

**The World Council of Optometry**

**Meeting of the General Delegates  
to be held on 05 June 2009**

**North America Regional Report – USA - June 2009**

**AMERICAN OPTOMETRIC ASSOCIATION**

The AOA's Mission is to "Advocate for the profession and serve optometrists in meeting the eye care needs of the public."

The objectives of AOA are centered on improving the quality and availability of eye and vision care. The AOA fulfills its missions in accordance with the following goals:

1. Health care and public policy related to eye care will uniformly recognize optometrists as primary health care providers and ensure the public has access to the full scope of optometric care.
2. Optometrists and other professionals will look to the American Optometric Association for professional standards, research and education leadership which serve to enhance and ensure competent, quality patient care.
3. The public, optometrists and other professionals will turn to the American Optometric Association for reliable and current information related to optometry, eye care and health care policy.

Optometrists practice in a wide range of private and corporate practice settings, where some earn income from self-employment and some as the employees of others. Other optometrists earn professional income in both self-employed and employed arrangements.

**Optometric Workforce**

On the basis of its projections, the American Optometric Association estimates there were 37,083 full time equivalent optometrists in the workforce during 2007. AOA studies also indicate that most surveyed optometrists continue to describe themselves as self-employed. Three-fourths (75.3 percent) of the ODs responding to one of AOA's most recent surveys (2007 New Technology Survey) reported that they were self-employed. Most of these optometrists (36.1 percent) were in solo practice or in two-member partnerships or groups (30.1 percent). However, the proportion of ODs in solo practice has slowly declined during the last decade. Nevertheless, self-

employment in all types of private practice arrangements (solo, partnerships, and groups) still dominates the practice composition of the optometric workforce.

In 2006, the American Optometric Association completed a seventh, independently conducted Public Image Survey.

Among other things, consumers were asked why they obtained their last eye examinations. The reasons most frequently cited in the 2006 survey were:

- (1) it was time for the respondent's regular eye examination
- (2) vision difficulties or problems
- (3) the patient needed new lenses or lens prescription

These reasons and their order of priority are virtually the same as those reported in previous consumer surveys. However, need for a regular exam and/or notice about the patient's need for an exam is now, by far, the most significant factor in influencing consumer demand for services. The survey results confirm the importance of an effective recall system to ensure delivery of timely comprehensive eye care.

The most common consumer methods of finding an eye care doctor have changed in recent years.

"Recommendations from friends/coworkers and relatives"

"Always used this eye care doctor"

"Referral from another health care professional"

**Type of Practice.** Most responding optometrists (85.5 percent) designated themselves as self-employed, while the remainder (14.5 percent) were in the employ of others. Most of the optometrists were in solo practice (39.6 percent) or in 2-member partnerships or groups (29.6 percent).

On average, doctors of optometry engaged in practice 49.2 weeks during 2006 and were available to see patients an average of 38.5 hours each week. The average (mean) number of complete eye examinations (including refractions) performed in 2006 was 2,229. The average number of complete eye exams per hour worked (1.18) rose slightly in 2006 compared to 2004. Optometrists are very active in the provision of medical eye care for their patients. During the most recent six-month period in 2006, optometrists diagnosed, on average, 19 patients with glaucoma and 97 with other anterior segment disorders. ODs who have appropriate prescribing authority treated or co-managed 66.1 percent of their patients diagnosed with

glaucoma and 83.2 percent of patients they diagnosed with anterior segment disorders—(about the same percentages reported two years earlier).

**Community Eye Care Services.** In 2006, about 11.0 percent of ODs had hospital privileges, while 10.2 percent performed some eye care services in a hospital setting. More than a quarter of responding ODs (26.9 percent) performed out-of-office school vision screenings and 17.9 percent also performed community-based geriatric vision screenings. Some 51.5 percent participated in safety eye care/eye wear programs for local businesses, while 12.8 percent provided on-site ocular safety evaluations and/or consultation services for local industry.

**Services Provided.** Virtually all (98.2 percent) of responding optometrists routinely performed annual dilated funduscopy examinations on their diabetic patients in their offices. Nearly two-thirds of the respondents (65.4 percent) also reported that they performed fundus photography in their offices. Three-fourths (74.1 percent) routinely send written reports to primary care practitioners, internists and/or endocrinologists regarding the ocular health status of their diabetic patients.

## **2008-2009**

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