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Building a Life and Optometry Practice Together:

Drs. Scott and Rosemary Holcomb



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Building a Life and Optometry Practice Together

By Steve Milano

Neither Rosemary nor Scott Holcomb saw optometry as a potential career as they entered college, but their evolving personal and professional goals created an interesting path to their corporate optometry practice today.

Based on career and life goals that continued to develop over the years, the two built an optometric practice that has allowed them to marry, raise four children, build a medical optometric practice model, run a small business and continue to add more specialties to their practice.

Corporate Optometrist™ talked with the Holcombs about their journey,

what they've learned along the way, where they are currently with their LensCrafters practice and their plans for the future.

"I was pre-med at Tulane University all the way up to my senior year," says Rosemary. "After graduation, I re-evaluated the long-term commitment of medical school and took a year to consider other medical-related professions.

"I ran into a previous classmate who was now in her third year of the optometry program at the University of Houston College of Optometry and talked with her about the profession and the different specialties. I knew right then that optometry was a perfect

fit for my personal and professional goals.

When Rosemary and Scott met during her third year at UHCO, Scott was selling large, multi-million-dollar main-frame computer software packages to corporations and traveling the country extensively. The two married shortly before Rosemary passed the Georgia board and received her state license to practice.

“When I met Rosemary, I knew I wanted to settle down, be home more and be able to see our children grow up,” says Scott. “After we got married, as I learned more about what Rosemary did in optometry, I became intrigued with the idea of being in the medical field. With science changing all the time, it presented me with an opportunity to always be learning and implementing new strategies. I also realized I could be self-employed, earn a decent living, and be actively involved in the life of my family.

Scott enrolled in optometry school at the Southern College of Optometry, while Rosemary began building her corporate optometry practice.

“While Scott was completing his training, I started a practice as a lease holder in suburban Atlanta with Opti-World, a regional eyewear retailer with 50 plus locations in the Southeast,” says Rosemary.

“When I was in school, corporate optometry was still considered a sellout, not-favored among practicing optometrists, so I really wasn’t thinking about going into it,” Rosemary says. “I wasn’t averse to it, but Scott and I were thinking that, after he graduated, we would open a private practice together. It didn’t take long for me to realize I really enjoyed the partnership with Opti-World and was definitely still able to maintain my practice philosophy.

LensCrafters bought Opti-World in 1995, and Rosemary continued to develop her practice in affiliation with this new company. After Scott graduated, he joined Rosemary in practice, and, with his business background, handled more of the practice management at first. Rosemary eventually began devoting more time to raising their four children. She scaled back her patient load to manage more of the business metrics and worked only a few hours each week, while Scott increased his work with patients.

“Having worked in corporate life, I knew that running a company takes



multi-faceted teamwork and that I didn’t want to run the whole business,” says Scott. “When I joined Rosemary in practice, I looked at LensCrafters as one of the key facets for total service of our patients’ needs. We were happy to have the support they provided—the management of the optical service—which left us to do what we really love about optometry, problem-solving and meeting people’s individual needs.”

“For us, a primary benefit of being in a corporate environment is that we have a lot more resources and more of the newer technology than some private practices,

which often can’t afford to invest in new technology the same way,” says Scott. “There are elements of efficiency and resources available in corporate optometry that are often not available in private practice.”

Asked about what they have learned from running their practice over the past 30 years, Rosemary says a main element of building a successful practice is investing in a strong staff.

“The key component to a successful practice is your relationship with your staff, facilitated by hiring the right people. You can’t be afraid to tell a potential employee, ‘This isn’t going to be the best fit,’



and let them go,” she says. “As we were growing, that was a big learning curve for me. I had to learn how to interview correctly, assess different kinds of people, and discern whether they would truly represent our practice philosophy. The focus in keeping a really good team continues to be of vital importance to us,” she says.

“I totally agree with that,” says Scott. “You can be a capable doctor with all the newest technology, but what really makes a difference is having excellent staff to support you because we’re in such a people-oriented business. You’re relating one-on-one with each patient or with their family, and so you’ve got to have well-trained, personable support staff.”

“I believe it’s important for the staff to know they’re contributing and that they enjoy coming to work,” says Rosemary. “We focus on having a happy team that serves our patients one person at a time. Ultimately, our patients enjoy their exams. That has really built our practice—in this way, it just happened naturally.”

“Over the years, some of our patients were forced to go buy their glasses somewhere else because their insurance program changed,” says Scott. “As soon as

A New Focus on Nutrition

“Having a test that determines if you have the condition does you no good if you can’t do something to help control it and provide some therapy,” says Scott, explaining why he and Rosemary are adding more nutrition education to their practice.

“In the protocols I’ve developed for OSD and AMD, I want patients on Omega-3. I talk to patients and educate them on the differences in Omega-3s, recommending the triglyceride formula over an ethyl ester formula. I give patients specifics of which Omega-3 supplements they can get and where they can get them. We’re putting together an OSD kit for in-office purchase to help our patients use what we specifically recommend and prescribe.

“I also want them on vitamin D3. Nearly everyone in this country is low on vitamin D because we’re inside so much, and that deficiency is a contributor to both macular degeneration and ocular surface disease. I also want them

on a good diet. A Mediterranean diet is really good for macular health.

“We don’t have a lot of space in the office for supplements inventory, but the one thing we do stock is MacuHealth,” says Scott. “We believe that it has the right proportions of all three of the pigment phytonutrients: lutein, zeaxanthin, and meso-zeaxanthin. Some of the others don’t have the meso-zeaxanthin, which is critical for the central macula. We stock this vitamin because I want patients to start on it immediately when we first diagnose them with macular degeneration.”

Nutrition is just part of his patient protocol for good eye health, says Scott. “For improved eye health, we talk about diet and exercise, especially the importance of being in shape, having good cardiovascular health and keeping cholesterol down.” This emphasis undergirds the Holcombs’ overarching practice belief: we need to live well to see well.

Adding Integrated Medicine to Their Optometry Practice

In addition to growing their business using a personal touch, the Holcombs have also made specific efforts to expand their practice offerings.

“We have started to do more in disease management in some specialty areas,” says Scott. “In 2006 we brought in the Optomap retinal scanner. That’s been a big part of our practice because it gives us such a great way to diagnostically evaluate the health of the fundus for a patient. It’s also a huge benefit in terms of patient education during their exam.”

“A large part of our responsibility is to educate the patients on the anatomy of their eyes and how they can keep them healthy. By showing and walking them through their retinal scans, we give them a good feel for how their eyes work.”

“Then in 2014 we added the Marco automated refraction system along with what’s called an OPD-Scan III Wavefront Aberrometer. This is great technology that allows us to really hone in on the key components of the patient’s vision characteristics of each eye. It completes 20 diagnostic metrics in less than 10 seconds per eye.”

The Holcombs are also branching out into more medical areas now, specifically ocular surface disease and AMD.

“As our children were becoming young adults, our family started learning more about health choices in lifestyle, fitness, and nutrition,” says Rosemary. “At the same time, we started noticing in our optometry CE and periodicals the expansion of nutrition as it relates to ocular surface disease. So we became very interested in the direct correlation of nutrition and phytonutrients to eye health and optimal vision.”

“In 2018 we went to the ALLDocs (Association of Leaseholding LensCrafters Doctors) meeting and learned from MacuLogix about the AdaptDx technology. Again, it fit well with our brand, in the sense of educating the patients on what we know they can do for long-term visual health. So that’s the part of our practice we’re actively developing right now and part of my re-entry plan. I’ve been spending time on nutrition education and I hope to earn a certification,” says Rosemary.

“Because we both love to continue learning, we do regular education on nutrition, vitamins, minerals and phytonutrients, mostly our own self-study,” adds Scott. “We educate our staff and our patients, and I’ve developed prescription and treatment protocols for both ocular surface integrity and macular health.”

“We purchased an AdaptDx recently, which is fairly new technology,” says Scott. “For years, we’ve had to look solely at the structural signs inside the eye when we’re looking for or diagnosing macular degeneration.”

“We’ve known for years which people are at risk for macular degeneration because it’s genetic and runs in families. Then there are also environmental factors, possibly blue light, toxic things like smoking, and diet concerns. The buildup of the drusen in the back of the eye doesn’t show up until the condition is already well established and doing damage to the retina.

“I use the analogy of an iceberg when diagnosing AMD. Ten percent of the iceberg sticks out of the water. Ninety percent of it’s underwater. Until that 10% shows up, you don’t know the iceberg’s there.”

“Previously, we had to wait for the structural signs of macular degeneration to manifest in the eye, even though patients might have already had AMD for three or more years. I would look in somebody’s eye, knowing their parents had AMD, and would wonder if they were going to get it, too. But there was no way to know for sure, which was very frustrating. With the AdaptDx, though, we can take a look at how the macula functions and make the diagnosis much earlier.”

“We have both rods and cones in our macula. In fact, 90% of the macula is

rods, with the remaining 10% cones. Logically, if you’re going to see where function might be decreasing, the rods, being the larger proportion, would likely be affected first.” Testing for rod functioning, scientists have learned that people with macular degeneration begin to lose their ability to adapt to the dark.”

“An elderly person, for instance, going from a light room into a dark room, might trip on a toy that was left on the floor because their eyes don’t adapt very quickly. Photostress recovery from headlights while night driving is also much slower. At a movie theater, they might be into the opening credits of the movie before their eyes fully adapted.”

“The AdaptDx provides a way to test the macular integrity through the rod function to determine if somebody has subclinical macular degeneration, even before physical changes are noted inside the eye.”

“The determining factor for AMD is what’s called the rod intercept time. The machine measures the length of time it takes for somebody to adapt in decreased illumination. If you’re under 6.5 minutes, you’re considered normal.”

I’ve had some patients come back in for follow-up testing who have lowered rod intercept times and reduced drusen, which I take as a good sign that the therapeutic efforts are working.”

“We used to think people in their 70s and 80s were getting AMD, now we’re finding that people in their 50s have it, but they just don’t know it. The AdaptDx test is over 90% specific and 90% selective for macular degeneration. With early detection, we can start patients on therapeutics much earlier. This is rewarding news to us and a relief for them!”

“ Having a test that determines if you have the condition does you no good if you can’t do something to help control it and provide some therapy. ”

their insurance changed back, they'd show back up in my chair and say, 'I had to go but I'm back now; I'm glad I'm back.' We develop relationships with our patients that keep our retention high."

Now that the Holcomb children have grown, Rosemary is increasing her role in the business again. "She does much of the practice management," says Scott. "She contracts with the associate doctors and manages their schedules; oversees staff hiring and development; handles office education and training on new technology and procedures; and built and maintains our website. She's now working on all of the marketing as we ramp up our macular degeneration protocol."

Being in a longstanding partnership with LensCrafters all these years, the Holcombs were very excited to learn about an organization like AACO. "We appreciate the professional and personal support. The practice benefits and ongoing relational aspects that come with a lease arrangement are unique to corporate

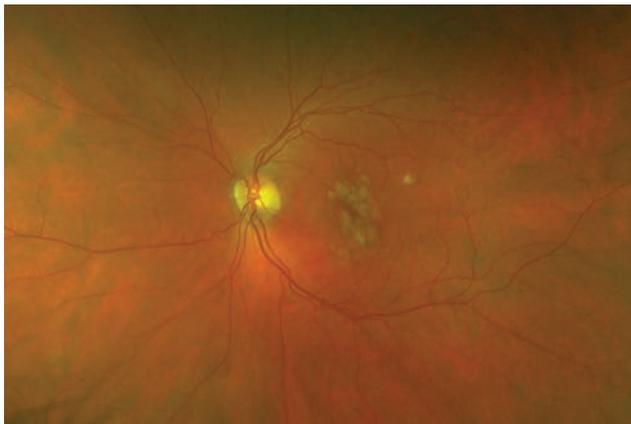
“For us, a primary benefit of being in a corporate environment is that we have a lot more resources and more of the newer technology than some private practices, which often can't afford to invest in new technology the same way.”

ODs. We're a specialized subset within our profession and it's great to be able to come together and talk about the ways and means of other like-minded optometrists and their practice managers. AACO members seem to stay cutting-edge because of the unique opportunities for practice growth and expanded modality in our corporate settings. Plus, it's just a great group of folks!" says Scott.

Going forward, Scott and Rosemary are developing a focused approach to overall health education for their patients. As their

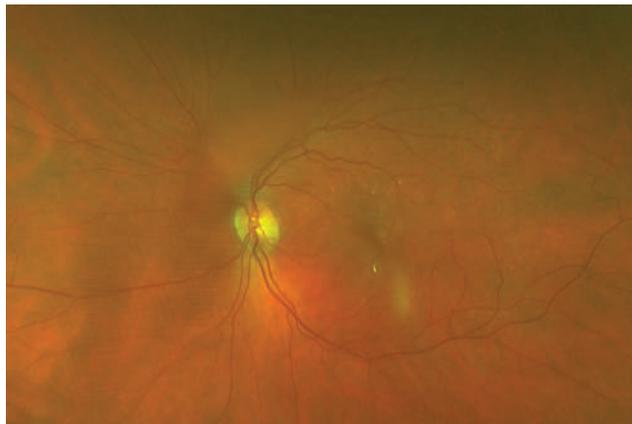
own education continues, they are actively integrating nutritional therapy, phytonutrients, and lifestyle recommendations, especially in relation to the physiology of macular support and ocular surface protection. Incorporating AdaptDx testing and proactive OSD management grew out of their emphasis on prevention, early detection, and slowed progression of sight threatening diseases. Their philosophy of "Live well. See well." guides the plans and future path for Drs. Holcomb and their associates. **CO**

Scott Holcomb AMD Patient Case Study



The Optomap retinal scans shown here are of a patient that I have seen since 1998. He is a 73-year-old Caucasian male in generally good health. His maculae showed drusen developing in 2001.

They continued to progress even with the use of green vegetables and eventually AREDS2 supplements. A referral to a retinal specialist confirmed dry AMD, yet his vision remained 20/20 OD/OS.



The scans are of the left eye because it had the greatest level of drusen when I saw him at a visit in 2016. The first scan from 2016 shows a large concentration of soft confluent drusen almost blanketing the macula. The right eye had drusen as well, but not as dramatic. The second scan is from an exam in 2018. It is evident that the drusen were dramatically reduced.

I inquired of him what he had been

doing nutritionally. At that time I was recommending dark green leafy vegetables and AREDS 2 supplements. He was a retired doctor of chiropractic medicine and had an interest in nutrition. His nutritional routine still included spinach, but he had researched and discovered a product called MacuGuard. It is similar to the product that I recommend called MacuHealth.