of unique skills and competence in specific area of optometric education. It includes a body of knowledge beyond that effectively covered in the undergraduate professional program."[4] Most residencies were initiated between 1977 and 1979 and are in an area within the recognized scope of Optometry.

Types of residencies include:

Pediatric Optometry - to evaluate, diagnose and treat the visual and ocular problems of children, visual and ocular problems of binocular vision and ocular motility and visual problems associated with learning and developmental disorders.

Rehabilitative Optometry - to evaluate, diagnose and manage visual and ocular problems associated with congenital anomalies, ocular and systemic disease, degenerative processes, aging, and trauma which result in low vision and other visual impairments.

Hospital Optometry - to evaluate, diagnose and manage visual and ocular problems found in hospitals or similar institutions and to work as a member of the health care team for the care of such patients.

The following table from the Journal of Optometric Education (Summer-1979) gives an idea of some of the residencies affiliated with specific schools and colleges of Optometry.

Table 1

OPTOMETRIC RESIDENCIES* SCHOOLS AND COLLEGES OF OPTOMETRY

Institution	Program Title	Program Affiliate	Length of Prog.	Date 1st Offered
University of Alabama, School of Optometry	Family Practice Optometry	— —	12 mos.	Aug. 1978
	Low Vision Rehabilitation	— —	12 mos.	Aug. 1978
University of California, School of Optometry	General Optometry	— —	3 mos.	June 1978
	General Optometry[1]	Vet. Admin. Hospital, Salt Lake City, UT	12 mos.	Aug. 1977
Illinois College of Optometry	Veterans Administration Residency[2]	Vet. Admin. Hospital, Kansas City, KS	12 mos.	Sept. 1975
Indiana University, School of Optometry	Vet. Admin. Hosp. Optometry Residency[3]	Vet. Admin. Hospital, Lexington, KY	12 mos.	July 1976
New England College of Optometry	Rehabilitative Optometry	Vet. Admin. OP Clinic, Boston, MA	12 mos.	May 1975
	Rehabilitative Optometry	Vet. Admin. Hospital, West Haven, CT	12 mos.	Oct. 1978
	Rehabilitative Optometry	Vet. Admin. Hospital, Newington, CT	12 mos.	Oct. 1978
	Rehabilitative Optometry	Vet. Admin. Hospital, West Roxbury, MA	12 mos.	Oct. 1978
	Pediatric Optometry	— —	12 mos.	Sept. 1979
The Ohio State University, College of Optometry	Contact Lenses[4]	— —	21 mos.	July 1977
Pennsylvania College of Optometry	Pediatric Optometry[5]	— —	12 mos.	July 1974
Southern California College of Optometry	Children's Vision	— —	12 mos.	July 1977
	Rehabilitative Optometry	Vet. Admin. OP Clinic, Los Angeles, CA	12 mos.	Oct. 1978
Southern College of Optometry	Optometric Medicine: Primary Care	Memphis Health Clinic, Memphis, TN	12 mos.	Sept. 1978
State University of New York, State College of Optometry	Vision Training	— —	12 mos.	July 1974
	Ocular Pathology and Special Training	— —	12 mos.	July 1977
	Primary Care	Genesee Valley Gp. Health Association, Rochester, NY	24 mos.	July 1978

*Information in Table 1 furnished by each school or college of optometry as a result of a survey conducted by a Committee on Residencies, ASCO, 1978.

Notes:

1. This program has since been deactivated.
2. A Clinic Fellowship is also offered that has some characteristics similar to a residency program.
3. A Faculty Development program is also offered that has some characteristics similar to a residency program.
4. This is a combined residency-graduate program divided between clinical work and graduate courses culminating in an M.S. degree along with a certificate of residency.
5. A Fellowship in Primary Care Optometry is also offered that has some characteristics similar to a residency program.

Pacific University, College of Optometry, has offered a Master of Science graduate program since 1952 that has as one tract an emphasis in clinical optometry and therefore has some characteristics similar to a residency program.

Most residencies are a year in length with stipends in the \$9,600 - \$13,500 range (1979 figures). In addition, repayment on governmental student loans is deferred for the length of the residency. Completion of this program increases your scope of knowledge in a specific area of Optometry and hopefully makes

you more marketable, wether it be with a teaching institution, an M.D., or an HMO. The disadvantage is the relatively small stipend alotted for living expenses, and being set back one more year financially because you aren't in the higher paying marketplace. The AOSA newsletter and the fourth floor bulletin board have information on open residencies and application deadline dates.

Corporate Optometry

Working as a consultant, researcher, or sales representative for a corporation is another option open to the new graduate. Benefits include: a steady, salaried income, fringe benefits offered by that particular company, and the chance to travel and do public relations and educational work. Possible problems include becoming part of the corporate structure and having to play the political games inherent to this structure, loss of professional identity and skills, and not being your own boss.

Not much information was available on this type of employment. The best advice I received was to get in touch with the personell departments of the major optical and contact lens companies and watch the bulletin board across from the Optometry office.

Today there are more options and opportunities open to the recent graduate than ever before. When entering the marketplace, you must have a clear understanding of how you desire to use your professional skills and what type of working environment

would make you happiest. Then you must be willing to devote the time and energy needed to make a thorough search for the "right" opportunity and follow this through to successful employment.

Footnotes

1. AOA Multidisciplinary Practice Section Survery, 1983/84 p.1

2. AOA, Government Affairs Division, Optometry and Health Maintenance Organizations; 3rd edition, April, 1980, p.4.

3. AOA Government Affairs Division, Optometry and Health Maintenance Organizations; 3rd edition, April, 1980, p.4-5.

4. Bleything, Willard B. :"The Optometric Residency, It's Bloom". Journal of Optometric Education, Summer 1979, Vol. 5, No. 1, p.17.

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2. A.O.A. News - classified advertising.

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