



*The current Point Pinos Lighthouse light source is a 1 kilowatt bulb, producing a 50,000 candela beam visible up to 15 nautical miles.*

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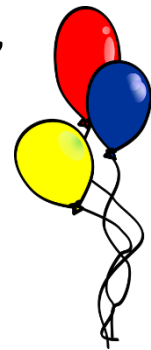
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### Calendar of Upcoming Events

- July 14-19:** Life Hope Center in Soquel  
<https://www.lifehopecenterscentral.com/events>
- July 26-28:** SVOS CE: Tahoe Summit  
<http://www.svos.info/tahoe19/>
- Aug 20:** MBOS CE in Santa Cruz  
Dr. Tarek El-Sawy on oculoplastics  
Evite to come
- Aug 18:** Life Hope Center in Hollister  
<https://www.lifehopecenterscentral.com/events>



Happy birthday to Dr. James Hicks, celebrating **80** years of age and **56** years as an optometrist and member of CCOS / MBOS!



Here are just a few of the times **Dr. Hicks** was featured in the **Salinas Californian** newspaper for his optometric practice and community service from **1963 to today**:



## Forward Focus: Membership

Non-doctors determine how you practice in California. The California Optometric Association has worked hard to ensure non-doctors do not control your medical decision making in your individual practice, but we cannot escape that reality at the state level. The California state legislature ultimately determines what services optometrists can provide. The legislature is composed of mostly business owners and lawyers, not doctors, and they have a very limited understanding of the knowledge and skill optometrists have. The COA is needed to inform them on what optometrists are trained to do.

In this day and age, it would be foolish to not have medical insurance. It would be similarly foolish to not have the professional insurance provided to us by the COA. Without medical insurance, a single medical catastrophe could completely destroy your net worth. Similarly, without the COA, a single professional catastrophe, such as giant corporations convincing the California state legislature to pass a bill which would allow them to work completely around optometry, could destroy your ability to provide income to your family.

It takes a great deal of time and money for the COA to protect you. Your membership fees provide this. The COA and the AOA at times take stances I do not agree with, but I gripe a bit and keep paying my dues. My medical insurance similarly at times takes stances I do not agree with (mostly by denying more expensive testing that I believe would benefit me), but again, I gripe a bit and keep paying my premiums. I don't throw away my medical insurance and go it alone over these disagreements because the overall benefit it provides to me and the risk it prevents me from taking is much too great for me to retract my financial support. My financial support of the COA is the same.

These two types of insurance, while both quite necessary, are also both quite expensive. I know; I pay for them every year. Many other doctors do the same, even though it takes a bit of financial sacrifice, and so can you.

If you are a member, thank you. If you are not a member, please take some time to seriously consider becoming one. Not just for me, not just for your fellow current and future optometrists, not just for you and your family, but also for your patients. If you believe optometry truly creates value that cannot be obtained through cheaper, less-skillful means, or even if you simply want to remain in your current mode of practice, please allow the COA to continue to benefit all of us, colleagues, family, and patients alike, by becoming a member.

To begin the process of becoming a MBOS / COA / AOA member, click here: <https://www.coavision.org/i4a/pages/index.cfm?pageid=3281>

-Jonovan Ottenbacher, OD, MBOS president

Cost of dues at 100%: AOA: \$960.00  
COA: \$813.00  
Local: Varies

Dues amount are on an ascending scale as follows:

Year	Regular	Project Keep
1	0%	0%
2	10%	0%
3	20%	20%
4	50%	20%
5	75%	40%
6	100%	40%
7	100%	60%
8	100%	60%
9	100%	80%
10	100%	80%
11	100%	100%

The first year is **FREE** to all new graduates!

Project Keep provides further reduced dues to those involved as officers in their local societies.

## Education Emanation: Dr. Brittney Dautremont-Fasick



The MBOS continuing education meeting in March featured Brittney Dautremont-Fasick, DO, MPH, discussing some interesting iritis cases. She talked about how there are a multitude of causes of iritis and also multiple complications. Many of these can be properly handled by an optometrist, but some will require intervention by an ophthalmologist and on occasion even an infectious disease or other specialist as in some patients, the uveitis will not clear up even under maximum medical therapy until the underlying problem is addressed.

Dr. Dautremont-Fasick is a board-certified comprehensive ophthalmologist practicing in Salinas, CA with Monterey County Eye Associates. She graduated from UC Santa Barbara with honors in Biology and a minor in Music. She attended Touro University College of Osteopathic Medicine and went on to be chief resident at the Ohio University Grandview Ophthalmology residency program.

She loves living in the Monterey Bay and spends her free time with her husband, baby, and dogs at the beaches and exploring Fort Ord and Big Sur. She also appreciates the abundance of quality local wines produced in the Santa Lucia Highlands.

She treats patients with a wide variety of conditions, including but not limited to cataracts, glaucoma, diabetic retinopathy, dry eye, and ptosis. She is skilled in performing ophthalmic laser treatments, cataract and pterygium surgery, as well as upper blepharoplasty and micro-invasive glaucoma surgery. She is accepting new patients and appreciates any and all referrals. She speaks English and Spanish, and her staff is also bilingual. Her office is located on the campus of Natividad Medical Center, at 1441 Constitution Blvd., Building 400, Suite 100. Her office phone number is (831) 424-1150. Referrals can be faxed to (831) 424-1158.



## Legislation Lamp: Leg Day

On April 10th, Dr. Robert Theaker and Dr. Jonovan Ottenbacher traveled to Sacramento to participate in Leg Day. We were joined by students Crestley Wong (SCCO, 2021), Lenna Nguyen (SCCO, 2022), Bee Bui (Berkeley, 2019).

First, Senator Scott Wilk talked about how to discuss issues with legislators. You should get to know your legislators, friend them on Facebook, and follow them on Twitter. It can also be beneficial to go to their town halls, stand up, and say something positive so that they will remember you. You should also know about your legislators; what they're interested in, what committee they're on, and what bills they've sponsored. When you talk to them, you should have both facts and personal stories.

Then we participated in a break-out session on health care delivery systems. The speakers discussed how they had looked into how health plans perform on HEDA scores for diabetes. They contacted the lowest-performing ones and collaborated with Anthem for diabetic clinic days. They also are working with Aetna and HealthNet to provide data to insurance companies that optometrists are a cost-effective way to provide great care.





They then covered how eye care is part of overall health. Federally Qualified Health Centers serve half of Medi-Cal patients, and a big concern is how to get them to integrate optometry. A full 50% of them have dental while only 3% have optometry. A large part of the effort is convincing the directors of those health plans that optometry can provide more than a simple retinal camera.



In addition, glasses for adults under the Medi-Cal restoration will now be in the 2020 budget. According to one study, only 21% of children in the Los Angeles schools had had an eye exam.

We then had multiple meetings with our local legislators. First was Mark Stone, Assembly, AD29. Second was with Toby Uptan-Villa, aide to Bill Monning, Senate, SD17. Third was with Robert Rivas, Assembly, AD 30.



We discussed three main issues. First was scope of practice and AB 1467, which is an ophthalmology and optometry delegation of services agreement to allow optometrists to perform surgical procedures without the physical presence of an MD.

Second was technology and the problem of online vision assessments not being full exams. This was concerning the withdrawn AB 156 on remote assessment and likely future bills on the same subject.

Third was the Medi-Cal budget request. Medi-Cal covers a third of Californians, and there are not enough providers who accept Medi-Cal because of the low reimbursement rates.



Overall, it was a very productive day, and hopefully it will benefit all Californian optometrists and patients in future legislative sessions.

## Illuminating Instances: Worried... For a Moment

### Pupil Problem

A primary care physician requested that I emergently see a patient with a dilated pupil and blurry vision. However, as soon as she mentioned the patient's name, I told her that was not necessary. Not because his condition was so critical that he would need to go to the hospital right then, but because of the opposite.



The reason is that I had seen the patient a few days earlier for monocular iritis and had prescribed Pred Forte and atropine. I asked the doctor to confirm that the patient had an extremely blown, not a mid-dilated, pupil, and that his blur was only at near, not far away. He also had no diplopia, extraocular motility restrictions, nor ptosis.

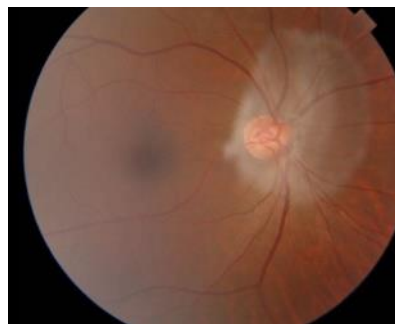
I explained to the doctor that the patient's symptoms were merely side effects of the atropine and would resolve on their own as the drops wore off.

### Snout Stumper

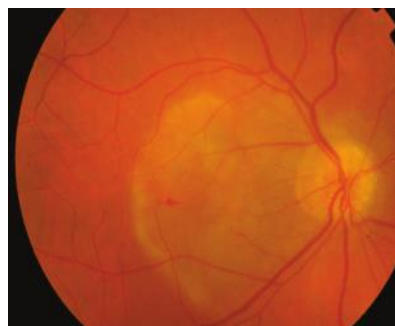
A middle-aged male came in for a routine eye exam. Vision was great with his new prescription and all anterior and posterior findings were normal except for a lighter area which appeared around his right optic nerve on his retinal photograph. On direct view, however, the retina appeared unremarkable.

I thought it might be possible I was somehow missing whatever it was when I was looking into his eye, so I did what I always do when I find something I can't identify in the back of the eye: I go to Google Image Search, type in whatever it looks like, and search through the results until I see something that looks similar. In this case, the result that appeared closest was posterior placoid chorioretinitis due to ocular syphilis. However, that was centered on the macula, not the optic nerve. As I didn't really want to tell the patient he had syphilis, especially without more evidence, I told him I would research the finding and get back to him.

The next patient had similar light areas centered on both of his optic nerves in his retinal photographs, again not visualized directly. Well, then it was time to take a look at the retinal camera. Sure enough, there was a smudge of oil from the previous patient's nose which had been imprinted onto the camera lens when the patient had adjusted himself.



*My patient's retinal photograph.*



*The most similar picture that I could find on Google Image Search, taken by Jennifer Chen and Lawrence Lee.*

## Volunteering View: Jamaica, June 2019



I, along with 23 physicians, 3 medical students, 12 RNs, 4 pharmacists, 15 optometry students, 6 optometrists and 30 support staff, traveled to Jamaica in early June with AOJAH (Alliance of Jamaican and American Humanitarians) on a grueling medical mission. This was my third trip to this very interesting third-world country where most citizens are very poor and have little access to medical care.

We were split up into several teams: internal surgery, eye surgery (typically glaucoma and cataracts), general medicine, general optometry and education. My mates for the week were 2 ODs, 7 optometry students from the California schools, and three support staff of which Karen, my sturdy wife, was the sole dispenser of glasses. My team treated around 900 patients.

After arriving in Montego Bay airport we were bussed to our dwelling for the week, which was a quite fancy all-inclusive resort on the coast near Ocho Rios. Our rooms were very comfortable and there was never a shortage of good food - just a shortage of time to enjoy it all.



Typically we started the day departing 7:30am by bus and rode for an hour or more to a remote location where we set up in a church or community center. Support staff and optometry students performed history, VA, autorefractometry, IOP and spherical refraction. We ODs would approve spectacle Rx's and double check CD. The CDs were quite important as we found many cases of low-tension glaucoma. Glaucoma and cataracts were the most common causes of severe vision loss. I would say that 10% of our patients had glaucoma and 30% had visually significant cataracts.



Many of the cataract cases could be sent to surgery and most of the glaucoma patients would get a year's supply of eye drops. We saw retinal detachments, macular holes and diabetic retinopathy all of which could have benefitted from surgery, which we could not provide. Our day would end around 5pm followed by packing up and bussing back to our lovely hotel. After a shower and a few minutes of chill-time, we ODs would gather for dinner finishing up around 10pm - a long day for an oldster like me.

It was hard work. After five days in a row of the above routine we were done, physically and emotionally. Karen and I then travelled to the other side of the island to relax for a few days of quiet on the beach - clear, warm water and sunshine mixed with tropical storms.

Having accepted Medi-Cal for a number of years in my office, I have seen the effects of poverty on health, but the prevalence of eye and health problems in Jamaica is astounding. I shudder to think of the suffering that happens world-wide. I will always be grateful for the stroke of luck I have been blessed with - being born in the USA.

Maxwell Chang, OD from LA is the driving force behind the entire ocular portion of this mission. He procures pre-made glasses up to plus/minus 10D, sunglasses, glaucoma meds, allergy and artificial tears. He recruits the ODs, surgeons, students and support staff. Should any of you have a desire to participate in this incredible experience, I would be happy to talk to you or put you in touch with Maxwell.

- Curt Simmons, OD



## Matutinal Mention: Dr. Sneha Panchal and Dr. Helen Xue



Sneha Panchal, OD received her optometry degree from University of Missouri- St. Louis College of Optometry. She was practicing full scope optometry at a private practice in Philadelphia, but she is now moving back to California to practice near her hometown of Gilroy. In her free time, she loves to cook, spend time with family, and enjoys traveling.



Helen Xue, OD graduated from the UC Berkeley School of Optometry in 2017. She is currently working at Vantage Eye Center in Salinas. She enjoys working with kids and performing specialty contact lens fittings for conditions such as keratoconus. In her free time, she likes to be out in nature and spend time with her husband and friends from church.



## Sponsor Spotlight: CooperVision

MBOS would like to thank CooperVision for sponsoring our January CE event. One of CooperVision’s featured products is their MyDay silicone hydrogel daily disposable contacts in both sphere and toric for amazing comfort and ocular health. This is a great addition to their Clariti 1 Day Sphere, Toric, and Multifocal. They also have the Proclear multifocal toric, which continues CooperVision’s amazing flexibility, with a D and N lens, 8.4 and 8.8 base curves, +/-20.00 D sphere, up to -5.75 cylinder, and up to a +4.00 add power. For more information, visit <https://coopervision.com/>

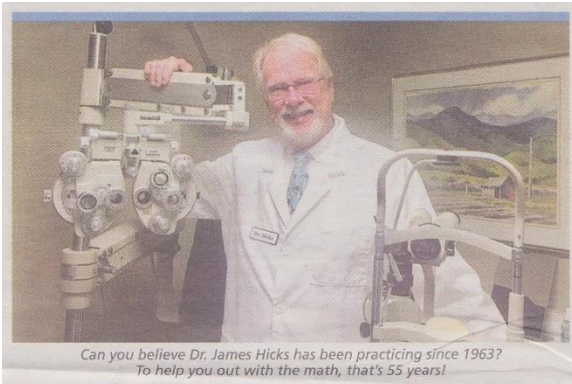


## Sponsor Spotlight: Wells Fargo

MBOS would like to thank Wells Fargo for sponsoring our March CE event. They discussed their Practice Finance program, a great opportunity for those looking to start a practice or buy an existing practice. They also have workbooks available for starting, acquiring, expanding, or selling your practice.

If you would like to obtain a workbook, have practice financing questions, or have any general banking needs, you can reach Jason Greenland at [jason.greenland@wellsfargo.com](mailto:jason.greenland@wellsfargo.com) or Amadea Sanchez at [Amadea.m.sanchez@wellsfargo.com](mailto:Amadea.m.sanchez@wellsfargo.com). Learn more about the Practice Finance program at <https://practicefinance.wellsfargo.com/>

## Vespertine Veneration: Dr. James Hicks



Can you believe Dr. James Hicks has been practicing since 1963?  
To help you out with the math, that's 55 years!

*Dr. Hicks, featured in the Salinas Valley Chamber of Commerce Business Journal in October 2018, for his practice's 100 years.*

Dr. James Hicks was born on July 1st, 1939. He grew up, practiced, and raised a family of two daughters, Stacey and Sarah, in the Carmel and Salinas valleys. He has resided in this region his entire life, with the exception of intermittent jaunts around the world.

In 1918, Dr. E.L. Hitchcock began seeing patients at the oldest optometric practice in Salinas. Dr. Hitchcock sold his practice to Dr. Bard Daughters in 1928. Dr. Hicks became an associate of Dr. Daughters in 1963 at 341 Main St in Salinas after obtaining his doctorate of optometry from UC Berkeley School of Optometry. This was the same year Dr. Hicks joined the Central Coast Optometric Society, which later became the Monterey Bay Optometric Society.

Dr. Hicks was involved at both the local and state levels with his local optometric society, and he was recognized as an outstanding young optometrist of the year by the California Optometric Society. In 1970 he was joined by Dr. Jeffery Braff, whose father Solon Braff invented the Solex RGP contact lens and the Gelflex, one of the first soft contact lenses. In 2005, Dr. Christine Batchelor joined his practice at 515 Alameda St, and in 2013 he celebrated 50 years as an optometrist. In 2018, the optometric practice started by Dr. Hitchcock, passed on to Dr. Daughters, and then passed on to Dr. Hicks, celebrated its 100-year anniversary, an amazing accomplishment!

Dr. Hicks was extremely active with the community of Salinas. He held a multitude of positions with the Jaycees, including member of the board of directors, secretary, orientation chairman, co-chairman of manpower for the Christmas Shopping Tour, and coordinator of the Junior Miss Pageant. For all of his hard work, he was awarded the Jaycees Key Man for 1967. He was also the Junior Chamber of Commerce bond steering committee chairman, the Colmo del Rodeo chairman, and vice president of the Salinas rotary club.

Dr. Hicks was additionally the vice president of Salinas Performing Arts community theater group. He produced many plays which starred his wife, Deanna Dinkins Hicks, including *Fiddler on the Roof*. Together they also supported many political causes, including local school board elections and the Equal Rights Amendment. In 1996, he was honored for 25 years as a member of the Salinas Area Chamber of Commerce.

Dr. Hicks tells a story of when he was in optometry school, optometrists couldn't even use anesthetic for application tonometry, and patients obviously therefore abhorred it. Thankfully, one of his ophthalmology professors would slip him some proparacaine to make his patients' exams more bearable. The passing of the Therapeutic Pharmaceutical Agents certification was a revolution for optometry. His long-term patients were like family to him, but sometimes he had to be a loving parental figure when they were non-compliant with their treatments. He is also bilingual in Spanish, which proved to be incredibly useful for patients in the Salinas valley area.

Dr. Hicks is enjoying his retirement in "the house that optometry built" in Carmel Valley, where he has planted every tree on his property except one. He still loves fishing and backpacking, and he has hiked the John Muir trail and also completely around Lake Tahoe, where he owns a vacation home on the lake. In closing, Dr. Hicks would like to say, "Be involved in your community. No matter why you do so, it will be a wonderful and influential experience, for both you and those you help."

## Board Members



## Sponsors

